

Village of New Boston Police Department  
Employment Application/Personal History Questionnaire

Name : \_\_\_\_\_  
Last Name First Name Middle Name

Position Applied for: ( ) F/T Police Officer, ( ) P/T Police Officer, ( ) Aux. Officer, ( ) Dispatcher

Date of OPOTA Exam & Certification: \_\_\_\_\_

Do you need update training requirement from OPOTA: ( ) Yes ( ) No

Are you presently commissioned as a: ( ) Police Officer, ( ) Sheriff Deputy, ( ) Aux. Officer

Date this questionnaire completed: \_\_\_\_\_

INSTRUCTIONS

This personal history questionnaire is intended for the use of the New Boston Police Department Personal Administration Section. You must be truthful and complete all answers requested on this form. 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 black ink only. Each individual question must be answered, there can be no blanks. If a question does not apply to your particular circumstances, insert "DNA" 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. If additional writing spaces are needed use the attached blank sheets or write on a blank white sheet of paper and attach to application.

WARNING

Applicants are cautioned to answer every question truthfully and without evasion, both Ohio Revised Codes and Rules and Regulations of the New Boston Police Department and the Village of New Boston provide penalties for making a false statement of a material fact, or for practicing any fraud or deception in obtaining or attempting to obtain municipal employment such penalties include rejection for appointment or discharge after appointment and or prosecution under Ohio Revised Code section 2921.13.

Legal Last Name:		First Name:			Middle Name:	
By what other names you have been known? (Maiden, Former Married, Aliases, etc.):						
Residence Address (Number, Street, Apt.City, County, State, Zip:					Phone & Area Code:	
SSN#:	DOB:	Age:	Height:	Weight:	Color Hair::	Color Eyes:
Place of Birth, City, County, State				Hospital Name if Known:		
Ohio Driver License #:	Lic. Type:	Expiration Date:	Out of State Driver Lic #:	State:	Expiration Date:	
Present Marital Status:	City, State, Present Marriage Performed:				Marriage Date:	
Name of Present Spouse, First, Middle:		Maiden Name (If Applicable):			Spouse SSN#:	
Spouse DOB:	Age:	Birthplace of Spouse, City & State:		Spouse Employer & Address:		
Your Natural Father Name & DOB:			Address, If Deceased, Date of Death:			
Your Mother Name & DOB:			Address, If Deceased, Date of Death:			
List any scars, tattoos birthmarks, etc that you may have:						
List Your Children						
Son ( ) Daughter ( )	Legal Last Name, First, Middle			DOB:	Birth Place, City, State:	
Address if Different from Yours:			Relationship to You ( ) Natural ( ) Step ( ) Foster		Relationship to your Spouse ( ) Natural ( ) Step ( ) Foster	
Son ( ) Daughter ( )	Legal Last Name, First, Middle			DOB:	Birth Place, City, State:	
Address if Different from Yours:			Relationship to You ( ) Natural ( ) Step ( ) Foster		Relationship to your Spouse ( ) Natural ( ) Step ( ) Foster	
Son ( ) Daughter ( )	Legal Last Name, First, Middle			DOB:	Birth Place, City, State:	
Address if Different from Yours:			Relationship to You ( ) Natural ( ) Step ( ) Foster		Relationship to your Spouse ( ) Natural ( ) Step ( ) Foster	

List your Relatives as followed B-brother, S-sister, BI-brother inlaw, SI-sister inlaw, FI-father inlaw, MI-mother inlaw

Relationship	Name: Last, First Middle:	Address, City, State

Are you now supporting all dependents you are required to ( ) Yes ( ) No	Are you paying alimony or child support ( ) Yes ( ) No How Much	Have you been sued for failure to pay alimony or child support ( ) Yes ( ) NO
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Have you ever been sued for non-payment of debts, rent, mortgage, other, if so list name of courts and dates:  
( ) Yes ( ) No

Previous Marriages:

Date Married:	Place Married, City, State	Name of Ex-Spouse	Dissolved or Divorced, Date

Are you a U.S. Citizen ( ) Yes ( ) No	If Yes ( ) Native Born ( ) Naturalized	Are you a permanent resident or alien, if yes give date of entry and number:
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If a naturalized citizen, list city, state where naturalized:	Date Naturalized and Cert. #:
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References: Fill in below the names of three adults not related to you, who have know you for a period preferably more than five years.

