



## **DEPARTMENT OF PUBLIC SAFETY**

### **Division of Police**

## **Middletown Division of Police Reserve Unit**

Officers of The Middletown Division of Police Reserve Force are expected to perform in a manner that augments the regular police force. The expectation of how officers will achieve that performance is communicated to each member on a regular basis. This is a non-paid position. The following are the minimum monthly requirements of a Reserve officer:

1. The minimum number of hours to be worked each month is eighteen (18).
2. Each officer is expected to work at least one Jail Visitation each month (3 hour minimum)
3. Each officer is expected to attend the monthly meeting of the unit. (2 hour)
4. Each officer is expected to work as needed on Junk Motor Vehicles
5. Each officer is expected to work one Vacation Check each month (3 hour minimum)
6. Each officer is expected to work (2) hours a month at the Desk.
7. Each officer is expected to complete all roll-call and in-service training.
8. Each officer is expected to assist with at least one parade event during the year.
9. Completion of the annual mandatory Continuing Professional Training requirements set by the Ohio Attorney General.

In exchange for your service we offer you valuable experience in your career development as a police officer. During your pursuit for full time status you get to hold your commission.

The Middletown Division of Police supplies you with all your needed equipment including Uniforms, Bullet Proof Vest and Duty Weapon. When full time positions become available officers on the Reserve Unit are looked at for these positions.

If you are interested in joining our team please fill out the attached application and return it to the Middletown Division of Police "Attention: Sgt. Cris Kelly". If you would like further information you can email me at [crisk@cityofmiddletown.org](mailto:crisk@cityofmiddletown.org) or call 513-425-7760.

# Department of Public Safety

## Division of Police

Middletown is 26.43 square miles with a population of around 48,000.

Starting salary is \$51,743 (does not include shift differential, overtime or uniform allowance)

Middletown has its own full service jail and Communications Center

9 Detectives including 2 Juvenile Detectives

Special Operations – 7 Narcotic Detectives

5 K9 Officers

3 School Resource Officers

10 member SRT Team

Task Force

Honor Guard

Bike Patrol – 4 electronically powered Stromer bicycles

Outdoor Firing Range



Middletown Division of Police



MPDOhio



City of Middletown



cityofmiddletownohio

[www.cityofmiddletown.org/police](http://www.cityofmiddletown.org/police)

<http://cityofmiddletown.org/jobs/interestcard.aspx>

# COMMUNICATIONS

**THERE ARE CURRENTLY 12 DISPATCHERS. THEY  
DISPATCH FOR POLICE, FIRE AND EMS.**

**MIDDLETOWN COMMUNICATIONS ANSWERS 911  
CALLS FOR THE CITIES OF MIDDLETOWN, MONROE  
AND TRENTON.**

**911 CALLS RECEIVED IN 2017: 47,664**

**INCOMING ADMIN CALLS IN 2017: 109,501**

**OUTGOING ADMIN CALLS MADE IN 2017: 38,393**

**TOTAL CALLS FOR 2017: 195,558**

**FIRE/EMS CALLS FOR SERVICE IN 2017: 11,920**

# POLICE

- **POLICE CALLS FOR SERVICE IN 2017: 40,602**
- **SWORN OFFICERS IN 2017: 69**
- **TRAFFIC CRASHES IN 2017: 1,094**
- **TRAFFIC CITATIONS ISSUED IN 2017: 4,159**
- **TOTAL ARRESTS FOR 2017: 6,150**
- **WARRANTS WERE SERVED IN 2017: 4,901**

# JAIL

- **CORRECTION OFFICERS IN 2017: 10**
- **TOTAL ARRESTS IN 2017: 6,150**
- **DOMESTIC VIOLENCE ARRESTS IN 2017: 200**
- **DRUG ARRESTS IN 2017: 887**
- **DUI ARRESTS IN 2017: 169**

# Application for Employment

**CITY OF MIDDLETOWN One Donham Plaza Middletown, Ohio 45042**

**Tel: (513) 425-7934 24-Hour Job Line (513) 425-1822 Fax: (513) 425-7929**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position applied for \_\_\_\_\_ Date of application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Referral Source  Advertisement  Job Line  Relative  Employment Agency

Walk-in  Employee  Friend  Other

Name of source (if applicable) \_\_\_\_\_

Do you have any relatives currently employed by the City of Middletown? Yes  No  (Must answer)

If yes, who is employee? \_\_\_\_\_ What is your relationship to employee? \_\_\_\_\_

Name \_\_\_\_\_

LAST

FIRST

MIDDLE

Address \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

Telephone # (\_\_\_\_) \_\_\_\_\_ Mobile/Other Phone # (\_\_\_\_) \_\_\_\_\_

Social Security # \_\_\_\_\_ E-Mail \_\_\_\_\_

SEE ATTACHED JOB ANNOUNCEMENT. Please indicate if you qualify, with respect to age, for the position for which you are applying. Yes, I do qualify \_\_\_\_\_; No, I do not qualify \_\_\_\_\_.

Have you worked for the City of Middletown before? Yes  No

Are you legally eligible for employment in the U.S.A.? Yes  No   
(Proof of citizenship or immigration status will be required upon employment.)

Type of employment desired  Full-Time  Part-time  Temporary  Seasonal  Educational Co-Op

On what date would you be available for work? \_\_\_\_\_

Have you been convicted of a felony? Yes  No  If yes, describe conditions: \_\_\_\_\_

## MILITARY SERVICE RECORD

Have you served on active duty in the U.S. Armed Forces?  Yes  No

Dates of Duty \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
Mo. Yr. Mo. Yr.

Have you served in combat?  Yes  No Dates of Duty \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
Mo. Yr. Mo. Yr.

Please attach **copy 4** of Form DD214

## Employment History

Provide the following information from your past and current employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in the comments section below.

