



CADIZ POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT PERSONAL HISTORY QUESTIONNAIRE

PERSONAL HISTORY OF: _____
(LAST NAME) (FIRST) (MIDDLE)

POSITION APPLIED FOR: FULL-TIME _____ AUXILIARY: _____

DATE OF APPLICATION: _____

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.

LEGAL NAME LAST				FIRST		FULL MIDDLE NAME	
BY WHAT OTHER NAMES HAVE YOU BEEN KNOWN? (MAIDEN NAME, FORMER MARRIED NAME(S) ALIASES, NICKNAMES ETC.)						RESIDENCE PHONE AND AREA CODE	
RESIDENCE ADDRESS (NUMBER, STREET APT., CITY, COUNTY, STATE AND ZIP CODE)						SOCIAL SECURITY NUMBER	
DATE OF BIRTH		AGE		HEIGHT		WEIGHT	
COLOR HAIR		COLOR EYES					
PLACE OF BIRTH		CITY		COUNTY		STATE	
						BIRTH CERTIFICATE	
OHIO DRIVERS LICENSE #		TYPE.		EXPIRATION DATE		OUT-OF-STATE OPERATIONS, LICENSE. #	
						STATE	
EXPIRATION DATE							
PRESENT MARITAL STATUS		CITY, COUNTY, STATE PRESENT MARRIAGE PERFORMED				DATE PRESENT MARRIAGE PERFORMED	
NAME OF PRESENT SPOUSE (FIRST, MIDDLE)		MAIDEN NAME (IF APPLICABLE)				SPOUSES SOCIAL SECURITY NUMBER	
AGE		HEIGHT		WEIGHT		DATE OF BIRTH	
						BIRTHPLACE OF SPOUSE	
						NAME AND ADDRESS OF SPOUSES EMPLOYER	
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 AND 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 AND 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 AND 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 AND STATE)	
ADDRESS IF DIFFERENT FROM YOURS		RELATIONSHIP TO YOU NATURAL STEP FOSTER				RELATIONSHIP TO YOUR SPOUSE NATURAL STEP FOSTER	

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.

FROM (MONTH, YEAR) TO (MONTH, YEAR)	ADDRESS (NO. SPECIFY N.S.W.E., STREET OR P.O. BOX, CITY, STATE, ZIP CODE)	WITH WHOM DID YOU LIVE?	RELATIONSHIP

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 ADDRESS (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 ADDRESS (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 ADDRESS (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.

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB? YES NO

IF YES, EXPLAIN FULLY ON LAST PAGE

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 SUPERVISOR	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 SUPERVISOR	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 SUPERVISOR	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 SUPERVISOR	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	
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	CO-WORKER PHONE #

DO YOUR MONTHLY BILLS EXCEED YOUR TAKE HOME PAY? YES NO

INDEBTEDNESS: 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
NAME AND LOCATION OF YOUR BANK/\$			CHECKING ACCOUNT SAVINGS ACCOUNT		
YEAR, MAKE, BODY TYPE & LICENSE NO. OF YOUR PRESENT VEHICLES			DATE PURCHASED	NAME OF LEGAL OWNER	

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	ACCEPTED	IF NO GIVE REASON FOR REJECTION OR DECLINING OF APPT.
		YES NO	
		YES NO	
		YES NO	
		YES NO	
		YES NO	
		YES NO	
		YES NO	
		YES NO	
		YES NO	

FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	REASON FOR LEAVING
TOTAL TIME EXP	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	TELE. OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER

FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	REASON FOR LEAVING
TOTAL TIME EXP	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	TELE. OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER

FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	REASON FOR LEAVING
TOTAL TIME EXP	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	TELE. OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-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.

