



City of Sandusky, Ohio Police Department

PERSONAL HISTORY QUESTIONNAIRE

The City of Sandusky is an Equal Opportunity Employer

Personal History of:	Last Name	First Name	Middle
Position Applied For:	<input type="checkbox"/> Full-Time Police Officer <input type="checkbox"/> Part-Time Reserve		
Date this questionnaire completed:			

INSTRUCTIONS

This Personal History Questionnaire is intended for the use of the City of Sandusky, Ohio, Personnel Administration section. 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 procedures). Information contained herein will be considered to be strictly confidential and will not be disclosed to any unauthorized person(s).

The answers to questions contained in this questionnaire must be printed in your own hand, legibly in **BLUE INK ONLY**. Each individual question must be answered, THERE CAN BE NO BLANKS. If a question does not apply to your particular circumstance, insert "NA" in that blank. When answering questions that require dates, insert the full date. Partial month-year responses are unacceptable. You must provide complete address information when requested. Partial address responses are unacceptable. This document and all documents throughout the testing process must be signed where required with your full legal signature, first name, middle name and last name.

WARNINGS

Applicants are cautioned to answer every question truthfully and without evasion. Both the Ohio Revised Code and Rules and Regulations of the Municipal Service Commission provide penalties for making a false statement of a material fact, or for practicing fraud or deception in obtaining or attempting to obtain municipal employment. Such penalties including for appointment or discharge after appointment and/or prosecution under Ohio Revised Code Section 2921.13.

SECTION 1 – PERSONAL AND MARITAL RECORD

Legal Name Last		First		Full Middle Name	
By what other names have you been know? (maiden name, former married names, aliases, nicknames, etc.)				Residence Area Code and Phone Number	
Residence Number, Street, Apt.		City		County	State
Social Security Number	Age	Height	Weight	Color Hair	Color Eyes
Date of Birth	Place of Birth City		County	State	Birth Certificate No.
Ohio Drivers License No.	Type	Expiration Date	Out-of-State Operators License No.	Type State or Terr	Expiration Date
List any scars, birthmarks, blemishes, tattoos, deformities, etc. that you may have.					
Present Marital Status		City, County State Present Marriage Performed		Date of Marriage Performed	
Name of Present Spouse (First, Middle)		Maiden Name (If Applicable)		Birthplace of Spouse	
Age	Height	Weight	Date of Birth	Name and Address of Spouse's Employer	
Father (Natural)					
Last	First	Middle	Address (Number, Street, City, State & Zip Code)		Age/Date of Death
Mother (Natural) Maiden Name First, Former Married Names					
Last	First	Middle	Address (Number, Street, City, State & Zip Code)		Age/Date of Death
List Your Children:					
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name (Last, First, Middle)		Date of Birth	Birth Place (City and State)	
Address (if different from yours)		Relationship to You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster		Relationship to Your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name (Last, First, Middle)		Date of Birth	Birth Place (City and State)	
Address (if different from yours)		Relationship to You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster		Relationship to Your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name (Last, First, Middle)		Date of Birth	Birth Place (City and State)	
Address (if different from yours)		Relationship to You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster		Relationship to Your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name (Last, First, Middle)		Date of Birth	Birth Place (City and State)	
Address (if different from yours)		Relationship to You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster		Relationship to Your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	
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. Sisters-in-Law 10. Brothers-in-Law		
Relationship	Name (Last, First, Middle)		Address (Number, Street, City, Zip Code)		Age

SECTION I – PERSONAL AND MARITAL RECORD (CONTINUED)

Are you supporting all dependents that you are required to support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you paying alimony or child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount per month \$		
Have you ever been sued for alimony payments, child support, non-payment of debts or fraud? If yes, then give the name and the court in which you were sued and the court number of the lawsuit. <input type="checkbox"/> Yes <input type="checkbox"/> No				
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes <input type="checkbox"/> Native Born <input type="checkbox"/> Naturalized	Are you a Permanent Resident Alien? If yes, give Port of Entry to U.S.A and Date <input type="checkbox"/> Yes <input type="checkbox"/> No Port of Entry: _____ Date: _____
If a Naturalized Citizen, list city and state where naturalized		Date Naturalized _____ Certificate Number _____

SECTION II – PREVIOUS RESIDENCE RECORD

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.

From (Month-Year) TO (Month-Year)	Address (No-Specify N.S.E.W.-St-Pl-Dr-City-State & Zip Code)	With whom did you live?	Relationship

References: 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)
Yrs known	Business Occupation or 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)
Yrs known	Business Occupation or 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)
Yrs known	Business Occupation or Profession	Business Address, City State, & Zip Code	Business Phone (Area Code-Number)

SECTION III – FINANCIAL RECORD

Are you now delinquent on any financial obligation? (If yes, explain on last page)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do your monthly bills exceed your take-home pay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Indebtedness: involving you, your spouse, or your ex-spouses for which you are liable.					
To Whom Owed	Address	Date Incurred	Orig. Amt.	Amt. Due	Mo. Payment

Name & Address of Your Bank(s)	Checking Account (s)	Savings Account(s)
Year, Make, Body Type & License No. of Your Present Vehicle	Date Purchased	Name of Legal Owner

When answering the questions below: If there are any “Yes” blocks checked, explain fully on the continuation sheet, citing the reference and page numbers. Be complete on all explanations requested.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you, your spouse, or ex-spouses have any immediate civil action pending against you?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If employed by the police department, do you anticipate any income other than your police salary?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been refused a life, automobile, health, or other insurance policy?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been garnished, filed bankruptcy, or been declared bankrupt?

