

Akron Police Division Personal History Statement (PHS)

Today's Date:	Position Applied for: <input type="checkbox"/> Police Officer <input type="checkbox"/> Reserve	
1. Have you ever applied to the Akron Police Division before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , did you submit a questionnaire? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , see below		Year of most recent exam for Police Officer:
2. List the date you last applied to the Akron Police Division:		

Personal

The following information is requested of you for verification and contact purposes:

3. Please print or type your full legal name				
Last	First	Middle	Maiden Name	Age
Other names (including Maiden or nicknames) you have used:	Name	Years Used	Name	Years Used
	Name	Years Used	Name	Years Used
4. Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with relative/or others				
Number	Street	City	State	Zip Code
5. Please list your residence phone and an alternate number for messages		() _____ Residence	() _____ <input type="checkbox"/> Cell <input type="checkbox"/> Other	
Please list your mailing address if it is different from your residence address				
Number	Street	City	State	Zip Code
6. Birth Date	7. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide documentation to confirm this?			
Month	Day	Year	Place of Birth: <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Social Security Number				
--	--	(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)		

Marital Status

9. <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Divorced				
Spouse	Age	Address (include City, State, Zip Code)		Home ()
				Work ()
		Home <input type="checkbox"/> Work <input type="checkbox"/>		
Spouse's maiden name	Spouse's date of birth	Date of marriage	Place of marriage	Other names spouse has used
Spouse's employer (name and address)		Occupation	How Long	Telephone ()
Name of former spouse/parent of mutual children		Date of Marriage	Date of Divorce	City, State of Divorce
Amount of alimony or child support received or paid (circle one) <u>Alimony</u> <input type="checkbox"/> Paid <input type="checkbox"/> Received <u>Child Support</u> <input type="checkbox"/> Paid <input type="checkbox"/> Received		Have you ever been delinquent in making required payment(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Approx. Times:		
Present address of former spouse/parent of mutual children			Telephone ()	
Name of former spouse/parent of mutual children		Date of Marriage	Date of Divorce	City/State of Divorce
Amount of alimony or child support received or paid (circle one) <u>Alimony</u> <input type="checkbox"/> Paid <input type="checkbox"/> Received <u>Child Support</u> <input type="checkbox"/> Paid <input type="checkbox"/> Received		Have you ever been delinquent in making required payment(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Approx. Times:		
Present address of former spouse/parent of mutual children			Telephone ()	

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Relatives

During the course of the background investigation, persons who know you will be asked to comment about your suitability for the position of peace officer. Inquiries will be confined to job relevant matters.

10. Please provide the appropriate information in the spaces provided below. If a category is not applicable, write in "N/A".

Name of your:		Address where person can be contacted (Include City, State and Zip code)	Telephone number at which person can be contacted (include area code)
Father	Age		Home ()
	Occupation:		Cell ()
		Home <input type="checkbox"/>	
Mother	Age		Home ()
	Occupation:		Cell ()
		Home <input type="checkbox"/>	
Father-in-law	Age		Home ()
	Occupation:		Cell ()
		Home <input type="checkbox"/>	
Mother-in-law	Age		Home ()
	Occupation:		Cell ()
		Home <input type="checkbox"/>	
Brother(s) and Sister(s)	Age		Home ()
	Occupation:		Cell ()
		Home <input type="checkbox"/>	
	Age		Home ()
	Occupation:		Cell ()
		Home <input type="checkbox"/>	
	Age		Home ()
	Occupation:		Cell ()
		Home <input type="checkbox"/>	
Step-Father	Age		Home ()
	Occupation:		Cell ()
		Home <input type="checkbox"/>	
Step-Mother	Age		Home ()
	Occupation:		Cell ()
		Home <input type="checkbox"/>	
Step-Brother(s) and Step-Sister(s)	Age		Home ()
	Occupation:		Cell ()
		Home <input type="checkbox"/>	
	Age		Home ()
	Occupation:		Cell ()
		Home <input type="checkbox"/>	

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12. Please list as references five (5) individuals you have known for at least two (2) years who have knowledge of you and your qualifications. Examples include personal friends, fiancée, boyfriends, girlfriends, friends of the family, roommates, teachers, neighbors, classmates, co-workers, past supervisors or acquaintances. **DO NOT** include relatives or family members.

