COLERAIN POLICE DEPARTMENT

PERSONAL HISTORY QUESTIONNAIRE

All information is considered to be strictly confidential to the extent permitted by law, and will be utilized by the Colerain Police Department **ONLY** and will not be disclosed to any unauthorized person(s).

Personal History of:

_____

(Last Name) (First Name) (Middle Name)

Social Security #: ___ ___ ___ -- ___ ___ -- ___ ___ ___ ___

Position Applied for: **POLICE OFFICER**

INSTRUCTIONS AND REMINDER

The answers to questions contained in the questionnaire must be printed, in your own handwriting, legibly in black ink only. There are moral and legal obligations to complete this Personal History Questionnaire in a truthful, fully informative manner. All questions must be answered. If a question does not apply to your particular circumstance, insert DNA (Does Not Apply) in the proper blank.

Please be advised that **all information is subject to verification via home visits, source documentation, CVSA or polygraph examination, etc.** Be fully truthful and do not evade questions. The Ohio Revised Code provides penalties for making a false statement of a material fact or for practicing fraud or deception in obtaining or attempting to obtain public employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution.

I voluntarily withdraw from the selection process. _____

I understand and will comply with the selection process. _____

Signature

_____

Date ___/___/___

COLERAIN POLICE DEPARTMENT

EXPLANATION OF THE PURPOSE AND USE OF THE PERSONAL HISTORY QUESTIONNAIRE

Before you begin to complete this PHQ, we want you to understand the purpose of the form and the objective professional manner in which we will treat the information you provide.

We want you to consider the PHQ as an opportunity to organize and present relevant information about yourself. This information will assist us in gaining an accurate picture of your background to be used as one of the bases for our appraisal of the "goodness of fit" between you and the position for which you are applying. Other bases are your performance on written tests, your physical ability and health, your self-presentation in interviews.

Additionally, we want you to know that we not only consider the facts presented, but we also consider your explanations surrounding the facts. That is why it is so critically important that you make a special effort to answer all questions completely, truthfully and thoughtfully. There are many opportunities within the form for you to offer an explanation of facts and/or circumstances.

We will take an overview of the information that you provide and treat it in a "profile" manner, which enables us to make judgments about your background as well as analyze specific areas. Using a full scope of information, we can judge the overall balance of your strengths and limitations so that our judgments about your eligibility are not unduly influenced by narrow or isolated bits of information.

Our profile approach to your background leads us to look at the balance of factors in the following areas:

I. Alcohol usage history.
II. Membership in organizations conspiring and/or advocating use of violence or illegal activity.
III. Use of drugs.
IV. Sexual behavior patterns
V. Criminal history, gambling, arson, etc.
VI. Prior applications for a position with any Police Departments.

In analyzing your background in the various profiled areas, we are looking for evidence of your sense of responsibility to exercise good judgment as you meet the demands of living in our contemporary society. It is important that you supply all requested information. Use additional sheets if necessary. Do not leave out information due to lack of space.

Please acknowledge your reading and understanding of this explanation by signing in the space provided below.

Signature _____

Date _____

COLERAIN POLICE DEPARTMENT

STATEMENT AND EXPLANATION OF THE RATIONALE GOVERNING THE CRITICAL IMPORTANCE OF INSURING THE RECRUITMENT AND SELECTION OF APPLICANTS WITH THE HIGHEST POSSIBLE POTENTIALS FOR SUCCESS AS A POLICE OFFICER

1. Protection of lives, security, public welfare, quality of life and property rights are at stake.

2. In pursuit of their mandate to protect and serve the public, police officers must be prepared to react in split-second fashion with due restraint, to life-threatening crises and/or matters dealing with private domain-even intimate aspects of individuals' lives. This responsibility requires that a police officer possess the mental skills, physical agility, self-discipline, emotional maturity and judgment to balance authority with compassion and proceed in a professional manner.

3. Unquestionably, the demands imposed upon a police officer are extraordinarily sensitive. Consequently, the selection procedures must be extraordinarily sensitive. It is critically important to ascertain if there are adverse factors, which will prevent and individual from performing his/her duties in an efficient, professional manner.

4. A very critical component of the selection process is the Personal History Questionnaire which follows. It enables an applicant to organize his responses to relevant questions and present them in a comprehensive attested document.