SECTION IV - WORK HISTORY

<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever applied for a position with any law enforcement or other government agency?			
Name of Department or Agency	Date Applied	Accepted	If no, give reason for rejection or declining of appointment
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> 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-workers, 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 INFORMATION MUST BE COMPLETE – STREET, APT. OR SUITE, CITY, STATE AND ZIP CODE.**

May we contact your current employer? Yes No If no, explain on last page.

Have you ever been discharged or asked to resign from a job? Yes No If no, explain on last page.

If currently unemployed, indicate so in first block.

From Date	Name of Employer	Job Title	List of Hours Worked and Day Off on Present Job
To Date	Name of Employer	Description of Duties	
Total Time Exp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Ph# of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Ph# of Co-Worker
From Date	Name of Employer	Job Title	List of Hours Worked and Day Off on Present Job
To Date	Name of Employer	Description of Duties	
Total Time Exp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Ph# of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Ph# of Co-Worker
From Date	Name of Employer	Job Title	List of Hours Worked and Day Off on Present Job
To Date	Name of Employer	Description of Duties	
Total Time Exp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Ph# of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Ph# of Co-Worker
From Date	Name of Employer	Job Title	List of Hours Worked and Day Off on Present Job
To Date	Name of Employer	Description of Duties	
Total Time Exp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Ph# of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Ph# of Co-Worker

SECTION IV - WORK HISTORY (CONTINUED)

From Date	Name of Employer	Job Title	List of Hours Worked and Day Off on Present Job
To Date	Name of Employer	Description of Duties	
Total Time Exp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Ph# of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Ph# of Co-Worker
From Date	Name of Employer	Job Title	List of Hours Worked and Day Off on Present Job
To Date	Name of Employer	Description of Duties	
Total Time Exp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Ph# of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Ph# of Co-Worker
From Date	Name of Employer	Job Title	List of Hours Worked and Day Off on Present Job
To Date	Name of Employer	Description of Duties	
Total Time Exp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Ph# of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Ph# of Co-Worker
From Date	Name of Employer	Job Title	List of Hours Worked and Day Off on Present Job
To Date	Name of Employer	Description of Duties	
Total Time Exp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Ph# of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Ph# of Co-Worker

SECTION V – MILITARY AND EDUCATIONAL RECORD

Military

Present Draft Board Address (Street, City, State & Zip Code)		Draft Board No.	Present B Class
Branch of Service (Army, Navy, Etc.)	Unit (Tank Corps, Engineers, Medics, Etc.)	Military Serial No.	
Military Active Duty Dates (Do Not Inc. Short Reserve Tours of 90 Days or Less)	Highest Military Rank or Rate Held	Type of Separation	
Total Months of Combat Duty	Total Months of Overseas Duty	Military Reserve Status <input type="checkbox"/> Ready <input type="checkbox"/> Standby <input type="checkbox"/> None	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever asked for or received deferment from military service? If yes, give board number, dates and full details on last page of application.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	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 on last page.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever received a disability pension? If yes, explain on last page.		Vets Claim "C" No.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever taken a general education development "GED" test?		

Educational

Circle Highest Grade Completed	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Other	
Name of School	Location of School (City & State)		Attendance Dates		Graduate		Degree or Number of Units											
			From	To	Yes	No												

Miscellaneous

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.)	