Name	Address where person can be contacted (Include City, State and Zip code)	Telephone number at which person can be contacted (include area code)
		Home ()
How Known? How Long?:	Home <input type="checkbox"/>	Cell ()
		Home ()
How Known? How Long?:	Home <input type="checkbox"/>	Cell ()
		Home ()
How Known? How Long?:	Home <input type="checkbox"/>	Cell ()
		Home ()
How Known? How Long?:	Home <input type="checkbox"/>	Cell ()
		Home ()
How Known? How Long?:	Home <input type="checkbox"/>	Cell ()

13. Please list any individuals that you are acquainted with who are members of safety forces. Exclude individuals who are listed in question #11 and #12.

Name and Rank:	Address where person can be contacted (Include City, State and Zip code)	Telephone number at which person can be contacted (include area code)
		Home ()
Department:	Home <input type="checkbox"/>	Cell ()
		Home ()
Department:	Home <input type="checkbox"/>	Cell ()
		Home ()
Department:	Home <input type="checkbox"/>	Cell ()
		Home ()
Department:	Home <input type="checkbox"/>	Cell ()
		Home ()
Department:	Home <input type="checkbox"/>	Cell ()
		Home ()
Department:	Home <input type="checkbox"/>	Cell ()

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Education

14. The Ohio Peace Officer Training Academy and the City of Akron requires a peace officer to possess a high school diploma or equivalent. Please indicate below how you satisfy this requirement.

- I possess a high school diploma _____
Date Location
- I passed the G.E.D. (General Educational Development) test _____
Date Location
- I possess a two-year college degree. _____
Date Location
- I possess a four-year college or university degree. _____
Date Location

15. Please indicate below all the schools you have attended beginning with high school, including trade, business, college or vocational schools. During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records will be made.

Name of School	Location of School (City and State)	Dates Attended		Major	Did you finish the course?	Units Earned	Type of Degree
		From Mo./Yr.	To Mo./Yr.				
					<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		

16. Have you ever been placed on academic probation, suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two and four year colleges, universities, business and vocational schools – any formal education beyond the high school level.)

- Yes No If "Yes", please explain (include school, date, and circumstances)

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Residence

17. Please list all of your residences going back at least 20 years. There should be no gaps in residence dates. Begin with your current residence and list backward in chronological order.

	Address	City, State, Zip Code	Dates		If rented, give name, address and telephone of the Person responsible for the collection of the rent
			From Mo / Yr	To Mo/Yr	
A	Current				
	With whom do you live? (include relationship)				
B					
	With whom did you live? (include relationship)		Reason for moving		
C					
	With whom did you live? (include relationship)		Reason for moving		
D					
	With whom did you live? (include relationship)		Reason for moving		
E					
	With whom did you live? (include relationship)		Reason for moving		
F					
	With whom did you live? (include relationship)		Reason for moving		
G					
	With whom did you live? (include relationship)		Reason for moving		
H					
	With whom did you live? (include relationship)		Reason for moving		
I					
	With whom did you live? (include relationship)		Reason for moving		

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	Address	City, State, Zip Code	Dates		If rented, give name, address and telephone of the Person responsible for the collection of the rent
			From Mo / Yr	To Mo/Yr	
J					
	With whom did you live? (include relationship)		Reason for moving		
K					
	With whom did you live? (include relationship)		Reason for moving		
L					
	With whom did you live? (include relationship)		Reason for moving		

Experience and Employment

18. Beginning with your most current employment, please list every job you have held in the last 20 years. All time periods must be accounted for. Jobs include self-employment, part-time jobs, temporary work, volunteer work and internships. You must list all employment regardless of the length of employment. Addresses must be complete, current and accurate. Zip codes are required. If you have had intervening periods of unemployment, please list those periods in sequence in the spaces specifically provided. Start with your most current employment.