PRESENT/MOST RECENT EMPLOYER TELEPHONE  
(      )

ADDRESS

DATES EMPLOYED  
FROM \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE

IMMEDIATE SUPERVISOR AND TITLE

REASON FOR LEAVING

MAY WE CONTACT FOR REFERENCE YES \_\_\_\_\_ NO \_\_\_\_\_ LATER (if selected) \_\_\_\_\_

SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES

PREVIOUS EMPLOYER TELEPHONE  
(      )

ADDRESS

DATES EMPLOYED  
FROM \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE

IMMEDIATE SUPERVISOR AND TITLE

REASON FOR LEAVING

MAY WE CONTACT FOR REFERENCE YES \_\_\_\_\_ NO \_\_\_\_\_ LATER \_\_\_\_\_

SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES

PREVIOUS EMPLOYER TELEPHONE  
(      )

ADDRESS

DATES EMPLOYED  
FROM \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE

IMMEDIATE SUPERVISOR AND TITLE

REASON FOR LEAVING

MAY WE CONTACT FOR REFERENCE YES \_\_\_\_\_ NO \_\_\_\_\_ LATER \_\_\_\_\_

SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES

**COMMENTS** including explanation of any gaps in employment \_\_\_\_\_

**SKILLS AND QUALIFICATIONS** - Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

## **Educational Background**

1) List last three (3) schools attended, starting with most recent. 2) List number of years completed. 3) Indicate degree or diploma earned, if any. 4) List Major field of study. 5) List Minor field of study (if applicable).

SCHOOL	YEARS COMPLETED	DEGREE DIPLOMA	MAJOR	MINOR

## **References**

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	(      )	
	(      )	
	(      )	

## **Additional information**

List professional, trade, business, or civic associations and any offices held. Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.

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List any additional information that you would like for us to consider.

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## APPLICANT'S CERTIFICATION AND AGREEMENT

I certify the facts set forth in the Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. The City of Middletown is hereby authorized to make any investigation of the information provided in this application.

I hereby authorize the City of Middletown to investigate my personal history and financial and credit record through any investigative or credit agency of its choice. I further understand that the City of Middletown intends to use this information for employment purposes only and will keep it confidential.

I hereby authorize any reference, school, former employer or other person to disclose to the City of Middletown upon request any and all records, documents, or other information that they may possess and I release them all from liability for disclosing such information to the City of Middletown. This authorization shall remain in effect for a period of ninety (90) days from the date below.

I understand that, if employed, I may be required to work additional or less hours at other than my current assignment as the needs of the organization require, and that my employment is subject to complying with those rules, regulations, and conditions as established by management.

I understand that a physical examination, including drug screening, may be required for some positions and may be required during my employment to assure my physical ability to perform the essential job duties associated with my job. The cost of such an examination will be borne by the City.

I agree to conform to all existing and future policies and procedures of the City of Middletown, and that the City reserves the right to change wages, hours, and working conditions as deemed necessary. I understand that the Policy and Procedures Manual is available to me to read before I am employed.

I understand that if I am employed I must provide, by my first day of employment, appropriate documentation of my eligibility to work in the United States, in compliance with the Immigration Reform and Control Act. I also understand that if I fail to provide the documentation required by this law by my first day of employment, I will not be allowed to begin work, and the offer of employment may be rescinded.

I understand that no employee is authorized to offer me employment, promise me salary increases, change of position, advancement, or any other advantages except those officially announced by the City of Middletown.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# Affirmative Action/Equal Employment Opportunity Voluntary Information

**CITY OF MIDDLETOWN  
ONE DONHAM PLAZA  
MIDDLETOWN, OHIO 45042**

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

In complying with the provisions of Federal Anti-Discrimination Laws, the City of Middletown seeks qualified applicants regardless of race, age, color, sex, religion, disability, national origin, marital status, veteran status, sexual orientation, or other legally protected status.

**To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.**

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

This survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

**Please Print**

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Referral Source

Advertisement  Job Line  Relative  Employment Agency  
 Walk-in  Employee  Friend  Other

Name of source (if applicable) \_\_\_\_\_

## Applicant Information

Name \_\_\_\_\_  
LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

Address \_\_\_\_\_  
STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Mobile/Other Phone # (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

**Please check one of the following Equal Employment Opportunity categories as applicable:**

Hispanic or Latino \_\_\_\_\_ White \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_

Black or African American \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ Two or More Races \_\_\_\_\_

Vietnam Era Veteran \_\_\_\_\_ Veteran other than Vietnam Era \_\_\_\_\_

Do you have a disability? Yes \_\_\_\_\_ No \_\_\_\_\_



**CITY OF MIDDLETOWN  
DIVISION OF POLICE**  
ONE DONHAM PLAZA  
MIDDLETOWN, OHIO 45042  
(513)-425-7756

**POLICE & FIRE  
EMPLOYMENT QUESTIONNAIRE**

FULL NAME: \_\_\_\_\_

ALIASES OR MAIDEN NAMES : \_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY NUMBER : \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

DATE OF RECEIPT: \_\_\_\_\_

DATE OF RETURN: \_\_\_\_\_

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

**TO WHOM IT MAY CONCERN:**

I have applied to the City of Middletown for employment. The city has requested the Middletown Police Department thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department. I therefore authorize any reference, school, hospital, doctor, former employer or other person to disclose upon request any information they have about me.

I also authorize any representative of the Middletown Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof concerning myself, by and to any duly authorized agent of the Middletown Police Department, whether said records are public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Middletown to consider in determining my suitability for employment by the city. It is my specific intent to provide access to all available information, however personal or confidential it may appear to be.

I consent to your release of any and all information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I have personally have, or have had an interest, attendance records, polygraph examinations and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all other organizations in which I'm pursuing employment with from liability or damage pursuant to any state or federal laws. I hereby release you, as custodian of such records of your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request to release information, upon request of the duly accredited representative of the Middletown Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City of Middletown's acceptance and processing of my application for employment, I agree to hold the City of Middletown, the Middletown Police Department, its agents and employees harmless from any claims and liability with my application for employment or in any way connected with the decision whether or not to employ me. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a; the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Middletown in conjunction with employment procedures.