Signature_____

Date: _____

PERSONAL & MARITAL RECORD – SECTION I

PLEASE PRINT USING BLACK INK

LEGAL NAME: LAST	FIRST	FULL MIDDLE NAME

SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	HEIGHT	WEIGHT	COLOR HAIR	COLOR EYES

PLACE OF BIRTH CITY	COUNTY	STATE	BIRTH CERTIFICATE NUMBER

RESIDENCE ADDRESS (NUMBER, STREET, APT., CITY, COUNTY, STATE AND ZIP CODE)

BY WHAT OTHER NAMES HAVE YOU BEEN KNOWN? (MAIDEN NAME, FORMER MARRIED NAME/S, ALIASES, NICKNAMES, ETC.)	RESIDENCE PHONE AND AREA CODE

OHIO DRIVER'S LICENSE NUMBER	TYPE	EXPIRATION DATE	OUT-OF-STATE OPERATOR'S LICENSE NUMBER	TYPE /STATE /TERR.	EXPIRATION DATE

PRESENT MARITAL STATUS	CITY, COUNTY, STATE - PRESENT MARRIAGE PERFORMED	DATE PRESENT MARRIAGE PERFORMED

NAME OF PRESENT SPOUSE (FIRST-MIDDLE-LAST)	SPOUSE'S MAIDEN NAME (IF APPLICABLE)	SPOUSE'S SOCIAL SECURITY NUMBER

AGE	HGT.	WGT.	D.O.B.	BIRTHPLACE OF SPOUSE	NAME AND ADDRESS OF SPOUSE'S EMPLOYER PHONE NUMBER

FATHER (NATURAL)	(LAST, FIRST, MIDDLE) & DATE OF BIRTH	ADDRESS (NUMBER, STREET, CITY, ZIP CODE, STATE) IF DECEASED, DATE OF DEATH	AGE
MOTHER (NATURAL) (MAIDEN NAME FIRST, FORMER MARRIED NAMES)	(LAST, FIRST, MIDDLE) & DATE OF BIRTH	ADDRESS (NUMBER, STREET, CITY, ZIP CODE, STATE) IF DECEASED, DATE OF DEATH	AGE

LIST ANY SCARS, BIRTHMARKS, BLEMISHES, TATTOOS, DEFORMITIES, ETC., THAT YOU MAY HAVE

LIST YOUR CHILDREN

[ ] SON [ ] DAUGHTER	NAME (LAST, FIRST, MIDDLE)	BIRTH DATE	BIRTH PLACE (CITY, STATE)
ADDRESS (IF DIFFERENT FROM YOURS)	RELATIONSHIP TO YOU [ ] NATURAL [ ] STEP [ ] FOSTER	RELATIONSHIP TO YOUR SPOUSE [ ] NATURAL [ ] STEP [ ] FOSTER	
[ ] SON [ ] DAUGHTER	NAME (LAST, FIRST, MIDDLE)	BIRTH DATE	BIRTH PLACE (CITY, STATE)
ADDRESS (IF DIFFERENT FROM YOURS)	RELATIONSHIP TO YOU [ ] NATURAL [ ] STEP [ ] FOSTER	RELATIONSHIP TO YOUR SPOUSE [ ] NATURAL [ ] STEP [ ] FOSTER	
[ ] SON [ ] DAUGHTER	NAME (LAST, FIRST, MIDDLE)	BIRTH DATE	BIRTH PLACE (CITY, STATE)
ADDRESS (IF DIFFERENT FROM YOURS)	RELATIONSHIP TO YOU [ ] NATURAL [ ] STEP [ ] FOSTER	RELATIONSHIP TO YOUR SPOUSE [ ] NATURAL [ ] STEP [ ] FOSTER	
[ ] SON [ ] DAUGHTER	NAME (LAST, FIRST, MIDDLE)	BIRTH DATE	BIRTH PLACE (CITY, STATE)
ADDRESS (IF DIFFERENT FROM YOURS)	RELATIONSHIP TO YOU [ ] NATURAL [ ] STEP [ ] FOSTER	RELATIONSHIP TO YOUR SPOUSE [ ] NATURAL [ ] STEP [ ] FOSTER	
[ ] SON [ ] DAUGHTER	NAME (LAST, FIRST, MIDDLE)	BIRTH DATE	BIRTH PLACE (CITY, STATE)
ADDRESS (IF DIFFERENT FROM YOURS)	RELATIONSHIP TO YOU [ ] NATURAL [ ] STEP [ ] FOSTER	RELATIONSHIP TO YOUR SPOUSE [ ] NATURAL [ ] STEP [ ] FOSTER	