SECTION VI – GENERAL INFORMATION INQUIRY

<p>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.</p>	
1. If it became necessary in the course of your police duties to take a human life, would you have any reluctance to due to religious or other beliefs? (Police officer applicants only need answer this question.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever committed a felony for which you were never arrested or convicted?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been convicted of a misdemeanor that had been reduced from original felony charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been convicted of any criminal offense (i.e., theft, 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been convicted of any traffic offense (i.e., operating a motor vehicle while under the influence of alcohol or drugs, reckless operation, hit skip, vehicle homicide, speeding, drag racing, willfully fleeing or eluding police, operating and unsafe vehicle, driving without a license, passing a school bus receiving or discharging passengers, or any other traffic offense, excluding parking and equipment violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. As an adult, have you ever stolen anything?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever bought or sold property that you know was stolen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has your driver's license ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you ever been committed to any penal institution as a result of either a felony or misdemeanor conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you presently under indictment or a defendant in any pending criminal, traffic, or civil citations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you ever used any hallucinogens such as marijuana, 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have you ever used any narcotics such as opium, morphine, codeine, meperidine, methadone, or any of their derivatives such darvon, lomotil, etc.? (If yes, age first used, age last used, total number of usages.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have you ever used cocaine, heroin, or L.S.D.? (If yes, age first used, age last used, total number of usages.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you ever used any prescription drugs such as barbiturates, amphetamines, valium, Librium, spools, uppers/downers, etc. without the benefit of a prescription? (If yes, age first used, total number of usages.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have you ever used any prescribed medications for purposes other than that for which they were originally prescribed or intended? (if yes, then type and use.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. 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, then type and use.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Have you ever sold, been party to the sale, or in any other way been finically rewarded due to the sale of any controlled substances or prescription drugs or any other substance purported to be a controlled substance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Have you ever been involved in glue sniffing or used any other such chemical agents for the purpose of obtaining a state of intoxication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Are you addicted to or use alcohol excessively or suffer from any alcohol related problems, or received any related treatments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Have you ever filed for or received compensation for any industrial compensation claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Have you ever applied for and received unemployment compensation, the amounts of which you were not eligible to receive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. 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, received in a fraudulent manner or after receiving became ineligible for but continued receiving?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Do you have any hatreds or prejudices toward others because of their race, sex, national origin, religion or color, which would be detrimental to your functioning as a police officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Do you have any problems because of gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Do you have any problem controlling your temper?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Have you ever been involved in an automobile accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you ever engaged in any unnatural sexual acts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have you ever engaged in any illicit sexual activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Have you ever traveled outside of the United States? (If yes, what countries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there anything in your medical or psychological history that could disqualify you from this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section Number	Page Number	Question Number	Continuation

I certify that the statements contained in this questionnaire are true and 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 falsehood may subject me to prosecution under Ohio Revised Code Section 2921.130

Signature of Applicant: _____ Date: _____
 (Full Legal Signature)



SANDUSKY POLICE DEPARTMENT

APPLICATION FOR RESERVE EMPLOYMENT & PERSONAL HISTORY QUESTIONNAIRE

*****NOTICE OF AFFIRMATION*****

IT IS IMPORTANT TO READ THE STATEMENTS BELOW CAREFULLY BEFORE SIGNING THE FOLLOWING CERTIFICATE:

You must be complete and truthful in ALL your answers. All answers that you give on the City of Sandusky Application for Employment and Personal History Questionnaire (PHQ) are subject to verification. Any failure to report completely or any untruthful answers may subject you to rejection as a candidate. Information gathered during this process will be maintained in confidence to the extent permitted under Ohio law.

In addition, it is your responsibility to report any changes made to your Application or PHQ including but not limited to: address, telephone, email address, employers, and other departments in which you have applied. Applications are kept on file for two (2) years.

A police candidate's expunged criminal records are subject to scrutiny consistent with Ohio Revised Code 2953.33, therefore, **YOU ARE REQUIRED** to make known to us, any criminal record you have that has been expunged or legally sealed. List your record or charge under the Personal History Questionnaire – “Continuation Sheets, pages 9, 10 and 11.”

When complete, return this Notice of Affirmation, Authorization and Release Form, the City of Sandusky Application for Employment, and the Personal History Questionnaire to the City of Sandusky Police Department, 222 Meigs St., Sandusky, Ohio 44870.

HAVE YOU READ AND DO YOU UNDERSTAND ALL THE ABOVE INSTRUCTIONS?

YES _____ NO _____

I certify that the statements contained in this application and the National Testing Network personal history questionnaire are true to the best of my knowledge. I understand that any false statements made in this application and personal history 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: _____



SANDUSKY POLICE DEPARTMENT

RE: APPLICATION FOR THE POSITION OF SANDUSKY POLICE OFFICER

AUTHORIZATION AND RELEASE FORM

To Whom It May Concern:

I _____ having filed an application with the Sandusky Police Department and fully recognizing the responsibility to the public and the City of Sandusky that only those of high character and ability are employed as members of the Police Department, hereby authorize and request any police official, credit bureau official, and every other person, firm, officer, corporation, association, organization, or institution having control of any documents, records, or other information pertaining to me in relation to my fitness to perform the duties and responsibilities of the Sandusky Police Officer, to furnish the originals or copies of any documents, records, and other information to Sandusky Police Department or any of its representatives, to inspect and make copies of any such documents, records, or other information.

I understand that under the Privacy Acts of the United States and the State of Ohio, certain restrictions exist relative to Police officials, school officials, credit bureau officials, and every other person from disclosing records and/or information concerning individuals without a written request by, or without the prior written consent of the individual to whom the records pertain.

Knowing and understand the above referred to protections, I hereby voluntarily grant my consent for the release of such official records or information that pertains to me concerning any information pertinent to my criminal, school, credit, business, or personal background to the following government, civilian, public, or private institutions, organizations, or person which may possess such information.

I further understand that the information requested and gathered by the Sandusky Police Department will be used solely for official evaluation of my application to become a Police Officer, and that the information will be confidential to the extent permitted by law and will not otherwise be released without my express consent.

I further hold that this consent will be valid for a period of one year from the date signed. Beyond that date, this consent is no longer valid.

APPLICANT SIGNATURE

DATE

Signed in my presence this _____ day of _____, 20_____

SIGNATURE of NOTARY PUBLIC or PEACE OFFICER authorized to administer oaths pursuant to R.C. 2935.081