Name, Last, First	Home Address, City, State	Home Phone, Area Code
Year Known:	Business Address:	Home Phone, Area Code
Name, Last, First	Home Address, City, State	Home Phone, Area Code
Year Known:	Business Address:	Home Phone, Area Code

Name, Last, First		Home Address, City, State	Home Phone, Area Code
Year Known:	Business Address:		Home Phone, Area Code

**Financial Records**

Are you now delinquent in any financial obligation ( ) Yes ( ) No If yes, explain on cont. sheet	Do your monthly bills exceed your take home pay. ( ) Yes ( ) No
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**Indebtedness: involving you, your spouse, or ex-spouse that you are liable for, use cont. sheet if needed.**

To Whom Owed:	Address:	Orig Amount:	Amount Due	Monthly Payments:

Name & Location of your Banks:	Checking Acc. ( ) Savings Acc. ( )
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Year, Make, Body, License No. of your Present Vehicles:	Dates Purchased
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**When answering the questions below, if there are any yes answers, explain fully on the continuation sheets**

- 1.) ( ) Yes ( ) No : Do you, your spouse, ex-spouse, have any pending civil actions pending against you
- 2.) ( ) Yes ( ) No : If employed by the police dept. do you anticipate any income other than your police salary
- 3.) ( ) Yes ( ) No : Have you ever been refused Life, Auto, Health or Insurance Policy
- 4.) ( ) Yes ( ) No : Have you ever been garnished on wages, filed for bankruptcy

**Work History; Have you ever applied for a position with any law enforcement or government agency**

Name of Agency:	Date Applied:	Accepted: ( ) Yes ( ) No	If No, Give Reason for Rejection or Decline of:
Name of Agency:	Date Applied:	Accepted: ( ) Yes ( ) No	If No, Give Reason for Rejection or Decline of:
Name of Agency:	Date Applied:	Accepted: ( ) Yes ( ) No	If No, Give Reason for Rejection or Decline of:
Name of Agency:	Date Applied:	Accepted: ( ) Yes ( ) No	If No, Give Reason for Rejection or Decline of:
Name of Agency:	Date Applied:	Accepted: ( ) Yes ( ) No	If No, Give Reason for Rejection or Decline of:

**Employment Section**

Begin with your recent job and list your complete work history in chronological order. Include in sequence all part time jobs, periods of employment and military service. When using military service, substitutes for the name and address of immediate supervisor, the name and rank of your military supervisor. When listing periods of employment, indicate dates in space provided. In the block designated for name of employer, write unemployed, In the block for reason for leaving, indicate from what source you received income while unemployed.

May we contact your present employer ( ) Yes ( ) No, If no, explain on cont. sheet

Have you ever been discharged or asked to resign from a job ( ) Yes ( ) No If yes, explain on cont. sheet.

From Date- To Date:	Name of Employer:	Job Title:	List Hours Worked; Days off on Present Jobs:
Employer Address, City, State, Zip		Description of Duties:	
Total Time Experience:	Name of Supervisor:	Business Phone:	Salary Amount:
Reason for Leaving:		List Name of Co-Worker and Phone Number:	

From Date- To Date:	Name of Employer:	Job Title:	List Hours Worked; Days off on Present Jobs:
Employer Address, City, State, Zip		Description of Duties:	
Total Time Experience:	Name of Supervisor:	Business Phone:	Salary Amount:
Reason for Leaving:		List Name of Co-Worker and Phone Number:	

From Date- To Date:	Name of Employer:	Job Title:	List Hours Worked; Days off on Present Jobs:
Employer Address, City, State, Zip		Description of Duties:	
Total Time Experience:	Name of Supervisor:	Business Phone:	Salary Amount:
Reason for Leaving:		List Name of Co-Worker and Phone Number:	

From Date- To Date:	Name of Employer:	Job Title:	List Hours Worked; Days off on Present Jobs:
Employer Address, City, State, Zip		Description of Duties:	
Total Time Experience:	Name of Supervisor:	Business Phone:	Salary Amount:
Reason for Leaving:		List Name of Co-Worker and Phone Number:	

From Date- To Date:	Name of Employer:	Job Title:	List Hours Worked; Days off on Present Jobs:
Employer Address, City, State, Zip		Description of Duties:	
Total Time Experience:	Name of Supervisor:	Business Phone:	Salary Amount:
Reason for Leaving:		List Name of Co-Worker and Phone Number:	

From Date- To Date:	Name of Employer:	Job Title:	List Hours Worked; Days off on Present Jobs:
Employer Address, City, State, Zip		Description of Duties:	
Total Time Experience:	Name of Supervisor:	Business Phone:	Salary Amount:
Reason for Leaving:		List Name of Co-Worker and Phone Number:	

General Information Section: The following questions and answers could be verified through the use of the polygraph test. If the answer to any of the following is yes, it will be necessary for you to explain details on the continuation sheet provided. Full and comprehensive explanations are required.

