

VILLAGE OF WALTON HILLS, OHIO
Division of Police
Police Officer Application for Employment

WALTON HILLS IS AN EQUAL OPPORTUNITY EMPLOYER

The Village is an equal opportunity employer, and is committed to fostering the growth and development of its employees. No employee or applicant will be discriminated against on the basis of race, color, ancestry, religion, national origin, gender, age, veteran status, disability, and/or any other factor protected by federal state or local law.

7595 Walton Road - Walton Hills, Ohio 44146
Ph: 440.232.1313 - Fax: 440.786.2975



Stan Jaworski - Chief of Police

PERSONAL HISTORY QUESTIONNAIRE

Applicant _____
(last name) (first name) (middle)

Address _____ Phone # _____

City _____ State _____ Zip Code _____

Driver's License Number and Issuing State _____

Position: **Police Officer**

Date this questionnaire was completed _____

INSTRUCTIONS:

This personal history questionnaire is intended for the use of the Walton Hills Police Department personnel administration. You must be truthful and complete all answers requested on this form. All information contained herein will be subject to verification. I.E. SOURCE DOCUMENTATION, POLYGRAPH, AND SCREENING. Information contained herein will be considered to be strictly confidential and will not be disclosed to any unauthorized person(s).

Please print and answer all questions and fill in all blanks.

If a question does not apply to your particular circumstance insert N/A

When answering questions that require dates, insert full dates. Partial month and year responses are not acceptable.

Please include your high school diploma or equivalent, college diploma, all State certifications and certificates. Military discharge and/or separation papers and a copy of your driver's license.

WARNING

Applicants are CAUTIONED to answer every question truthfully and without evasion, both the Ohio Revised Code and rules and regulations of the Walton Hills Police Department provide penalties for making false statements of a material fact, or for practicing any fraud or deception in obtaining or attempting to obtain employment. Such penalties include rejected for appointment or discharge after employment and/or prosecution under Ohio Revised Code Section 2921.13.

FINANCIAL RECORD

If your answer to any of the following questions is "Yes", please explain the matter fully on a blank sheet of paper using the question number to identify your answer.

1. Are you failing now or have you ever failed to meet your financial obligations for child support or alimony? ____ Yes ____ No
2. Are you now delinquent in any financial obligation? ____ Yes ____ No
3. Do your monthly expenses exceed your take home pay? ____ Yes ____ No
4. Do you, your spouse or your ex-spouse have any civil action pending in which you are a litigant or named party? ____ Yes ____ No
5. If you become employed by the Village of Walton Hills Police Department do you anticipate any income other than your police department salary? ____ Yes ____ No
6. Have you ever been refused an automobile insurance policy? ____ Yes ____ No
7. Have you ever had an insurance policy cancelled? ____ Yes ____ No
8. Have you ever had your wages garnished, filed for protection from creditors, filed for bankruptcy or been declared bankrupt? ____ Yes ____ No
9. Have you ever been bonded or had a bond refused? ____ Yes ____ No

Record of Indebtedness (list yours, your spouse and your ex-spouse)

Creditor _____

Address _____

Date incurred _____ Original amount _____ Monthly payment _____

Creditor _____

Address _____

Date incurred _____ Original amount _____ Monthly payment _____

Creditor _____

Address _____

Date incurred _____ Original amount _____ Monthly payment _____

FINANCIAL RECORD – Continued

Creditor _____

Address _____

Date incurred _____ Original amount _____ Monthly payment _____

Name of your bank _____

Address _____

_____ Checking _____ Savings _____ Other

Name of your bank _____

Address _____

_____ Checkings _____ Savings _____ Other

VEHICLE INFORMATION – Include spouses' vehicle

Year _____ Make _____ Model _____ Color _____ License # _____

State Issued _____ Registered to _____ Owner _____

Year _____ Make _____ Model _____ Color _____ License # _____

State Issued _____ Registered to _____ Owner _____

Year _____ Make _____ Model _____ Color _____ License # _____

State Issued _____ Registered to _____ Owner _____

List all moving traffic violations and accidents with the dates and locations, including arrest for traffic violations within the past TEN years.

Incident/Accident _____

Date _____ Location _____ Disposition _____

Incident/Accident _____

Date _____ Location _____ Disposition _____

Incident/Accident _____

Date _____ Location _____ Disposition _____

CRIMINAL RECORD

Have you ever been convicted of a misdemeanor or felony offense as a juvenile, adult or while in the armed forces? ____ Yes ____ No

If "Yes" note the information for each incident below.

Date _____ Charge/Incident _____

Location _____ Agency _____

Date _____ Charge/Incident _____

Location _____ Agency _____

Date _____ Charge/Incident _____

Location _____ Agency _____

Date _____ Charge/Incident _____

Location _____ Agency _____

Has any member of your immediate family (father, mother, brother, sister, children) ever been convicted of a felony? ____ Yes ____ No

If "Yes" please explain _____

Have any members of your spouse's family been convicted of a felony? ____ Yes ____ No

If "Yes" please explain _____

FAMILY HISTORY

List your relatives in the following order: Father, Mother, Step-Father, Step-Mother, Children, Step-Children, Brother(s), Sister(s), Father-In-Law, Mother-In-Law, Brother(s)-In-Law, Sister(s)-In-Law, Ex-Spouse(s)

Relationship _____ Name _____

Address _____

Birthdate _____ Phone Number _____ SS# _____

Relationship _____ Name _____

Address _____

Birthdate _____ Phone Number _____ SS# _____

Relationship _____ Name _____

Address _____

Birthdate _____ Phone Number _____ SS# _____

Relationship _____ Name _____

Address _____

Birthdate _____ Phone Number _____ SS# _____

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Birthdate _____ Phone Number _____ SS# _____