PERSONAL & MARITAL RECORD (CONTINUED)

LIST YOUR RELATIVES IN THE FOLLOWING ORDER: 1. BROTHERS 2. SISTERS 3. STEP-MOTHER 4. STEP-FATHER 5. STEP-BROTHERS 6. STEP-SISTERS 7. FATHER-IN-LAW 8. MOTHER-IN-LAW 9. BROTHERS-IN-LAW 10. SISTERS-IN-LAW

RELATIONSHIP	NAME (LAST, FIRST, MIDDLE)	ADDRESS	AGE

ARE YOU NOW SUPPORTING ALL DEPENDENTS THAT YOU ARE REQUIRED TO SUPPORT? [ ] YES [ ] NO	ARE YOU PAYING ALIMONY OR CHILD SUPPORT? [ ] YES [ ] NO	AMOUNT PER MONTH: $
HAVE YOU EVER BEEN SUED FOR ALIMONY PAYMENTS, CHILD SUPPORT, NON-PAYMENT OF DEBTS OR FRAUD? IF YES, GIVE THE NAME OF THE COURT IN WHICH YOU WERE SUED AND THE COURT NUMBER OF THE LAW SUIT. [ ] YES [ ] NO	COURT NAME/COURT CASE NUMBER COURT NAME/COURT CASE NUMBER	

PREVIOUS MARRIAGES: IF PREVIOUSLY MARRIED, PROVIDE THE FOLLOWING:

DATE MARRIED	WHERE MARRIED (CITY,COUNTY,STATE)	NAME OF EX-SPOUSE (MAIDEN NAME)	IF DISSOLVED OR DIVORCED (CITY, COUNTY, STATE)	DATE FINALIZED

ARE YOU A U.S. CITIZEN [ ] YES [ ] NO	IF YES? [ ] NATIVE BORN [ ] NATURALIZED	ARE YOU A PERMANENT RESIDENT ALIEN? [ ] YES [ ] NO	IF YES, PORT OF ENTRY	DATE OF ENTRY
IF A NATURALIZED CITIZEN, LIST CITY AND STATE WHERE NATURALIZED.			DATE NATURALIZED	CERTIFICATE NUMBER

PREVIOUS RESIDENCES RECORD- SECTION II

ADDRESSES, SINCE AGE 15. ACCOUNT FOR ALL TIME SPANS WITH THE MOST RECENT ADDRESS FIRST AND DESCENDING IN ORDER THEREFROM. **INCLUDE ALL MILITARY ADDRESSES, LISTING THE NEAREST CITY IN PROXIMITY TO THE BASE IF YOU RESIDED ON BASE.** IF RENTING OR LEASING INCLUDE THE AGENT OR MANAGEMENT COMPANY TO WHOM YOU PAY RENT TO.

FROM (MONTH-YEAR) TO (MONTH-YEAR)	ADDRESS (NO.-SPECIFY N.E.S.W.-ST-PL-DR CITY-ZIP CODE-STATE	WITH WHOM DID YOU LIVE ?	RELATIONSHIP?

REFERENCES - SECTION III

FILL IN BELOW THE NAMES OF THREE ADULTS NOT RELATED TO YOU & NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR A PERIOD OF PREFERABLY MORE THAN FIVE YEARS.

1. NAME		HOME ADDRESS (CITY, STATE, ZIP-CODE)	HOME PHONE (AREA CODE-NUMBER)
YEARS KNOWN	OCCUPATION / PROFESSION	BUSINESS ADDRESS (CITY, STATE, ZIP-CODE)	BUSINESS PHONE (AREA CODE-NUMBER)
2. NAME		HOME ADDRESS (CITY, STATE, ZIP-CODE)	HOME PHONE (AREA CODE-NUMBER)
YEARS KNOWN	OCCUPATION / PROFESSION	BUSINESS ADDRESS (CITY, STATE, ZIP-CODE)	BUSINESS PHONE (AREA CODE-NUMBER)
3. NAME		HOME ADDRESS (CITY, STATE, ZIP-CODE)	HOME PHONE (AREA CODE-NUMBER)
YEARS KNOWN	OCCUPATION / PROFESSION	BUSINESS ADDRESS (CITY, STATE, ZIP-CODE)	BUSINESS PHONE (AREA CODE-NUMBER)

