

CADIZ POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT PERSONAL HISTORY QUESTIONNAIRE

PERSONAL HISTORY OF:	(LAST NAME)	(FIRST)	(MIDDLE)	
POSITION APPLIED FOR:	FULL-TIME	AUX	ILIARY:	¥
DATE OF APPLICATION:		1 2 Table 10 Miles 12 Table 12		

INSTRUCTIONS

THIS PERSONAL HISTORY QUESTIONNAIRE IS INTENDED FOR THE USE OF THE CADIZ POLICE DEPARTMENT PERSONNEL ADMINISTRATION SECTION. YOU MUST BE TRUTHFUL AND COMPLETE ALL ANSWERS REQUIRED 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 UN-AUTHORIZED PERSON(S).

WARNING

APPLICANTS ARE CAUTIONED TO ANSWER EVERY QUESTION TRUTHFULLY AND WITHOUT EVASION. BOTH THE OHIO REVISED CODE AND RULES AND REGULATIONS OF THE CADIZ POLICE DEPARTMENT 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 REVISED CODE SECTION 2921.13.

PG.1

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ARKS, BLEMI	ISHES, TAT	TOOS, DEFO	PRMITIE	ES, ETC.,	THA	T YOU MAY HAV	VE				
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RELATIONSHIP	NAME (La	AST, FIRST, MIDDLI	Ξ)	ADDR	ESS (NUMBER, STRE	ET, CITY, ZIP CODE, S	TATE	AGE
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RE YOU NOW SU UPPORT	PPORTING A	LL DEPENDENTS TH	AT YOU AF	RE REQUIRED TO	Water Stringer on an investment to an incompanie	IG ALIMONY OR CHILD	SUPPOR	RT YES
					NO			
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ATE MARRIED	WHERE N	MARRIED: (CITY,	NAME OF	F EX-SPOUSE	IF DISSOLVED	OR DIVORCED (CITY,	DATE	FINALIZE
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RE YOU A U.S. CI	TIZEN?	IF YES?		ARE YOU A PE U.S.A. AND DA		Γ ALIEN? IF YES GIVE I	PORT OF	ENTRY T
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SECTION II PREVIOUS RESIDENCES RECORD

ADDRESSES, SINCE AGE 15, ACCOUNT FOR ALL TIME SPANS WITH THE MOST RECENT ADDRESS FIRST AND DESCENDING IN ORDER THERE FROM. 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.

	ADDRESS AND SPECIEVAS WE STREET	WITH WHOM DID YOU	RELATIONSHIP
FROM (MONTH, YEAR) TO	ADDRESS (NO. SPECIFY N.S.W.E., STREET		RELATIO: (SIIII
(MONTH, YEAR)	OR P.O. BOX, CITY, STATE, ZIP CODE	LIVE?	
William Control of the Control of th			
	30		

REFERENCES: FILL IN BELOW THE NAMES OF THREE ADULTS NOT RELATED TO YOU AND NO FORMER EMPLOYERS WHO HAVE KNOWN YOU FOR A PERIOD OF PREFERABLY MORE THAN FIVE YEARS.

NAME	HOME ADDR	ESS (CITY, STATE, ZIP CODE)	HOME PHONE (AREA CODE, NUMBER)
YEARS KNOWN	BUSINESS, OCCUPATION OR PROFESSION	BUSINESS ADDRESS (CITY, STATE, ZIP CODE)	BUSINESS PHONE (AREA CODE, NUMBER)
NAME	HOME ADDR	ESS (CITY, STATE, ZIP CODE)	HOME PHONE (AREA CODE, NUMBER)
YEARS KNOWN	BUSINESS OCCUPATION OR PROFESSION	BUSINESS ADDRESS (CITY, STATE, ZIP CODE)	BUSINESS PHONE (AREA CODE, NUMBER)
NAME	HOME ADDR	ESS (CITY, STATE, ZIP CODE)	HOME PHONE (AREA CODE, NUMBER)
YEARS KNOWN	BUSINESS OCCUPATION OR PROFESSION	BUSINESS ADDRESS (CITY, STATE, ZIP CODE)	HOME PHONE (AREA CODE, NUMBER)

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? YES NO IF NO, EXPLAIN ON LAST PAGE. IF PRESENTLY UNEMPLOYED, INDICATE SO IN FIRST BLOCK.