Dates of employment From To Mo. Yr. Mo. Yr. / / / / <input type="checkbox"/> Present <input type="checkbox"/> Full-Time _____ Yrs. <input type="checkbox"/> Part-time _____ Yrs. <input type="checkbox"/> Voluntary _____ Mo.	Name and complete address of employer, include zip code Telephone No. Job title and duties (for identification purposes)	Name and Title of Supervisor Co-Workers Name: Ph. No.: Name: Ph. No.:	
Reason for leaving.			
<input type="checkbox"/> Not employed		From Mo. Yr. To Mo. Yr. / / / /	
Dates of employment From To Mo. Yr. Mo. Yr. / / / / <input type="checkbox"/> Present <input type="checkbox"/> Full-Time _____ Yrs. <input type="checkbox"/> Part-time _____ Yrs. <input type="checkbox"/> Voluntary _____ Mo.	Name and complete address of employer, include zip code Telephone No. Job title and duties (for identification purposes)	Name and Title of Supervisor Co-Workers Name: Ph. No.: Name: Ph. No.:	
Reason for leaving.			
<input type="checkbox"/> Not employed		From Mo. Yr. To Mo. Yr. / / / /	

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Dates of employment From To Mo. Yr. Mo. Yr. / / / / <input type="checkbox"/> Present	Name and complete address of employer, include zip code Telephone No.	Name and Title of Supervisor
<input type="checkbox"/> Full-Time _____ Yrs. <input type="checkbox"/> Part-time _____ Yrs. <input type="checkbox"/> Voluntary _____ Mo.	Job title and duties (for identification purposes)	Co-Workers Name: _____ Ph. No.: _____ Name: _____ Ph. No.: _____

Reason for leaving.

Not employed

	From	Mo. Yr.	To	Mo. Yr.
	/	/	/	/

Dates of employment From To Mo. Yr. Mo. Yr. / / / / <input type="checkbox"/> Present	Name and complete address of employer, include zip code Telephone No.	Name and Title of Supervisor
<input type="checkbox"/> Full-Time _____ Yrs. <input type="checkbox"/> Part-time _____ Yrs. <input type="checkbox"/> Voluntary _____ Mo.	Job title and duties (for identification purposes)	Co-Workers Name: _____ Ph. No.: _____ Name: _____ Ph. No.: _____

Reason for leaving.

Not employed

	From	Mo. Yr.	To	Mo. Yr.
	/	/	/	/

Dates of employment From To Mo. Yr. Mo. Yr. / / / / <input type="checkbox"/> Present	Name and complete address of employer, include zip code Telephone No.	Name and Title of Supervisor
<input type="checkbox"/> Full-Time _____ Yrs. <input type="checkbox"/> Part-time _____ Yrs. <input type="checkbox"/> Voluntary _____ Mo.	Job title and duties (for identification purposes)	Co-Workers Name: _____ Ph. No.: _____ Name: _____ Ph. No.: _____

Reason for leaving.

Not employed

	From	Mo. Yr.	To	Mo. Yr.
	/	/	/	/

Dates of employment From To Mo. Yr. Mo. Yr. / / / / <input type="checkbox"/> Present	Name and complete address of employer, include zip code Telephone No.	Name and Title of Supervisor
<input type="checkbox"/> Full-Time _____ Yrs. <input type="checkbox"/> Part-time _____ Yrs. <input type="checkbox"/> Voluntary _____ Mo.	Job title and duties (for identification purposes)	Co-Workers Name: _____ Ph. No.: _____ Name: _____ Ph. No.: _____

Reason for leaving.

Not employed

	From	Mo. Yr.	To	Mo. Yr.
	/	/	/	/

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Dates of employment	Name and complete address of employer, include zip code		Name and Title of Supervisor	
From To Mo. Yr. Mo. Yr. / / / /	Telephone No.			
<input type="checkbox"/> Present <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Job title and duties (for identification purposes)		Co-Workers	
_____ Yrs. _____ Mo.			Name:	
			Ph. No.:	
			Name:	
			Ph. No.:	
Reason for leaving.				
<input type="checkbox"/> Not employed			From	Mo. Yr. / To Mo. Yr. /

Dates of employment	Name and complete address of employer, include zip code		Name and Title of Supervisor	
From To Mo. Yr. Mo. Yr. / / / /	Telephone No.			
<input type="checkbox"/> Present <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Job title and duties (for identification purposes)		Co-Workers	
_____ Yrs. _____ Mo.			Name:	
			Ph. No.:	
			Name:	
			Ph. No.:	
Reason for leaving.				
<input type="checkbox"/> Not employed			From	Mo. Yr. / To Mo. Yr. /