FINANCIAL RECORD – SECTION IV

1. ARE YOU NOW DELINQUENT IN ANY FINANCIAL OBLIGATION? (IF YES, EXPLAIN ON CONTINUATION PAGE) [ ] YES [ ] NO

2. DO YOUR MONTHLY BILLS EXCEED YOUR TAKE-HOME PAY? [ ] YES [ ] NO

INDEBTEDNESS: INVOLVING YOU, YOUR SPOUSE, OR YOUR EX-SPOUSE FOR WHICH YOU ARE LIABLE.

TO WHOM OWED	ADDRESS	DATE INCURRED	ORIGINAL AMOUNT	AMOUNT DUE	MONTHLY PAYMENT
A.					
B.					
C.					
D.					
E.					
F.					
G					
H					
I.					
J.					
K.					
L.					
M.					

NAME AND LOCATION OF YOUR BANK/S [ ] CHECKING ACCOUNT [ ] SAVINGS ACCOUNT

YEAR, MAKE, BODY, TYPE, LICENSE NUMBER OF YOUR PRESENT VEHICLES	DATE PURCHASED	NAME OF LEGAL OWNER
A.		
B.		

WHEN ANSWERING THE QUESTIONS BELOW: IF THERE ARE ANY **"YES"** BLOCKS CHECKED, EXPLAIN FULLY ON THE CONTINUATION SHEET, CITING REFERENCE AND PAGE NUMBERS; BE COMPLETE ON ALL EXPLANATIONS.

3. DO YOU, YOUR SOUSE OR EX-SPOUSE HAVE ANY IMMEDIATE CIVIL ACTION PENDING AGAINST YOU? [ ] YES [ ] NO

4. IF EMPLOYED BY THE POLICE DEPARTMENT, DO YOU ANTICIPATE ANY INCOME OTHER THAN YOUR POLICE SALARY? [ ] YES [ ] NO

5. HAVE YOU EVER BEEN REFUSED A LIFE, AUTOMOBILE, HEALTH, OR OTHER INSURANCE POLICY? [ ] YES [ ] NO

6. HAVE YOU EVER BEEN GARNISHEED, FILED FOR BANKRUPTCY, OR BEEN DECLARED BANKRUPT? [ ] YES [ ] NO

WORK HISTORY - SECTION V

1. HAVE YOU EVER APPLIED FOR A POSITION WITH ANY LAW ENFORCEMENT OR OTHER GOVERNMENT AGENCY? [ ] YES [ ] NO
IF YES, INDICATE WHERE YOU HAVE APPLIED/OR BEEN APPOINTED IN THE PAST, WITH THE MOST RECENT FIRST.

NAME OF DEPARTMENT OR AGENCY	DATE APPLIED	ACCEPTED	IF NO, GIVE REASON FOR REJECTION OR DECLINING OF APPOINTMENT
1.		[ ] YES [ ] NO	
2.		[ ] YES [ ] NO	
3.		[ ] YES [ ] NO	
4.		[ ] YES [ ] NO	
5.		[ ] YES [ ] NO	
6.		[ ] YES [ ] NO	
7.		[ ] YES [ ] NO	

EMPLOYMENT

BEGIN WITH YOUR MOST RECENT JOB 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 FOR THE NAME AND ADDRESS OF IMMEDIATE SUPERVISOR, THE NAME, ADDRESS AND RANK OF THE LAST COMMISSIONED OFFICER WHO WAS YOUR IMMEDIATE COMMISSIONED SUPERIOR AND SUBSTITUTE FOR THE NAME AND ADDRESS OF CO-WORKER, THE NAME AND ADDRESS OF A NON-COMMISSIONED OFFICER WITH WHOM YOU SERVED. WHEN LISTING PERIODS OF UNEMPLOYMENT, INDICATE DATES IN SPACE PROVIDED. IN THAT BLOCK DESIGNATED "NAME OF EMPLOYER" WRITE-IN "UNEMPLOYED." IN THAT BLOCK DESIGNATED "REASON FOR LEAVING" INDICATE FROM WHAT SOURCE YOU RECEIVED INCOME DURING THAT PERIOD OF UNEMPLOYMENT. **ADDRESS INFO MUST BE COMPLETE - STREET, APT. OR SUITE, CITY, STATE AND ZIP-CODE.**