FROM DATE	NAME OF EMPLOYER	OOD III DD	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP.	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERV	VISOR PHONE NUMBER
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	CO-WORKER PHONE NUMBER
FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP.	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERV	VISOR BUSINESS PHONE NUMBER
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	CO-WORKER PHONE #
FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP.	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERV	VISOR BUSINESS PHONE #
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	CO-WORKER PHONE #
FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP.	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERV	VISOR BUSINESS PHONE #
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	CO-WORKER PHONE #
FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS WORKER AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	CO-WORKER PHONE #

FINANCIAL RECORD - SECTION III

ARE YOU NOW DELINQUENT IN ANY FINANCIAL OBLIGATION? YES NO DO YOUR MONTHLY BILLS EXCEED YOUR TAKE HOME PAY? YES NO

INDEBTEDNESS: INVOLVIN	NDEBTEDNESS: INVOLVING YOU, YOUR SPOUSE, OR YOUR EX-SPOUSES FOR WHICH YOU ARE LIABLE					
TO WHOM OWED	ADDRESS	DATE INCUR.	ORIG. AMT.	AMT. DUE	MO. PAYMENT	
	TIOLIN D. LAWY					
NAME AND LOCATION OF	YOUR BANK/\$		CHECKING ACCOUNTS AVINGS ACCOUNT			
YEAR, MAKE, BODY TYPE & LICENSE NO. OF YOUR PRESENT VEHICLES			DATE PURCHASED	NAME OF LEGA	L OWNER	

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

- YES NO DO YOU, YOUR SPOUSE OR EX-SPOUSES HAVE ANY IMMEDIATE CIVIL ACTION PENDING AGAINST YOU
- YES NO IF EMPLOYED BY THE POLICE DEPARTMENT, DO YOU ANTICIPATE ANY INCOME OTHER THAN YOUR POLICE SALARY?
- 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?

SECTION IV WORK HISTORY

HAVE YOU EVER APPLIED FOR A POSITION WITH ANY LAW ENFORCEMENT OR OTHER GOVERNMENT AGENCY? YES NO

NAME OF DEPARTMENT OR AGENCY DATE APPLIED		ACCEP D	PTE IF NO G	IVE REASON FOR	REJECTION OR DECLINING OF APPT.	
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			N	NO		37
FROM DATE	NAME OF EMPLOYER	2	JOB TITLE			LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLO	YER	DESCRIPTION OF DUTIES		OF DUTIES	REASON FOR LEAVING
TOTAL TIME EXP	FULL NAME OF IMM	EDIATE SUPERVISOI	R ADDRESS OF IMMEDIATE SUPERVISOR		F IMMEDIATE	TELE. OF BUSINESS
SALARY	FULL NAME OF CO-V	VORKER	ADDRESS OF CO-WORKER		O-WORKER	TELEPHONE OF CO-WORKER
FROM DATE	NAME OF EMPLOYE	2		JOB TITLE		LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLO	YER]	DESCRIPTION	OF DUTIES	REASON FOR LEAVING
TOTAL TIME EXP	FULL NAME OF IMM	EDIATE SUPERVISO	200	ADDRESS OI SUPERVISOR	F IMMEDIATE	TELE. OF BUSINESS
SALARY	FULL NAME OF CO-V	VORKER		ADDRESS OF C	O-WORKER	TELEPHONE OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	R	-	JOB TITLE		LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLO	YER		DESCRIPTION	OF DUTIES	REASON FOR LEAVING
TOTAL TIME EXP	FULL NAME OF IMM	EDIATE SUPERVISO		ADDRESS OF SUPERVISOR	F IMMEDIATE	TELE. OF BUSINESS
SALARY	FULL NAME OF CO-V	VORKER		ADDRESS OF C	O-WORKER	TELEPHONE OF CO-WORKER

GENERAL INFORMATION INQUIRY

NOTICE: THE FOLLOWING QUESTIONS AND ANSWERS WILL BE VERIFIED THROUGH THE USE OF THE POLICE (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 REQUIRED.

