



JOHNSTOWN POLICE DEPARTMENT

599 SOUTH MAIN STREET - JOHNSTOWN, OHIO 43031

OFFICE 740.967.0911 - FAX 740.967.6415



Employment Application

PERSONAL HISTORY QUESTIONNAIRE

The City of Johnstown is an Equal Opportunity Employer

This position is subject to background/credit check, polygraph, voice stress analysis, psychological, medical and drug testing upon conditional offer of employment.

PERSONAL HISTORY OF:

LAST NAME FIRST MIDDLE SOCIAL SECURITY NUMBER

POSITION APPLIED FOR: POLICE OFFICER

OTHER

SPECIFY POSITION

ARE YOU A U.S. CITIZEN? YES NO IF NO, ALIEN REGISTRATION#

Are you interested in:	Yes	No		Yes	No
Full Time Work?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a valid Ohio Drivers License?	<input type="checkbox"/>	<input type="checkbox"/>
Part Time Work	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a valid Commercial Drivers License?	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Work?	<input type="checkbox"/>	<input type="checkbox"/>	Can you supply your own transportation to work?	<input type="checkbox"/>	<input type="checkbox"/>
Summer Work?	<input type="checkbox"/>	<input type="checkbox"/>	Are you over 21?	<input type="checkbox"/>	<input type="checkbox"/>

Instructions:

This Personal History Questionnaire is intended for the use of the Johnstown Police Department, Personnel Administration Sections. **Failure to provide truthful information will result in rejection for appointment pursuant to Johnstown Police background standards, and/or discharge after appointment. Use or attempted use of political influence to change the employment standards will result in rejection for appointment or discharge after employment.** All information contained herein will be subject to verification, i.e., source of documentation, polygraph and screening procedures.

Each individual question must be answered, there can be no blanks. Unless *otherwise indicated, explain all Yes responses on the continuation sheets.* If the space available is insufficient for you to respond, use the continuation sheets. If a question does not apply to your particular circumstance, insert "DNA" in that blank/section. When answering questions that require dates, insert the full date, partial month-year responses are unacceptable. You must provide complete address information including zip code when requested, partial address responses are unacceptable.

SECTION 1 - PERSONAL & FAMILY HISTORY

CITY OF BIRTH	COUNTY	STATE	BIRTH CERTIFICATE NUMBER
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
RESIDENCE ADDRESS(NUMBER, STREET, APARTMENT, CITY, COUNTY, STATE, ZIP-CODE)			PHONE NUMBER
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>
BY WHAT OTHER NAMES HAVE YOU BEEN KNOWN?(MAIDEN NAME, FORMER MARRIED NAME/S, ALIASES, NICKNAMES, ETC.)		HEIGHT	WEIGHT
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
HAIR COLOR	EYE COLOR		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
DRIVER LICENSE #	TYPE	EXPIRATION DATE	STATE
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
			LICENSE STATUS (VALID, SUSPENDED, REVOKED)
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>
PRESENT MARITAL STATUS	CITY, COUNTY, STATE - PRESENT MARRIAGE PERFORMED		DATE PRESENT MARRIAGE PERFORMED
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
NAME OF CURRENT SPOUSE (FIRST-MIDDLE)		MAIDEN NAME (SPOUSE, IF APPLICABLE)	SPOUSES SOCIAL SECURITY NUMBER
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
AGE (SPOUSE)	HEIGHT (SPOUSE)	WEIGHT (SPOUSE)	DATE OF BIRTH (SPOUSE)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
			BIRTH PLACE OF SPOUSE
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>
FATHER	NATURAL	STEP	LAST, FIRST, MIDDLE NAME
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>
	FOSTER	ADOPTIVE	DATE OF BIRTH
	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>
ADDRESS(NUMBER, STREET, APARTMENT, CITY, COUNTY, STATE, ZIP-CODE) IF DECEASED PLEASE SPECIFY DATE OF DEATH			PHONE NUMBER
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>
MOTHER	NATURAL	STEP	LAST, FIRST, MIDDLE NAME
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>
	FOSTER	ADOPTIVE	DATE OF BIRTH
	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>
ADDRESS(NUMBER, STREET, APARTMENT, CITY, COUNTY, STATE, ZIP-CODE) IF DECEASED PLEASE SPECIFY DATE OF DEATH			PHONE NUMBER
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>
LIST ANY IDENTIFYING SCARS, BIRTHMARKS, BLEMISHES, TATTOOS, ETC., THAT YOU MAY HAVE			
<input style="width: 95%;" type="text"/>			

