

EMPLOYMENT APPLICATION AND
PERSONAL HISTORY QUESTIONNAIRE

Instruction and Reminder

There are moral and legal obligations to complete this Employment Application and Personal History Questionnaire in a truthful, fully informative manner. All questions must be answered. If a question does not apply to your particular circumstance, insert “DNA” (Does not Apply) in the proper blank. You may add additional sheets if more space is needed.

Please be advised that ALL information is subject to verification via home visit(s), source documentation, thorough background investigation, etc. This verification will be performed as deemed necessary by the Police Department Official(s) assigned to perform the duty of establishing suitable candidates for employment.

Be completely 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.

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The following determine minimum employment eligibility:

Age: Must be 21 years of age or older and legally be able to possess a hand gun

Education: Must have a high school diploma or G.E.D. and possess a current Ohio Peace Officer Certificate

Financial:

- All financial obligations must be in good standing

Traffic:

- Must have a valid Ohio Driver’s License
- No more than six active points
- No driving under suspension or no operator’s license convictions within the preceding 5 years, no more than one conviction in a lifetime
- No operating a motor vehicle while intoxicated convictions within the preceding 6 years, no more than one conviction in a lifetime

Criminal:

- Minor misdemeanor convictions must be 2 years old or more at the time of application
- Misdemeanor convictions must be 5 years old or more at the time of application
- No more than one misdemeanor conviction in a lifetime, no acts of violence, no drug convictions, no felony convictions

Applicant must not be under any current criminal or civil investigation or criminal or civil court proceedings as a defendant at the time of application. The absence of a conviction in any criminal or traffic offense does not automatically forgo the disqualifying element of a conviction, the Batavia Police Department reserves the right to deny employment based upon, among other things, the information provided herein.

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I, _____, permit any authorized representative of the Batavia Police Department, Clermont County, Ohio, bearing this release or a copy thereof, within one year of its date, to obtain any information in your files pertaining to employment, including personal history and disciplinary records. I hereby direct you to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for official use for the purpose of an employment investigation.

I hereby release you, as the custodian of those records, both individually and collectively, from any and all liability for damages of any kind, which at any time may result to me, my heirs, my family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Signed: _____

Dated: _____

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Today's Date: _____

Last Name	First Name	MI	Social Security Number
Current Address		City	State Zip Code
How long have you lived at your current address? _____ yrs. _____ mos.			
Home Phone:	Cell Phone:	E-mail Address:	
Are you a US citizen? <input type="checkbox"/> yes <input type="checkbox"/> no			
Are you legally eligible for employment in the US? <input type="checkbox"/> yes <input type="checkbox"/> no			
Are you 21 years of age or older? <input type="checkbox"/> yes <input type="checkbox"/> no			
Position Applying for:			
<input type="checkbox"/> Full-time Police Officer		<input type="checkbox"/> Part-time Police Officer	<input type="checkbox"/> Auxiliary Police Officer

Education

	Name, City & State	Highest Grade Completed	Course of Study	Dates of Enrollment	Degree, Diploma or Certificate
Elementary			N/A		
High School					
College					
Law Enforcement					

Are you continuing your education? yes no

If yes, please indicate how:

Scholastic Honors or Scholarships received:

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EMPLOYMENT HISTORY

Please list all employment, <u>starting with present or most current employer.</u> Account for all periods, including unemployment, school and/or military service.		
Name and address of employer		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Other
Dates of Employment	Phone Number	Supervisor Name and Title
Final Salary \$ <input type="checkbox"/> hour <input type="checkbox"/> month <input type="checkbox"/> year	Job Title	Reason for leaving
Describe type of business and duties:		

Name and address of employer		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Other
Dates of Employment	Phone Number	Supervisor Name and Title
Final Salary \$ <input type="checkbox"/> hour <input type="checkbox"/> month <input type="checkbox"/> year	Job Title	Reason for leaving
Describe type of business and duties:		

Name and address of employer		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Other
Dates of Employment	Phone Number	Supervisor Name and Title
Final Salary \$ <input type="checkbox"/> hour <input type="checkbox"/> month <input type="checkbox"/> year	Job Title	Reason for leaving
Describe type of business and duties:		

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EMPLOYMENT HISTORY CONTINUED

Name and address of employer		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Other
Dates of Employment	Phone Number	Supervisor Name and Title
Final Salary \$ <input type="checkbox"/> hour <input type="checkbox"/> month <input type="checkbox"/> year	Job Title	Reason for leaving
Describe type of business and duties:		

Name and address of employer		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Other
Dates of Employment	Phone Number	Supervisor Name and Title
Final Salary \$ <input type="checkbox"/> hour <input type="checkbox"/> month <input type="checkbox"/> year	Job Title	Reason for leaving
Describe type of business and duties:		

Name and address of employer		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Other
Dates of Employment	Phone Number	Supervisor Name and Title
Final Salary \$ <input type="checkbox"/> hour <input type="checkbox"/> month <input type="checkbox"/> year	Job Title	Reason for leaving
Describe type of business and duties:		

(attach additional pages as necessary)

EMPLOYMENT HISTORY CONTINUED

Have you ever been terminated from employment? yes no

If yes, please explain:

Have you ever been formally reprimanded by a supervisor? yes no

If yes, please explain:

Have you ever been the subject of an internal investigation by an employer?

yes no

If yes, please explain:

Do you have any tattoos that are visible when wearing a short sleeve shirt?

yes no

If yes, please describe:

I hereby give my permission to contact the employers I have listed concerning my present and prior work experience.