A photocopy or fax copy of this release form will be valid, as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

This authorization and waiver are valid for a period of six (6) months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agent and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying or attempting to comply with this request.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CURRENT ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

CITY OF MIDDLETOWN  
BUTLER COUNTY, OHIO  
SWORN TO AND SUBSCRIBED IN MY PRESENCE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

## **SOCIAL MEDIA RELEASE**

Please identify your usernames for any social media you have:

Instagram: \_\_\_\_\_

Twitter: \_\_\_\_\_

Facebook: \_\_\_\_\_

Other: \_\_\_\_\_

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Applicant's signature

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Date

**MIDDLETOWN POLICE DEPARTMENT**

**REQUEST FOR RELEASE OF EMPLOYMENT/PROFESSIONAL INFORMATION**

TO: \_\_\_\_\_

FROM: Middletown Police Department  
Investigator \_\_\_\_\_  
One Donham Plaza  
Middletown, OH 45042

The individual, who release and personal data are attached, has applied for a position with the Middletown Police Department and provided us with the following information regarding their contact with you/your company.

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Is this information correct? Yes  No

Still Employed  Reserve Officer  Resigned or otherwise terminated in good Standing

Asked to resign      Why? \_\_\_\_\_

Discharged      Why? \_\_\_\_\_

Laid off/other      Why? \_\_\_\_\_

Eligible for rehire?  Yes  No      If no, please explain: \_\_\_\_\_

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Residence address while in your employ: \_\_\_\_\_

Name and address of previous employers:

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Company/Agency	Address	Dates
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Company/Agency	Address	Dates
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## EMPLOYEE PERFORMANCE

Please provide any copies of formal evaluations. Or please rate:

Quality of work: \_\_\_\_\_

Dependability: \_\_\_\_\_

Initiative: \_\_\_\_\_

Ability to follow orders: \_\_\_\_\_

Judgement/decisions/planning: \_\_\_\_\_

Sociability with attendance: \_\_\_\_\_

Problems with attendance: \_\_\_\_\_

Disciplinary actions on file:  Yes  No (If yes, please attach a copy of results)

If yes, why? \_\_\_\_\_

\_\_\_\_\_  
Polygraph administered  Yes  No (If yes, please attach a copy of results)

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Name of company/agency

Business type

Telephone number

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Your name (print)

Signature

Title

Date

Investigator notes comments:

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## **INSTRUCTIONS TO APPLICANT**

1. You are hereby advised the content of this questionnaire is held strictly CONFIDENTIAL. No information will be disseminated to any person except when essential to the conduct of proper official business. Any false, misleading or incomplete information will be grounds to disqualify you for employment with the Middletown Police/Fire Department, or if employed, grounds for dismissal. The answers to this questionnaire will be verified by a polygraph (lie detector), interviews, and a complete background investigation.
2. All questions in the questionnaire must be answered. None may be left blank. If you desire to make an explanation in your reply, answer the question briefly as best you can, then put a check mark next to the question number and continue your answer on the Remarks Section/Continuation Sheets (pages 23, 24, and 25).
3. If a question does not apply to you, insert a "DNA" (Does not apply).
4. Your answers must be completed in ink in your own handwriting or printing. Write or print legibly.

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When returning this packet, please include the following information:

- 1) Citizenship (Copy of Birth Certificate of Naturalization)
- 2) Copy of High School Diploma or Equivalency
- 3) Copy of any College Transcripts/Degrees
- 4) Copy of Police Certification
- 5) Military, Copy of DD214
- 6) Any other special training certificates
- 7) Any Letters of Recommendation

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I voluntarily withdraw from the selection process: \_\_\_\_\_  
\_\_\_\_\_  
Signature

I understand and will comply with the selection process and will complete the Questionnaire:

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\_\_\_\_\_  
Signature

## **PERSONAL HISTORY**

1. NAME First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

TELEPHONE: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

2. If your name has been legally changed, give the following information  
(include maiden name):

A. Former Name: \_\_\_\_\_ Date of Change: \_\_\_\_\_

Court of Record: \_\_\_\_\_ City/State: \_\_\_\_\_

B. Former Name: \_\_\_\_\_ Date of Change: \_\_\_\_\_

Court of Record: \_\_\_\_\_ City/State: \_\_\_\_\_

C. Former Name: \_\_\_\_\_ Date of Change: \_\_\_\_\_

Court of Record: \_\_\_\_\_ City/State: \_\_\_\_\_

D. Former Name: \_\_\_\_\_ Date of Change: \_\_\_\_\_

Court of Record: \_\_\_\_\_ City/State: \_\_\_\_\_

3. List any aliases: \_\_\_\_\_

4. List any nicknames: \_\_\_\_\_

5. Place of Birth: \_\_\_\_\_

6. Are you a United States Citizen? \_\_\_\_\_ If naturalized, give the following  
information:

Date of Naturalization: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Alien Registration #: \_\_\_\_\_ Petition #: \_\_\_\_\_

7. If you are not a United States Citizen, are you legally eligible for employment in the United  
States? \_\_\_\_\_

## RESIDENCES

### LIST RESIDENCES FOR THE PAST TEN YEARS (BEGIN WITH CURRENT ADDRESS)

1. From (Month/Year) \_\_\_\_/\_\_\_\_ to (Month/Year) \_\_\_\_/\_\_\_\_

Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landlord/Owner \_\_\_\_\_ Evicted? \_\_\_\_\_

Landlord/Owner's Phone # \_\_\_\_\_

2. From (Month/Year) \_\_\_\_/\_\_\_\_ to (Month/Year) \_\_\_\_/\_\_\_\_

Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landlord/Owner \_\_\_\_\_ Evicted? \_\_\_\_\_

Landlord/Owner's Phone # \_\_\_\_\_

3. From (Month/Year) \_\_\_\_/\_\_\_\_ to (Month/Year) \_\_\_\_/\_\_\_\_

Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landlord/Owner \_\_\_\_\_ Evicted? \_\_\_\_\_

Landlord/Owner's Phone # \_\_\_\_\_

4. From (Month/Year) \_\_\_\_/\_\_\_\_ to (Month/Year) \_\_\_\_/\_\_\_\_

Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landlord/Owner \_\_\_\_\_ Evicted? \_\_\_\_\_

Landlord/Owner's Phone # \_\_\_\_\_

## RESIDENCES (Continued)

5. From (Month/Year) \_\_\_\_/\_\_\_\_ to (Month/Year) \_\_\_\_/\_\_\_\_

Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landlord/Owner \_\_\_\_\_ Evicted? \_\_\_\_\_