Dates of employment	Name and complete address of employer, include zip code		Name of Supervisor	
From To Mo. Yr. Mo. Yr. / / / /	Telephone No.			
<input type="checkbox"/> Present <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Job title and duties (for identification purposes)		Co-Workers	
_____ Yrs. _____ Mo.			Name:	
			Ph. No.:	
			Name:	
			Ph. No.:	
Reason for leaving.				
<input type="checkbox"/> Not employed			From	Mo. Yr. / To Mo. Yr. /

Dates of employment	Name and complete address of employer, include zip code		Name of Supervisor	
From To Mo. Yr. Mo. Yr. / / / /	Telephone No.			
<input type="checkbox"/> Present <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Job title and duties (for identification purposes)		Co-Workers	
_____ Yrs. _____ Mo.			Name:	
			Ph. No.:	
			Name:	
			Ph. No.:	
Reason for leaving.				
<input type="checkbox"/> Not employed			From	Mo. Yr. / To Mo. Yr. /

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19. Have you ever been investigated by any employer or supervisor for improper conduct or illegal activities which resulted in your being found in violation of any policies, regulations, rules, or any State or Federal laws?
 Yes No If **“Yes”**, please provide the following information.

Date:	Employer:
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Details and results of investigation (Continue this response on a separate page if necessary)

Would any problem result if your present employer was contacted during the course of the background investigation?
 Yes No If **“Yes”**, please explain below. (Continue this response on a separate page if necessary)

20. Have you ever held employment under another name? Including maiden name, nickname or aliases.
 Yes No If **“Yes”**, please give details (include when, employer(s)). (Continue this response on a separate page if necessary)

Name Used:	Employer:	Dates:

21. Have you had any extended work absences for reasons other than earned vacation, suspension, lay-offs, or other non-medical leave
 Yes No If **“Yes”**, please explain (include when, employer(s) and why). (Continue this response on a separate page if necessary)

Date:	Employer:
-------	-----------

Details:

Date:	Employer:
-------	-----------

Details:

22. Have you ever been fired, suspended, asked to resign, disciplined or received a formal reprimand from any place of employment?
 Yes No If **“Yes”**, please give details (include when, employer(s), why). (Continue this response on a separate page if necessary)

Date:	Employer:
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Details:

Date:	Employer:
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Details:

23. If you have never held employment, please explain why. (Continue this response on a separate page if necessary)

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Military Service

The City of Akron grants preference points to veterans of the Armed Forces of the United States of America who served on active duty for more than 180 days upon proof of honorable discharge.

24. Have you ever served in the U.S. armed forces, National Guard or military reserves? Yes No If "No", go to Question #29

Branch of Service	Service Number	Date of Service (MM/YYYY) __ / ____ to __ / ____	Type of Discharge
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25. Starting with the most recent, list all duty stations (include basic training, tours overseas, etc.) while in the military.

Month & Year	Locations	Duties / Purpose (approximate length of your tour)

26. Were you ever investigated for any criminal activity while in the military? Yes No
 If "Yes", explain on separate page

27. Are you *currently* participating in any military reserve or National Guard program? Yes No

28. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? Yes No If "Yes", explain below, be specific and detailed. (Continue this response on a separate page if necessary)

Date	Violation(s)	Describe Incident and Penalty Received

29. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your suitability to be a police officer, if not listed as a reference above. Please list those individuals who you still know well enough to provide accurate information about you.

Name	Contact Address	Contact Telephone	Years Known	
			From	To

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32. Please supply more detailed information for ALL charge accounts, leases, contracts and other financial liabilities.