MAY WE CONTACT YOUR PRESENT EMPLOYER? (IF NO, EXPLAIN ON CONTINUATION PAGE.) [ ] YES [ ] NO

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB? (IF YES, EXPLAIN FULLY ON CONTINUATION PAGE.) [ ] YES [ ] NO

IF PRESENTLY UNEMPLOYED, INDICATE SO IN FIRST BLOCK.

FROM DATE	NAME OF PRESENT EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS TELEPHONE
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER

FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS TELEPHONE
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER

WORK HISTORY (CONTINUED)

FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS TELEPHONE
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER

FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS TELEPHONE
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER

FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS TELEPHONE
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER

FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS TELEPHONE
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER

FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS TELEPHONE
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER

FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS TELEPHONE
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER

MILITARY AND EDUCATIONAL RECORD - SECTION VI

MILITARY

PRESENT DRAFT BOARD ADDRESS (STREET, CITY, ZIP-CODE, STATE)		DRAFT BOARD NO. CLASS PRESENT DB
BRANCH OF SERVICE (ARMY,NAVY,ETC.)	UNIT (TANK CORPS, ENGINEERS, MEDIC,ETC.)	MILITARY SERIAL NUMBER
MILITARY ACTIVE DUTY DATES (DO NOT INCLUDE SHORT RESERVE TOURS OF 90 DAYS OR LESS) FROM: TO:	HIGHEST MILITARY RANK OR RATE HELD	TYPE OF SEPARATION
TOTAL MONTHS OF COMBAT DUTY	TOTAL MONTHS OF OVERSEAS DUTY	MILITARY RESERVE STATUS [ ] READY [ ] STANDBY [ ] NONE

1. HAVE YOU EVER ASKED FOR OR RECEIVED DEFERMENT FROM MILITARY SERVICE? (IF YES, GIVE BOARD NUMBER, DATES AND FULL DETAILS ON CONTINUATION PAGE) [ ] YES [ ] NO
2. WERE YOU EVER COURT MARTIALED, TRIED ON CHARGES, OR SUBJECT OF A SUMMARY COURT MARTIAL, CAPTAINS MAST, ARTICLE 15, COMPANY PUNISHMENT, OR ANY OTHER DISCIPLINARY ACTION WHILE IN THE ARMED SERVICES? (IF YES, EXPLAIN FULLY ON CONTINUATION PAGE) [ ] YES [ ] NO
3. HAVE YOU EVER RECEIVED A GOVERNMENT DISABILITY PENSION? (IF YES, EXPLAIN FULLY ON LAST PAGE) [ ] YES [ ] NO
4. VETERANS CLAIM "C" NUMBER: _____

EDUCATION

1. HAVE YOU EVER TAKEN A GENERAL EDUCATIONAL DEVELOPMENT "GED" TEST? [ ] YES [ ] NO

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 - 9 10 11 12 13 14 15 16

LIST EACH GRAMMAR, JUNIOR HIGH, HIGH SCHOOL, TRADE, PART-TIME, NIGHT SCHOOL, BUSINESS COLLEGE AND UNIVERSITY THAT YOU HAVE ATTENDED. START WITH THE MOST RECENT SCHOOL ATTENDED.

NAME OF SCHOOL	LOCATION OF SCHOOL (CITY AND STATE)	ATTENDANCE DATES FROM TO	GRADUATE		DEGREES OR NUMBER OF UNITS COMPLETED.
			YES	NO	

MISCELLANEOUS - (SECTION VI CONTINUED)

LIST ALL ORGANIZATIONS, CLUBS, AND SOCIAL GROUPS OF WHICH YOU ARE NOW, OR HAVE BEEN A MEMBER AND POSITION, I.E., MEMBER, ASSOCIATE MEMBER, PRESIDENT, SECRETARY, ETC.		
DATES FROM TO	ORGANIZATION/CLUB/SOCIAL GROUPS	POSITION/ASSOCIATION/MEMBERSHIP STATUS

GENERAL INFORMATION INQUIRY

NOTICE: THE FOLLOWING QUESTIONS AND ANSWERS WILL BE VERIFIED THROUGH THE USE OF THE POLYGRAPH (LIE DETECTOR TEST).

