

**SANDUSKY POLICE DEPARTMENT
RESERVE APPLICATION &
PERSONAL HISTORY QUESTIONNAIRE**

INSTRUCTIONS

IT IS IMPORTANT TO READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS QUESTIONNAIRE:

You must be complete and truthful in ALL your answers. All answers that you give in this application are subject to verification. Any failure to report completely or any untruthful answers may subject you to rejection as a candidate. Information gathered during this process will be maintained in confidence to the extent permitted under Ohio law.

Hand print in ink your answers. DO NOT leave any question blank. If a question does not apply to you, write "NA" (abbreviation for "Not Applicable"). Your answers must be legible. If additional space is needed to explain an answer, please use the Continuation Page following the question page. Be sure to include the reference letter and number of the item being explained in the left hand column.

In addition, it is your responsibility to report any change of address you may have during the selection process. Applications are kept on file for two (2) years. Be sure to include zip codes with every address entered throughout this questionnaire.

A police candidate's expunged criminal records are subject to scrutiny consistent with Ohio Revised Code 2953.33, therefore, **YOU ARE REQUIRED** to make known to us any criminal record you have that has been expunged or legally sealed. List your record or charge under Section H, Criminal/Civil History in this questionnaire.

When complete, return the entire questionnaire. *The release of information form MUST be: (1) signed and notarized or (2) signed in the presence of a deputy clerk at the Police Station when returning.*

HAVE YOU READ AND DO YOU UNDERSTAND ALL THE ABOVE INSTRUCTIONS?
YES _____ NO _____

Best days and times to come to Sandusky Police Department for an interview:

Signature _____ Date _____

AUTHORIZATION AND RELEASE FORM

re: Application for the position of Reserve Police Officer.

TO WHOM IT MAY CONCERN:

I, _____ having filed an application with the Sandusky Police Department and fully recognizing the responsibility to the public and the City of Sandusky that only those of high character and ability are employed as members of the Police Department, hereby authorize and request any police official, credit bureau official, and every other person, firm, officer, corporation, association, organization, or institution having control of any documents, records, or other information pertaining to me in relation to my fitness to perform the duties and responsibilities of a police officer, to furnish the originals or copies of any documents, records, and other information to Sandusky Police Department or any of its representatives, to inspect and make copies of any such documents, records, or other information.

I understand that under the Privacy Acts of the United States and the State of Ohio, certain restrictions exist relative to Police officials, school officials, credit bureau officials, and every other person from disclosing records and/or information concerning individuals without a written request by, or without the prior written consent of the individual to whom the records pertain.

Knowing and understand the above referred to protections, I hereby voluntarily grant my consent for the release of such official records or information that pertains to me concerning any information pertinent to my criminal, school, credit, business, or personal background to the following government, civilian, public, or private institutions, organizations, or person which may possess such information.

I further understand that the information requested and gathered by the Sandusky Police Department will be used solely for official evaluation of my application to become a police officer and that the information will be confidential to the extent permitted by law and will not otherwise be released without my express consent.

I further hold that this consent will be valid for a a period of two years from the date signed. Beyond that date, this consent is no longer valid.

SIGNATURE DATE

Signed in my presence this _____ day of _____, 19____

Notary Public Deputy Clerk Sandusky Municipal Court

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SECTION A: 1. NAME last first middle maiden

2. LIST ANY OTHER NAMES YOU HAVE USED, OR HAVE BEEN KNOWN BY, INCLUDING ALIASES, NICKNAMES, ETC.

3. AGE	4. SEX	5. RACE	6. HEIGHT	7. WEIGHT	8. EYES	9. HAIR	10. LIST ANY SCARS, TATOOS, DISTINGUISHING MARKS
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11. HOME ADDRESS street no & name apt no. city, county, state, zip code

12. HOME PHONE with area code	alternate phone	13. BIRTH DATE	14. SOCIAL SECUTRY NUMBER
15. U. S. CITIZEN? yes/no	16. NATURALIZED CITIZEN? yes/no	17. NATURALIZED CERT. NO.	18. WHERE NATURALIZED 19. DATE
20. PLACE OF BIRTH	21. CITY	22. COUNTY	23. STATE
			24. COUNTRY

SECTION B: 1. MARITAL STATUS married/ single/ seperated/ divorced/ widowed

2. LIST PERSON WITH WHOM YOU RESIDE NAME:	DATE OF BIRTH	RELATIONSHIP	PHONE NUMBER	OCCUPATION
3. LIST ANY CLOSE RELATIONSHIPS (boyfriend, girlfriend, fiancee, etc)				

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SECTION C: RELATIVES LIST BELOW ALL PARENTS, STEP-PARENTS, BROTHERS/SISTERS, STEP BROTHERS/SISTERS, CHILDREN, STEP CHILDREN, AND ADOPTED CHILDREN. IF DECEASED, PLEASE INDICATE.