CHILDREN

<input type="checkbox"/> SON	<input type="checkbox"/> DAUGHTER	LAST, FIRST, MIDDLE NAME	DATE OF BIRTH
		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
ADDRESS (IF DIFFERENT FROM YOURS)			
<input style="width: 95%;" type="text"/>			
RELATIONSHIP TO YOU		PLACE OF BIRTH (CITY, STATE)	RELATIONSHIP TO YOUR SPOUSE
<input type="checkbox"/> NATURAL	<input type="checkbox"/> STEP	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> NATURAL
<input type="checkbox"/> FOSTER	<input type="checkbox"/> ADOPTIVE		<input type="checkbox"/> STEP
			<input type="checkbox"/> FOSTER
			<input type="checkbox"/> ADOPTIVE
<input type="checkbox"/> SON	<input type="checkbox"/> DAUGHTER	LAST, FIRST, MIDDLE NAME	DATE OF BIRTH
		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
ADDRESS (IF DIFFERENT FROM YOURS)			
<input style="width: 95%;" type="text"/>			
RELATIONSHIP TO YOU		PLACE OF BIRTH (CITY, STATE)	RELATIONSHIP TO YOUR SPOUSE
<input type="checkbox"/> NATURAL	<input type="checkbox"/> STEP	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> NATURAL
<input type="checkbox"/> FOSTER	<input type="checkbox"/> ADOPTIVE		<input type="checkbox"/> STEP
			<input type="checkbox"/> FOSTER
			<input type="checkbox"/> ADOPTIVE
<input type="checkbox"/> SON	<input type="checkbox"/> DAUGHTER	LAST, FIRST, MIDDLE NAME	DATE OF BIRTH
		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
ADDRESS (IF DIFFERENT FROM YOURS)			
<input style="width: 95%;" type="text"/>			
RELATIONSHIP TO YOU		PLACE OF BIRTH (CITY, STATE)	RELATIONSHIP TO YOUR SPOUSE
<input type="checkbox"/> NATURAL	<input type="checkbox"/> STEP	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> NATURAL
<input type="checkbox"/> FOSTER	<input type="checkbox"/> ADOPTIVE		<input type="checkbox"/> STEP
			<input type="checkbox"/> FOSTER
			<input type="checkbox"/> ADOPTIVE

SECTION 1 - PERSONAL & FAMILY HISTORY CONTINUED

LIST YOUR RELATIVES IN THE FOLLOWING ORDER:		1. BROTHERS 2. SISTERS 3. STEP-BROTHERS 4. STEP-SISTERS 5. FATHER-IN-LAW 6. MOTHER-IN-LAW 7. SISTERS-IN-LAW 8. BROTHERS-IN-LAW	
RELATIONSHIP	LAST FIRST MIDDLE	ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)	AGE

- YES NO 1. ARE YOU CURRENTLY SUPPORTING ALL DEPENDANTS THAT YOU ARE REQUIRED TO SUPPORT? IF NO EXPLAIN IN DETAIL ON CONTINUATION SHEETS
- YES NO 2. ARE YOU PAYING CHILD SUPPORT OR ALIMONY? _____ AMOUNT PER MONTH IF APPLICABLE.
- YES NO 3. IS THE AMOUNT YOU PAY IN CHILD SUPPORT/ALIMONY IN COMPLIANCE WITH THE COURT ORDER OR AN ORDER FROM A SUPPORT ENFORCEMENT AGENCY? IF NO EXPLAIN IN DETAIL ON CONTINUATION SHEETS.
- YES NO 4. HAVE YOU EVER BEEN SUED FOR ALIMONY PAYMENTS, CHILD SUPPORT, NON-PAYMENT OF DEBT, OR FRAUD? IF YES, EXPLAIN IN DETAIL BELOW.

