



## Employment Application

|  |   |
|--|---|
| Applicant Name: <i>Last, First, Middle</i> | Position:<br><br>Police Officer      Police Clerk |
| Cell Phone:                                | Email Address:                                    |

### Instructions

This personal history questionnaire is intended for the use of the Powell Police Department. You must be truthful and complete all answers requested on this form. All information contained herein will be subject to verification; i.e., source documentation, polygraph and screening procedures.

Each individual question must be answered. If a question does not apply to your particular circumstance, leave it blank. When answering questions that require dates, insert the full date. You must provide complete address information when requested. Partial address responses are unacceptable. Current telephone numbers for all listed employer and reference sources are required.

### Warning

Applicants are cautioned to answer every question truthfully and without evasion. The Ohio Revised Code (ORC) provides 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 ORC 2921.13.

### Disqualifications

The following points of disqualification are not in themselves inclusive of all points of disqualification, but are representative of some of the major considerations involved in the selection process:

- Illegal Use of Narcotics or Drugs
- Job Related Misdemeanor Convictions
- Gambling
- Falsification
- Fraud
- Failure to Report to a Scheduled Interview
- Neglect of Court Ordered Family Support Obligations
- Immoral or Disorderly Conduct
- Felony Convictions
- Excessive Traffic Convictions
- Lacks Minimum Job Requirement for Job Title
- Unable to Speak or Write the English Language
- Attempts to Use Political Influence Obtaining Job
- Incapable of Performing Essential Job Functions

### Equal Opportunity Employer

The City of Powell affords equal employment opportunity to all individuals regardless of race, color, national origin, sex, religion, age, disability status or genetic information. We comply with all applicable Federal, State, and local laws concerning discrimination in employment. No question in the application process is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.



**Powell Police Department**  
47 Hall Street | Powell OH 43065-8357 | [www.cityofpowell.us](http://www.cityofpowell.us)  
Administration 614-885-5005 | Non-Emergency 614-885-3374



## Personal Record

|   |         |         |                  |                           |
|---|---------|---------|------------------|---------------------------|
| Legal Name: <i>Last, First, Middle</i>  |         |         |                  |                           |
| By what other names have you been known? ( <i>Maiden, married names, aliases, nicknames, etc.</i> ) |         |         |                  | Social Security Number:   |
| Residence Address: <i>Number, Street, Apt., City, State, Zip</i>                                    |         |         |                  | County:                   |
| Date Of Birth: <i>DD/MM/YYYY</i>  | Height: | Weight: | Hair Color:      | Eye Color:                |
| Place Of Birth: <i>City, County, State, Country</i>   |         |         |                  | Birth Certificate Number: |
| Driver's License Number:  | State:  | Type:   | Expiration Date: |                           |

## Relatives

|   |  |                             |
|---|--|-----------------------------|
| Father: <i>Last, First, Middle</i>                        |  | Father's Date Of Birth:     |
| Father's Address: <i>Number, Street, City, State, Zip</i> |  | If Deceased, Date Of Death: |
| Mother: <i>Last, First, Middle</i>                        |  | Mother's Date Of Birth:     |
| Mother's Address: <i>Number, Street, City, State, Zip</i> |  | If Deceased, Date Of Death: |

List your relatives in the following order: 1. Spouse, 2. Brothers, 3. Sisters, 4. Step-Father, 5. Step-Mother, 6. Step-Brothers, 7. Step-Sisters, 8. Father-in-Law, 9. Mother-in-law 10. Brothers-in-Law, 11. Sisters-in-Law

| Relationship: | Name: <i>Last, First, Middle</i> | Address: <i>Number, Street, City, State, Zip</i> | Age: |
|---------------|----------------------------------|--|------|
|               |                                  |  |      |
|               |                                  |  |      |
|               |                                  |  |      |
|               |                                  |  |      |
|               |                                  |  |      |

## Previous Residences

List your last five addresses with the most recent first. Include military addresses, listing the nearest city to the base if you resided on base. If renting or leasing, include the agent or management company to whom you pay rent.

| From ( <i>mm/yyyy</i> ) to ( <i>mm/yyyy</i> ): | Address: <i>Number, Street, City, State, Zip</i> | With Whom Did You Live? | Relationship: |
|--|--|-------------------------|---------------|
|  |  |                         |               |
|  |  |                         |               |
|  |  |                         |               |
|  |  |                         |               |
|  |  |                         |               |