1. FATHER'S FULL NAME	HOME ADDRESS, CITY, STATE, ZIP CODE	PHONE NUMBER	OCCUPATION		
2. MOTHER'S FULL NAME					
3. STEP MOTHER OR FATHER'S FULL NAME					
4. BROTHERS AND SISTER'S FULL NAMES					
5. CHILDREN'S FULL NAME	AGE	ADDRESS, CITY, STATE, ZIP CODE	RESIDES WITH WHOM	PARENT'S NAMES	SUPPORTED BY

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SECTION E: EMPLOYMENT LIST BELOW ALL JOBS YOU HAVE HELD SINCE 16 YEARS OF AGE (FULL TIME, TEMPORARY, AND PART TIME)
 PUT YOUR PRESENT OR MOST RECENT JOB FIRST, INCLUDE MILITARY SERVICE IN PROPER TIME SEQUENCE.

1. FROM DATE	NAME OF EMPLOYER	JOB TITLE/POSITION	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
TO DATE	ADDRESS	NAME OF SUPERVISOR	
SALARY/MO.	STATE, CITY, ZIP CODE	REASON FOR LEAVING	
2. FROM DATE	NAME OF EMPLOYER	JOB TITLE/POSITION	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
TO DATE	ADDRESS	NAME OF SUPERVISOR	
SALARY/MO.	STATE, CITY, ZIP CODE	REASON FOR LEAVING	
3. FROM DATE	NAME OF EMPLOYER	JOB TITLE/POSITION	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
TO DATE	ADDRESS	NAME OF SUPERVISOR	
SALARY/MO.	STATE, CITY, ZIP CODE	REASON FOR LEAVING	
4. FROM DATE	NAME OF EMPLOYER	JOB TITLE/POSITION	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
TO DATE	ADDRESS	NAME OF SUPERVISOR	
SALARY/MO.	STATE, CITY, ZIP CODE	REASON FOR LEAVING	

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EMPLOYMENT CONTINUED

5. FROM DATE	NAME OF EMPLOYER		JOB TITLE/POSITION	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
TO DATE	ADDRESS	PHONE	NAME OF SUPERVISOR	
SALARY/MO.	STATE, CITY, ZIP CODE		REASON FOR LEAVING	
6. FROM DATE	NAME OF EMPLOYER		JOB TITLE/POSITION	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
TO DATE	ADDRESS	PHONE	NAME OF SUPERVISOR	
SALARY/MO.	STATE, CITY, ZIP CODE		REASON FOR LEAVING	
7. FROM DATE	NAME OF EMPLOYER		JOB TITLE/POSITION	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
TO DATE	ADDRESS	PHONE	NAME OF SUPERVISOR	
SALARY/MO.	STATE, CITY, ZIP CODE		REASON FOR LEAVING	
8. FROM DATE	NAME OF EMPLOYER		JOB TITLE/POSITION	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
TO DATE	ADDRESS	PHONE	NAME OF SUPERVISOR	
SALARY/MO.	STATE, CITY, ZIP CODE		REASON FOR LEAVING	

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EMPLOYMENT CONTINUED

9. WERE YOU EVER DISCHARGED, TERMINATED, FIRED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT, UNSATISFACTORY SERVICE, OR ANY OTHER REASON? YES NO

IF YES, EXPLAIN, GIVING NAME AND ADDRESS OF EMPLOYER, APPROXIMATE DATE, AND REASON IN EACH CASE.