NAME OF COURT	CASE NUMBER	DATE OF DISPOSITION

- YES NO 5. HAVE YOU EVEN BEEN CONVICTED OR ACCUSED OF, OR ENGAGED IN, PHYSICAL, EMOTIONAL, OR SEXUAL ABUSE OF A SPOUSE, EX-SPOUSE, CHILD, STEP-CHILD, PARENT OR ANY OTHER RELATIVE OR PERSON. IF YES, PLEASE EXPLAIN IN DETAIL ON CONTINUATION SHEETS.
- YES NO 6. HAVE YOU EVER VIOLATED A PROTECTION OF TEMPORARY RESTRAINING ORDER. IF YES, PLEASE EXPLAIN IN DETAIL ON CONTINUATION SHEETS.

PREVIOUS MARRIAGES: IF PREVIOUSLY MARRIED, PROVIDE THE FOLLOWING

DATE MARRIED	WHERE MARRIED (CITY, COUNTY, STATE)	NAME OF EX-SPOUSE (MAIDEN NAME)	IF DISSOLVED OR DIVORCED (CITY, COUNTY, STATE)	DATE FINALIZED

SECTION 2 - PREVIOUS RESIDENCES RECORD

LIST THE LAST 9 ADDRESSES, EXCLUDING YOUR CURRENT ADDRESS. LIST MOST RECENT, NEXT MOST RECENT, ETC. INCLUDE ALL MILITARY ADDRESSES, LISTING THE NEAREST CITY IN PROXIMITY TO THE BASE IF YOU RESIDED ON BASE. IF RENTING OR LEASING INCLUDE THE AGENT OR MANAGEMENT COMPANY TO WHOM YOU PAY RENT.

FROM (MONTH -YEAR)	TO (MONTH-YEAR)	ADDRESS (NUMBER, CITY, STATE, ZIP CODE)	WITH WHOM DID YOU LIVE	RELATIONSHIP

SECTION 3 - EMPLOYMENT HISTORY

- YES NO 1. MAY WE CONTACT YOUR CURRENT EMPLOYER? IF NO, EXPLAIN WHY ON CONTINUATION PAGE AND BE PREPARED TO BRING IN COPIES OF PERFORMANCE EVALUATIONS OR OTHER DOCUMENTATION. IF PRESENTLY UNEMPLOYED, INDICATE SO IN THE FIRST BOX.
- YES NO 2. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY JOB? IF YES, MAKE SURE JOB IS LISTED BELOW?
- YES NO 3. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A CRIMINAL JUSTICE OCCUPATION?

Begin with your most recent job and list your complete work history in chronological order. **Include in sequence all part time jobs, periods of unemployment and military service.** When listing military service, substitute for the name and address of immediate supervisor, the name, address and rank of the last commissioned officer who was your immediate superior, and substitute for the name and address of co-worker, the name and address of a non-commissioned officer with whom you served. When listing periods of unemployment, indicate dates in space provided. In the box designated as "Name of Employer" write in unemployed. Address information must be complete - Street, Apartment or Suite, City, State and Zip Code. If more than nine places of employment, add additional continuation sheet.

FROM DATE	NAME OF EMPLOYER	JOB TITLE	AVERAGE HOURS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	REASON FOR LEAVING
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	TELEPHONE/BUSINESS NUMBER	SALARY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FROM DATE	NAME OF EMPLOYER	JOB TITLE	AVERAGE HOURS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	REASON FOR LEAVING
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	TELEPHONE/BUSINESS NUMBER	SALARY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 3 - EMPLOYMENT HISTORY - CONTINUED

FROM DATE	NAME OF EMPLOYER	JOB TITLE	AVERAGE HOURS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	REASON FOR LEAVING
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	TELEPHONE/BUSINESS NUMBER	SALARY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FROM DATE	NAME OF EMPLOYER	JOB TITLE	AVERAGE HOURS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	REASON FOR LEAVING
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	TELEPHONE/BUSINESS NUMBER	SALARY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FROM DATE	NAME OF EMPLOYER	JOB TITLE	AVERAGE HOURS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	REASON FOR LEAVING
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	TELEPHONE/BUSINESS NUMBER	SALARY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FROM DATE	NAME OF EMPLOYER	JOB TITLE	AVERAGE HOURS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	REASON FOR LEAVING
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	TELEPHONE/BUSINESS NUMBER	SALARY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FROM DATE	NAME OF EMPLOYER	JOB TITLE	AVERAGE HOURS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	REASON FOR LEAVING
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	TELEPHONE/BUSINESS NUMBER	SALARY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FROM DATE	NAME OF EMPLOYER	JOB TITLE	AVERAGE HOURS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	REASON FOR LEAVING
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	TELEPHONE/BUSINESS NUMBER	SALARY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

YES NO 4. HAVE YOU EVER APPLIED FOR A POSITION WITH ANY LAW ENFORCEMENT OR GOVERNMENT AGENCY?

NAME OF DEPARTMENT OR AGENCY & COMPLETE ADDRESS	POSITION APPLIED FOR	DATE APPLIED	ACCEPTED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 4 - MILITARY RECORD

- YES NO 1. HAVE YOU REGISTERED WITH THE SELECTIVE SERVICE?
- YES NO 2. HAVE YOU EVER BEEN IN A MILITARY SERVICE?
- ACT RES 3. ACTIVE OR RESERVE
- YES NO 4. HAVE YOU EVER ASKED FOR OR RECEIVED DEFERMENT FROM MILITARY SERVICE? IF YES, GIVE BOARD NUMBER, DATES AND FULL DETAILS ON CONTINUATION PAGE.
- YES NO 5. HAVE YOU EVER RECEIVED A DISHONORABLE DISCHARGE. IF YES, EXPLAIN ON CONTINUATION SHEETS.
- YES NO 6. HAVE YOU EVER BEEN CONVICTED OF ANY ARTICLE OF THE UNIFORM CODE OF MILITARY JUSTICE. IF YES, EXPLAIN ON CONTINUATION SHEETS.

BRANCH OF SERVICE	UNIT(TANKCORPS, ENGINEERS, MEDIC, ETC.)	MILITARY SERIAL NUMBER	SELECTIVE SERVICE NUMBER	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
ACTIVE DUTY DATES(FROM AND TO)	HIGHEST MILITARY RANK OR RATE HELD	TYPE OF SEPARATION	MONTHS OF COMBAT DUTY	MONTHS OF OVERSEAS DUTY
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
NAME & ADDRESS OF GUARD OR RESERVE UNIT				
<input style="width: 100%; height: 20px;" type="text"/>				

SECTION 5 - EDUCATIONAL RECORD

- YES NO 1. HAVE YOU GRADUATED FROM HIGH SCHOOL? IF NO, WHAT IS THE HIGHEST GRADE COMPLETED?
- 1 2 3 4 5 6 7 8 9 10 11 12
-
- YES NO 2. DO YOU HAVE A GENERAL EDUCATIONAL DEVELOPMENT "GED" CERTIFICATE?
- YES NO 3. HAVE YOU GRADUATED FROM COLLEGE?
- YES NO 4.. HAVE YOU ATTENDED ANY POST HIGH SCHOOL EDUCATIONAL INSTITUTIONS?

LIST EACH HIGH SCHOOL, TRADE, PART TIME, NIGHT SCHOOL, BUSINESS COLLEGE AND UNIVERSITY THAT YOU HAVE ATTENDED. START WITH THE MOST RECENT SCHOOL.

NAME OF SCHOOL	LOCATION OF SCHOOL (CITY, STATE)	FROM DATE	TO DATE	GRADUATED		DEGREE EARNED OR HOURS COMPLETED
				YES	NO	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>

SECTION 6 - TRAFFIC RECORD

YES NO 1. HAVE YOU EVER BEEN CONVICTED OF AN OMVI/OVI, AS AN ADULT OR A JUVENILE? IF YES EXPLAIN ON CONTINUATION SHEET.

2. LIST ALL MOVING VIOLATIONS YOU HAVE RECEIVED.

DATE	OFFENSE	CONVICTED?		LOCATION OR CITING AGENCY
		YES	NO	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

3. LIST ALL TRAFFIC ACCIDENTS YOU HAVE BEEN INVOLVED IN.

DATE	LOCATION	AGENCY OR TRAFFIC CITATION

YES NO 4. DO YOU HAVE AUTOMOBILE INSURANCE. IF NO, EXPLAIN ON CONTINUATION SHEET.

INSURANCE AGENCY	NAME OF AGENT	PHONE NUMBER

YES NO 5. HAS YOUR DRIVERS LICENSE EVER BEEN REVOKED OR SUSPENDED. IF YES, EXPLAIN ON CONTINUATION SHEET.

YES NO 6. LIST ALL OUT OF STATE DRIVERS LICENSES YOU HAVE HELD AND WHETHER THEY ARE CURRENTLY VALID.

STATE	VALID		DATES VALID
	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

YES NO 7. HAVE YOU EVER BEEN CONVICTED OF VEHICULAR HOMICIDE? IF YES, EXPLAIN ON CONTINUATION SHEET

SECTION 7 - GENERAL INFORMATION INQUIRY

YES NO

1. OTHER THAN FROM YOUR EMPLOYER, HAVE YOU EVER STOLEN ANYTHING? IF YES, LIST ITEMS IN DETAIL BELOW.

DATE	ITEM	VALUE	FROM WHOM

YES NO

2. HAVE YOU EVER STOLEN ANYTHING FROM YOUR EMPLOYER? IF YES, LIST ITEMS IN DETAIL BELOW.

DATE	ITEM	VALUE	FROM WHOM

YES NO

3. HAVE YOU EVER RECEIVED WELFARE, WORKERS COMPENSATION, UNEMPLOYMENT COMPENSATION, OR OTHER PUBLIC ASSISTANCE ILLEGALLY, OR ABOVE THE AMOUNT YOU WERE ENTITLED?

DATE	TYPE OF BENEFIT	VALUE	FROM WHOM

YES NO

4. HAVE YOU EVER USED/TRIED, OR PURCHASED MARIJUANA? IF YES, DESCRIBE BELOW.

DATE USED	DATE(S) PURCHASED	# OF TIMES	FROM WHOM

SECTION 7 - GENERAL INFORMATION INQUIRY - Continued

YES NO

5. HAVE YOU EVER USED/TRIED OR PURCHASED ILLEGAL DRUGS OTHER THAN MARIJUANA? IF YES, DESCRIBE BELOW.

DATE USED	DRUG USED/TRIED	# OF TIMES USED	DATE PURCHASED	# OF TIMES PURCHASED

YES NO

6. HAVE YOU EVER SOLD ILLEGAL DRUGS, PRESCRIPTION DRUGS OR MARIJUANA? IF YES, DESCRIBE BELOW.

DATE OF SALE	DRUG(S)	QUANTITY	# OF TIMES SOLD

YES NO

7. HAVE YOU EVER ABUSED ALCOHOL, CHEMICAL AGENTS/SOLVENTS OR PRESCRIPTION DRUGS (INCLUDING STEROIDS)? IF YES, DESCRIBE BELOW.

DATE USED	SUBSTANCE USED	# OF TIMES USED

YES NO

8. AS AN ADULT OR A JUVENILE, OTHER THAN TRAFFIC OFFENSES, HAVE YOU EVER COMMITTED OR BEEN CONVICTED OF A CRIMINAL OFFENSE? IF YES, DESCRIBE BELOW.

DATE	OFFENSE	LOCATION

SECTION 7 - GENERAL INFORMATION INQUIRY - Continued

YES NO 9. HAVE YOU EVER BEEN CONVICTED OF CARRYING A CONCEALED WEAPON? IF YES, DESCRIBE BELOW

DATE	LOCATION	REASON

YES NO 10. HAVE YOU EVER BOUGHT, SOLD OR RECEIVED STOLEN PROPERTY? IF YES, DESCRIBE BELOW

DATE	TYPE OF PROPERTY	BOUGHT, SOLD OR RECEIVED	VALUE

- YES NO 11. HAVE YOU EVER BEEN CONVICTED OF A GAMBLING OFFENSE?
- YES NO 12. IN THE LAST 7 YEARS, HAVE YOU HAD AN UNSTABLE FINANCIAL OR CREDIT HISTORY AS A RESULT OF GAMBLING?
- YES NO 13. HAVE YOU EVER BEEN CONVICTED OF, OR ENGAGED IN, THE PROMOTION OF ILLEGAL GAMBLING WHERE YOU GAINED A FINANCIAL BENEFIT?
- YES NO 14. IF IT BECAME NECESSARY IN THE COURSE OF YOUR POLICE DUTIES TO TAKE A HUMAN LIFE, WOULD YOU BE RELUCTANT TO DO SO? ONLY POLICE OFFICER APPLICANTS NEED TO ANSWER THIS QUESTION.
- YES NO 15. HAVE YOU EVER BEEN PLACED ON OR SERVED IN A CRIMINAL DIVERSION TYPE PROGRAM OR APPLIED FOR AN HAD ANY CHARGES/CONVICTIONS SEALED?
- YES NO 16. HAVE YOU EVER BEEN IN PRISON/JAIL DUE TO A FELONY OR MISDEMEANOR CONVICTION?
- YES NO 17. ARE YOU PRESENTLY UNDER INDICTMENT OR A DEFENDANT IN ANY PENDING CRIMINAL, TRAFFIC OR CIVIL ACTION?
- YES NO 18. HAVE YOU EVER COMMITTED A FELONY FOR WHICH YOU WERE NEVER ARRESTED FOR?
- YES NO 19. DO YOU HAVE ANY HATREDS OR PREJUDICES TOWARDS OTHERS BECAUSE OF RACE, SEX, NATIONAL ORIGIN, COLOR, RELIGION OR DISABILITY THAT WOULD BE DETRIMENTAL TO YOUR FUNCTIONING AS A POLICE OFFICER?
- YES NO 20. HAVE YOU EVER ENGAGED IN ANY GROSSLY UNNATURAL SEX ACTS?
- YES NO 21. HAVE YOU EVER ENGAGED IN ANY ILLEGAL SEXUAL ACTIVITIES?

EXPLAIN ALL YES ANSWERS ON THE CONTINUATION SHEET.

SECTION 8 - FINANCIAL RECORD

- YES NO 1. ARE YOU NOW DELINQUENT IN ANY FINANCIAL OBLIGATION?
- YES NO 2. DO YOUR MONTHLY BILLS EXCEED YOUR TAKE-HOME PAY?
- YES NO 3. DO YOU , YOUR SPOUSE OR EX-SPOUSES HAVE ANY IMMEDIATE CIVIL ACTION PENDING AGAINST YOU?
- YES NO 4. IF EMPLOYED BY THE POLICE DEPARTMENT, DO YOU ANTICIPATE ANY INCOME OTHER THAN YOUR SALARY?
- YES NO 5. HAVE YOU EVER BEEN GARNISHED, FILED FOR BANKRUPTCY OR BEEN DECLARED BANKRUPT?

6. INDEBTEDNESS: INVOLVING YOU, YOUR SPOUSE OR YOUR EX-SPOUSES FOR WHICH YOU ARE LIABLE

TO WHOM OWED	ADDRESS	ORIGINAL AMOUNT	AMOUNT DUE	MONTHLY PAYMENT
NAME AND LOCATION OF BANKING INSTITUTION?			<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS

LIST ALL OF YOUR PRESENT VEHICLES, IF MORE THAN 2 VEHICLES, ADD TO CONTINUATION SHEET

YEAR	MAKE	BODY TYPE	LICENSE NUMBER	DATE PURCHASED	LEGAL OWNERS NAME

SECTION 9 -PERSONAL REFERENCES

FILL IN THE NAME OF THREE ADULTS NOT RELATED TO YOU AND NOT FORMER EMPLOYERS WHO HAVE KNOWN YOU FOR A PERIOD OF AT LEAST FIVE YEARS.					
NAME		HOME ADDRESS		HOME PHONE NUMBER	
YEARS KNOWN	OCCUPATION	BUSINESS ADDRESS		BUSINESS PHONE NUMBER	
NAME		HOME ADDRESS		HOME PHONE NUMBER	
YEARS KNOWN	OCCUPATION	BUSINESS ADDRESS		BUSINESS PHONE NUMBER	
NAME		HOME ADDRESS		HOME PHONE NUMBER	
YEARS KNOWN	OCCUPATION	BUSINESS ADDRESS		BUSINESS PHONE NUMBER	



JOHNSTOWN POLICE DEPARTMENT

599 SOUTH MAIN STREET - JOHNSTOWN, OHIO 43031

OFFICE 740.967.0911 - FAX 740.967.6415

Background Investigation Release



I recognize that individuals must clearly demonstrate their personal, medical and psychological fitness to serve in the capacity of a Police Officer. I further recognize that an employing agency has both a legal and moral obligation to take every reasonable effort to insure that any person employed by them as a Police Officer will conform to the highest standards.

I understand that I am authorizing an intensive investigation into all aspects of my personal, medical and psychological fitness and that such an investigation will include contacting person and/or organizations that have information relating to my fitness. I also understand that those persons and/or organizations may feel intimidated or otherwise reticent about furnishing legitimate information concerning my fitness unless the confidentiality of their information can be guaranteed on a permanent basis.

I further understand that although some of the information contained in this report is a matter of public record or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I otherwise would not be privy. **I THEREFORE UNDERSTAND THAT I WILL NOT BE PROVIDED OR HAVE ACCESS TO THE INFORMATION OBTAINED IN THE COURSE OF THIS BACKGROUND INVESTIGATION.**

Therefore, I exonerate, release, and discharge the Johnstown Police Department, its Officers and Agents, and assign now and in the future from any claim of damages whether in law or in equity on behalf of myself, my heirs, agents or assigns for their refusal to make available any and all information contained in this pre-employment investigation, including but not limited to the identity of any person or organization who may have supplied information in the course of the investigation, as well as their substance of any such information supplied, even where such information has been the basis for my disqualification from further consideration.

I knowingly, voluntarily, specifically and permanently waive any rights I may have to examine, review or otherwise discover the contents of this investigation and all documents related. I have had adequate time to review this form and I understand its meaning and purpose.

Applicants Signature: _____

Printed Name: _____

Date of Birth: _____ Date Signed: _____

The above named individual appeared before me this date and having identified himself/herself, signed the above informed consent in my presence.

Date: _____

Notary Public

My commission expires: _____

A PHOTOCOPY OF THIS FORM IS CONSIDERED AS VALID AS THE ORIGINAL DOCUMENT