

Residence - Section I

Legal Name: _____

Are you a U.S. citizen? Yes No Native Born Naturalized

By what other names have you been known? (Maiden, Married, Aliases, etc.) _____

Current Address:

Street / Apt. number

City

State

Zip Code

Own? _____ Rent? _____ Name on lease _____

With whom do you live? Family _____ Friend(s) _____ Other _____

List Name/Relationship:

How long have you lived at this address? _____

If renting: Landlord _____ Phone number: _____

Previous Address(es):

Address: _____

Dates of residency: _____

Address: _____

Dates of residency: _____

Address: _____

Dates of residency: _____

Education - Section II

High School

Name of High School: _____

City / State: _____

Years Attended: _____ Year of Graduation: _____

GPA: _____

Other High Schools Attended:

Name of High School: _____

City / State: _____

Years Attended: _____

GPA: _____

Achievements/Awards/Honors/Organizations/Sports/Offices Held:

College / Trade Schools

Name of College / Trade School: _____

Address: _____

Graduation Date: _____ Number of Hours Completed: _____

Degree(s) _____ Major: _____

GPA: _____

Have you attended any other colleges / trade schools / Police Academy? Yes No

Name of College / Trade School: _____

Address: _____

Graduation Date: _____ Number of Hours Completed: _____

Degree(s) _____ Major: _____

GPA: _____

Name of Police Academy _____

Address: _____

Graduation Date: _____ Number of Hours Completed: _____

When does your Academy Certification Expire? _____

Activities/Organizations/Offices Held:

Other Applicable Training: _____

Employment - Section III

Are you presently unemployed? Yes No If yes, how long? _____

May we contact your present employer? Yes No If No, please explain:

Have you ever been fired, terminated, or asked to resign from a job? Yes No

If Yes, explain: _____

Have you ever been reprimanded or disciplined on the job? Yes No If yes, explain: _____

What would your past employers say about your attendance at work?

Current Employer: _____
Address: _____
Phone Number: _____ Immediate Supervisor _____
Dates of Employment _____ Salary or wage: _____
Job Title: _____ Description of Duties: _____

Previous Places of Employment:

Employer: _____
Address: _____
Phone Number: _____
Job title: _____ Supervisor: _____
Dates of employment: _____
Reason for leaving: _____

Employer: _____
Address: _____
Phone Number: _____
Job title: _____ Supervisor: _____
Dates of employment: _____
Reason for leaving: _____

Employer: _____
Address: _____
Phone Number: _____
Job title: _____ Supervisor: _____
Dates of employment: _____
Reason for leaving: _____

Military Service - Section IV

Where you ever in the U.S. Military? Yes No

Branch: _____

Type of Job: _____

Highest Rank: _____

Dates of Service: _____

Were you ever disciplined while in the military? Yes No

Did you receive any Article 15's? Yes No

Did you receive any Captain's Mast? Yes No

Explain any "yes" answers: _____

While in the military, did you have any problems with the authorities? Yes No

Explain: _____

Did you receive any commendation, awards, or citations? Yes No

Explain: _____

Military Reserve Status: Active Inactive Reserve National Guard

Type of Discharge: _____

Date: _____

Financial Record - Section V

Do you or your spouse have any immediate civil action pending against you?

Yes No

Have you wages ever been garnished or filed for bankruptcy? Yes No

Are any of your bills in the hands of a bill collection agency? Yes No

Do you owe past taxes? Yes No

Explain any "yes" answers:

Family - Section VI

Married Single

Name of Current Spouse _____

Date of Marriage _____

Children? (Names and Ages) _____

Have you ever been divorced? Yes No

How many times? _____

Date of Divorce _____ County/State _____

Ex-Spouse's Name _____ Phone Number _____

Address _____

Children(Name and Ages) _____

Child Support? Yes No Spousal Support? Yes No

Are you current in all support payments and obligations? Yes No

Do you have any other children? Yes No

If Yes (Name and Ages): _____

Criminal History - Section VII

Were you ever arrested as a juvenile? Yes No

When? _____

Where? _____

—
What for? _____

Disposition? _____

Additional Explanation: _____

Were you ever arrested as an adult? Yes No

When? _____

Where? _____

What for? _____

Disposition? _____

Additional Explanation: _____

Please read the following:

An **Expungement** is the court ordered sealing of records relating to criminal convictions. If you have received any expungement, you may have been told that it is not necessary to report the conviction or expungement to anyone who may inquire about either. The Ohio Revised Code Section 2953.32(D)(6) states that sealed convictions (expungement) may be inspected by any law enforcement agency as part of a background investigation of a person who applies for employment with the agency as a law enforcement officer. For the purpose of this background investigation, you are required to report any criminal conviction or any expungement.

Have you had your record expunged as an adult? Yes No

Have you had your record expunged as a juvenile? Yes No

If yes, explain the expungement: _____

List all traffic offenses for which you received a citation (include out of state and location on all citations):

Have you ever stolen anything and were not caught? Include both as a juvenile and as an adult. _____

Court Action(s)

Have you ever been a defendant in a court case? Yes No

What for? _____

When? _____

What Court? _____

Disposition? _____

Have you ever been a plaintiff in a court case? Yes No

What for? _____

When? _____

What Court? _____

Disposition? _____

Drugs and Alcohol

Have you ever **tried** an illicit drug? Yes No

Marijuana Yes No

Cocaine Yes No

Heroin Yes No

Crack Yes No

LSD Yes No

Other Yes No

What? _____

If you have answered "Yes" to any of the above, answer the following:

How old were you when you first tried the drug? _____

Describe the circumstances and amount used: _____

When (month/year) was the last time you used the drug? _____

How many times have you used the drug in your life (estimate)? _____

How many times have you used the drug in the: last year _____

last 2 years _____

last 5 years _____

Have you ever sold any drug(s)? Yes No

Explain: _____

Do you associate with people who use illicit drugs? Yes No

Do you consume any alcoholic beverage(s)? Yes No

What beverage(s)? _____

How much? _____

How often? _____

How many times have you been drunk?

In the last month? _____ In the last 6 months? _____

In the last year? _____ Month/Year of last time? _____

Essay - Section VIII

Why do you want to become a police officer with the Reminderville Police Department?

ALL APPLICANTS MUST SIGN THE FOLLOWING CERTIFICATE

I certify and affirm that answers and statements contained in this application and questionnaire are true to the best of my knowledge and that I have provided complete disclosure of all information requested.

Signature of Application: _____ Date: _____

Please provide a copy of the following documents:

- Driver's License
- High School Diploma
- Birth Certificate
- College Diploma
- Ohio Peace Officer Basic Police Academy Training Certificate

**REMINDERVILLE POLICE DEPARTMENT
AUTHORIZATION TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize any Police Officer or authorized representative of the Reminderville Police Department bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records or educational records including, but not limited to, achievement, attendance, personal history, and disciplinary records; medical records; credit records; and criminal history records. I hereby direct you to release such information upon the request the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Reminderville Police Department. Consent is granted for the Reminderville Police Department, Summit County, Ohio, to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, or related personal, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name: _____
(Signature)

Date: _____

Full Name: _____
(Print Name)

Address: _____

Telephone: _____