	Name of Firm	Address, City State & Zip Code	Account Number	
A	Reason for Debt	Monthly Payments	Original amount owed	Current Balance
B	Reason for Debt	Monthly Payments	Original amount owed	Current Balance
C	Reason for Debt	Monthly Payments	Original amount owed	Current Balance
D	Reason for Debt	Monthly Payments	Original amount owed	Current Balance
E	Reason for Debt	Monthly Payments	Original amount owed	Current Balance
F	Reason for Debt	Monthly Payments	Original amount owed	Current Balance
G	Reason for Debt	Monthly Payments	Original amount owed	Current Balance
H	Reason for Debt	Monthly Payments	Original amount owed	Current Balance
I	Reason for Debt	Monthly Payments	Original amount owed	Current Balance
J	Reason for Debt	Monthly Payments	Original amount owed	Current Balance

33. Have you ever filed for bankruptcy; been refused credit; or filed for the wage earner's plan? Yes No
 If "Yes", please give details (include when, where, why). (Continue this response on a separate page if necessary)

Date: _____

Reasons: _____

34. Have any of your bills ever been turned over to a collection agency Yes No
 If "Yes", please give details (include when, firms involved, circumstances). (Continue this response on a separate page if necessary)

Date:	Account / Current Status

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35. Have you ever had any merchandise you've purchased, repossessed? Yes No
 If "Yes", please give details (include when, firms involved, circumstances). (Continue this response on a separate page if necessary)

Date:

Reasons:

Legal

36. Have you ever been charged, arrested or convicted for any criminal offense (including misdemeanor citations)? (Do not include traffic tickets unless you were taken into custody). Yes No If "Yes", provide the following information, starting with the most recent event. Explain in more detail on the back of the page

Date	Charge(s)	Police Agency/City or Locality	Penalty

37. Have you ever been placed on court probation as an adult? Yes No
 Are you currently on probation: Yes No
 If "Yes" to either, please give details (include when, where, why). Give dates of probation starting with the most recent.

38. Have you ever been detained, questioned, held on suspicion or fingerprinted, although not arrested, during the course of a criminal investigation conducted by a law enforcement agency? Yes No If "Yes", explain in detail on a separate page.

39. Have you ever collected unemployment or welfare benefits (including food stamps) when you were not entitled to them, or received an "overpayment" which you were required to repay? Yes No If "Yes", explain in detail on a separate page.

40. Have you complied with the draft registration laws? Yes No If "No", please explain in detail on a separate page.

41. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? Yes No If "Yes", please explain below and include dates. (Continue this response on a separate page if necessary)

42. Have you ever been reported to a law enforcement agency as a missing person or a runaway? Yes No
 If "Yes", please give details including date, law enforcement agency and circumstances. (Continue this response on a separate page if necessary)

43. Have you ever applied for a permit to carry a concealed weapon? Yes No
 If "Yes", please provide the following information:

Permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Name of law enforcement agency
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44. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? Yes No
 If "Yes", please explain in detail, include when, where, name and location of court, circumstances, and outcome.

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45. Have you experimented with, or tried, any type of an illegal drug or narcotic? Yes No
 If "Yes", indicate with an "X" all drugs that you have experimented with, or tried, from the list below.
 Experimentation includes, but is not limited to smoking, swallowing, tasting, inhaling, or injecting.

<input type="checkbox"/> Marijuana	<input type="checkbox"/> Whites	<input type="checkbox"/> Downers	<input type="checkbox"/> Peyote
<input type="checkbox"/> Hashish	<input type="checkbox"/> Bennies	<input type="checkbox"/> Reds	<input type="checkbox"/> Mushrooms
<input type="checkbox"/> Hashish oil	<input type="checkbox"/> Uppers	<input type="checkbox"/> Quaaludes	<input type="checkbox"/> Glue
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Methamphetamines	<input type="checkbox"/> PCP	<input type="checkbox"/> Opium
<input type="checkbox"/> Crack	<input type="checkbox"/> Speed	<input type="checkbox"/> Sherms	<input type="checkbox"/> Heroin
<input type="checkbox"/> Rock	<input type="checkbox"/> Crank	<input type="checkbox"/> Angel Dust	<input type="checkbox"/> Steroids
<input type="checkbox"/> Ice	<input type="checkbox"/> Crystal	<input type="checkbox"/> LSD	Others (list)
<input type="checkbox"/> Amphetamines	<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Acid	<input type="checkbox"/> _____
<input type="checkbox"/> Crosstops	<input type="checkbox"/> Black Beauties	<input type="checkbox"/> Mescaline	<input type="checkbox"/> _____

If you checked any of the above drugs, give details below:

Type of Drug or Narcotic	Month & Year First Used	Month & Year Last Used	Total time Used	
			Last 2 years	Lifetime

46. Have you ever used a prescription drug not prescribed for you? Yes No
 If "Yes", explain in detail on a separate page.