- 1.) ( ) Yes ( ) No : 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?
- 2.) ( ) Yes ( ) No : Have you ever committed a felony for which you were never arrested or convicted?
- 3.) ( ) Yes ( ) No : Have you ever been placed on or served in a criminal diversion type program that led to dismissal of any criminal charges?
- 4.) ( ) Yes ( ) No : Have you ever been convicted of a felony?
- 5.) ( ) Yes ( ) No : Have you ever been convicted of a misdemeanor that had been reduced from original felony charges?
- 6.) ( ) Yes ( ) No : Have you ever been convicted of any criminal offense, ie. theft, assault, battery, disorderly conduct, gambling, sex offense, drug offense, etc., includes any military charges?

7.) ( ) Yes ( ) No : Have you ever been convicted of any traffic charges, ie. dwi, dus, hitskip, reckless, drug racing, speeding, fleeing, stop signs, red lights, etc.?
8.) ( ) Yes ( ) No : As an adult (over 18) have you ever stolen anything?
9.) ( ) Yes ( ) No : Have you ever bought or sold any property that you knew was stolen?
10.) ( ) Yes ( ) No : Has your driver's license ever been suspended or revoked?
11.) ( ) Yes ( ) No : Have you ever been committed to any penal institution as a result of either a felony or misdemeanor conviction?
12.) ( ) Yes ( ) No : Are you presently under indictment or a defendant in any pending criminal, traffic, or civil case?
13.) ( ) Yes ( ) No : Have you ever used any hallucinogens such as, hashish, PCP, LSD, or any derivatives there of? If yes, explain when first used and how many times.
14.) ( ) Yes ( ) No : Have you ever used marijuana, cocaine, crack, meth, methadone, or any derivatives there of? If yes explain when first used and how many times?
15.) ( ) Yes ( ) No : Have you used any narcotics drugs such as oxycontin, barbiturates, hydrocodone, or other derivatives without the benefit of a doctor prescription, if yes how many times and last usage. Use continue sheet.
16.) ( ) Yes ( ) No : Have you ever used any medication for purposes other than that for which they were originally prescribed for or intended? If yes, explain when first used and how many times.
17.) ( ) Yes ( ) No : Have you ever sold, been party to the sale, or in any way financially profit from the sale of any controlled substances or prescription pills or other substances to any person?
18.) ( ) Yes ( ) No : Have you ever been involved in glue sniffing or used any other chemical agents for the purpose of obtaining a state of intoxication? If yes. explain when first used and how many times.
19.) ( ) Yes ( ) No : Are you addicted to or use alcohol excessively or suffer from any alcohol related problems, or receive any related treatments? If yes, explain
20.) ( ) Yes ( ) No : Have you ever filed for or received compensation from any industrial worker comp. claims? If yes, explain.
21.) ( ) Yes ( ) No : Have you ever filed for or receive unemployment compensation, the amounts of which you were not eligible to receive?
22.) ( ) Yes ( ) No : Have you ever filed false claims for unemployment or worker's comp. actions when you knew you were not entitled to receive the benefits from?
23.) ( ) Yes ( ) No : Are you now or have you ever received any governmental support such as welfare, ADC, housing subsidy, medical, educational loans that you were not entitled to receive?
24.) ( ) Yes ( ) No : Are you now in default on any student loans that you have received? If yes, explain.
25.) ( ) Yes ( ) No : Do you have any hatreds or prejudices toward others because of race, sex, national origin, religion or are you a member or ever have been involved in groups that have those values as a group? If yes, explain.
26.) ( ) Yes ( ) No : Do you have any problems with gambling? If yes explain.
27.) ( ) Yes ( ) No : Do you have problems controlling your temper? If yes, explain.
28.) ( ) Yes ( ) No : Have you ever been involved in a automobile accident? If yes explain.
29.) ( ) Yes ( ) No : Have you ever engage in any grossly unnatural sexual acts? If yes, explain.
30.) ( ) Yes ( ) No : Have you ever had sexual relations with someone who was a minor, under 18 years of age, when you were over 21 years of age? If yes, explain.
31.) ( ) Yes ( ) No : Do you wear glasses or contacts or have surgery to correct your eye sight? If yes, explain.
32.) ( ) Yes ( ) No : Have you ever received any past psychological evaluations or treatments? If yes, explain.





In utilizing this section to explain or further add to answers, make reference to the particular page, section, or question number.

Section	Page No.	Question No.	Continuation Statement

I certify that the statements in the continuation sheet are true to the best of my knowledge and that I have provided complete disclosure of all information requested. I further reaffirm that I understand that any false statements made in this application may be cause for disapproval of my appointment, or discharge after appointment. I also realize that any falsification may be subject to prosecution under Ohio Revised Code 2921.13.

Signature:

Date:

Attach Photo Here if Available.