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES - IT WILL BE NECESSARY FOR YOU TO EXPLAIN, IN DETAIL, ON THE CONTINUATION SHEET PROVIDED. FULL AND COMPREHENSIVE EXPLANATIONS ARE REQUIRED.

CIRCLE THE APPROPRIATE ANSWER:

1.	IF IT BECAME NECESSARY IN THE COURSE OF YOUR POLICE DUTIES TO TAKE A HUMAN LIFE, WOULD YOU HAVE ANY RELUCTANCE TO DO BECAUSE OF RELIGIOUS OR OTHER BELIEFS? POLICE OFFICER APPLICANTS ONLY NEED ANSWER THIS QUESTION.	YES	NO
2.	HAVE YOU EVER COMMITTED A FELONY FOR WHICH YOU WERE NEVER ARRESTED OR CONVICTED?	YES	NO
3.	HAVE YOU EVER BEEN PLACED ON OR SERVED IN A CRIMINAL DIVERSION TYPE PROGRAM THAT LED TO THE EVENTUAL DISMISSAL OF ANY CRIMINAL CHARGES OR APPLIED FOR AND HAD ANY CHARGES/CONVICTIONS SEALED?	YES	NO
4.	HAVE YOU EVER BEEN CONVICTED OF A FELONY?	YES	NO
5.	HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR THAT HAD BEEN REDUCED FROM ORIGINAL FELONY CHARGES?	YES	NO
6.	HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE? I.E., THEFT OFFENSES, ASSAULT AND BATTERY, WRONGFUL INFLUENCE OF A MINOR, DISORDERLY CONDUCT, GAMBLING, DRUG OFFENSE, SEX OFFENSES, OFFENSES INVOLVING IMMORAL OR INDECENT CONDUCT, FRAUD, TRESPASSING, CONVERSION OF TRUST, OFFENSE INVOLVING MILITARY JUSTICE, OR ANY OTHER CRIMINAL OFFENSES?	YES	NO
7.	HAVE YOU EVER BEEN CONVICTED OF ANY TRAFFIC OFFENSES? I.E., OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, RECKLESS OPERATION, HIT SKIP, VEHICULAR HOMICIDE, SPEEDING, DRAG RACING, WILLFULLY FLEEING OR ELUDING POLICE, OPERATING AN UNSAFE VEHICLE, DRIVING WITHOUT A LICENSE, PASSING A SCHOOL BUS RECEIVING OR DISCHARGING PASSENGERS, OR ANY OTHER TRAFFIC OFFENSE, EXCLUDING PARKING AND EQUIPMENT VIOLATIONS.	YES	NO
8.	HAVE YOU EVER BEEN ARRESTED OR DETAINED FOR ANY VIOLATION OF LAW, FOR WHICH YOU WERE EITHER INVOLVED IN OR THE PERPETRATOR?	YES	NO
9.	AS AN ADULT, HAVE YOU EVER STOLEN ANYTHING?	YES	NO
10.	HAVE YOU EITHER BOUGHT OR SOLD ANY PROPERTY THAT YOU KNEW WAS STOLEN?	YES	NO
11.	HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?	YES	NO
12.	HAVE YOU EVER BEEN COMMITTED TO ANY PENAL INSTITUTION AS A RESULT OF EITHER A FELONY OR MISDEMEANOR CONVICTION?	YES	NO
13.	ARE YOU PRESENTLY UNDER INDICTMENT OR A DEFENDANT IN ANY CRIMINAL, TRAFFIC OR CIVIL ACTION?	YES	NO
14.	HAVE YOU EVER USED ANY HALLUCINOGENS SUCH AS MARIHUANA, HASHISH, MESCALINE, P.C.P., T.H.C., PEYOTE, P.C.E., T.C.P., ANGEL DUST, OR ANY OF THEIR DERIVATIVES ETC.? (IF YES, AGE FIRST USED, AGE LAST USED, TOTAL NUMBER OF USAGES?)	YES	NO