Landlord/Owner's Phone # \_\_\_\_\_

6. From (Month/Year) \_\_\_\_/\_\_\_\_ to (Month/Year) \_\_\_\_/\_\_\_\_

Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landlord/Owner \_\_\_\_\_ Evicted? \_\_\_\_\_

Landlord/Owner's Phone # \_\_\_\_\_

7. From (Month/Year) \_\_\_\_/\_\_\_\_ to (Month/Year) \_\_\_\_/\_\_\_\_

Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landlord/Owner \_\_\_\_\_ Evicted? \_\_\_\_\_

Landlord/Owner's Phone # \_\_\_\_\_

8. From (Month/Year) \_\_\_\_/\_\_\_\_ to (Month/Year) \_\_\_\_/\_\_\_\_

Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landlord/Owner \_\_\_\_\_ Evicted? \_\_\_\_\_

Landlord/Owner's Phone # \_\_\_\_\_

## DEPENDENTS

LIST SPOUSE, FIANCÉ, SIGNIFICANT OTHER, (if applicable, include maiden name), CHILDREN AND ALL OTHER DEPENDENTS (use pages 23, 24, and 25 if necessary)

Name (Spouse, Fiancé, Significant Other) \_\_\_\_\_  
Maiden Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_

DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Name \_\_\_\_\_ Relationship \_\_\_\_\_

DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

## **FAMILY ASSOCIATES**

List Mother, Father, Step Parents, Adopted Parents, Brothers, Sisters, Step Brothers/Sisters, and Former Spouses (Use pages 23, 24, and 25 if necessary)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer \_\_\_\_\_
4. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer \_\_\_\_\_
5. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer \_\_\_\_\_
6. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer \_\_\_\_\_
7. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer \_\_\_\_\_

## REFERENCES

LIST 5 PERSONS AS REFERENCES (Do not include relatives or former employers)

1. Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Street \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_
2. Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Street \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_
3. Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Street \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_
4. Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Street \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_
5. Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Street \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

## EDUCATION/TRAINING

High School \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Highest Grade Completed \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Other Equivalency Completed \_\_\_\_\_ Date Obtained \_\_\_\_\_

Place where Equivalency Certificate test was taken \_\_\_\_\_

College/Training \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Dates of Attendance: From (Mo/Yr) \_\_\_\_/\_\_\_\_ To (Mo/Yr) \_\_\_\_/\_\_\_\_

Number of Credit Hours \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Type of Degree Obtained \_\_\_\_\_ Field of Study \_\_\_\_\_

College/Training \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Dates of Attendance: From (Mo/Yr) \_\_\_\_/\_\_\_\_ To (Mo/Yr) \_\_\_\_/\_\_\_\_

Number of Credit Hours \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Type of Degree Obtained \_\_\_\_\_ Field of Study \_\_\_\_\_

List Dates, Name of School, and Address of any other types of schools attended.  
(Example: Vocational, Trade or Business Schools)

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## EDUCATION/TRAINING

1. Were you ever dismissed from any school or was any disciplinary action ever taken against you during your scholastic career? \_\_\_\_\_

If Yes, List Dates, Name of School(s) Attended and Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List any extracurricular activities and awards during high school, college, etc.:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List all organizations (except Labor Unions) to which you now belong or previously belonged:

A. Name \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

B. Name \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

C. Name \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

D. Name \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

E. Name \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

F. Name \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

## **MILITARY**

Have you ever served in the Military? \_\_\_\_\_ If YES, complete the following and attach copy of DD FORM 214:

1. Branch of Service \_\_\_\_\_  
Type of Service: Active? \_\_\_\_\_ Reserve? \_\_\_\_\_ Other? \_\_\_\_\_  
Dates of Service: From (Mo/Day/Yr) \_\_\_\_\_ To (Mo/Day/Yr) \_\_\_\_\_  
Where were you stationed? \_\_\_\_\_  
Specialty \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Highest Rank Held \_\_\_\_\_ Ever Reduced in Rank? \_\_\_\_\_  
Type of Discharge \_\_\_\_\_ Rank at Discharge \_\_\_\_\_
  
2. Branch of Service \_\_\_\_\_  
Type of Service: Active? \_\_\_\_\_ Reserve? \_\_\_\_\_ Other? \_\_\_\_\_  
Dates of Service: From (Mo/Day/Yr) \_\_\_\_\_ To (Mo/Day/Yr) \_\_\_\_\_  
Where were you stationed? \_\_\_\_\_  
Specialty \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Highest Rank Held \_\_\_\_\_ Ever Reduced in Rank? \_\_\_\_\_  
Type of Discharge \_\_\_\_\_ Rank at Discharge \_\_\_\_\_
  
3. Present Status: Active \_\_\_\_\_ Reserve \_\_\_\_\_ Inactive Reserve \_\_\_\_\_ Other \_\_\_\_\_
  
4. Were you ever station overseas? \_\_\_\_\_ If Yes, Where? \_\_\_\_\_  
\_\_\_\_\_
  
5. Were you ever AWOL? \_\_\_\_\_ If Yes, how many times? \_\_\_\_\_
  
6. Were you ever disciplined for any reason? \_\_\_\_\_ If yes, how many times?  
\_\_\_\_\_ What type of discipline was received? (oral/written/etc.) \_\_\_\_\_  
Explain: \_\_\_\_\_  
\_\_\_\_\_
  
7. Did you ever receive Non-Jurisdictional Punishment? (Article 15, etc.) \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
  
8. Did you ever receive a court martial? \_\_\_\_\_ If Yes, Explain \_\_\_\_\_  
\_\_\_\_\_
  
9. Did you ever spend time in a Brig or Stockade? \_\_\_\_\_ If Yes,  
explain \_\_\_\_\_
  
10. Did you ever convert or sell any government property? \_\_\_\_\_ If Yes,  
explain \_\_\_\_\_
  
11. Have you ever been discharged from the Armed Forces under other than  
honorable conditions? \_\_\_\_\_  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_

## **EMPLOYMENT HISTORY**

List all present and prior employment. (Include self-employment, part-time, and/or unemployment). List all employment in chronological order beginning with your present employer. If you were dismissed from a job or forced to resign, give details. (Continue on pages 23, 24 and 25 if needed).

