

FOR OFFICE USE ONLY	
Date _____	
Dept. _____	
Job _____	

## VILLAGE OF HARTVILLE

202 West Maple Street  
Hartville, Ohio 44632  
Phone: (330) 877-9222  
Fax: (330) 877-9778  
[www.hartvilleoh.com](http://www.hartvilleoh.com)

### APPLICATION FOR EMPLOYMENT

(Please Print Plainly)

Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Initial

Present address \_\_\_\_\_  
No. Street City State Zip

Social Security No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

How long have you lived at above address? \_\_\_\_\_

Previous address \_\_\_\_\_ How long did you live there? \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_ If no, hire is subject to verification that you are of minimum legal age.

Are you a U.S. Citizen? \_\_\_\_\_

Type of Work Desired: Full Time  Part Time  Position Desired: \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_ 20\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, former position and when? \_\_\_\_\_

Do you have any relatives currently employed by the Village of Hartville? Yes  No  Name: \_\_\_\_\_

If yes, describe in full \_\_\_\_\_

Are there any positions or types of work for which you should not be considered, or job duties you cannot perform because of a physical, mental or medical disability or handicap? Yes  No

If yes, please describe\* \_\_\_\_\_

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with the Village? \_\_\_\_\_

\*The Village of Hartville is an equal opportunity employer.

## RECORD OF EDUCATION

Name and Address of School	Course of Study	Degree

## MILITARY SERVICE RECORD\*

Have you ever been in the U.S. Armed Forces? Yes  No  If yes, what Branch? \_\_\_\_\_

Are you now a member of the National Guard? Yes  No

Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

List duties in the service including special training \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE? Yes  No

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

## PERSONAL REFERENCES

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Name and Occupation \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

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Name and Occupation \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**List below all present and past employment, beginning with your most recent**

**Employer 1** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Dates of Employment: \_\_\_/\_\_\_ to \_\_\_/\_\_\_ Salary or Hourly Wage \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned while you worked at this company: \_\_\_\_\_

\_\_\_\_\_

**Employer 2** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Dates of Employment: \_\_\_/\_\_\_ to \_\_\_/\_\_\_ Salary or Hourly Wage \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned while you worked at this company: \_\_\_\_\_

\_\_\_\_\_

**Employer 3** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Dates of Employment: \_\_\_/\_\_\_ to \_\_\_/\_\_\_ Salary or Hourly Wage \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned while you worked at this company: \_\_\_\_\_

\_\_\_\_\_

**Employer 4** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Dates of Employment: \_\_\_/\_\_\_ to \_\_\_/\_\_\_ Salary or Hourly Wage \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned while you worked at this company: \_\_\_\_\_

\_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW**

I declare that I am qualified to perform all the duties of the position I am seeking with or without reasonable accommodation. I also declare that the information contained in this application is true and complete to the best of my knowledge, and I understand that any false statements or omissions shall be grounds for rejection of, or dismissal from employment with the Village of Hartville. I further agree to keep the information updated and accurate at all times while this application is active.

I authorize investigation of all statements contained in this application, including a criminal background, driving history, credit history check, and drug test, as applicable. I also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

This employment application will be considered active for six (6) months from the date below. If I want to be reconsidered for a job with the Village of Hartville after this time, I must fill out another application.

I understand and agree that this application for employment does NOT create a contract for employment or a guarantee of employment. If an employment relationship is established, I understand that my employment is "AT WILL" and can be terminated with, or without cause, with, or without notice, at the option of either myself or the Village of Hartville.

I have read, understand, and agree to the above statements.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

The following information regarding race, national origin and gender is requested to assure the Federal Government, acting through Rural Development that the Village of Hartville is complying with Federal Laws prohibiting discrimination against applicants.

You are not required to provide this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the Village of Hartville is required to note your race, national origin and gender on the basis of visual observation or surname.