47. Have you ever sold, provided or given illegal drugs or narcotics to anyone? Yes No
 If "Yes", explain in detail on a separate page.

48. Have you ever grown marijuana or manufactured any type of drug or narcotic? Yes No
 If "Yes", explain in detail on a separate page.

49. Do you associate with any person who you suspect uses illegal drugs or narcotics? Yes No
 If "Yes", explain in detail on a separate page.

50. When was the last time you were present where illegal drugs, narcotics, or other illegal substances were being used?
 Month _____ Year _____
 Type of location: _____
 Circumstances: _____

Motor Vehicle Operation

Operation of a motor vehicle is an integral part of the position of peace officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

51. Current Driver's License Number	State:	Class (Type of License)	Expiration date
Name under which license was granted	Other Names Used		

52. Please list other states where you have been licensed to operate a motor vehicle.

<u>State</u>	<u>What Years?</u>						
Name under which license was granted							
Number							

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53. Have you ever been refused a driver's license by any state? Yes No
 If "Yes", please explain including when, where and why. (Continue on a separate page if necessary)

54. Have you ever applied or obtained a driver's license or state identification card under a fictitious name? Yes No
 If "Yes", explain. (Continue this response on a separate page if necessary)

55. Ohio law requires that operators and owners of motor vehicles be covered by automobile liability insurance or bond or cash deposit with the Department of Motor Vehicles. Therefore, please list the current liability insurance you have with your motor vehicles.

Company	Address	Policy Number	Date of Expiration

If you are bonded or have made a cash deposit to meet your motor vehicle financial responsibility, please indicate.
 Bond Cash Deposit \$ _____

56. Please list all traffic citations (excluding parking citations) you have received in the last 5 years, starting with the most recent. If additional room is needed, please continue on a separate page using the same format.

Nature of Violation	Location (City State)	Approximate Date	Indicate whether fined or action taken on driver's license

57. Have you ever failed to appear in court on a traffic or parking citation? Yes No
 If "Yes", was a warrant ever issued? Yes No If "Yes", please explain on a separate page.

Approx. Date	Violation	City / County / State	Penalty

58. Have you ever been involved in a motor vehicle accident as a driver? Yes No
 If "Yes", please give the following information.

Date	Location	Were you at fault?	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury Were you cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No
----- Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency that took report		
Date	Location	Were you at fault?	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury Were you cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No
----- Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency that took report		
Date	Location	Were you at fault?	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury Were you cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No
----- Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency that took report		

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59. Have you ever been involved in an accident where you left the scene without identifying yourself? Yes No If **"Yes"**, please provide specifics. (Continue this response on a separate page if necessary)

60. List all vehicles you own, possess and/or that are registered to you.

Year	Make Model	Color	License Number & State	Is the vehicle currently registered?
				<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

61. Has your license ever been suspended, revoked, or canceled in any state? Yes No
 If **"Yes"**, please give details including what, when, where, why. (Continue this response on a separate page if necessary)

62. Have you ever been refused insurance for any reason other than failure to pay a premium? Yes No
 If **"Yes"**, please explain including company name and address, date, and reason. (Continue this response on a separate page if necessary)

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Law Enforcement Information

63. Have you ever been a successful or unsuccessful candidate for any safety forces agency, including this department? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" , list ALL agencies with which you have applied. Start with the most recent. Give complete, accurate addresses. (All agencies MUST be listed regardless of outcome or current status. Check all boxes that apply for each agency.)		
Name of Agency – Complete Address, Zip code, Telephone	Position/Classification	Date (Month/Year)
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64. Do you have any prior police experience? (Including police reserves.) Yes No.

<u>Agency</u>	<u>Rank, Title, Position</u>	<u>Date</u>

65. Have you ever attended any law enforcement training academy? Yes No

Academy Name:	Dates: from _____ to _____	Did you complete the training? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	City:	State: Zip Code:
Academy Name:	Dates: from _____ to _____	Did you complete the training? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	City:	State: Zip Code:
Academy Name:	Dates: from _____ to _____	Did you complete the training? <input type="checkbox"/> Yes <input type="checkbox"/> No
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