15.	HAVE YOU EVER USED ANY NARCOTICS SUCH AS OPIUM, MORPHINE, CODEINE, MEPERIDINE, METHADONE OR ANY OF THEIR DERIVATIVES SUCH AS DARVON, LOMOTIL, ETC.? (IF YES, AGE FIRST USED, AGE LAST USED, TOTAL NUMBER OF USAGES?)	YES	NO
16.	HAVE YOU EVER USED COCAINE, HEROIN OR L.S.D. ? (IF YES, AGE FIRST USED, AGE LAST USED, TOTAL NUMBER OF USAGES?)	YES	NO
17.	HAVE YOU EVER USED ANY PRESCRIPTION DRUGS SUCH AS BARBITURATES, AMPHETAMINES, VALIUM, LIBRIUM, SOPORS, UPPERS/DOWNERS ETC. WITHOUT THE BENEFIT OF A PRESCRIPTION? (IF YES, AGE FIRST USED, AGE LAST USED, TOTAL NUMBER OF USAGES AND TYPE?)	YES	NO
18.	HAVE YOU EVER USED ANY PRESCRIBED MEDICATIONS FOR PURPOSES OTHER THAN THAT FOR WHICH THEY WERE ORIGINALLY PRESCRIBED OR INTENDED? (IF YES, TYPE AND USE)	YES	NO
19.	HAVE YOU EVER USED WHAT ARE DESCRIBED AS DESIGNER DRUGS, I.E., SUBSTANCES THAT ARE CHEMICALLY ALTERED IN MAKE-UP BUT WHICH GIVE THE SAME EFFECT AS ILLICIT DRUGS ETC.? (IF YES, TYPE AND USE)	YES	NO
20.	HAVE YOU EVER SOLD, BEEN PARTY TO THE SALE, OR IN ANY OTHER WAY BEEN FINANCIALLY REWARDED DUE TO THE SALE OF ANY CONTROLLED SUBSTANCES OR PRESCRIPTION DRUGS OR ANY OTHER SUBSTANCE PURPORTED TO BE A CONTROLLED SUBSTANCE?	YES	NO
21.	HAVE YOU EVER BEEN INVOLVED IN GLUE SNIFFING OR USED ANY OTHER SUCH CHEMICAL AGENTS FOR THE PURPOSE OF OBTAINING A STATE OF INTOXICATION?	YES	NO
22.	ARE YOU ADDICTED TO OR USE ALCOHOL EXCESSIVELY OR SUFFER FROM ANY ALCOHOL RELATED PROBLEMS, OR RECEIVED ANY RELATED TREATMENTS?	YES	NO
23.	HAVE YOU EVER USED, SOLD, OR BEEN PARTY TO THE SALE AND USE OF ANY STEROIDS OR SIMILAR SUBSTANCES WITHOUT THE BENEFIT OF A PRESCRIPTION OR FOR ANY UNDOCUMENTED MEDICAL REASON?	YES	NO
24.	HAVE YOU EVER FILED FOR, OR RECEIVED, COMPENSATION FROM ANY INDUSTRIAL COMPENSATION CLAIM.?	YES	NO
25.	HAVE YOU EVER APPLIED FOR AND RECEIVED UNEMPLOYMENT COMPENSATION, THE AMOUNTS OF WHICH YOU WERE NOT ELIGIBLE TO RECEIVE?	YES	NO
26.	ARE YOU NOW, OR HAVE YOU EVER, RECEIVED ANY TYPE OF GOVERNMENTAL SUPPORT SUCH AS WELFARE, A.D.C., HOUSING SUBSIDY PAYMENTS, MEDICAL OR EDUCATIONAL LOANS OR GRANTS THAT YOU WERE NOT ELIGIBLE FOR, RECEIVING IN A FRAUDULENT MANNER OR AFTER RECEIVING BECAME INELIGIBLE FOR BUT CONTINUED RECEIVING?	YES	NO
27.	DO YOU HAVE ANY HATREDS OR PREJUDICES TOWARD OTHERS BECAUSE OF THEIR RACE, SEX, NATIONAL ORIGIN, RELIGION OR COLOR, THAT WOULD BE DETRIMENTAL TO YOUR FUNCTIONING AS A POLICE OFFICER?	YES	NO
28.	DO YOU HAVE ANY PROBLEMS BECAUSE OF GAMBLING?	YES	NO
29.	DO YOU HAVE ANY PROBLEM CONTROLLING YOUR TEMPER?	YES	NO
30.	HAVE YOU EVER BEEN INVOLVED IN AN AUTO ACCIDENT?	YES	NO
31.	HAVE YOU EVER ENGAGED IN ANY GROSSLY UNNATURAL SEXUAL ACTS?	YES	NO
32.	HAVE YOU EVER ENGAGED IN ANY ILLICIT SEXUAL ACTIVITIES?	YES	NO
33.	HAVE YOU EVER TRAVELED OUTSIDE THE UNITED STATES? (IF YES, WHAT COUNTRIES)	YES	NO
34.	IS THERE ANYTHING IN YOUR MEDICAL OR PSYCHOLOGICAL HISTORY, THAT YOU ARE AWARE OF, THAT COULD DISQUALIFY YOU FROM THIS POSITION?	YES	NO
35.	HAVE YOU EVER RECEIVED ANY PSYCHIATRIC OR PSYCHOLOGICAL EVALUATIONS, TREATMENTS OR EXAMINATIONS?	YES	NO
36.	HAVE YOU EVER BEEN A PATIENT IN ANY STATE OR PRIVATE MENTAL INSTITUTION?	YES	NO
37.	DO YOU WEAR PRESCRIPTION LENSES (EYEGLASSES) FOR ANY VISION DEFECT?	YES	NO
38	DO YOU WEAR HARD OR SOFT CONTACT LENSES?	YES	NO
39.	HAVE YOU EVER UNDERGONE ANY TYPE OF EYE SURGERY, I.E., IF SO, WHAT?	YES	NO
40.	DO YOU KNOW WHAT YOUR VISION STANDARD IS AT PRESENT, IF SO WHAT IS IT?	YES	NO