RACE

American Indian/Alaskan Native \_\_\_\_\_  
Asian \_\_\_\_\_  
Black or African American \_\_\_\_\_  
Native Hawaiian or Other Pacific Islanders \_\_\_\_\_  
White \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_

ETHNICITY

Hispanic or Latino \_\_\_\_\_  
Not Hispanic or Latino \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_



VILLAGE OF HARTVILLE POLICE DEPARTMENT  
202 W. Maple Street  
Hartville, Ohio 44632  
(330) 877-9222

AUTHORIZATION TO RELEASE INFORMATION

(FOR THE RELEASE OF PERSONAL DATA AND RECORD INFORMATION)

To Whom it May Concern:

I hereby authorize and request any of the following (whether the relationship is present or in the past):

- 1 Employer
- 2 School (private or public funded)
- 3 Law Enforcement Jurisdiction (federal, state, county or municipal)
- 4 Keeper of civil court records
- 5 Keeper of criminal conviction records
- 6 Any person or persons having personal knowledge about me
- 7 Professional organizations of which I am or have been a member
- 8 Federal, state, county or municipal licensing board
- 9 Financial institution or credit reporting agency

to furnish the Hartville Police Department with any and all information in their possession or knowledge regarding me in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original.

PRINT NAME \_\_\_\_\_  
S.S.# \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_

Is any additional information relative to change of name, use of any assumed name or nickname, necessary to enable a check on your work record? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

WITNESS \_\_\_\_\_  
DATE \_\_\_\_\_

# Hartville Police Department Personal History Questionnaire

Applicant: \_\_\_\_\_  
(Last Name) (First) (Middle)  
\_\_\_\_\_  
(Date of Birth) (Social Security Number)

Position Applied For:       Full-Time Police Officer  
    Part-Time Police Officer  
    Auxiliary Police Officer

Date this questionnaire was issued: \_\_\_\_\_

Date required completed by: \_\_\_\_\_

Date and time returned: \_\_\_\_\_

Received by: \_\_\_\_\_

## Instructions

This personal history questionnaire is intended for the sole use of the Hartville Police Department. You must be truthful and complete all answers requested on this form. All information contained herein will be subject to verification. Information contained herein will be considered to be strictly confidential and will not be disclosed to any unauthorized person.

The answers to the questions contained in the questionnaire must be printed; in you own hand, legibly in black ink only. You must completely answer each question that applies to you.

## Warning

Applicants are cautioned to answer every question truthfully and without evasion. Both the Ohio Revised Code and the Rules and Regulations of the Hartville 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 rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code Section 2921.13.

## Personal and Marital Record – Section I

Legal Name: Last	First	Middle
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SSN#	Date of Birth	Age	Height	Weight	Hair	Eyes
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Place of Birth: City	County	State	Birth Certificate Number
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Residence Address	Residence Phone Number
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Scars, Birthmarks, Tattoos, Amputations, Etc.
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By what other names have you been known? (Aliases, Nicknames, Maiden Name, Former Married Name/s, Etc.)
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Ohio Drivers License Number	Class	Expiration	Out-of-State License Number	Class	Expiration
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Current Marital Status	City, County, State Current Marriage Performed	Date Performed
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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	Permanent Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes: Port of Entry
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If Naturalized, List City and State	Date Naturalized	Certificate Number
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Name of Present Spouse (Last, First, Middle)	Spouse's Maiden Name	Spouse's SSN #
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Spouse D.O.B.	Birthplace of Spouse
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Spouse's Employer	Address	Phone Number
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Father (Natural) (Last, First, Middle)	D.O.B.	Address
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Mother (Natural) (Last, First, Middle)	D.O.B.	Address
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Mothers Maiden Name	Former Married Names (Most Recent First)
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## Personal and Marital Record (Continued)

If you have been previously married, provide the following:

Date	City, County, State	Ex-Spouse (Maiden Name)	Dissolved/Divorced City, County, State	Date
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Date	City, County, State	Ex-Spouse (Maiden Name)	Dissolved/Divorced City, County, State	Date
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### Children

<input type="checkbox"/> Son    Name (Last, First, Middle) <input type="checkbox"/> Daughter	D.O.B.	Birth Place (City, State)
Address	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    Name (Last, First, Middle) <input type="checkbox"/> Daughter	D.O.B.	Birth Place (City, State)
Address	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    Name (Last, First, Middle) <input type="checkbox"/> Daughter	D.O.B.	Birth Place (City, State)
Address	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    Name (Last, First, Middle) <input type="checkbox"/> Daughter	D.O.B.	Birth Place (City, State)
Address	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    Name (Last, First, Middle) <input type="checkbox"/> Daughter	D.O.B.	Birth Place (City, State)
Address	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    Name (Last, First, Middle) <input type="checkbox"/> Daughter	D.O.B.	Birth Place (City, State)
Address	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