Signature _____ Date _____

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s) and explain:

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PREVIOUS ADDRESS(S)

Starting with your present address, list ALL addresses where you’ve lived for the past ten (10) years. Include your address while in military service, if applicable.

Dates	Street Address	City	County	State

(attach additional pages if necessary)

Military Service

Have you served In the US Armed Services? <input type="checkbox"/> yes <input type="checkbox"/> no	Branch of Service	Discharge Date	Rank/MOS
Please attach a copy of your DD-214, if applicable			

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

Signature _____ Date _____

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PROFESSIONAL REFERENCES

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 and accurate to the best of my knowledge.

Signature _____ Date _____

PERSONAL HISTORY QUESTIONNAIRE

Explanation of the Purpose and Use

Thank you for taking the time and thoughtful effort to complete this Personal History Questionnaire. We want you to understand the purpose of this form and the objective, 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 for our appraisal of the “goodness of fit” between you and the position for which you are applying. Other bases are your physical ability, overall health and your self-presentation in interviews.

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 within the form for you to offer an explanation of facts and/or circumstances.

We will take an overview of the information you provide and treat it in a “profile” manner which enables us to make judgments about your background as well as analyze specific areas. Using a full scope of information, we can evaluate the overall balances of your strengths and limitations so that our conclusions about your eligibility are not unduly influenced by narrow or isolated bits of information.

Our profile approach to your background leads us to look at the balance of factors in the following areas:

- I. Financial Status**
- II. Moving Traffic Violations**
- III. Memberships in Organizations Conspiring and/or Advocating Use of Violence or Illegal Activity**
- IV. Use of Narcotics**
- V. Sexual Behavior Patterns**
- VI. Criminal History, Gambling, Arson, etc.**
- VII. Prior Applications for a Position with any Police Department**

In analyzing your background in the various profiled areas, we are looking for evidence of your sense of responsibility, honesty, self-discipline, emotional maturity, and the ability to exercise good judgment as you meet the demands of living in our contemporary society.

Please feel free to ask any questions you may have about the instructions for completing this Personal History Questionnaire. We have personnel available to insure that you understand the instructions. However, the personnel cannot answer how your responses to the questions will be interpreted.

Please acknowledge your reading and fully understanding of the **Employment Application** and the **Explanation of the Personal History Questionnaire** by signing in the space below.

Signature _____ Date _____

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I. Financial Status

Indebtedness (check as many as apply today)

Own Rent/lease Living with parents Other _____

All “YES” answers require an explanation (use additional sheet if necessary)

YES	NO	Question
		Have you ever had your wages attached or garnished? If yes, explain:
		Have you ever been a defendant in small claims court? If yes, explain:
		Do you have any civil action pending against you? If yes, explain:
		Have you ever filed bankruptcy or been declared bankrupt? If yes, explain:
		Have you ever been declared delinquent in child support payments ordered by the court? If yes, explain:
		Have you ever been refused credit? If yes, explain:
		Have you ever had property repossessed? If yes, explain:
		Do you owe past taxes? If yes, explain:
		Have you written checks within the last twelve (12) months that you knew would be returned for insufficient funds? If yes, explain:
		Have you skipped paying bills or debts on time? If yes, explain:
		Are any of your bills in the hands of a collection agency? If yes, explain:

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

Signature _____ Date _____

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II. Moving Traffic Violations

List the number of moving violations you have had since age 16 (or prior):

Offense	Number of Violations	Ohio	Other State
OVI			
Physical Control			
Reckless Operation			
Driving Under Suspension			
Driving w/o License			
Speed			
Other			

If you noted “other” above, please list those offenses below and explain:

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

Signature _____ Date _____

III. Memberships in Organizations

Are you now or have you ever been a member of a group or organization that advocates or practices violence and/or unlawful acts (including, but not limited to: bombing or burning structures, murder, mayhem, rioting, kidnapping, extortion or terrorism) to effect political or social charge?