CAME NECESSARY IN THE COURSE OF YOUR POLICE DUTIES TO TAKE A HUMAN LIFE WOULD YOU HAVE LUCTANCE TO DO BECAUSE OF RELIGIOUS OR OTHER BELIEFS? OFFICER APPLICANTS ONLY NEED TO ANSWER THIS QUESTION. OU EVER COMMITTED A FELONY FOR WHICH YOU WERE NEVER ARRESTED OR CONVICTED? OU EVER BEEN PLACED ON OR SERVED IN A CRIMINAL DIVERSION TYPE PROGRAM THAT LED TO THE JAL DISMISSAL OF ANY CRIMINAL CHARGES? OU EVER BEEN CONVICTED OF A FELONY? OU EVER BEEN CONVICTED OF A MISDEMEANOR THAT HAD BEEN REDUCED FROM ORIGINAL FELONY	YES	NO
OU EVER COMMITTED A FELONY FOR WHICH YOU WERE NEVER ARRESTED OR CONVICTED? OU EVER BEEN PLACED ON OR SERVED IN A CRIMINAL DIVERSION TYPE PROGRAM THAT LED TO THE JAL DISMISSAL OF ANY CRIMINAL CHARGES? OU EVER BEEN CONVICTED OF A FELONY? OU EVER BEEN CONVICTED OF A MISDEMEANOR THAT HAD BEEN REDUCED FROM ORIGINAL FELONY		NO
OU EVER BEEN PLACED ON OR SERVED IN A CRIMINAL DIVERSION TYPE PROGRAM THAT LED TO THE JAL DISMISSAL OF ANY CRIMINAL CHARGES? OU EVER BEEN CONVICTED OF A FELONY? OU EVER BEEN CONVICTED OF A MISDEMEANOR THAT HAD BEEN REDUCED FROM ORIGINAL FELONY	YES	NO
JAL DISMISSAL OF ANY CRIMINAL CHARGES? OU EVER BEEN CONVICTED OF A FELONY? OU EVER BEEN CONVICTED OF A MISDEMEANOR THAT HAD BEEN REDUCED FROM ORIGINAL FELONY	YES	NO
OU EVER BEEN CONVICTED OF A FELONY? OU EVER BEEN CONVICTED OF A MISDEMEANOR THAT HAD BEEN REDUCED FROM ORIGINAL FELONY	TES	110
OU EVER BEEN CONVICTED OF A MISDEMEANOR THAT HAD BEEN REDUCED FROM ORIGINAL FELONY	YES	NO
	YES	NO
OU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE? I.E. THEFT OFFENSES ASSAULT AND BATTERY	YES	NO
FUL INFLUENCE OF A MINOR DISORDERLY CONDUCT GAMBLING DRUG OFFENSE, SEX OFFENSES,		32,900,000
ES INVOLVING IMMORAL OR INDECENT CONDUCT, FRAUD, TRESPASSING, CONVERSION OF TRUST,		
E INVOLVING MILITARY JUSTICE, OR ANY OTHER CRIMINAL OFFENSES?		
OU EVER BEEN CONVICTED OF ANY TRAFFIC OFFENSE? I.E. OPERATING A MOTOR VEHICLE WHILE	YES	NO
THE INFLUENCE OF ALCOHOL OR DRUGS, RECKLESS OPERATION, HIT SKIP, VEHICULAR HOMICIDE,	4	
NG, DRAG RACING, WILLFULLY FLEEING OR ELUDING POLICE, OPERATING AN UNSAFE VEHICLE,		
G WITHOUT A LICENSE, PASSING A SCHOOL BUS RECEIVING OR DISCHARGING PASSENGERS, OR ANY		
TRAFFIC OFFENSE, EXCLUDING PARKING AND EQUIPMENT VIOLATIONS?		
ADULT, HAVE YOU EVER STOLEN ANYTHING?	YES	NO
OU EVER BOUGHT OR SOLD ANY PROPERTY THAT YOU KNEW WAS STOLEN?	YES	NO
