

***POLICE
VILLAGE OF SEVEN MILE***



Personal History Statement

APPLICATION #: _____



SEVEN MILE POLICE DEPARTMENT
201 High Street P.O. Box 259
Seven Mile, OH 45062
513-726-4091

APPLICANT - PERSONAL HISTORY STATEMENT

NAME _____

DATE ISSUED: ONGOING _____

COMPLETE AND RETURN BY: ONGOING _____

I am applying for:

Part-Time Police Officer

Reserve Police Officer

Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guarantee selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. **It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding.** The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee. Any omission or error in this or any form completed during the application process, whether intentional or unintentional, may be sufficient reason to disqualify the applicant. Errors or omissions which have a direct bearing on the applicant's qualifications for the position, if discovered subsequent to being hired, are sufficient reasons for termination.

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** may result in **disqualification**.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application, **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your Application **will be evaluated on completeness and neatness.**
9. All documents requested must be submitted with the application (photocopies are acceptable in most cases).
 - Copy of your Social Security card.
 - Copy of your valid Ohio driver license or a copy of another State's valid driver license.
 - Copy of your High School diploma or GED certificate.
 - Photocopy of your college diploma.
 - Copy of your Ohio Peace Officer Certificate and all training certificates awarded to you. (Peace Officer Applicants Only)
 - Copy of your DD-214 if applicable. Must possess an honorable discharge.
 - Original certified copy of your Naturalization papers, if applicable. (No photocopy)
10. If you have any questions, please contact the assigned background investigator at 513-726-4091
11. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential.

Applicant Qualification Section

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements.

Initial: _____ I am a citizen of the United States of America.

_____ I have earned a high school diploma or a GED.

_____ I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for Domestic Violence

_____ During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a crime that would prevent me from legally possessing a firearm in this state, other state, or while serving in the military.

_____ I have never had a military court martial that resulted in a dishonorable or bad conduct discharge.

DISQUALIFICATION

There are very few automatic basis for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

APPLICANT IDENTIFICATION

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name	First	Middle	Maiden
Street Address		Apt. No.	
City		State & Zip Code	
Mailing Address (if different from residence)		State & Zip Code	
Home Telephone No.	Work Telephone No.	Cellular No.	
		Pager No.	
Date of Birth	Social Security No.	Driver's License No. & State	

Have you ever been known or gone by any other name (excluding nicknames)? If yes, give details.

Place of Birth (City, County, State, Country)_____

Are you a U.S. Citizen by Birth? _____ Are you a Naturalized Citizen? _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Scars, Tattoos (description and location) or other distinguishing marks _____

Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s)._____

List ALL EMail Addresses (S)_____

MARITAL & FAMILY HISTORY

Are you: ()Single, ()Engaged, ()Married, ()Separated, ()Divorced, ()Widowed

If engaged: Name of Fiancée: _____

Address: _____ City: _____ State: _____ Zip: _____

If married: Date: _____ City & State: _____

Spouse's Name (Wife's Maiden Name) _____

Address (if not living with you): _____

Home Telephone: _____ Work Telephone: _____

Roommate(s)(do not include parents or cohabitants)_____

Identify children related to you or your spouse (Natural, Step-Children, Adopted, or Foster Children)

Relation	Name	Date of Birth	Address

PERSONAL REFERENCES

List five (5) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Identify below any employees of the Village of Seven Mile with whom you are acquainted:

SEVEN MILE POLICE
DEPARTMENT

Personal History
Statement

TRAFFIC RECORD

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list your current automobile insurance carrier _____ Exp. _____

Have you ever possessed a driver's license issued by any state other than Ohio? Yes _____ No _____
If yes, give details below:

Driver's License No. _____ State _____ Date issued _____

Driver's License No. _____ State _____ Date issued _____

Have you **ever** had your driver's license suspended or revoked? Yes ___ No ___ If yes, give reason, date, and length of suspension: _____

Identify all motor vehicle accidents you have been involved in during the last 10 years.

Date	Location	Police Report: Yes/No
Cause of Accident (e.g., ran red light, failed to control speed)		
Date	Location	Police Report: Yes /No
Cause of Accident (e.g., ran red light, failed to control speed)		

Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

Month/Year	Violation	City & State	Disposition (e.g., defensive driving, dismissed)

CRIMINAL HISTORY

For any misdemeanor or felony in any jurisdiction, other than for a traffic offense, as a juvenile or adult, have you ever:

Been detained for investigation?	Yes	No
Been held by the police for suspicion?	Yes	No
Been questioned by police about a criminal offense?	Yes	No
Been fingerprinted?	Yes	No
Been arrested?	Yes	No
Been indicted?	Yes	No
Been criminally charged for any offense?	Yes	No
Been convicted of any crime?	Yes	No
Been placed on probation?	Yes	No
Been given deferred adjudication?	Yes	No

If you answered Yes to any of the above questions, please explain, (use another page if necessary):