Relationship _____ Name _____

Address _____

Birthdate _____ Phone Number _____ SS# _____

Relationship _____ Name _____

Address _____

Birthdate _____ Phone Number _____ SS# _____

Relationship _____ Name _____

Address _____

Birthdate _____ Phone Number _____ SS# _____

WORK HISTORY

Have you ever applied for a position with any law enforcement or other government agency? _____ Yes _____ No

Name of Department / Agency _____

Date Applied _____ Accepted _____ Yes _____ No, if no give reason

Name of Department / Agency _____

Date Applied _____ Accepted _____ Yes _____ No, if no give reason

Name of Department / Agency _____

Date Applied _____ Accepted _____ Yes _____ No, if no give reason

Name of Department / Agency _____

Date Applied _____ Accepted _____ Yes _____ No, if no give reason

(If you have any additional information continue on a blank sheet of paper)

Have you ever been discharged or asked to resign from a job? ____Yes ____No

If "Yes" explain below

Begin with your current or most recent employment and list your complete work history in chronological order, include in sequence all part time jobs, periods of unemployment and military service. When listing military service, substitute the name, address and rank for the commissioned officer that was your immediate superior, for the "name and address of immediate supervisor" and substitute the name, address and rank of a non-commissioned officer with whom you served.

Name of Employer _____

Address _____

Phone Number _____ Job Title _____

Start Date _____ End Date _____ Starting Salary _____ Ending Salary _____

Duties Performed _____

Supervisors Name _____ Phone Number _____

Co-workers Name _____ Phone Number _____

Reason for Leaving _____

Name of Employer _____

Address _____

Phone Number _____ Job Title _____

Start Date _____ End Date _____ Starting Salary _____ Ending Salary _____

Duties Performed _____

Supervisors Name _____ Phone Number _____

Co-workers Name _____ Phone Number _____

Reason for Leaving _____

Name of Employer _____

Address _____

Phone Number _____ Job Title _____

Start Date _____ End Date _____ Starting Salary _____ Ending Salary _____

Duties Performed _____

Supervisors Name _____ Phone Number _____

Co-workers Name _____ Phone Number _____

Reason for Leaving _____

EDUCATION RECORD

High School Graduate / GED? _____ Yes _____ No

Year Graduated/ Completed _____ G.P.A _____

Course of Study (college prep, vocational education, general, etc.) _____

List each high school, trade school, college or university that you have attended.
Start with the most recent school attended.

Name of School _____

Address _____

Dates Attended _____ Graduated _____ Yes _____ No

Primary area of study _____

Primary area of study _____

Name of School _____

Address _____

Dates Attended _____ Graduated _____ Yes _____ No

Primary area of study _____

EDUCATION RECORD - Continued

Name of School _____

Address _____

Dates Attended _____ Graduated _____ Yes _____ No

Primary area of study _____

In what school clubs, extracurricular activities and sports did you participate? _____

HEALTH RECORD

Answer each question completely, in each question note every incident that applies giving the type of incident, date and physician of facility that treated you.

Name of your Physician _____

Address _____

Phone number _____

Do you drink alcoholic beverages? _____ Yes _____ No

If "Yes" how much do you consume and how often _____

Do you currently use marijuana, hallucinogenic drugs, narcotics, cocaine, barbiturates or amphetamines?

_____ Yes _____ No

If "Yes" please explain _____

MILITARY RECORD

Have you ever served in the U.S. Armed Forces? _____ Yes _____ No

Branch _____ Highest Rank Held _____ Active Duty _____

Start Date _____ End Date _____ Rank at Time of Discharge/Separation _____

Duties, Rate and/or Classification _____

Are you registered with the Selective Service? _____ Yes _____ No

Are you a member of the Armed Forces? _____ Yes _____ No

If "Yes", what Branch, Unit and Location _____

Unit Commander _____ Phone Number _____

Section Supervisor _____ Phone Number _____

Unit Phone Number _____

Are you a member of the Ohio National Guard? ____ Yes ____ No

If "Yes", what Branch, Unit and Location _____

Unit Commander _____ Phone Number _____

Section Supervisor _____ Phone Number _____

Unit Phone Number _____

PERSONAL REFERENCES

List five persons, other than relatives, past employees or immediate neighbors who have known you for a period of more than three years

Name _____

Address _____

Phone number _____ Years known _____ Occupation _____

Business address _____

Name _____

Address _____

Phone number _____ Years known _____ Occupation _____

Business address _____

Name _____

Address _____

Phone number _____ Years known _____ Occupation _____

Business address _____

Name _____

Address _____

Phone number _____ Years known _____ Occupation _____

Business address _____

Name _____

Address _____

Phone number _____ Years known _____ Occupation _____

Business address _____

Applicant Name _____

Have you promised to pay or been given any money, material, service or consideration to any person, directly or indirectly, for any recommendation or promise of influence procuring your employment with the Village of Walton Hills? ____ Yes ____ No

If "Yes", please explain _____

CERTIFICATION

I, _____ certify and affirm that all the information and statements made and contained in this application or any part therein are true and accurate to the best of my knowledge. I understand that any false statements made in this application will be cause for denial of appointment with the Village of Walton Hills, or for my discharge at any time after appointment with the Village of Walton Hills.

I further certify and affirm that I understand the position of a Walton Hills Police Officer is considered at-will employment. At-will employment means that I may resign from employment at any time and that the Village of Walton Hills may terminate my employment at any time for any non-discriminatory reason or for no reason at all.

Name (printed) _____ Date _____

Signature _____

NOTARY SIGNATURE AND SEAL

STATE OF OHIO

_____ County

Sworn and subscribed in my presence this _____ day of _____

Notary Name and Signature _____

My Commission Expires _____