UR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?	YES	NO
YOU EVER BEEN COMMITTED TO ANY PENAL INSTITUTION AS A RESULT OF EITHER A FELONY OR	YES	NO
MEANOR CONVICTION? DU PRESENTLY UNDER INDICTMENT OR A DEFENDANT IN ANY PENDING CRIMINAL TRAFFIC OR CIVIL	YES	NO
IS?	YES	NO
OU EVER USED ANY HALLUCINOGENS SUCH AS MARIJUANA, HASHISH, MESCALINE, PCP, THC, PEYOTE,	1 E3	INO
P, ANGEL DUST, OR ANY OF THEIR DERIVATIVES ETC? (IF YES, AGE FIRST USED, AGE LAST USED, TOTAL		
R OF USAGES?)	YES	NO
OU EVER USED ANY NARCOTICS SUCH AS OPIUM, MORPHINE, CODEINE, MEPERIDINE, METHADONE OR	IES	INO
THEIR DERIVATIVES SUCH AS DARVON, LOMOTIL ETC? (IF YES, AGE FIRST USED, AGE LAST USED,	ŀ	
NUMBER OF USAGES) OU EVER USED COCAINE, HEROIN OR LSD? (IF YES, AGE FIRST USED, AGE OF LAST USE AND TOTAL	YES	NO
R OF USAGES)	TES	
YOU EVER USED ANY PRESCRIPTION DRUGS SUCH AS BARBITURATES, AMPHETAMINES, VALIUM,	YES	NO
M, SOPORS, AND UPPERS/DOWNERS ETC WITHOUT THE BENEFIT OF A PRESCRIPTION? (IF YES, AGE OF		8
SAGE, AGE OF LAST USAGE, TOTAL NUMBER OF USAGES AND TYPE.)		
OU EVER USED ANY PRESCRIBED MEDICATIONS FOR PURPOSES OTHER THAN THAT FOR WHICH THEY	YES	NO
ORIGINALLY PRESCRIBED OR INTENDED? (IF YES, TYPE AND USE)		
OU EVER USED WHAT ARE DESCRIBED AS DESIGNER DRUGS IE SUBSTANCES THAT ARE CHEMICALLY	YES	NO
ED IN MAKE-UP BUT WHICH GIVE THE SAME EFFECT AS ILLICIT DRUGS ETC? (IF YES, TYPE, ETC)		
YOU EVER SOLD, BEEN PARTY TO THE SALE, OR IN ANY OTHER WAY BEEN FINANCIALLY REWARDED	YES	NO
THE SALE OF ANY CONTROLLED SUBSTANCES ON PRESCRIPTION DRUGS OR ANY OTHER SUBSTANCE		
RTED TO BE A CONTROLLED SUBSTANCE?		
OU EVER BEEN INVOLVED IN GLUE SNIFFING OR USED ANY OTHER SUCH CHEMICAL AGENTS FOR THE	YES	NO
	YES	NO
SE OF OBTAINING A STATE OF INTOXICATION?	YES	NO
U ADDICTED TO OR USE ALCOHOL EXCESSIVELY OR SUFFER FROM ANY ALCOHOL RELATED PROBLEMS		
OU ADDICTED TO OR USE ALCOHOL EXCESSIVELY OR SUFFER FROM ANY ALCOHOL RELATED PROBLEMS EIVED ANY RELATED TREATMENTS?	YES	NO
OU ADDICTED TO OR USE ALCOHOL EXCESSIVELY OR SUFFER FROM ANY ALCOHOL RELATED PROBLEMS EIVED ANY RELATED TREATMENTS? OU EVER FILED FOR OR RECEIVED COMPENSATION FROM ANY INDUSTRIAL COMPENSATION CLAIM?	YES YES	NO NO
OU ADDICTED TO OR USE ALCOHOL EXCESSIVELY OR SUFFER FROM ANY ALCOHOL RELATED PROBLEMS EIVED ANY RELATED TREATMENTS? OU EVER FILED FOR OR RECEIVED COMPENSATION FROM ANY INDUSTRIAL COMPENSATION CLAIM? YOU EVER APPLIED FOR AND RECEIVED UNEMPLOYMENT COMPENSATION THE AMOUNTS OF WHICH		