Have the police been called to your home for any reason?	Yes	No
Have you or your spouse been referred to CPS?	Yes	No
Have you ever been the subject of a protective or restraining order?	Yes	No
Have you fraudulently received welfare, unemployment compensation, worker's compensation, or other state or federal assistance?	Yes	No
Have you ever filed a false worker's compensation claim?	Yes	No

If you answered Yes to any of the above questions, please explain:

In the past 10 years or anytime as a police officer, have you committed any of the following acts:

Annoying or Obscene phone calls	Yes	No
Misdemeanor Assault	Yes	No
Carrying a handgun without a license	Yes	No
DWI or DUI	Yes	No
Drunk in Public	Yes	No

CRIMINAL HIST. CONT

Failure to ID or Failure to Stop and Render Aid	Yes	No
Impersonating a Police Officer	Yes	No
Indecent Exposure	Yes	No
Misdemeanor Theft	Yes	No
Trespassing	Yes	No
Use or possession of a vehicle without owner's permission	Yes	No
Prostitution or solicitation of a prostitute	Yes	No
Intentionally writing a bad check	Yes	No
Vandalism	Yes	No

If you answered Yes to any of the above questions, please explain in detail. (use another page if necessary)

At any time in your life have you ever committed the following acts:

Accessed,downloaded or possessed child pornography	Yes	No
Child molestation or any sexual offense with a child	Yes	No
Burglary	Yes	No
Robbery	Yes	No
Sexual Assault or any sexual offense	Yes	No
Perjury	Yes	No
Insurance Fraud	Yes	No

If you answered Yes to any of the above questions, please explain in detail. (use another page if necessary)

ARRESTS, DETENTIONS, AND LITIGATION

Have you **ever** been arrested or detained by law enforcement?

Yes _____ No _____ If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

Have you **ever** committed an act of family violence? (“Family violence” means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (ORC Section 2919.25) If yes, explain: _____

Have you **ever** assaulted another person since the age of seventeen (17)? (“Assault” means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (ORC Section 2903.13) If yes, explain: _____

Have you **ever** been considered or named a suspect in a criminal investigation or criminal offense? If yes, explain: _____

Have you **ever** been a party to a civil suit or action? If yes, explain: _____

Have you **ever** been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? If yes, explain: _____

Other than crimes that would have been sealed by juvenile records, have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? If yes, explain: _____

Do you anticipate being sued or named in any type of lawsuit or proceeding? Yes _____ No _____

FAMILY AND RELATIVES' ARRESTS

Have members of your immediate family or close relatives ever been arrested? Yes

_____ No _____ If yes, complete the following table:

Name/Relationship	Charge/Offense	Outcome	Year	Agency

FINANCIAL HISTORY

Sources of Income:

What is your present salary or wages? _____

Do you have income from any source other than your principal occupation? (i.e. spouse's income) Yes No

If yes, how much? _____

How often? _____

The source? _____

What is your total monthly family income? _____

Do you own a home or any real estate? Yes No

Value \$ _____

Do you have a bank account? Yes No

EMPLOYMENT HISTORY

Beginning with your present or most recent job, list your last 3 employers. Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes _____ No _____

1. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? _____ Yes ___ No

If yes, provide dates and explain: _____

2. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? _____ Yes _____ No

If yes, provide dates and explain: _____

3. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? _____ Yes ___ No
If yes, provide dates and explain: _____

EMPLOYMENT HIST. CONT.

- | | | |
|--|-------|----|
| Any problems with contacting your current employer? | Yes | No |
| Have you ever been fired or asked to resign a position? | Yes | No |
| Have you ever received any disciplinary action at work? | Yes | No |
| Have you ever stolen anything from your employer? | Yes | No |
| Have you ever quit a job without giving required notice? | Yes | No |
| Have you ever resigned from a job in lieu of an investigation? | Yes | No |
| Have you ever resigned from your job during an investigation? | Yes | No |
| Have you ever been accused of sexual harassment or racial bias by any co-worker, supervisor, or citizen? | Yes | No |
| Have you ever been given an unsatisfactory performance rating? | Yes | No |
| Have you ever sold or given away confidential information? | Yes | No |
| Have you ever been the subject of a written complaint? | Yes | No |
| Have you ever been counseled about lateness or absences? | Yes | No |
| Have you ever called in sick when you were not sick or caring for a sick immediate family member? | Yes | No |
| How many sick days have you taken in the past 5 years? | _____ | |

If you answered Yes to any of the above questions, please explain in detail:

EDUCATIONAL HISTORY

High School(s) attended	Address	Dates attended From-To	Graduated Yes/No

Do you have a G.E.D. Certificate? _____

In high school, were you ever subject to disciplinary action? Yes _____ No _____

After high school, have you ever been subject to any discipline from school officials? Yes _____ No _____

Identify all colleges, universities, or technical schools you have attended:

Name	City & State	Dates attended	Hours completed	Major	Degree & Date

Have you ever attended a basic peace officer academy? Yes _____ No _____

If so, where? _____ Dates: _____

Graduate? _____ Are you certified? Yes _____ No _____

MILITARY OBLIGATION

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes _____ No _____

Served from _____ to _____ Highest Rank held _____
Date Date

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

Type of discharge _____ Last Duty Station: _____

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes _____ No _____

Serving from _____ to _____ Current Rank held _____
Date Date

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

MILITARY OBLIGATION CONT.