YES NO

If yes, please give names and dates of memberships

Organization	Dates of Membership

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

Signature _____ Date _____

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IV. Narcotics

All "YES" answers require an explanation (use additional sheet if necessary)

YES	NO	Question
		Have you ever used illegal narcotics? If yes, when (month/year):
		Have you ever used marijuana (including synthetic)? If yes, when (month/year):
		Have you ever sold or purchased illegal narcotics? If yes, when (month/year):
		Have you ever sold or purchased marijuana (including synthetic)? If yes, when (month/year):
		Have you ever transported illegal narcotics? If yes, when (month/year):
		Have you ever transported marijuana (including synthetic)? If yes, when (month/year):
		Have you ever used prescription drugs without a valid prescription? If yes, when:
		Have you ever sold or purchased illegal prescription drugs? If yes, when:
		Have you ever transported illegal prescription drugs? If yes, when:
		Have you ever operated a motor vehicle while under the influence of drugs, alcohol or combination of the both? If yes, when:

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

Signature _____ Date _____

V. Sexual Behavior

1. Have you ever participated in a sexual act in a public place? yes no
If “yes”, please explain the circumstances:

2. Have you ever participated in the following:

- a. Sex with animal(s) yes no
- b. Soliciting yes no
- c. Prostitution yes no
- d. Voyeurism yes no
- e. Exposing yourself yes no

If “yes” to any of the above, please explain the circumstances:

3. Have you ever had sexual conduct and/or contact with another person who was twelve (12) years of age or younger at the time? yes no

If “yes”, your age at the time: _____, partners age at the time: _____

4. Have you ever had sexual conduct and/or contact with another person who was a juvenile and four (4) years younger than yourself? yes no

If “yes”, your age at the time: _____, partners age at the time: _____

5. After reaching the age of eighteen (18), have you ever had sexual conduct and/or contact with another person who was fifteen (15) years of age or younger at the time?

If “yes”, your age at the time: _____, partners age at the time: _____

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

Signature _____ Date _____

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VI. Criminal History

Have you ever been charged with a criminal offense (misdemeanor and/or felony) as a **juvenile**? This includes any offenses that have been expunged.

yes no

If “yes”, please indicate below

Mo/Yr	Nature of Offense	Where Occurred	Disposition

Have you ever been charged with a criminal offense (misdemeanor and/or felony) as an **adult**? This includes any offenses that have been expunged.

yes no

If “yes”, please indicate below

Mo/Yr	Nature of Offense	Where Occurred	Disposition

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

Signature _____ Date _____

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Criminal History (con't)

Are you currently wanted by any police department, investigative agency or courts (this includes traffic and parking capiases)?

yes no

If “yes”, please explain:

Have you ever been convicted of one of the following crimes:

Crime	Yes	No	Dates:
Any Felony			
Any Misdemeanor			
Military Charge/Court Martial			
Any Drug Related Charge			
Non-traffic Payout Citation			

If “yes”, please explain:

Have you been convicted of a crime and placed on one of the following:

Case Disposition	Yes	No	Dates:
Community Service			
Non-reporting Probation			
Reporting Probation			
Parole			
Residential Driving Intervention			
House Arrest			
Other: _____			

If “yes”, please explain:

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

Signature _____ Date _____

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Criminal History (con’t)

Have you ever committed a crime of violence (assault, domestic violence, rape, criminal damaging, acts involving a weapon, etc.) for which you’ve never been caught or prosecuted?

yes no

If “yes”, please indicate below

Mo/Yr	Nature of Offense	Where Occurred

Have you ever stolen from any of the following:

YES	NO	<i>(All “yes” answers require explanation)</i>
		Employer (past)
		Employer (present)
		Relatives
		Co-workers
		Customers
		Strangers
		Neighbors
		Government
		Military
		Friends
		Businesses
		Other

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

Signature _____ Date _____

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Criminal History (con’t)

YES	NO	<i>(All “yes” answers require explanation and date of last occurrence)</i>
		Have you ever committed arson?
		Have you ever attempted to set a fire with the intent to destroy property or cause injury to another person?
		Have you ever intentionally turned in a false alarm or caused one to be transmitted?
		Have you ever worked an illegal gambling operation or booked any bets?
		Have you ever used another person’s money (money you were not entitled to) to gamble without their knowledge?
		Have you driven while under the influence of alcohol?

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

Signature _____ Date _____

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VII. Prior Applications

Have you ever applied for a police position with any police department in the United States?

yes no

If yes, please identify below:

Date	Department	Position	Hired?

Are you actively in the hiring process (i.e.: written test performed, interview scheduled, physical agility completed, polygraph pending, etc.)

yes no

If yes, please identify below:

Department	Status

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

Signature _____ Date _____

CERTIFICATE OF AUTHENTICITY

I CERTIFY THAT THE STATEMENTS CONTAINED IN THIS QUESTIONNAIRE ARE TRUE AND ACCURATE 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 APPOINTMENT OR FOR DISCHARGE AFTER APPOINTMENT. I FURTHER REALIZE THAT ANY FALSEHOODS MAY SUBJECT ME TO PROSECUTION UNDER OHIO REVISED CODE SECTION 2921.13

Printed Name of Applicant: _____

Signature of Applicant: _____

Date of Signature: _____