10. DID YOU SERVE IN ANY BRANCH OF THE MILITARY? YES NO

ENLISTMENT DATE DISCHARGE DATE TYPE OF DISCHARGE DISCHARGE CODE REASON FOR LEAVING THE MILITARY
from DD214

11. LIST DUTY STATIONS, DATES, AND BRIEFLY DESCRIBE JOBS HELD IN MILITARY

DATES	DUTY STATION & ADDRESS	COMMANDING OFFICER	JOBS/DUTIES PERFORMED

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EMPLOYMENT CONTINUED

DATES	DUTY STATION & ADDRESS	COMMANDING OFFICER	JOBS/DUTIES PERFORMED

12. HAVE YOU EVER RECEIVED OTHER FEDERAL, STATE, OR LOCAL BENEFITS OR ASSISTANCE (IE: WORKERS COMPENSATION, WELFARE, ADC (AID TO DEPENDENT CHILDREN), FOOD STAMPS, GENERAL RELIEF, SOCIAL SECURITY, ETC) YES NO
IF YES, GIVE DETAILS

TYPE OF ASSISTANCE	LOCAL OFFICE	COMPLETE ADDRESS	STARTING DATE	ENDING DATE

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SECTION F: EDUCATION 1. LIST HIGH SCHOOL AND ALL OTHER SCHOOLS, COLLEGES, TECHNICAL OR ANY OTHER EDUCATION RECEIVED

NAME OF SCHOOL	COMPLETE ADDRESS	DATES ATTENDED		COURSE OF STUDY	DID YOU GRADUATE?
		from	to		

2. ARE YOU CURRENTLY A CERTIFIED POLICE OFFICER IN THE STATE OF OHIO OR ANY OTHER STATE? YES NO

WHERE CERTIFIED	WHEN CERTIFIED	NAME AND ADDRESS OF CERTIFYING AUTHORITY

3. LIST BELOW TRAINING RECEIVED, CERTIFICATIONS RECEIVED RELATED TO POLICE FIELD. ATTACH DOCUMENTATION (DIPLOMA, ETC.)

DATE	COURSE/DESCRIPTION	TRAINING ORGANIZATION & ADDRESS

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SECTION G: TRAFFIC

1. DO YOU CURRENTLY HAVE A VALID DRIVER'S LICENSE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. STATE OF ISSUE	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE
3. IN WHAT STATES/COUNTRIES DO YOU OR HAVE YOU HAD A DRIVER'S LICENSE?			
STATE/COUNTRY	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE
4. HAVE YOU EVER BEEN ARRESTED, CITED, OR CONVICTED OF: DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, RECKLESS OPERATION, DRAG RACING, WILLFUL FLEEING POLICE, LEAVING THE SCENE OF AN ACCIDENT, OR ANY CHARGE FROM AN ACCIDENT INVOLVING DEATH OR SERIOUS INJURY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
MONTH & YEAR	LOCATION	CITY & STATE	NATURE OF VIOLATION
			COURT DISPOSITION/PENALTY

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TRAFFIC CONTINUED

5. AT ANY TIME, HAS YOUR DRIVER'S LICENSE EVER BEEN RESTRICTED OR SUSPENDED DUE TO TRAFFIC OFFENSE CONVICTIONS? YES NO
 IF YES, GIVE DETAILS:

6. LIST ALL TRAFFIC ACCIDENTS WHICH YOU HAVE BEEN INVOLVED IN THAT YOU WERE CHARGED WITH.

DATE OF ACCIDENT	POLICE REPORT?	POLICE AGENCY	LOCATION OF ACCIDENT	COURT DISPOSITION
	YES			
	NO		INJURY NON-INJURY	
	YES		INJURY NON-INJURY	
	NO		INJURY NON-INJURY	
	YES		INJURY NON-INJURY	
	NO		INJURY NON-INJURY	
	YES		INJURY NON-INJURY	
	NO		INJURY NON-INJURY	

7. LIST BELOW ALL TRAFFIC CITATIONS YOU HAVE RECEIVED IN THE LAST 5 YEARS (EXCLUDE PARKING TICKETS)

MONTH & YEAR	LOCATION	CITY & STATE	NATURE OF VIOLATION	COURT DISPOSITION/PENALTY

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TRAFFIC CONTINUED

8. LIST ALL VEHICLES REGISTERED TO YOU, YOUR SPOUSE, AND ANY VEHICLE REGISTERED TO ANY OCCUPANTS OF YOUR RESIDENCE OR VEHICLES THAT YOU REGULARLY USE.