1. Employed: From (Mo & Yr) \_\_\_\_/\_\_\_\_ To (Mo & Yr) \_\_\_\_/\_\_\_\_

Employer \_\_\_\_\_ Title/Position Held \_\_\_\_\_

Employer's Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Were you ever disciplined for any reason? \_\_\_\_ If Yes, how many times? \_\_\_\_

Type of Discipline (verbal/written/days off/etc.) \_\_\_\_\_

Explain \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Employed: From (Mo & Yr) \_\_\_\_/\_\_\_\_ To (Mo & Yr) \_\_\_\_/\_\_\_\_

Employer \_\_\_\_\_ Title/Position Held \_\_\_\_\_

Employer's Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Were you ever disciplined for any reason? \_\_\_\_ If Yes, how many times? \_\_\_\_

Type of Discipline (verbal/written/days off/etc.) \_\_\_\_\_

Explain \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

## **EMPLOYMENT HISTORY (Continued)**

3. Employed: From (Mo & Yr) \_\_\_\_/\_\_\_\_ To (Mo & Yr) \_\_\_\_/\_\_\_\_

Employer \_\_\_\_\_ Title/Position Held \_\_\_\_\_

Employer's Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Were you ever disciplined for any reason? \_\_\_\_ If Yes, how many times? \_\_\_\_

Type of Discipline (verbal/written/days off/etc.) \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

4. Employed: From (Mo & Yr) \_\_\_\_/\_\_\_\_ To (Mo & Yr) \_\_\_\_/\_\_\_\_

Employer \_\_\_\_\_ Title/Position Held \_\_\_\_\_

Employer's Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Were you ever disciplined for any reason? \_\_\_\_ If Yes, how many times? \_\_\_\_

Type of Discipline (verbal/written/days off/etc.) \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

## **EMPLOYMENT HISTORY (Continued)**

5. Employed: From (Mo & Yr) \_\_\_\_/\_\_\_\_ To (Mo & Yr) \_\_\_\_/\_\_\_\_  
Employer \_\_\_\_\_ Title/Position Held \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Were you ever disciplined for any reason? \_\_\_\_ If Yes, how many times? \_\_\_\_  
Type of Discipline (verbal/written/days off/etc.) \_\_\_\_\_  
Explain \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

6. Employed: From (Mo & Yr) \_\_\_\_/\_\_\_\_ To (Mo & Yr) \_\_\_\_/\_\_\_\_  
Employer \_\_\_\_\_ Title/Position Held \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Were you ever disciplined for any reason? \_\_\_\_ If Yes, how many times? \_\_\_\_  
Type of Discipline (verbal/written/days off/etc.) \_\_\_\_\_  
Explain \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

## **EMPLOYMENT HISTORY (CONTD)**

7. Employed: From (Mo & Yr) \_\_\_\_/\_\_\_\_ To (Mo & Yr) \_\_\_\_/\_\_\_\_

Employer \_\_\_\_\_ Title/Position Held \_\_\_\_\_

Employer's Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Were you ever disciplined for any reason? \_\_\_\_ If Yes, how many times? \_\_\_\_

Type of Discipline (verbal/written/days off/etc.) \_\_\_\_\_

Explain \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

8. Employed: From (Mo & Yr) \_\_\_\_/\_\_\_\_ To (Mo & Yr) \_\_\_\_/\_\_\_\_

Employer \_\_\_\_\_ Title/Position Held \_\_\_\_\_

Employer's Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Were you ever disciplined for any reason? \_\_\_\_ If Yes, how many times? \_\_\_\_

Type of Discipline (verbal/written/days off/etc.) \_\_\_\_\_

Explain \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

## **EMPLOYMENT HISTORY (Continued)**

9. Employed: From (Mo & Yr) \_\_\_\_/\_\_\_\_ To (Mo & Yr) \_\_\_\_/\_\_\_\_  
Employer \_\_\_\_\_ Title/Position Held \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Were you ever disciplined for any reason? \_\_\_\_ If Yes, how many times? \_\_\_\_  
Type of Discipline (verbal/written/days off/etc.) \_\_\_\_\_  
Explain \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

10. Employed: From (Mo & Yr) \_\_\_\_/\_\_\_\_ To (Mo & Yr) \_\_\_\_/\_\_\_\_  
Employer \_\_\_\_\_ Title/Position Held \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Were you ever disciplined for any reason? \_\_\_\_ If Yes, how many times? \_\_\_\_  
Type of Discipline (verbal/written/days off/etc.) \_\_\_\_\_  
Explain \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

## EMPLOYMENT HISTORY

1. Have you ever been terminated from your employment? \_\_\_\_\_  
If Yes, Explain \_\_\_\_\_
2. Have you ever been asked to take a polygraph examination? \_\_\_\_\_  
If yes, Advise reason and where \_\_\_\_\_
3. Have you ever been rejected for a security clearance? \_\_\_\_\_
  1. If Yes, Explain \_\_\_\_\_
  2. Have you ever been rejected for bonding? \_\_\_\_\_  
If Yes, Explain \_\_\_\_\_
  3. At all the places you have worked, what is the most serious trouble you have ever got into? \_\_\_\_\_  
\_\_\_\_\_
7. Have you ever applied for work elsewhere? Please list below:

Department	Position Applied For	Hired?	Month/Year Applied

8. Why do you wish to be employed by the Middletown Police or Fire Department?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **DRIVING RECORD**

1. Do you have a valid driver's license? \_\_\_\_\_ If Yes, in what state? \_\_\_\_\_
2. License Number: \_\_\_\_\_ Restrictions: \_\_\_\_\_
3. How long have you been a licensed driver? \_\_\_\_\_
4. Have you ever had a license in another state? \_\_\_\_\_ If yes, List state and license number \_\_\_\_\_
5. Have you ever had your license suspended or revoked in this state or any other state? \_\_\_\_\_ If yes, explain \_\_\_\_\_
6. Lists all accidents that you were involved in as a driver. Include dates, investigating agency, if you were issued a citation, and if there were injuries. (List unreported accidents also)

Date	Investigating Agency/State	Citation	Injuries?	Reported?

7. Have you ever received a traffic citation/ticket? \_\_\_\_\_ If yes, complete the following:

Date	Investigating Agency/State	Location	Violation	Disposition

8. Do you have any pending parking tickets? \_\_\_\_\_ If yes, how many? \_\_\_\_\_ Have you ever had automobile insurance denied or canceled? \_\_\_\_\_ If yes, advise reason and name of insurance company \_\_\_\_\_
9. Do you currently have automobile insurance? \_\_\_\_\_ If yes, what is the name of your insurance company? \_\_\_\_\_
10. Have you ever been placed on assigned risk or high risk insurance? \_\_\_\_\_

## CRIMINAL HISTORY

1. As a juvenile, did you ever report to a juvenile officer? \_\_\_\_\_  
If yes, explain \_\_\_\_\_
2. Were you ever expelled or suspended from school? \_\_\_\_\_  
If yes, Explain \_\_\_\_\_
3. Have you ever been summoned or ordered to appear in any court as a witness accused? \_\_\_\_\_ If yes, explain \_\_\_\_\_
4. Have you ever been involved in any civil action, in or out of court, as a plaintiff or defendant, as a result of a criminal traffic or other incident for any reason? \_\_\_\_\_ If yes, explain \_\_\_\_\_
5. Have you ever been involved as a complainant or defendant in a court proceeding? \_\_\_\_\_ If yes, explain \_\_\_\_\_

6. Have you ever committed, participated or conspired to commit any of the following serious crimes?

Arson \_\_\_\_\_ Burglary \_\_\_\_\_ Larceny \_\_\_\_\_  
Manslaughter \_\_\_\_\_ Murder \_\_\_\_\_ Robbery \_\_\_\_\_

Sex Crime \_\_\_\_\_ Sodomy \_\_\_\_\_

If yes to any of the above, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you ever been convicted of a criminal offense? (Include misdemeanors/felonies & military) \_\_\_\_\_ If yes, complete the following:

Nature of Offense	Date of Offense	Location of Offense	Final Disposition

8. Have you ever been convicted of Domestic Violence? \_\_\_\_\_  
If yes, explain and advise date and location \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you ever been convicted of any stalking offense? \_\_\_\_\_ If yes, explain and advise date and location \_\_\_\_\_

10. Have you ever had been convicted of any offense involving a family member? \_\_\_\_\_  
If yes, explain and give date and location \_\_\_\_\_

11. Have you ever been fingerprinted? \_\_\_\_\_ If yes, advise where and reason

## CRIMINAL HISTORY (CONT'D)

12. Have you ever had sex with anyone under 18 years of age? \_\_\_\_\_  
If yes, explain \_\_\_\_\_
13. Have you ever paid anyone to engage in sexual activity? \_\_\_\_\_ If yes, explain \_\_\_\_\_
14. Has anyone ever paid you to engage in sexual activity? \_\_\_\_\_ If yes, explain \_\_\_\_\_
15. Have you ever worked for an illegal gambling operation? \_\_\_\_\_ If yes, explain \_\_\_\_\_
16. Have you ever used another person's money to gamble without their knowledge?  
\_\_\_\_\_ If yes, how much? \_\_\_\_\_ When? \_\_\_\_\_
17. Do you have any gambling debts at this time? \_\_\_\_\_ If yes, how much? \_\_\_\_\_
18. Have you ever borrowed money to gamble? \_\_\_\_\_ If yes, how much? \_\_\_\_\_
19. Have you ever been involved in any type of situation for which some could blackmail you?  
\_\_\_\_\_ If yes, explain \_\_\_\_\_
20. Are you now or have you ever been affiliated with any organization, association, movement, group or combinations of persons which advocated the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means? \_\_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INDEBTEDNESS AND FINANCIAL STATUS

Are you: Buying a home? \_\_\_\_\_

Renting? \_\_\_\_\_

Living with another? \_\_\_\_\_ Living with parents? \_\_\_\_\_

Other? \_\_\_\_\_

1. Are you the co-maker on a loan for another person? \_\_\_\_\_  
If yes, explain \_\_\_\_\_
2. Have you ever been taken to court over a debt? \_\_\_\_\_ If yes, explain and advise dates, locations and final dispositions? \_\_\_\_\_
3. Have you ever been the defendant in a small claims or other court? \_\_\_\_\_  
If yes, explain and advise dates, locations and final dispositions? \_\_\_\_\_
4. Do you have any civil action pending? \_\_\_\_\_ If yes, explain \_\_\_\_\_
5. Have you ever had a debt turned over to a collection agency? \_\_\_\_\_ If yes, Explain \_\_\_\_\_
6. Are any creditors pressing you for a payment? \_\_\_\_\_ If yes, explain \_\_\_\_\_
7. Have you ever had anything repossessed? \_\_\_\_\_ If yes, explain and advise date, item and who repossessed item \_\_\_\_\_
8. Have your wages ever been attached or garnished? \_\_\_\_\_ If yes, explain and advise dates and what for \_\_\_\_\_
9. Are you responsible for paying any court ordered child support? \_\_\_\_\_  
If yes, explain \_\_\_\_\_
10. Have you ever been declared delinquent in child support payments? \_\_\_\_\_ If yes, explain \_\_\_\_\_
11. Have you ever been refused credit? \_\_\_\_\_ If yes, explain and advise why \_\_\_\_\_
12. Do you presently have any credit problems? \_\_\_\_\_ If yes, explain \_\_\_\_\_
13. Do you have a checking account? \_\_\_\_\_ If yes, list accounts and institutions \_\_\_\_\_
14. Have you ever knowingly written a check with insufficient funds? \_\_\_\_\_  
If yes, how many times? \_\_\_\_\_
15. Have you ever written a check that bounced? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_
16. Do you have a savings account? \_\_\_\_\_ If yes, list accounts and institutions \_\_\_\_\_
17. Have you ever been found delinquent on income or other tax payments? \_\_\_\_\_ If yes, explain and give full details \_\_\_\_\_
18. Have you ever declared or filed bankruptcy? \_\_\_\_\_ If yes, explain and advise dates and locations \_\_\_\_\_