Have you **ever** been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

SPECIAL QUALIFICATIONS & SKILLS

Identify any special licenses you hold (e.g., pilot, radio operator): _____

If you know a foreign language, indicate your fluency in each block below (excellent, good, fair)

Language	Understanding	Speaking	Reading	Writing

Do you have any experience with firearms? Yes _____ No _____

MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)

Name & Address	Type (e.g., social, fraternal, professional)	From	To

Have you **ever** been an officer or a member of, or made a contribution to, an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law? Yes _____ No _____

DRUG USAGE

Have you ever used controlled substances deemed illegal by State or Federal government including but not limited to the following (without prescription):

- | | | | |
|---------------------------|----|-----|---------------|
| a. Marijuana | No | Yes | #Times: _____ |
| b. Hashish | No | Yes | #Times: _____ |
| c. "Speed" | No | Yes | #Times: _____ |
| d. Methamphetamine | No | Yes | #Times: _____ |
| e. Cocaine | No | Yes | #Times: _____ |
| f. LSD | No | Yes | #Times: _____ |
| g. Ecstasy | No | Yes | #Times: _____ |
| h. PCP | No | Yes | #Times: _____ |
| i. Peyote | No | Yes | #Times: _____ |
| j. Mushrooms | No | Yes | #Times: _____ |
| k. Quaaludes | No | Yes | #Times: _____ |
| l. Barbiturates | No | Yes | #Times: _____ |
| m. Tranquilizers | No | Yes | #Times: _____ |
| n. Heroin | No | Yes | #Times: _____ |
| o. Any Designer Drug | No | Yes | #Times: _____ |
| p. Steroids | No | Yes | #Times: _____ |
| q. Any other illegal drug | No | Yes | #Times: _____ |
| (Specify)_____ | | | |

Have you ever sold or bought any controlled substances deemed illegal by State or Federal government including but not limited to the above? Yes No

If yes, explain – Use back if necessary:

Have you ever inhaled (paint, glue, any petroleum product)? Yes No

If yes, explain in detail, and when was last time?

Have you ever abused any prescribed medication or taken medication prescribed for another person? Yes No

If yes, explain in detail:

Have you ever been addicted to a drug prescribed by a doctor? Yes No

If yes, explain in detail:

Do others use drugs in your presence? Yes No
If yes, explain in detail:

DRUG USAGE CONT.

Have you ever furnished or held drugs or narcotics for anyone? Yes No

If yes, explain in detail:

Do you use alcoholic products? Described the use: Yes No

If yes, explain in detail:

Have you ever used cough medicine as a stimulant? Yes No

If yes, explain in detail:

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment as a police officer?

If yes, explain:

Have you **ever** been employed by or applied with any other law enforcement agency? Yes _____ No _____

If yes, please identify to the best of your knowledge:

Agency Name & Address	Date Applied or Hired	Result

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

SEVEN MILE POLICE
DEPARTMENT

*Personal History
Statement*

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination of my employment.

Signature of applicant

Date

Before me personally appeared _____ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this _____ day of _____, _____

SEAL

Signature of Notary

My Commission Expires: _____

Personal Inquiry Waiver
Authority for Release of Information

I, _____, respectfully request and authorize you to furnish the Seven Mile Police Department any and all information that you may have concerning me, my work record, school records, my character, my workmen's compensation claims, my medical records (physical and mental), including all information of a confidential or privileged nature and copies of the same if requested. This information is to be used to assist the Seven Mile Police Department in determining my qualifications and fitness for the position I am seeking.

I understand that any information obtained by a Personal History Background Investigation which is developed either directly or indirectly, in whole or in part, upon this release authorization may be considered in determining my stability for employment by the Seven Mile Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information. I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I further agree to waive any right whatsoever to the background investigation report or psychological report developed through this waiver.

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

Date of Birth _____

Ohio Drivers License Number _____

Signature

Date

Sworn and Subscribed before me this the _____ day of _____, 20____

Commission Expires _____

Notary Public in and for State of Ohio

Confidential Information Agreement

I, _____ understand that a thorough background investigation will be conducted to determine my qualifications for the position to which I applied with the Seven Mile Police Department. To a great extent, my employment will depend on information obtained in confidential interviews with persons whom I have been associated with. All information, including test results, will remain confidential, and the Seven Mile Police Department may not reveal the reason for my rejection to me.

I have read and fully understand the above statement and agree that all information obtained during the application process will remain confidential.

Signature of Applicant

Date

Subscribed to and Sworn to before me, the undersigned authority,

on this the _____ day of _____, 20_____.

Notary Public in and for the State of Ohio

Commission Expires