OU ADDICTED TO OR USE ALCOHOL EXCESSIVELY OR SUFFER FROM ANY ALCOHOL RELATED PROBLEMS EIVED ANY RELATED TREATMENTS? OU EVER FILED FOR OR RECEIVED COMPENSATION FROM ANY INDUSTRIAL COMPENSATION CLAIM? OU EVER APPLIED FOR AND RECEIVED UNEMPLOYMENT COMPENSATION THE AMOUNTS OF WHICH ERE ELIGIBLE TO RECEIVE?	YES	
OU ADDICTED TO OR USE ALCOHOL EXCESSIVELY OR SUFFER FROM ANY ALCOHOL RELATED PROBLEMS EIVED ANY RELATED TREATMENTS? OU EVER FILED FOR OR RECEIVED COMPENSATION FROM ANY INDUSTRIAL COMPENSATION CLAIM? OU EVER APPLIED FOR AND RECEIVED UNEMPLOYMENT COMPENSATION THE AMOUNTS OF WHICH ERE ELIGIBLE TO RECEIVE? OU NOW, OR HAVE YOU EVER, RECEIVED ANY TYPE OF GOVERNMENTAL SUPPORT SUCH AS WELFARE,		NO
OU ADDICTED TO OR USE ALCOHOL EXCESSIVELY OR SUFFER FROM ANY ALCOHOL RELATED PROBLEMS EIVED ANY RELATED TREATMENTS? OU EVER FILED FOR OR RECEIVED COMPENSATION FROM ANY INDUSTRIAL COMPENSATION CLAIM? OU EVER APPLIED FOR AND RECEIVED UNEMPLOYMENT COMPENSATION THE AMOUNTS OF WHICH ERE ELIGIBLE TO RECEIVE? OU NOW, OR HAVE YOU EVER, RECEIVED ANY TYPE OF GOVERNMENTAL SUPPORT SUCH AS WELFARE, OUSING SUBSIDY PAYMENTS, MEDICAL OR EDUCATIONAL LOANS OR GRANTS THAT YOU WERE NOT	YES	NO
DU ADDICTED TO OR USE ALCOHOL EXCESSIVELY OR SUFFER FROM ANY ALCOHOL RELATED PROBLEMS EIVED ANY RELATED TREATMENTS? OU EVER FILED FOR OR RECEIVED COMPENSATION FROM ANY INDUSTRIAL COMPENSATION CLAIM? OU EVER APPLIED FOR AND RECEIVED UNEMPLOYMENT COMPENSATION THE AMOUNTS OF WHICH ERE ELIGIBLE TO RECEIVE? OU NOW, OR HAVE YOU EVER, RECEIVED ANY TYPE OF GOVERNMENTAL SUPPORT SUCH AS WELFARE, OUSING SUBSIDY PAYMENTS, MEDICAL OR EDUCATIONAL LOANS OR GRANTS THAT YOU WERE NOT LE FOR RECEIVED IN A FRAUDULENT MANNER OR AFTER RECEIVING BECAME INELIGIBLE FOR BUT JUED RECEIVING?	YES	NO NO
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NOTE: IN UTILIZING THIS SECTION TO EXPLAIN OR FURTHER ADD TO ANSWERS, MAKE REFERENCE TO THE PARTICULAR SECTION#, PAGE #, AND QUESTION # IN THE COLUMN PROVIDED BELOW BEFORE PROCEEDING TO ANSWER. YOUR ANSWERS MUST BE CLEAR IN MEANING, EXPLAIN ALL FACETS OF THE PARTICULAR QUESTION. CAUTION: IN SIGNING THE CERTIFICATE (ABOVE), YOUR 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 81/2 X 11 INCH SHEET OF PAPER.