Are you now supporting all dependents that you are required to support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you paying Alimony/Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount?
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Have you ever been sued for alimony payments, child support, non-payment of debts or fraud? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes Court/Case Number
Court/Case Number
Court/Case Number

### Relatives

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
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Relationship	Name (Last, First, Middle)	Address	Phone #	Age
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Relationship	Name (Last, First, Middle)	Address	Phone #	Age
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Relationship	Name (Last, First, Middle)	Address	Phone #	Age
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Relationship	Name (Last, First, Middle)	Address	Phone #	Age
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Relationship	Name (Last, First, Middle)	Address	Phone #	Age
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Relationship	Name (Last, First, Middle)	Address	Phone #	Age
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Relationship	Name (Last, First, Middle)	Address	Phone #	Age
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Relationship	Name (Last, First, Middle)	Address	Phone #	Age
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Relationship	Name (Last, First, Middle)	Address	Phone #	Age
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Relationship	Name (Last, First, Middle)	Address	Phone #	Age
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## Previous Residences Record – Section II

List all addresses since age 15. Account for all time spans with the most recent address first. 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.

Date	Address	With whom did you live?	Relationship
Date	Address	With whom did you live?	Relationship
Date	Address	With whom did you live?	Relationship
Date	Address	With whom did you live?	Relationship
Date	Address	With whom did you live?	Relationship
Date	Address	With whom did you live?	Relationship

## References – Section III

List below the names of three adults not related to you, who were not former employers, who have known you for a period of preferably more than five years.

Name	Home Address	Home Phone
Years Known	Work Address	Work Phone
Name	Home Address	Home Phone
Years Known	Work Address	Work Phone
Name	Home Address	Home Phone
Years Known	Work Address	Work Phone

## Financial Record – Section IV

Are you delinquent in any financial obligation? (If yes explain on continuation page)      Yes    No

Do your monthly bills exceed your take-home pay?      Yes    No

Indebtedness: Involving you, your spouse, or you ex-spouse for which you are liable

Owed To	Address	Date Incurred	Original Amount	Amount Due	Monthly Payment .
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Name and address of your bank	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
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Year, make, model, license number of your present vehicles	Date Purchased	Name of Legal Owner
1.		
2.		
3.		

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

- Do you, your spouse, or ex- spouse have any civil action pending against you?       Yes    No
- If employed by this agency, do you anticipate any income other than from this job?       Yes    No
- Have you ever been refused a life, automobile, health, or other insurance policy?       Yes    No
- Have you ever been garnished, filed for bankruptcy, or been declared bankrupt?       Yes    No

## Work History – Section V

Have you ever applied for a position with any other law enforcement or other government agency?

Yes  No

If yes, list below.

Name of Department	Date Applied	Accepted Y/N	If you were turned down for employment, give reason
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

## 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 Commission 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, indicated dates in the space provided. In the block designated "Name of Employer" write "Unemployed". In the block designated "Reason for Leaving" indicate from what source you received income during that period of unemployment.

May we contact your present employer? (If No, explain on continuation page)  Yes  No

Have you ever been discharged, asked to resign or resigned prior to any pending administrative discipline? (If Yes, explain on continuation page)  Yes  No

If currently employed, list hours worked and days off: \_\_\_\_\_

Employer	Address	Phone Number	Name of Supervisor
From: MM/DD/YY	Description of Duties		Salary
To: MM/DD/YY	Reason For Leaving:		

Employer	Address	Phone Number	Name of Supervisor
From: MM/DD/YY	Description of Duties		Salary
To: MM/DD/YY	Reason For Leaving:		

Employer	Address	Phone Number	Name of Supervisor
From: MM/DD/YY	Description of Duties		Salary
To: MM/DD/YY	Reason For Leaving:		

Employer	Address	Phone Number	Name of Supervisor
From: MM/DD/YY	Description of Duties		Salary
To: MM/DD/YY	Reason For Leaving:		

Employer	Address	Phone Number	Name of Supervisor
From: MM/DD/YY	Description of Duties		Salary
To: MM/DD/YY	Reason For Leaving:		

Employer	Address	Phone Number	Name of Supervisor
From: MM/DD/YY	Description of Duties		Salary
To: MM/DD/YY	Reason For Leaving:		

Employer	Address	Phone Number	Name of Supervisor
From: MM/DD/YY	Description of Duties		Salary
To: MM/DD/YY	Reason For Leaving:		