MAKE	YEAR	MODEL	LICENSE NUMBER & STATE	REGISTERED OWNER

9. DO YOU HAVE ANY OUTSTANDING OR DELINQUENT PARKING TICKETS? YES NO IF YES, LIST BELOW

MONTH & YEAR	LOCATION	CITY & STATE	NATURE OF VIOLATION	PENALTY/DISPOSITION

SECTION H: CRIMINAL/CIVIL HISTORY: 1. HAVE YOU EVER BEEN ARRESTED, DETAINED OR CHARGED WITH ANY VIOLATION AS AN ADULT OR JUVENILE? (INCLUDE TRAFFIC ARRESTS OTHER THEN CITATIONS ALREADY REPORTED IN SECTION G) YES NO

LIST ALL SUCH MATTERS EVEN IF NOT FORMALLY CHARGED, OR NO COURT APPEARANCE, OR FOUND NOT GUILTY, OR MATTER SETTLED BY PAYMENT OF FINE. **EXPUNGED RECORDS OR CHARGES MUST BE LISTED.**

DATE	LOCATION & POLICE AGENCY	CHARGE	DISPOSITION/PENALTY	DETAILS

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CRIMINAL/CIVIL HISTORY CONTINUED

2. HAVE YOU EVER BEEN PLACED ON PROBATION? YES NO IF YES, GIVE DETAILS.

3. HAVE YOU EVER BEEN FINGERPRINTED BY A LAW ENFORCEMENT AGENCY OTHER THAN FOR AN ARREST? YES NO
IF YES, GIVE DETAILS BELOW: (YOUR ANSWERS WILL BE CHECKED WITH THE F.B.I. AND OTHER AGENCIES.)

DATE	LAW ENFORCEMENT AGENCY & LOCATION	PURPOSE OF FINGERPRINTS

4. HAVE YOU EVER HAD YOUR WAGES GARNISHED? YES NO IF YES, GIVE DETAILS.

5. HAVE YOU EVER FILED FOR BANKRUPTCY UNDER STATE OR FEDERAL LAW? YES NO IF YES, GIVE DETAILS

DATE	LOCATION & COURT WHERE FILED	AMOUNT	DATE OF DISCHARGE

6. HAVE YOU EVER FAILED TO FILE OR PAY REQUIRED MUNICIPAL, STATE, OR FEDERAL INCOME TAX RETURNS AND/OR TAXES? YES NO
IF YES, GIVE DETAILS.

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SECTION I: CHARACTER REFERENCES: GIVE FIVE (5) REFERENCES, NOT RELATED BY BLOOD OR MARRIAGE, NOT EMPLOYERS OR SUPERVISORS, WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITY, THREE (3) OF WHOM HAVE KNOWN YOU FOR AT LEAST THREE (3) YEARS. BE SURE TO INCLUDE ZIP CODES.

1. COMPLETE NAME OF REFERENCE	YEARS KNOWN	PLACE OF EMPLOYMENT	PHONE
STREET ADDRESS		EMPLOYMENT ADDRESS	
CITY, STATE, ZIP CODE	HOME PHONE	CITY, STATE, ZIP CODE	
2. COMPLETE NAME OF REFERENCE	YEARS KNOWN	PLACE OF EMPLOYMENT	PHONE
STREET ADDRESS		EMPLOYMENT ADDRESS	
CITY, STATE, ZIP CODE	HOME PHONE	CITY, STATE, ZIP CODE	
3. COMPLETE NAME OF REFERENCE	YEARS KNOWN	PLACE OF EMPLOYMENT	PHONE
STREET ADDRESS		EMPLOYMENT ADDRESS	
CITY, STATE, ZIP CODE	HOME PHONE	CITY, STATE, ZIP CODE	
4. COMPLETE NAME OF REFERENCE	YEARS KNOWN	PLACE OF EMPLOYMENT	PHONE
STREET ADDRESS		EMPLOYMENT ADDRESS	
CITY, STATE, ZIP CODE	HOME PHONE	CITY, STATE, ZIP CODE	

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PERSONAL REFERENCES CONTINUED

5. COMPLETE NAME OF REFERENCE	YEARS KNOWN	PLACE OF EMPLOYMENT	PHONE
STREET ADDRESS		EMPLOYMENT ADDRESS	
CITY, STATE, ZIP CODE	HOME PHONE	CITY, STATE, ZIP CODE	

SECTION J: 1. TO WHAT OTHER DEPARTMENTS HAVE YOUR APPLIED?

DATE	DEPARTMENT ADDRESS, CITY, STATE, ZIP CODE

2. HAVE YOU EVER SUFFERED ANY INJURY, AILMENT, OR OTHER CONDITION THAT WILL AFFECT YOUR ABILITY TO PERFORM THE TASKS OF A POLICE OFFICER? YES NO IF YES, GIVE DETAILS.

3. INCLUDE IN THIS SECTION ANY INFORMATION, QUALIFICATIONS, OR ANY ITEMS THAT YOU WANT CONSIDERED; OR WE SHOULD KNOW WHEN EVALUATING YOUR APPLICATION.
