



Waterville Township Police Department

Waterville Township is an Equal Opportunity Employer
8245 Farnsworth Road, Suite C, Waterville, OH 43566

Employment Application & Personal History Questionnaire

Personal History of: _____
Last Name First Middle

Position Applied for: _____

Date This Questionnaire Completed: _____

Instructions

This Employment Application & Personal History Questionnaire is intended for use by Waterville Township for employment consideration. Failure to provide truthful information will result in rejection for appointment, and/or discharge after appointment. All information contained herein will be subject to verification, i.e., source documentation, polygraph and screening procedures.

The answers to questions contained in this questionnaire must be printed, *in your own hand*, legibly **in blue ink only**. 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 located on the back of this questionnaire. If a question does not apply to your particular circumstance, insert "DNA" in the blank/section. When answering questions that require dates, do your best to provide full date information. You must provide complete address information including zip code; partial address responses are unacceptable.

Section 1 – Personal & Family History

Height	Weight	Hair Color	Eye Color	Age	Sex
Place of Birth	City	County	State		
Residence Address (Number, Street, Apartment, City, County, State, Zip Code)					
E-Mail Address		Residence Phone & Area Code	Cell Phone & Area Code		
By What Other Names Have You Been Known? (Maiden Name, Former Married Name(s), Aliases, Nicknames, Etc.)					
Driver's License No.	Type	Date Issued	State of Issue	Expiration Date	
Present Marital Status	Name of Current Spouse (First, Middle, Last)		Maiden Name (Spouse, If Applicable)		
Name & Address of Spouse's Employer			Phone Number & Area Code		
Complete for each category that applies:					
Father:	Last, First, Middle Name	Address (No., Street, City, State, Zip)			
Mother:	Last, First, Middle Name	Address (No., Street, City, State, Zip)			
List Any Identifying Scars, Birthmarks, Blemishes, Tattoos, etc. That You May Have					
List Your Children:					
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Last Name, First, Middle	Place of Birth (City & State)			
Address (If Different From Yours)					
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Last Name, First, Middle	Place of Birth (City & State)			
Address (If Different From Yours)					
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Last Name, First, Middle	Place of Birth (City & State)			
Address (If Different From Yours)					

Section 1 – Personal & Family History – *Continued*

1. Are you now supporting all dependents that you are required to support? Yes No N/A If no, explain in detail on continuation sheets.
2. Are you paying child support or alimony? Yes No \$ _____ amount per month if applicable.
 - a. Is the amount you pay in child support/alimony in compliance with the court order or an order from a support enforcement agency? Yes No If no, explain in detail on continuation sheets.
3. Have you ever been sued for alimony payments, child support, nonpayment of debt or fraud? Yes No If yes, explain in detail below.

Court	Case Number	Date of Disposition
a. _____		
b. _____		
c. _____		
4. Have you ever 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? Yes No If yes, explain in detail on continuation sheets.
5. Have you ever had a protection or temporary restraining order, including Stalking and/or Telephone Harassment filed against you? Yes No If yes, explain in detail on continuation sheets.
 - a. Have you ever violated it? Yes No
6. Have you ever had an account/s on any social media site? Yes No If yes, what is the name of the account/s?

Previous Marriages: If previously married, provide the following:

Date Married	Where Married (City, State, County)	Name of Former Spouse (Maiden Name)	Marriage Terminated by Death <input type="checkbox"/> Divorce <input type="checkbox"/>
Date Married	Where Married (City, State, County)	Name of Former Spouse (Maiden Name)	Marriage Terminated by Death <input type="checkbox"/> Divorce <input type="checkbox"/>

List any Waterville Township employees with whom you are acquainted.

Name	Department	How Acquainted
Name	Department	How Acquainted
Name	Department	How Acquainted

List any additional information on the continuation sheets.

Section 2 – Previous Residence Record

List last 3 previous addresses, excluding current address. Including all military addresses and the nearest city in proximity to the base if you resided on base.

From (Year) To (Year)	Address (Number, Street, City, State, Zip Code)	With Whom Did You Live?	Relationship

Section 3 – Employment History

- Are you a U.S. Citizen? Yes No
- Are you a permanent alien? Yes No If yes, give port of entry to U.S.A. & Date _____
- May we contact you current employer? Yes No N/A If no, explain why on continuation page and be prepared to bring in copies of performance evaluations or other documentation.
- Have you ever been discharged or asked to resign from any job? Yes No If yes, make sure job is listed on the continuation page.
- Have you ever been discharged or asked to resign from a criminal justice occupation? Yes No

Section 3 – Employment History – *Continued*

Begin with your most recent job and list your last 3 places of employment. Include any 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 commissioned supervisor. 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. In the block designated as “Reason for Leaving” indicate from what source you received income during that period of unemployment.

From Date	Name of Employer	Job Title	Average # Hours Worked <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp.	Full name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary	Full name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker

From Date	Name of Employer	Job Title	Average # Hours Worked <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp.	Full name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary	Full name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker

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Total Time Emp.	Full name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary	Full name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker

Section 3 – Employment History

4. Have you ever applied for a position with any law enforcement or other government agency? Yes No

Name of Department or Agency, Complete Address	Position Applied For	Date Applied	Steps	Status Completed
			<input type="checkbox"/> Written Test <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Background <input type="checkbox"/> Polygraph <input type="checkbox"/> Interview	<input type="checkbox"/> Active <input type="checkbox"/> Eliminated
			<input type="checkbox"/> Written Test <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Background <input type="checkbox"/> Polygraph <input type="checkbox"/> Interview	<input type="checkbox"/> Active <input type="checkbox"/> Eliminated
			<input type="checkbox"/> Written Test <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Background <input type="checkbox"/> Polygraph <input type="checkbox"/> Interview	<input type="checkbox"/> Active <input type="checkbox"/> Eliminated
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			<input type="checkbox"/> Written Test <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Background <input type="checkbox"/> Polygraph <input type="checkbox"/> Interview	<input type="checkbox"/> Active <input type="checkbox"/> Eliminated

Section 4 – Military & Educational Record

Military Record

1. Have you registered with the selective service? Yes No

If no, why? _____

2. Have you ever been in a Military Service? Yes No

3. If so current status _____

Section 4 – Military & Educational Record – *Continued*

Branch of Service (Army, Navy, Etc.)	Unit (Tank Corps, Engineers, Medic, Etc.)	Selective Service Number
Active Duty Dates (Do not include short reserve tours of 90 days or less) From _____ To _____	Highest Military Rank or Rate Held	Type of Separation
Total Months of Combat Duty	Total Months of Overseas Duty	Name & Address of Guard/Reserve Unit

4. Have you asked for or received deferment from military service? Yes No If yes, give board number, dates and full details on continuation page.
5. Have you ever received anything other than an honorable discharge? Yes No If yes, explain on continuation sheet.
6. Have you ever been convicted of any article of the uniform code of military justice? Yes No If yes, explain on continuation sheet.

Educational Record

1. Have you graduated from High School? Yes No If no, what was the highest grade level completed? _____
2. Do you have a General Educational Development "GED" certificate? Yes No
3. Have you attended any post High School educational institutions? Yes No
4. If so, what level have you completed? _____

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	Graduation <input type="checkbox"/> Yes <input type="checkbox"/> No	Degrees or # Units
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 5 – Traffic Record

1. Have you ever been convicted of an OVI, as an Adult? Yes No If yes, explain on continuation sheet.

2. List all moving violations you have received. Be as complete as possible

Date	Offense	Convicted – Yes/No	Location or citing agency	Age at Time of violation

3. List all traffic accidents you have been involved in. Be as complete as possible.

Date	Location	Agency of Traffic Citation

4. Do you have automobile insurance? Yes No If no, explain on continuation sheet.

Insurance Agency	Name of Agent	Phone Number

5. Has your driver’s license ever been revoked or suspended? Yes No If yes, explain on continuation sheet.

6. List all out-of-state driver’s licenses you have held.

State	Valid – Yes/No	Dates Valid

Section 6 – General Information Inquiry

1. Have you ever stolen anything? Yes No If yes, list items in detail below.

Date	Item	Value	From Whom	Age at Time

2. Have you ever been arrested by the Police regarding a complaint made against you? Yes No If yes, explain on continuation sheet.

3. Have you ever received Welfare, Workers Compensation, Unemployment Compensation, other public assistance illegally, or above the amount you were entitled? Yes No

Type of Benefit	Date Received	Amount Received

4. Have you ever used/tried or purchased marijuana? Yes No If yes, describe below.

Date Used	# of Times Used/Tried	Date Purchased

5. Have you ever used/tried or purchased illegal drugs other than marijuana? Yes No If yes, describe below.

Date Used	Date Used/Tried	# of Times Used/Tried	Date Purchased	# of Times Purchased

Section 6 – General Information Inquiry – *Continued*

6. Have you ever sold illegal drugs, prescriptive drugs or marijuana? Yes No If yes, describe below.

Drug	Date of Sale	Quantity	# of Times Sold

7. Have you ever abused alcohol, chemical agents/solvents, or prescriptive drugs (including steroids)? Yes No If yes, describe below.

Substance	Date Used	# of Times Used

8. As an adult or a juvenile, other than traffic offenses, have you ever committed, been arrested for or been convicted of a criminal offense?
 Yes No If yes, list items in detail below.

Date	Offense	Location

9. In the last 7 years, have you had an unstable financial or credit history as a result of gambling? Yes No

10. Have you ever been convicted of, or engaged in, the promotion of illegal gambling where you gained a financial benefit? Yes No

11. 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

12. Have you ever been placed on or served in a criminal diversion type program or applied for and had any changes/convictions sealed? Yes No

13. Have you ever been in prison/jail due to a felony or misdemeanor conviction? Yes No

14. Are you presently under indictment or a defendant in any pending criminal, traffic, or civil actions? Yes No

15. Have you ever committed a felony for which you were never arrested for? Yes No

16. Have you ever been a member or had any association with any group:

a. With the intent to overthrow the government? Yes No

b. Engaged in criminal activity? Yes No

List: _____

17. Have you ever engaged in any illegal sexual activities? Yes No

Section 7 – Financial Record

1. Are you now delinquent in any financial obligations? Yes No
2. Do your monthly bills exceed you take-home pay? Yes No
3. Do you have any immediate civil action pending against you? Yes No
4. If employed by Waterville Township, do you anticipate any income other than your salary? Yes No
5. Have you ever been garnished, filed for bankruptcy, or been declared bankrupt? Yes No
6. Have you ever had check(s) returned for non-sufficient funds, account closed or turned over to collections? Yes No
7. Indebtedness: List any debts for which you are liable

To Whom Owed	Address	Date Incurred	Original Amount	Amount Due	Monthly Payment
Name and Location of Your Bank				<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	
Year, Make, Body Type, and License Number of Your Present Vehicle			Date Purchased	Name of Legal Owner	

References: Fill in the names of three adults not related to you & not former employers, who have known you for a period of preferably more than five years.

Name		Complete Home Address	Home Phone (Area Code-Number)
Years Known	Business Occupation or Profession	Complete Business Address	Business Phone (Area Code-Number)

Name		Complete Home Address	Home Phone (Area Code-Number)
Years Known	Business Occupation or Profession	Complete Business Address	Business Phone (Area Code-Number)

Name		Complete Home Address	Home Phone (Area Code-Number)
Years Known	Business Occupation or Profession	Complete Business Address	Business Phone (Area Code-Number)

Disclaimer & Signature

I certify all the information in this application/questionnaire is true and complete. I authorize Waterville Township to fully investigate all statements contained in this application. I acknowledge that if any false information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated.

Initials

In consideration of my employment, I agree to conform to Waterville Township rules and regulations. I agree that my employment and compensation can be terminated with or without cause, with or without notice and at any time by Waterville Township. I acknowledge and agree that the terms and conditions of my employment may be changed with or without cause and with and without notice at any time by Waterville Township. I understand that only the Township Trustees have the authority to enter into any agreement for employment in writing, for any specific period of time, or to agree to terms and conditions contrary to the foregoing.

Initials

I understand and accept that if selected for employment, my employment may be conditioned upon my passing any medical examination the Waterville Township deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials

If employed I understand and accept that, depending upon the department to which I am applying for employment, I may be required to work evening shifts, night shifts, weekends, and may be on-call to work mandatory overtime hours.

Initials

Signature: _____

Date: _____

In case of an emergency, notify: _____

Phone: _____

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin or other protected classification.

Waterville Township, Ohio

Application Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Application Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

(PLEASE PRINT)

Date: _____

Position(s) Applied For: _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other: _____

Name: _____ Phone: (_____) _____
Last First Middle Area Code

Address: _____
Number Street City State Zip Code

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check One: Male Female

Check one of the following:
Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:
 Vietnam Era Veteran Disabled Veteran Handicapped Individual



AUTHORIZATION TO RELEASE INFORMATION

I, _____ hereby authorize any person, agency, partnership, or corporation having any information concerning my background (including any State tax information), credit record, educational record, employment record, selective service record, criminal record to release such information to the Waterville Township Police Department. This information is to be used for possible employment with the Waterville Township Police Department and may or may not be available for public inspection. I hereby release such person, agency, partnership, or corporation from any liability which may be incurred in release this information to the Waterville Township Police Department including liability under any Federal Law.

Signature

Date of Birth

Social Security Number

Date

Witness