Employer	Address	Phone Number	Name of Supervisor
From: MM/DD/YY	Description of Duties		Salary
To: MM/DD/YY	Reason For Leaving:		

Employer	Address	Phone Number	Name of Supervisor
From: MM/DD/YY	Description of Duties		Salary
To: MM/DD/YY	Reason For Leaving:		

Employer	Address	Phone Number	Name of Supervisor
From: MM/DD/YY	Description of Duties		Salary
To: MM/DD/YY	Reason For Leaving:		

## Military and Educational Record – Section VI

### Military Service

Branch of Service	Unit	Military Serial Number	Active Duty Dates
Highest Rank Held	Type of Separation/Code	Reserve Status	

Were you ever Court Martialed, tried on charges, or subject of a summary court martial?  Yes  No  
(If Yes, explain on continuation page)

Have you ever received a government disability pension?  Yes  No  
(If Yes, explain on continuation page)

### Education

Have you ever taken a General Educational Development “GED” test?  Yes  No

List each grammar, junior high, high school, trade school, college, or university you have attended starting with the most recent.

Name of School	Location (City, State)	Dates Attended	Graduate Y/N	Degree
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Name of School	Location (City, State)	Dates Attended	Graduate Y/N	Degree
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Name of School	Location (City, State)	Dates Attended	Graduate Y/N	Degree
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Name of School	Location (City, State)	Dates Attended	Graduate Y/N	Degree
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Name of School	Location (City, State)	Dates Attended	Graduate Y/N	Degree
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Name of School	Location (City, State)	Dates Attended	Graduate Y/N	Degree
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Name of School	Location (City, State)	Dates Attended	Graduate Y/N	Degree
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Name of School	Location (City, State)	Dates Attended	Graduate Y/N	Degree
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### Miscellaneous

List all organizations, clubs, and social groups of which you are now, or have been a member.

Name of Organization	Dates	Position/Membership Status
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Name of Organization	Dates	Position/Membership Status
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Name of Organization	Dates	Position/Membership Status
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Name of Organization	Dates	Position/Membership Status
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### General Information Inquiry

Notice: 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.

1. If it became necessary in the course of your police duties to take a human life, would you have any reluctance to do so because of religious or other beliefs? [ ] 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? [ ] Yes [ ] No



7. Have you ever been convicted of any traffic offenses? [ ] 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 illegal drug?  
(If yes, age 1<sup>st</sup> used, last used, total number of usages) [ ] Yes [ ] No
15. Have you ever used any prescribed medications for purposes other than that for which they were originally prescribed or intended? [ ] Yes [ ] No
16. Have you ever used any substance with the intent to experience the same or similar effects of any illegal or prescription drug? [ ] Yes [ ] No
17. 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
18. Are you addicted to or use alcohol excessively or suffer from any alcohol related problems, or received any related treatments? [ ] Yes [ ] No
19. 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
20. Have you ever filed for, or received, compensation from Workers Compensation? [ ] Yes [ ] No
21. Have you ever applied for and received unemployment compensation, the amounts of which you were not eligible to receive? [ ] Yes [ ] No
22. Are you now, or have you ever, received any type of governmental support such as welfare, housing subsidy, 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
23. Do you have hatreds or prejudices toward others because of their race, sex, national origin, religion, or color. [ ] Yes [ ] No
24. Do you have problems with gambling? [ ] Yes [ ] No
25. Do you have any problem controlling your temper? [ ] Yes [ ] No
26. Have you ever engaged in any grossly unnatural sexual acts? [ ] Yes [ ] No

27. Have you ever engaged in any illicit sexual acts? [ ] Yes [ ] No
28. Have you ever traveled outside the United States? [ ] Yes [ ] No
29. Is there anything in your medical or psychological history, that you are aware of, that could disqualify you from this position? [ ] Yes [ ] No
30. Have you ever received any psychiatric or psychological evaluations, treatments, or examinations? [ ] Yes [ ] No
31. Have you ever been a patient in any state or private mental institution? [ ] Yes [ ] No
32. Do you wear glasses or contacts for any vision defect? [ ] Yes [ ] No
33. Are you color blind? [ ] Yes [ ] No
34. Have you been subject to any disciplinary action from your current or former employer? [ ] Yes [ ] No
35. Are you currently under investigation or part of an ongoing disciplinary process? [ ] Yes [ ] No
36. Are you aware of anything else that could eliminate you from holding a law enforcement commission? [ ] 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 application, appointment, or 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: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_