## INDEBTEDNESS AND FINANCIAL STATUS (CONTD)

1. Do you owe money to any of the following? \_\_\_\_\_ If yes, advise amount owed and how many times late:

	Yes/No	Amount Owed	Times Late
Doctor			
Hospital			
Dentist			
Auto Loan			
Home Loan			
Personal Loan			
Student Loan			
Credit Union			
Financial Institution			
Rent			
Household Furnishings			
Clothing			
Gasoline Credit Card			
Union Dues			
Charge Accounts			
Employment Agency			
Past/Present Fellow Workers			
Back Taxes (Anyone)			
Parents			
In-Laws			
Court Judgments			
Child Support			
Alimony			
Any Other Debts Not Listed Above:			

## **ILLEGAL NARCOTICS & DRUGS**

1. Are you in possession of any illegal narcotic or drug at the present time, including marijuana? \_\_\_\_\_
  
2. Have you ever used or purchased an illegal narcotic or drug, including marijuana? \_\_\_\_\_
  
3. Have you ever sold any illegal narcotic or drug, including marijuana? \_\_\_\_\_
  
4. Have you ever sniffed a chemical agent for the purpose of getting "high"? \_\_\_\_\_
  
5. Do you regularly associate with anyone who you know uses an illegal narcotic or drug, including marijuana? \_\_\_\_\_
  
6. Have you ever provided any illegal narcotic, drug, or marijuana to another person? \_\_\_\_\_
  
7. Have you ever used a prescription drug considered to be in abuse of its purpose? \_\_\_\_\_

1. Are you a member or have you ever been a member of any of the following organizations?

Yes \_\_\_\_\_ No \_\_\_\_\_

**OHIO DEPARTMENT OF PUBLIC SAFETY**  
**Division of Homeland Security**

**Terrorist Exclusion List**  
As of March 2009

**U.S. Department of State List of Designated Foreign Terrorist Organizations**

1. Abu Nidal Organization (ANO)
2. Abu Sayyaf Group
3. Al-Aqsa Martyrs Brigade
4. Ansar al-Islam
5. Armed Islamic Group (GIA)
6. Asbat al-Ansar
7. Aum Shinrikyo
8. Basque Fatherland and Liberty (ETA)
9. Communist Party of the Philippines/New People's Army (CPP/NPA)
10. Continuity Irish Republican Army
11. Gama'a al-Islamiyya (Islamic Group)
12. HAMAS (Islamic Resistance Movement)
13. Harakat ul-Mujahidin (HUM)
14. Hizballah (Party of God)
15. Islamic Jihad Group
16. Islamic Movement of Uzbekistan (IMU)
17. Jaish-e-Mohammed (JEM) (Army of Mohammed)
18. Jemaah Islamiya organization (JI)
19. al-Jihad (Egyptian Islamic Jihad)
20. Kahane Chai (Kach)
21. Kongra-Gel (KGK, formerly Kurdistan Workers' Party, PKK, KADEK)
22. Lashkar-e Tayyiba (LT) (Army of the Righteous)
23. Lashkar i Jhangvi
24. Liberation Tigers of Tamil Eelam (LTTE)
25. Libyan Islamic Fighting Group (LIFG)
26. Moroccan Islamic Combatant Group (GICM)
27. Mujahedin-e Khalq Organization (MEK)
28. National Liberation Army (ELN)
29. Palestine Liberation Front (PLF)
30. Palestinian Islamic Jihad (PIJ)
31. Popular Front for the Liberation of Palestine (PFLF)
32. PFLP-General Command (PFLP-GC)
33. al-Qa'ida
34. Real IRA
35. Revolutionary Armed Forces of Colombia (FARC)
36. Revolutionary Nuclei (formerly ELA)

37. Revolutionary Organization 17 November
38. Revolutionary People's Liberation Party/Front (DHKP/C)
39. Salafist Group for Call and Combat (GSPC)
40. Shining Path (Sendero Luminoso, SL)
41. Tanzim Qa'idat al-Jihad fi Bilad al-Rafidayn (QJBR) (al-Qaida in Iraq) (formerly Jama'at al-Tawhid wa'al-Jihad, JTJ, al-Zarqawi Network)
42. United Self-Defense Forces of Colombia (AUC)