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 TO ANSWER THIS QUESTION.	YES	NO
HAVE YOU EVER COMMITTED A FELONY FOR WHICH YOU WERE NEVER ARRESTED OR CONVICTED?	YES	NO
HAVE YOU EVER BEEN PLACED ON OR SERVED IN A CRIMINAL DIVERSION TYPE PROGRAM THAT LED TO THE EVENTUAL DISMISSAL OF ANY CRIMINAL CHARGES?	YES	NO
HAVE YOU EVER BEEN CONVICTED OF A FELONY?	YES	NO
HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR THAT HAD BEEN REDUCED FROM ORIGINAL FELONY CHARGES?	YES	NO
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
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, 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
AS AN ADULT, HAVE YOU EVER STOLEN ANYTHING?	YES	NO
HAVE YOU EVER BOUGHT OR SOLD ANY PROPERTY THAT YOU KNEW WAS STOLEN?	YES	NO
HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?	YES	NO
HAVE YOU EVER BEEN COMMITTED TO ANY PENAL INSTITUTION AS A RESULT OF EITHER A FELONY OR MISDEMEANOR CONVICTION?	YES	NO
ARE YOU PRESENTLY UNDER INDICTMENT OR A DEFENDANT IN ANY PENDING CRIMINAL TRAFFIC OR CIVIL ACTIONS?	YES	NO
HAVE YOU EVER USED ANY HALLUCINOGENS SUCH AS MARIJUANA, HASHISH, Mescaline, PCP, THC, PEYOTE, PCE, TCP, ANGEL DUST, OR ANY OF THEIR DERIVATIVES ETC? (IF YES, AGE FIRST USED, AGE LAST USED, TOTAL NUMBER OF USAGES?)	YES	NO
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
HAVE YOU EVER USED COCAINE, HEROIN OR LSD? (IF YES, AGE FIRST USED, AGE OF LAST USE AND TOTAL NUMBER OF USAGES)	YES	NO
HAVE YOU EVER USED ANY PRESCRIPTION DRUGS SUCH AS BARBITURATES, AMPHETAMINES, VALIUM, LIBRIUM, SOPORS, And UPPERS/DOWNERS ETC WITHOUT THE BENEFIT OF A PRESCRIPTION? (IF YES, AGE OF FIRST USAGE, AGE OF LAST USAGE, TOTAL NUMBER OF USAGES AND TYPE.)	YES	NO
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
HAVE YOU EVER USED WHAT ARE DESCRIBED AS DESIGNER DRUGS IE SUBSTANCES THAT ARE CHEMICALLY ALTERED IN MAKE-UP BUT WHICH GIVE THE SAME EFFECT AS ILLICIT DRUGS ETC? (IF YES, TYPE, ETC)	YES	NO
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 ON PRESCRIPTION DRUGS OR ANY OTHER SUBSTANCE PURPORTED TO BE A CONTROLLED SUBSTANCE?	YES	NO
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
ARE YOU ADDICTED TO OR USE ALCOHOL EXCESSIVELY OR SUFFER FROM ANY ALCOHOL RELATED PROBLEMS OR RECEIVED ANY RELATED TREATMENTS?	YES	NO
HAVE YOU EVER FILED FOR OR RECEIVED COMPENSATION FROM ANY INDUSTRIAL COMPENSATION CLAIM?	YES	NO
HAVE YOU EVER APPLIED FOR AND RECEIVED UNEMPLOYMENT COMPENSATION THE AMOUNTS OF WHICH YOU WERE ELIGIBLE TO RECEIVE?	YES	NO
ARE YOU NOW, OR HAVE YOU EVER, RECEIVED ANY TYPE OF GOVERNMENTAL SUPPORT SUCH AS WELFARE, ADC. 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?	YES	NO
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
DO YOU HAVE ANY PROBLEMS BECAUSE OF GAMBLING?	YES	NO
DO YOU HAVE ANY PROBLEM CONTROLLING YOUR TEMPER?	YES	NO
HAVE YOU EVER BEEN INVOLVED IN AN AUTOMOBILE ACCIDENT?	YES	NO
HAVE YOU EVER ENGAGED IN ANY GROSSLY UNNATURAL SEXUAL ACTS?	YES	NO
HAVE YOU EVER ENGAGED IN ANY ILLICIT SEXUAL ACTIVITIES?	YES	NO
HAVE YOU EVER TRAVELED OUTSIDE THE UNITED STATES? (IF YES, WHAT COUNTRIES)	YES	NO
HAVE YOU EVER RECEIVED ANY PSYCHIATRIC OR PSYCHOLOGICAL EVALUATIONS, TREATMENTS OR EXAMINATIONS?	YES	NO
HAVE YOU EVER BEEN A PATIENT IN ANY STATE OR PRIVATE MENTAL INSTITUTION?	YES	NO
DO YOU WEAR PRESCRIPTION LENSES (EYEGLASSES) FOR ANY VISION DEFECT?	YES	NO
DO YOU WEAR HARD OR SOFT CONTACT LENSES?	YES	NO
HAVE YOU EVER UNDERGONE ANY TYPE OF EYE SURGERY? (I.E. RADIAL KERATOTOMY ETC.)	YES	NO
DO YOU KNOW WHAT YOUR VISION STANDARD IS AT PRESENT? IF OS, WHAT IS IT?	YES	NO

PG.8

[illegible]

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. 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 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. _____

EDUCATIONAL

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16				OTHER
LISTEACH GRAMMAR, JR HIGH, HIGH SCHOOL, TRADE, PART-TIME, NIGHT SCHOOL, BUSINESS COLLEGE, AND UNIVERSITY THAT YOU HAVE ATTENDEED. START WITH THE MOST RECENT SCHOOL ATTENDED.				
NAME OF SCHOOL	LOCATION OF SCHOOL (CITY & STATE)	ATTENDANCE DATES FROM-TO	GRADUATE YES OR NO	DEGREES OR NUMBER OF UNITS

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. _____
 3. _____
- 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: _____