ALL APPLICANTS MUST SIGN THE FOLLOWING CERTIFICATE

I CERTIFY THAT THE STATEMENTS CONTAINED IN THIS QUESTIONNAIRE ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MADE IN THIS QUESTIONNAIRE MAY BE CAUSE FOR DISAPPROVAL OF MY APPOINTMENT, OR FOR DISCHARGE AFTER APPOINTMENT. I FURTHER REALIZE THAT ANY FALSEHOODS MAY SUBJECT ME TO PROSECUTION UNDER OHIO REVISED CODE SECTION 2921.13.

SIGNATURE OF APPLICANT: _____

DATE: _____

CONTINUATION SHEET

NOTE: In utilizing this section to explain or further add to answers, make references to the particular SECTION NUMBER, PAGE NUMBER and QUESTION NUMBER, IN THE COLUMN PROVIDED BELOW BEFORE PROCEEDING TO ANSWER. Your answers must be clear in meaning, explaining all facets of the particular question. CAUTION: In signing the certificate, you are attesting to the validity of all answers noted within this continuation, as well as all areas of this questionnaire. Should you require further space, attach an 8 1/2 x 11 inch sheet of plain paper.

SECTION NUMBER	PAGE NUMBER	QUESTION NUMBER	CONTINUATION

SECTION NUMBER	PAGE NUMBER	QUESTION NUMBER	CONTINUATION

I CERTIFY THAT THE STATEMENTS IN THESE CONTINUATION SHEETS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED COMPETE DISCLOSURE OF ALL INFORMATION REQUESTED. I FURTHER REAFFIRM THAT I UNDERSTAND THAT ANY FALSE STATEMENTS MADE IN THESE CONTINUATION SHEETS MAY BE CAUSE FOR DISAPPROVAL OF MY APPOINTMENT, OR FOR DISCHARGE AFTER APPOINTMENT. I ALSO REALIZE THAT ANY FALISIFICATION MAY SUBJECT ME TO DISQUALIFICATION BY COLERAIN TOWNSHIP AND THE POLICE DEPARTMENT AND/OR PROSECUTION UNDER OHIO REVISED CODE SECTION 2921.13.

SIGNATURE OF APPLICANT:_____ DATE:_____

COLERAIN POLICE DEPARTMENT

I understand the Colerain Police Department is a drug-free workplace, and that use of illegal substances by employees is inconsistent with the goal of a drug-free workplace. Furthermore, I acknowledge that if selected for the position of Police Officer, as a precondition for employment, I hereby agree to voluntarily submit to intermittent drug-screen testing during the time I am employed.

Name_____

Date _____