**OHIO DEPARTMENT OF PUBLIC SAFETY**  
**Division of Homeland Security**

**U.S. Department of State Terrorist Exclusion List**

1. Afghan Support Committee (a.k.a. Ahya ul Turas; a.k.a. Jamiat Ayat-ur-Rhas al Islamia; a.k.a. Jamiat Ihya ul Turath al Islamia; a.k.a. Lajnat el Masa Eidatul Afghania)
2. Al Taqwa Trade, Property and Industry Company Ltd. (f.k.a. Al Taqwa Trade, Property and Industry; f.k.a. Al Taqwa Trade, Property and Industry Establishment; f.k.a. Himmat Establishment; a.k.a. Waldenberg, AG)
3. Al-Hamati Sweets Bakeries
4. Al-Ittihad al-Islami (AIAI)
5. Al-Manar
6. Al-Ma'unah
7. Al-Nur Honey Center
8. Al-Rashid Trust
9. Al-Shifa Honey Press for Industry and Commerce
10. Al-Wafa al-Igatha al-Islamia (a.k.a. Wafa Humanitarian Organization; a.k.a. Al Wafa; a.k.a. Al Wafa Organization)
11. Alex Boncayao Brigade (ABB)
12. Anarchist Faction for Overthrow
13. Army for the Liberation of Rwanda (ALIR) (a.k.a. Interahamwe, Former Armed Forces (EX-FAR))
14. Asbat al-Ansar
15. Babbar Khalsa International
16. Bank Al Taqwa Ltd. (a.k.a. Al Taqwa Bank; a.k.a. Bank Al Taqwa)
17. Black Star
18. Communist Party of Nepal (Maoist) (a.k.a. CPN(M); a.k.a. the United Revolutionary People's Council, a.k.a. the People's Liberation Army of Nepal)
19. Continuity Irish Republican Army (CIRA) (a.k.a. Continuity Army Council)
20. Darkazanli Company
21. Dhamat Houmet Daawa Salafia (a.k.a. Group Protectors of Salafist Preaching; a.k.a. Houmat Ed Daawa Es Salifiya; a.k.a. Katibat El Ahoual; a.k.a. Protectors of the Salafist Predication; a.k.a. El-Ahoual Battalion; a.k.a. Katibat El Ahouel; a.k.a. Houmate Ed- Daawa Es-Salafia; a.k.a. the Horror Squadron; a.k.a. Djamaat Houmat Eddawa Essalafia; a.k.a. Djamaatt Houmat Ed Daawa Es Salafiya; a.k.a. Salafist Call Protectors; a.k.a. Djamaat Houmat Ed Daawa Es Salafiya; a.k.a. Houmate el Da'awaa es-Salafiyya; a.k.a. Protectors of the Salafist Call; a.k.a. Houmat ed-Daaoua es-Salafia; a.k.a. Group of Supporters of the Salafiste Trend; a.k.a. Group of Supporters of the Salafist Trend)
22. Eastern Turkistan Islamic Movement (a.k.a. Eastern Turkistan Islamic Party; a.k.a. ETIM; a.k.a. ETIP)
23. First of October Antifascist Resistance Group (GRAPO) (a.k.a. Grupo de Resistencia Anti-Fascista Premero De Octubre)
24. Harakat ul Jihad i Islami (HUJI)
25. International Sikh Youth Federation

26. Islamic Army of Aden
27. Islamic Renewal and Reform Organization
28. Jamiat al-Ta'awun al-Islamiyya
29. Jamiat ul-Mujahideen (JUM)
30. Japanese Red Army (JRA)
31. Jaysh-e-Mohammed
32. Jayshullah
33. Jerusalem Warriors
34. Lashkar-e-Tayyiba (LET) (a.k.a. Army of the Righteous)
35. Libyan Islamic Fighting Group
36. Loyalist Volunteer Force (LVF)
37. Makhtab al-Khidmat
38. Moroccan Islamic Combatant Group (a.k.a. GICM; a.k.a. Groupe Islamique Combattant Marocain)
39. Nada Management Organization (f.k.a. Al Taqwa Management Organization SA)
40. New People's Army (NPA)
41. Orange Volunteers (OV)
42. People Against Gangsterism and Drugs (PAGAD)
43. Red Brigades-Combatant Communist Party (BR-PCC)
44. Red Hand Defenders (RHD)
45. Revival of Islamic Heritage Society (Pakistan and Afghanistan offices -- Kuwait office not designated) (a.k.a. Jamia Ihya ul Turath; a.k.a. Jamiat Ihya Al- Turath Al-Islamiya; a.k.a. Revival of Islamic Society Heritage on the African Continent)
46. Revolutionary Proletarian Nucleus
47. Revolutionary United Front (RUF)
48. Salafist Group for Call and Combat (GSPC)
49. The Allied Democratic Forces (ADF)
50. The Islamic International Brigade (a.k.a. International Battalion, a.k.a. Islamic Peacekeeping International Brigade, a.k.a. Peacekeeping Battalion, a.k.a. The International Brigade, a.k.a. The Islamic Peacekeeping Army, a.k.a. The Islamic Peacekeeping Brigade)
51. The Lord's Resistance Army (LRA)
52. The Pentagon Gang
53. The Riyadus-Salikhin Reconnaissance and Sabotage Battalion of Chechen Martyrs (a.k.a. Riyadus-Salikhin Reconnaissance and Sabotage Battalion, a.k.a. Riyadh-as- Saliheen, a.k.a. the Sabotage and Military Surveillance Group of the Riyadh al-Salihin Martyrs, a.k.a. Riyadus Salikhin Reconnaissance and Sabotage Battalion of Shahids (Martyrs))
54. The Special Purpose Islamic Regiment (a.k.a. the Islamic Special Purpose Regiment, a.k.a. the al-Jihad-Fisi-Sabililah Special Islamic Regiment, a.k.a. Islamic Regiment of Special Meaning)
55. Tunisian Combat Group (a.k.a. GCT, a.k.a. Groupe Combattant Tunisien, a.k.a. Jama'a Combattante Tunisien, a.k.a. JCT; a.k.a. Tunisian Combatant Group)
56. Turkish Hizballah
57. Ulster Defense Association (a.k.a. Ulster Freedom Fighters)
58. Ummah Tameer E-Nau (UTN) (a.k.a. Foundation for Construction; a.k.a. Nation Building; a.k.a. Reconstruction Foundation; a.k.a. Reconstruction of the Islamic Community; a.k.a. Reconstruction of the Muslim Ummah; a.k.a. Ummah Tameer I-Nau; a.k.a. Ummah Tameer E-Nau; a.k.a. Ummah Tameer-I-Pau)
59. Youssef M. Nada & Co. Gesellschaft M.B.H.

## REMARKS SECTION/CONTINUATION SHEETS

Do you have anything to add to the Questionnaire at this time? Something that has not been mentioned or something which you believe should be noted. (Job problems, disciplinary actions, ongoing internal investigation, domestic problems, etc.)

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Identify each question (to which response is being provided below) by the appropriate page and question number.

## REMARKS SECTION/CONTINUATION SHEETS

Identify each question (to which response is being provided below) by the appropriate page and question number.

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Identify each question (to which response is being provided below) by the appropriate page and question number.

I certify that the statements contained in this questionnaire are true to the best of my knowledge. I understand that any omissions or false statements made on this questionnaire may be cause for disapproval of my selection, or for discharge after appointment. I further realize that any falsehoods may subject me to prosecution under Ohio Revised Code Section 2921.13. The information contained in this packet will be subject to verification by polygraph, complete background investigation and any other means the department may feel necessary.

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Signature of Applicant

Subscribed and duly sworn before me according to law by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ at \_\_\_\_\_.

County of \_\_\_\_\_, State of \_\_\_\_\_

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Notary

Notary Seal