

Village of Owensville Police
115 West Main Street
P.O. Box 490
Owensville, OH 45160

EMPLOYMENT APPLICATION AND
PERSONAL HISTORY QUESTIONNAIRE

Instruction

All questions must be answered. If a question does not apply to your particular circumstance, insert “NA” (Not Applicable) in the proper blank. You may add additional sheets if more space is required for your answers.

Please be advised that **ALL** information is subject to verification via criminal history check, criminal background investigation, voice stress analysis, etc. Be fully truthful and do not evade questions. The Ohio Revised Code (ORC) provides penalties for making false statements of a material fact or for practicing fraud or deception in obtaining or attempting to obtain employment. Such penalties include rejection for appointment, discharge after appointment, and/or prosecution under Ohio Revised Code Section 2921.13.

If you have any questions in reference to this employment application and personal history questionnaire please call the Police Department for clarification.

Amended: December 1, 2016

APPLICATION FOR EMPLOYMENT

The Village of Owensville IS AN EQUAL OPPORTUNITY EMPLOYER

Today's Date _____ / _____ / _____

Driver's License # _____

Name: Last _____ First _____ M.I. _____ Social Security Number _____
 Present Address _____ City _____ State _____ Zip Code _____
 Home Phone Number _____ Alternate Phone Number _____ Email Address _____
 How long have you lived at your present address? _____ Yrs. _____ Mos.
 Are you a U.S. Citizen? Yes: _____ No: _____
 Are you legally eligible for employment in the U.S.? Yes: _____ No: _____
 Are you 21 Years of Age or older? Yes: _____ No: _____
 POSITION APPLYING FOR: _____
 Date available to start work: _____

EDUCATION:

Type of School	Name & Address of School	Last Grade Completed	Course of Study	Dates	Degree or Diploma
Elementary	_____	_____	_____	_____	_____
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
OPOTA Certification	_____				
Are you continuing your education? Yes: _____ No: _____					
If Yes, please indicate how: _____					

Military Service Branch	Dates	Were you honorably Discharges?	DD214 MUST BE ATTACHED		

List any foreign languages you can read, write or speak: _____

List any special abilities (lip read, sign ambidextrous ect.): _____

Are you State/Federal Certified/Licensed in any profession: (M.D., Attorney, EMT, Fire Service etc.) _____

A COPY OF YOUR HIGH SCHOOL/COLLEGE OR G.E.D. / DIPLOMA OR TRANSCRIPTS MUST BE TURNED IN WITH THIS APPLICATION/QUESTIONNAIRE EMPLOYMENT HISTORY

1

Please list all employment, starting with present or most recent employer.
Account for all periods, including all unemployment or time not spent in school or military service.

Name and Address of Employer

Dates of Employment

Phone Number

Supervisor Name & Title

Annual Salary\$

Job Title

Reason for Leaving

Full Time: _____ Part Time: _____

Describe type of business and duties:

2

Name and Address of Employer

Dates of Employment

Phone Number

Supervisor Name & Title

Annual Salary\$

Job Title

Reason for Leaving

Full Time: _____ Part Time: _____

Describe type of business and duties:

3

Name and Address of Employer

Dates of Employment

Phone Number

Supervisor Name & Title

Annual Salary\$

Job Title

Reason for Leaving

Full Time: _____ Part Time: _____

Describe type of business and duties:

4

Name and Address of Employer

Dates of Employment

Phone Number

Supervisor Name & Title

Annual Salary\$

Job Title

Reason for Leaving

Full Time: _____ Part Time: _____

Describe type of business and duties:

5

Name and Address of Employer

Dates of Employment

Phone Number

Supervisor Name & Title

Annual Salary\$

Job Title

Reason for Leaving

Full Time: _____ Part Time: _____

Describe type of business and duties:

6

Name and Address of Employer

Dates of Employment

Phone Number

Supervisor Name & Title

Annual Salary\$

Job Title

Reason for Leaving

Full Time: _____ Part Time: _____

Describe type of business and duties:

USE ADDITIONAL SHEET OF PAPER IF NEEDED

I hereby give my permission to contact the employers I have listed concerning my present and prior work experience. If there is a particular employer(s) you do not wish us to contact, please indicate which one(s) and explain.

Signature: _____ **Date:** _____

REFERENCES – WORK RELATED: Only list supervisors you worked with directly for each job

1		
Name	Title	Phone Number
Address	City	State/Zip
Name of Company: _____		
2		
Name	Title	Phone Number
Address	City	State/Zip
Name of Company: _____		
3		
Name	Title	Phone Number
Address	City	State/Zip
Name of Company: _____		
4		
Name	Title	Phone Number
Address	City	State/Zip
Name of Company: _____		
5		
Name	Title	Phone Number
Address	City	State/Zip
Name of Company: _____		

I certify that the above information is true to the best of my knowledge.

Signature: _____ **Date:** _____

PERSONAL HISTORY QUESTIONNAIRE

Purpose and Use

Thank you for taking the time and effort to complete this Personal History Questionnaire. We want you to understand the purpose of this form and its objective, along with the professional manner in which we will treat the information you provide.

We want you to consider the Personal History Questionnaire as an opportunity to organize and present relevant information about yourself. This information will assist us in gaining an accurate picture of your background to be used as **one** of the bases in our assessment process. Other assessments are your physical ability testing, written testing, a personal interview, background investigation, voice stress examination, psychological evaluation, and medical examination.

Additionally, we want you to know that we not only consider the facts presented, but we also consider your explanations surrounding the facts. That is why it is so critically important that you make a special effort to answer all questions completely, truthfully, and thoughtfully. There are many opportunities for you to offer a thorough explanation of facts, and/or circumstances.

Please acknowledge your reading and full understanding of the Employment Application and Personal History Questionnaire by signing the space below.

Signature: _____ **Date:** _____

I. FINANCIAL STATUS

Indebtedness (check as many as apply today)

Own Rent/lease living with parents

Living with other Other Explain: _____

All YES answers require an explanation and date of occurrence (use additional sheet if necessary)

Yes No Have you ever had your wages attached or garnished?
If YES, provide date and explain: _____

Yes No Have you ever been involved in a civil case or lawsuit as a
plaintiff or defendant?
If YES, provide date and explain: _____

Yes No Have you ever filed bankruptcy or been declared bankrupt?
If YES, provide date and explain: _____

Yes No Have you ever been declared delinquent in child support payments?
If YES, provide date and explain: _____

Yes No Have you ever been refused credit?
If YES, provide date and explain: _____

Yes No Have you ever had property repossessed?
If YES, provide date and explain: _____

Yes No Do you owe past taxes?
If YES, provide date and explain: _____

Yes No Have you ever skipped paying bills or debts on time?
If YES, provide date and explain: _____

Yes No Are any of your bills in the hands of a bill collection agency?
If YES, provide date and explain: _____

I certify that the above information is true to the best of my knowledge.

Signature: _____ **Date:** _____

FINANCIAL STATUS (cont.)

Obligation **Company (Name, City, State)** **Amount Owed - Overdue - Past Due**

Home Loan _____

Personal Loan _____

Auto Loan #1 _____

Auto Loan #2 _____

Finance Co. _____

Finance Co. _____

Credit Card _____

Credit Card _____

Department Store _____

Department Store _____

Credit Union _____

Obligation **Court of Jurisdiction** _____

Child Support _____

Child Support _____

Chapter 13 _____

Bankruptcy _____

Small Claims _____

Civil Suits _____

Alimony _____

YES **NO** **Do you have a personal checking account?**
____ ____ **If YES, institution name** _____

____ ____ **Do you have a personal savings account?**
____ ____ **If YES, institution name** _____

I certify that the above information is true to the best of my knowledge.

Signature: _____ **Date:** _____

II. GAMBLING

Within the past five (5) years, have you gambled or participated in any games of chance for financial rewards?

____ Yes ____ No

If YES, check all that apply:

- | | | | |
|-------|-----------------------|-------|--------------|
| _____ | Bingo | _____ | Sports |
| _____ | State Lottery | _____ | Horse Racing |
| _____ | Cards, Poker, etc. | _____ | Casino |
| _____ | Other: specify: _____ | | |

How frequently do you engage in the above activities? _____

Do you currently have any outstanding gambling debts or obligations?

____ YES ____ NO

If YES, provide specifics regarding the outstanding debt/obligation: _____

I certify that the above information is true to the best of my knowledge.

Signature: _____ **Date:** _____

III. DRIVERS LICENSE

Do you currently have a valid Ohio Driver's License? _____ YES _____ NO

If NO, Explain: _____

IV. ALCOHOL

Do you consume alcoholic beverages? _____ YES _____ NO

What type? _____ Beer _____ Wine _____ Liquor

Approximately how many drinks do you have per week? _____

Where do you consume alcoholic beverages?

_____ Own Home _____ Bars / Restaurants

_____ Friend's Home _____ In Vehicles

_____ Other (please explain) _____

How do you characterize your alcohol consumption?

_____ Light _____ Moderate _____ Heavy

I certify that the above information is true to the best of my knowledge.

Signature: _____ **Date:** _____

V. GENERAL QUESTIONS

___ Yes ___ No Have you ever taken an employment related polygraph/voice stress analysis exam?

If YES, explain & give date(s): _____

___ Yes ___ No Have you ever been dismissed from or asked to resign from any position for any non-health related reason?

If YES, explain & give date(s): _____

VI. PRIOR APPLICATIONS

___ Yes ___ No Have you ever applied for a position with the Village of Owensville

If YES, please list below:

DATE	DEPARTMENT	POSITION	HIRED	If rejected, reason if known

SOFTWARE KNOWLEDGE

List all computer software you are proficient in using:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

I certify that the above information is true to the best of my knowledge.

Signature: _____ **Date:** _____

SOCIAL CONTACTS: List 5 of your closest associates/friends.

1		
Name		Phone Number
Address	City	State/Zip
Relationship		
2		
Name		Phone Number
Address	City	State/Zip
Relationship		
3		
Name		Phone Number
Address	City	State/Zip
Relationship		
4		
Name		Phone Number
Address	City	State/Zip
Relationship		
5		
Name		Phone Number
Address	City	State/Zip
Relationship		

I certify that the above information is true to the best of my knowledge.

Signature: _____ **Date:** _____

WAIVER

I, _____

do hereby authorize The Village of Owensville Police Department to conduct a full background investigation of my past activities. This investigation will include but not be limited to checking my fingerprints, and any previous criminal records with the Federal Bureau of Investigation, Ohio Bureau of Criminal Identification and Investigations, and other law enforcement agencies. I also authorize The Village of Owensville Police Department to interview my family members including parents, spouse, former spouses, children, other relatives, as well as my associates, employers, former employers, acquaintances, neighbors, teachers or other officials of any educational institution I have attended. I specifically authorize any of these persons to allow The Village of Owensville Police Department or its agents to inspect any and all records in their possession that pertain to my employment record and other records they may request, including birth certificate, operator's license, diplomas, transcripts, or certificates that verify educational achievements, and any documents pertaining to a dishonorable discharge from military service. I also permit The Village of Owensville Police Department or its agents to obtain financial credit information pertaining to me as stipulated under the Federal Fair Credit Reporting Act.

It is also understood and agreed that I completely release and absolve The Village of Owensville Police Department and its agents of any liability which may arise from the conduct of this investigation.

The determination of my suitability for employment will be at the **sole** discretion of The Village of Owensville Police Department and I will accept the decision without reservation and with the full knowledge that it is **final** and **not** subject to appeal through any civil or administrative procedure.

I understand, The Village of Owensville Police Department must comply with the Ohio Public Records Law. Upon request, some documents contained in my Application Packet are subject to public disclosure.

I solemnly swear or affirm that all of the information I have provided in this application/questionnaire is complete and true to the best of my knowledge and belief. I further understand that my providing any false, misleading or incorrect information will render this application/questionnaire void and may be cause for immediate dismissal and possible criminal charges under Ohio Revised Code 2921.13.

Applicant's Printed Name – Last, First, Middle

Maiden or other Name(s)

Current Address - Street,