### References

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

|              |             |   |             |
|--------------|-------------|---|-------------|
| Name:        |             | Home Address: <i>Number, Street, City, State, Zip</i> | Cell Phone: |
| Years Known: | Occupation: | Work Address: <i>Number, Street, City, State, Zip</i> | Email:      |

|              |             |   |             |
|--------------|-------------|---|-------------|
| Name:        |             | Home Address: <i>Number, Street, City, State, Zip</i> | Cell Phone: |
| Years Known: | Occupation: | Work Address: <i>Number, Street, City, State, Zip</i> | Email:      |

|              |             |   |             |
|--------------|-------------|---|-------------|
| Name:        |             | Home Address: <i>Number, Street, City, State, Zip</i> | Cell Phone: |
| Years Known: | Occupation: | Work Address: <i>Number, Street, City, State, Zip</i> | Email:      |

### Military

If you have asked for or received deferment from military service, provide the board number, dates and full details on p.7.

|                              |                                |   |
|------------------------------|--------------------------------|---|
| Branch of Service:           | Unit:                          | Military Serial Number:   |
| Active Duty Dates:           | Highest Rank or Rate Held:     | Type of Separation:   |
| Total Months of Combat Duty: | Total Months of Overseas Duty: | Reserve Status:<br><div style="text-align: right; margin-right: 20px;">Ready      Standby      None</div> |

Were you ever court marshaled, tried on charges, or subject of a summary court martial, captain's mast, Article 15, company punishment, or any other disciplinary action while in the armed services? Yes                      No  
 If yes, explain on page 7.

### Education

List each grammar school, junior high, high school, trade, part time, night school, business college, or university that you attended. Start with the most recent. Be sure to indicate OPOTA certification if you have it.

| School: | Location: <i>(City, State)</i> | Dates Attended: | Graduate: <i>(Y/N)</i> | Degree or Units: |
|---------|--------------------------------|-----------------|------------------------|------------------|
|         |                                |                 |                        |                  |
|         |                                |                 |                        |                  |
|         |                                |                 |                        |                  |
|         |                                |                 |                        |                  |
|         |                                |                 |                        |                  |
|         |                                |                 |                        |                  |
|         |                                |                 |                        |                  |
|         |                                |                 |                        |                  |

Have you ever taken a General Education Development "GED" test? Yes                      No

## Applications

List any law enforcement or other government agencies where you applied, but were not employed.

| Agency or Department: | Date Applied: | Offered a Job? (Y/N) | Reason for Rejection or Declining Appointment: |
|-----------------------|---------------|----------------------|--|
|                       |               |                      |  |
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|                       |               |                      |  |

## Employment

List your complete work history in chronological order, beginning with the most recent. Include all part time jobs, periods of unemployment and military service. When listing periods of unemployment, indicate dates in space provided. In the block designated 'Employer' write 'Unemployed'. In the block designated 'Employer Address' indicate from what source you received income during that period. If presently unemployed, indicate so in the first block.

When listing military service, use the name, address and rank of the last commissioned officer who was your immediate supervisor and substitute for the name of co-worker, the name and address of a non-commissioned officer with whom you served.

|  |     |    |  |     |    |
|--|-----|----|--|-----|----|
| May we contact your present employer?<br><i>If 'No' explain fully on page 7.</i> | Yes | No | Have you ever been discharged or asked to resign from a job?<br><i>If 'Yes' explain fully on page 7.</i> | Yes | No |
|--|-----|----|--|-----|----|

|                        |            |                                  |
|------------------------|------------|----------------------------------|
| Employer:              | Job Title: | Dates Employed: (MM/YY to MM/YY) |
| Employer Address:      |            | Hourly Pay:                      |
|                        |            | Reason for Leaving:              |
| Immediate Supervisor:  | Co-Worker: | Supervisor's Phone:              |
| Description of Duties: |            | Supervisor's Email:              |

|                            |            |                                  |
|----------------------------|------------|----------------------------------|
| Employer:                  | Job Title: | Dates Employed: (MM/YY to MM/YY) |
| Employer Name and Address: |            | Hourly Pay:                      |
|                            |            | Reason for Leaving:              |
| Immediate Supervisor:      | Co-Worker: | Supervisor's Phone:              |
| Description of Duties:     |            | Supervisor's Email:              |

|                        |            |                                  |
|------------------------|------------|----------------------------------|
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|                        |            | Reason for Leaving:              |
| Immediate Supervisor:  | Co-Worker: | Supervisor's Phone:              |
| Description of Duties: |            | Supervisor's Email:              |

|                            |            |                                  |
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|                            |            | Reason for Leaving:              |
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| Description of Duties:     |            | Supervisor's Email:              |

|                            |            |                                  |
|----------------------------|------------|----------------------------------|
| Employer:                  | Job Title: | Dates Employed: (MM/YY to MM/YY) |
| Employer Name and Address: |            | Hourly Pay:                      |
|                            |            | Reason for Leaving:              |
| Immediate Supervisor:      | Co-Worker: | Supervisor's Phone:              |
| Description of Duties:     |            | Supervisor's Email:              |

### Miscellaneous

List all organizations, clubs, and social groups of which you are now, or have been a member and position; i.e. member, president, secretary, etc.

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Do you, your spouse or ex-spouse have immediate civil action pending? *If 'Yes' explain fully on page 7.*      Yes      No  
 Have your wages ever been garnished, filed for bankruptcy, or been declared bankrupt?      Yes      No  
*If 'Yes' explain fully on p.7.*      Yes      No

## General Information Inquiry

Notice: The following questions and answers will be verified through the use of the polygraph (Lie Detector Test). If the answer to any of the following is "Yes" it will be necessary for you to explain in detail on page 7. Full and comprehensive explanations are required.

|  | YES | NO |
|--|-----|----|
| 1. Have you ever committed a felony for which you were never arrested or convicted?  |     |    |
| 2. Have you ever been placed on or served in a criminal diversion type program that led to the eventual dismissal of any criminal charges?   |     |    |
| 3. Have you ever been convicted of a felony?   |     |    |
| 4. Have you ever been convicted of a misdemeanor that had been reduced from original felony charges?   |     |    |
| 5. 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 offenses, sex offenses, offenses involving immoral or indecent conduct, fraud, trespassing, conversion of trust, offense involving military justice, or any other criminal offenses?   |     |    |
| 6. 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? |     |    |
| 7. As an adult, have you ever stolen anything?   |     |    |
| 8. Have you ever bought or sold any property that you knew was stolen?   |     |    |
| 9. Has your driver's license ever been suspended or revoked?   |     |    |
| 10. Have you ever been committed to any penal institution as a result of either a felony or misdemeanor conviction?  |     |    |
| 11. Are you presently under indictment or a defendant in any pending criminal, traffic, or civil actions?  |     |    |
| 12. Have you ever been involved in the illegal use of hallucinogens such as marijuana, hashish, mescaline, PCP, THC, peyote, PCE, TCP, angel dust or any of their derivatives, etc.? (If yes, age of first use, age last used, total number of usages.)  |     |    |
| 13. Have you ever been involved in the illegal use of any narcotics such as opium, morphine, codeine, meperidine, methadone or any of their derivatives such as Darvon, Lomotil, etc.? (If yes, age of first use, age last used, total number of usages.)  |     |    |
| 14. Have you ever used cocaine, heroin or LSD? (If yes, age of first use, age last used, total number of usages.)  |     |    |
| 15. Have you ever used any prescription drugs such as amphetamines, barbiturates, Valium, Librium, etc. without the benefit of a prescription? (If yes, age of first use, age last used, total number of usages and type.)   |     |    |
| 16. Have you ever used any prescribed medications for purposes other than that for which they were originally prescribed or intended? (If yes, use and type.)  |     |    |
| 17. Have you ever used what are described as designer drugs; i.e., substances that are chemically altered in make-up but which give the same effect as illicit drugs? (If yes, type and use.)  |     |    |
| 18. 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?  |     |    |
| 19. Have you ever been involved in glue sniffing or used any other such chemical agents for the purpose of obtaining a state of intoxication?  |     |    |
| 20. 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?  |     |    |
| 21. Do you have any problems because of gambling?  |     |    |
| 22. Do you have any problem controlling your temper?   |     |    |
| 23. Have you ever been involved in an automobile accident?   |     |    |