SECTION #	PAGE #	QUESTION #	CONTINUATION

I CERTIFY THAT THE STATEMENTS IN THIS CONTINUATION SHEETS 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 THESE CONTINUATION SHEETS MAY BE CAUSE FOR DISAPPROVAL OF MY APPOINTMENT OR FOR DISCHARGE AFTER APPOINTMENT. I ALSO REALIZE THAT ANY FALSIFICATION MAY SUBJECT ME TO DISQUALIFICATION BY THE CIVIL SERVICE COMMISSION AND/OR PROSECUTION UNDER Ohio REVISED CODE SECTION 2921.31.

SIGNATURE OF APPLICANT.	DATE:	

MILITARY AND EDUCATIONAL RECORD PAGE 9

MILITARY

PRESENT DRAFT BOARD ADDRESS (STREET,CITY,ZIP-CODE,STATE)	DRAFT BOARD NO.	PRESENT D B CLASS
BRANCH OF SERVICE (ARMY, NAVY, ETC.)	UNIT (TANK CORPS, ENGINEERS, MEDICS, ETC.)	MILITARY SERIAL #
MILITARY ACTIVE DUTY DATES. DO NOT INCLUDE SHORT RESERVE TOURS OF 90 DAYS OR LESS.	HIGHEST MILITARY RANK OR RATE HELD	TYPE OF SEPARATION
FROM: TO:	199	2
TOTAL MONTHS OF COMBAT DUTY	TOTAL MONTHS OF OVERSEAS DUTY	MILITARY RESERVE STATUS READY STANBY NONE PLEASE CIRCLE:

- 1: HAVE YOU EVER ASKED FOR OR RECEIVED DEFERMENT FROM MILITARY SERVICE? YES OR NO. IF YES, GIVE BOARD NUMBER, DATES AND FULL DETAILS ON LAST PAGE OF APPLICATION.
- 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 DISPLINARY ACTION WHILE IN THE ARMED SERVICES? YES OR NO. IF YES EXPLAIN.
- 3. HAVE YOU EVER RECEIVED A GOV'T PENSION? YES OR NO. IF YES EXPLAIN.
- 4. HAVE YOU EVER TAKEN A GENERAL EDUCATIONAL DEVELOPMENT "GED" TEST? YES OR NO.

VETS CLAIM "C" NO.		
VEISCLAUVI C NO.		

EDUCATIONAL

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CIRCLE HIGHES	T GRADE COMPLETED 1 2 3	4 5 6 7 8 9 10 11 12	13 14 15 16	
	AR, JR HIGH, HIGH SCHOOL, TRADE, I ITTENEDED. START WITH THE MOST			AND UNIVERSITY
NAME OF SCHOOL	LOCATION OF SCHOOL (CITY &STATE)	ATTENDANCE DATES FROM-TO	GRADUATE YES OR NO	DEGREES OR NUMBER OF UNITS
				1,
	.	Contract Con		

MISCELLANEOUS

LIST ALL ORGANIZATIONS, CLUBS, AND SOCIAL GROUPS OF WHICH YOU ARE NOW, OR HAVE BEEN A MEMBER, AND POSITION, I.E., ASSOCIATE MEMBER, PRESIDENT, SECRETARY, ETC.				
1	_			
2.	_			

IF ANY MORE. LIST ON INFORMATIONAL SHEET.

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: