



City of Grove City, Ohio

Division of Police

Personal History Questionnaire

Jeffery A. Pearson
Chief of Police

Richard L. Stage
Mayor of Grove City

**The City of Grove City is an
Equal Opportunity Employer**

**3360 Park Street
Grove City, Ohio 43123**

GROVE CITY DIVISION OF POLICE
PERSONAL HISTORY QUESTIONNAIRE

ATTENTION

CAREFULLY READ THE INSTRUCTIONS. *Inability to follow instructions may result in elimination from the selection process. Truthfulness and honesty regarding past behavior are conditions for employment. Consequently, facts revealed regarding past criminal behavior may be cause for removal from the civil service eligibility list. Participation in the selection process is under your own free will, and you are free to remove yourself from consideration and the application process at any time. Anything revealed and documented during the employment application or employment selection process may become a public record and subject to production upon proper request pursuant to applicable law.*

INSTRUCTIONS

This Personal History Questionnaire is intended for the use of the Grove City Division of Police. You must be truthful and complete all answers requested on this form. All information contained herein may be subject to verification (i.e., source documentation, truth verification examination, and screening procedures). Information contained herein will be considered confidential and will not be disclosed to any unauthorized person(s), subject to public record requirements. **Failure to include all required documentation or failure to completely answer all questions with this Personal History Questionnaire may disqualify you from the selection process.**

Your answers to questions contained in this questionnaire must be typed or printed in your own handwriting, legibly in black ink only. Each individual question must be answered, there can be no blanks. If a question does not apply to your particular circumstance, insert "DNA" in that blank. When answering questions that require dates, insert the full date; partial month/year responses are unacceptable without proper explanation. You must provide complete address information when requested; partial address responses are unacceptable without proper explanation. If you need more space, a "Continuation Sheet" has been provided at the end of this questionnaire. Sign and date your questionnaire and continuation sheets. If you have any questions, contact Vikki Stoneking, Human Resources Coordinator at (614) 277-3013.

WARNING

Applicants are cautioned to answer every question truthfully and without evasion. The Ohio Revised Code provides penalties for making a false statement of a material fact or for practicing any fraud or deception in obtaining or attempting to obtain municipal employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code Section 2921.13.

The City of Grove City is an Equal Opportunity Employer

Section I**Personal and Marital Record****Applicant**

Legal Name (First)		Full Middle Name		Last Name	
By what other names have you been known (maiden name, former married name(s), aliases, nicknames etc.).					
Residence Address (Number, Street)		Apt. or Lot #	City	State	Zip Code
Residence Phone Number	Cellular Phone Number	E-mail Address		Alternative Number	
()	()			()	
Social Security Number	Driver's License Number	State of Issue	Type	Expiration Date	
Are you authorized to work in the United States?				Yes	No
Are you at least 18 years of age?				Yes	No
Are you Ohio Peace Officer Training Academy Certified?				Yes	No

Spouse

Spouse's Name (First)		Full Middle Name		Last Name		Maiden Name (if applicable)	
Spouse's Social Security Number		Name of Spouse's Employer		Address of Spouse's Employer			

Parents

Natural Father First Name	Middle Name	Last Name	Address (Number, Street, City, State and Zip Code)
Natural Mother First Name	Middle Name	Last Name	Address (Number, Street, City, State and Zip Code)

Step-Parents

Step-Father First Name	Middle Name	Last Name	Address (Number, Street, City, State and Zip Code)
Step-Mother First Name	Middle Name	Last Name	Address (Number, Street, City, State and Zip Code)

Children			
First Name	Middle Name	Last Name	Address (if different from yours)
(Circle One)	Relationship to You (Circle One)		Relationship to Spouse (Circle One)
Son Daughter	Natural Step Foster	Natural Step Foster	
First Name	Middle Name	Last Name	Address (if different from yours)
(Circle One)	Relationship to You (Circle One)		Relationship to Spouse (Circle One)
Son Daughter	Natural Step Foster	Natural Step Foster	
First Name	Middle Name	Last Name	Address (if different from yours)
(Circle One)	Relationship to You (Circle One)		Relationship to Spouse (Circle One)
Son Daughter	Natural Step Foster	Natural Step Foster	
First Name	Middle Name	Last Name	Address (if different from yours)
(Circle One)	Relationship to You (Circle One)		Relationship to Spouse (Circle One)
Son Daughter	Natural Step Foster	Natural Step Foster	

Other Relatives			
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-brother in law, 9-ex-spouses, 10-guardian(s).			
First Name	Middle Name	Last Name	Address (if different from yours)
Relationship to you		Phone Number	()
First Name	Middle Name	Last Name	Address (if different from yours)
Relationship to you		Phone Number	()
First Name	Middle Name	Last Name	Address (if different from yours)
Relationship to you		Phone Number	()

Other Relatives (Continued)

First Name	Middle Name	Last Name	Address (if different from yours)
Relationship to you		Phone Number	()
First Name	Middle Name	Last Name	Address (if different from yours)
Relationship to you		Phone Number	()
First Name	Middle Name	Last Name	Address (if different from yours)
Relationship to you		Phone Number	()
First Name	Middle Name	Last Name	Address (if different from yours)
Relationship to you		Phone Number	()
First Name	Middle Name	Last Name	Address (if different from yours)
Relationship to you		Phone Number	()
First Name	Middle Name	Last Name	Address (if different from yours)
Relationship to you		Phone Number	()
First Name	Middle Name	Last Name	Address (if different from yours)
Relationship to you		Phone Number	()
First Name	Middle Name	Last Name	Address (if different from yours)
Relationship to you		Phone Number	()
First Name	Middle Name	Last Name	Address (if different from yours)
Relationship to you		Phone Number	()
First Name	Middle Name	Last Name	Address (if different from yours)
Relationship to you		Phone Number	()

Section III**Financial Record****Financial Record**

1. If you answer "Yes" on questions 4-6 below, explain fully on the continuation sheet, citing the section, question number and page number, be complete on all explanations requested.				
2. Are you now supporting all dependents that you are required to support?			Yes	No
3. Are you paying alimony or child support?	Yes	No	4. Amount per Month?	
			\$	
4. Are you now delinquent, past due, in receipt of late notice, or collections notification in any financial obligation?			Yes	No
5. Do you, your spouse, or ex-spouses have any immediate civil action pending that has the potential to affect you, your finances, or your employment?			Yes	No
6. If employed by the City, do you anticipate any income other than your City salary?			Yes	No

Section IV**Work History****Law enforcement and Government Employment Applications**

Have you ever applied for a position with any law enforcement or other government agency?		Yes	No
Name of Department or Agency		Date Applied	

Employment

Begin with your most recent job and list your complete work history for the past 10 years in chronological order. Include in sequence all part time jobs, periods of unemployment and military service. When listing periods of unemployment, indicate dates in space provided. In the block designated "name of employer" write unemployed. In the block designated "reason for leaving" indicate from what source you received income during that period of unemployment. Address information must be complete - street, apt. or suite, city, state and zip code. If presently unemployed indicate so in the "first" block.

From Date	Name of Employer	Job Title	Reason for Leaving
To Date	Address of Employer	Description of Duties	
Total Time	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Tele. of Business
			()
Salary	Full Name of Co-worker	Address of Co-worker	Tele. of Co-worker
			()

Employment (Continued)			
From Date	Name of Employer	Job Title	Reason for Leaving
To Date	Address of Employer	Description of Duties	
Total Time	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Tele. of Business
			()
Salary	Full Name of Co-worker	Address of Co-worker	Tele. of Co-worker
			()
From Date	Name of Employer	Job Title	Reason for Leaving
To Date	Address of Employer	Description of Duties	
Total Time	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Tele. of Business
			()
Salary	Full Name of Co-worker	Address of Co-worker	Tele. of Co-worker
			()
From Date	Name of Employer	Job Title	Reason for Leaving
To Date	Address of Employer	Description of Duties	
Total Time	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Tele. of Business
			()
Salary	Full Name of Co-worker	Address of Co-worker	Tele. of Co-worker
			()
From Date	Name of Employer	Job Title	Reason for Leaving
To Date	Address of Employer	Description of Duties	
Total Time	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Tele. of Business
			()
Salary	Full Name of Co-worker	Address of Co-worker	Tele. of Co-worker
			()

Employment (Continued)			
From Date	Name of Employer	Job Title	Reason for Leaving
To Date	Address of Employer	Description of Duties	
Total Time	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Tele. of Business
			()
Salary	Full Name of Co-worker	Address of Co-worker	Tele. of Co-worker
			()
From Date	Name of Employer	Job Title	Reason for Leaving
To Date	Address of Employer	Description of Duties	
Total Time	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Tele. of Business
			()
Salary	Full Name of Co-worker	Address of Co-worker	Tele. of Co-worker
			()
From Date	Name of Employer	Job Title	Reason for Leaving
To Date	Address of Employer	Description of Duties	
Total Time	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Tele. of Business
			()
Salary	Full Name of Co-worker	Address of Co-worker	Tele. of Co-worker
			()
From Date	Name of Employer	Job Title	Reason for Leaving
To Date	Address of Employer	Description of Duties	
Total Time	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Tele. of Business
			()
Salary	Full Name of Co-worker	Address of Co-worker	Tele. of Co-worker
			()
May we contact your present employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain on continuation sheet.			

Section V

Military and Educational Record

Military Record

Are you registered with Selective Service?		Selective Service Board Number
Branch of Service (Army, Navy, etc.)	Occupational Specialty	Military Serial Number
Total Years of Service	Highest rank or rate held	Have you ever been dishonorably discharged?

Education

Have you ever taken a General Educational Development (GED) Test?																Yes	No
Circle highest grade completed	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Other
List each elementary, grammar, junior high, intermediate, high school, business, trade school, college or university that you have attended, start with the most recent school attended.																	
Name of School		School Address										Graduate		Degree type or credits earned			
												Yes	No				

Miscellaneous

You may list any memberships in organized groups or associations that you feel may have a relevant bearing on your ability to perform as a public safety employee. You may exclude memberships which would reveal gender, race, color, religion, sex, national origin, disability, age, ancestry, or other protected status of its members.		
Organization (Chapter, Lodge, etc.)	Address: number, street, city, state, zip code	Relevant activities

Section VI**Licenses and Certifications**

1. Do you have a valid driver's license?	Yes	No
List any Certifications and License (EMT/Fire/Medical/HAZ-MAT, etc.).		
2. Have you ever had a professional or medical license revoked or suspended?	Yes	No

Section VII**General Information Inquiry**

Notice:		
The following questions and answers will be verified through the use of a polygraph or voice stress analysis. If the answer to any of the following is "yes," it will be necessary for you to explain, in detail, on the continuation sheet provided. Full and comprehensive explanations are required.		
1. Do you have any hatreds or prejudices toward others that would be detrimental to your ability to function as a public safety employee?	Yes	No
2. Do you have any problem controlling your temper?	Yes	No
3. Do you have any problems because of gambling?	Yes	No
4. Have you ever been placed on or served in a criminal diversion type program that led to the eventual dismissal of any criminal charge?	Yes	No
5. Have you ever been convicted of a felony?	Yes	No
6. Have you ever been convicted of a misdemeanor that had been reduced from an original felony charge(s)?	Yes	No
7. Have you ever been convicted of any criminal offense? i.e. theft, assault, wrongful influence of a minor, disorderly conduct, drug offense, sex offenses, fraud, trespassing or any other criminal offense?	Yes	No
8. Have you ever been convicted of any traffic offense i.e. operating a motor vehicle while under the influence or alcohol or drugs, reckless operation, hit skip, vehicular homicide, speeding, drag racing, willfully fleeing or eluding police, driving without a license, or any other traffic offense? (other than parking or equipment violations?)	Yes	No
9. As an adult have you ever stolen anything?	Yes	No
10. Have you ever bought or sold any property that you knew was stolen?	Yes	No
11. Has your driver's license ever been suspended or revoked?	Yes	No
12. Have you ever been committed to any penal institution as a result of either a felony or misdemeanor conviction?	Yes	No
13. Have you ever used any hallucinogens such as marijuana, hashish, mescaline, P.C.P., T.H.C., Peyote, P.C.E., T.C.P. Angel Dust or any of their derivatives?	Yes	No
14. Have you ever used any narcotics such as opium, morphine, codeine, meperidine, methadone, or any of their derivatives such as Darvon, Lomotil, etc. other than for prescribed medical purposes?	Yes	No
15. Have you ever used cocaine, heroin, or L.S.D.?	Yes	No
16. Have you ever used any prescription drugs such as barbiturates, amphetamines, valium, Librium, sopors, speed, uppers/downers etc. without the benefit of a prescription?	Yes	No
17. Have you ever used any prescribed medications for purposes other than that for which they were originally prescribed or intended?	Yes	No
18. Have you ever used what are described as designer drugs i.e. ecstasy, substances that are chemically altered in make up but which give the effect as illicit drugs?	Yes	No

GENERAL INFORMATION INQUIRY (CONTINUED)		
19. Have you ever sold, been party to the sale, or in any other way been financially rewarded due to the sale of any controlled substance?	Yes	No
20. Have you ever been involved in the manufacturing, distilling, cultivation, or harvest of illegal or illicit drugs or alcohol?	Yes	No
21. Have you ever been involved in glue, solvent, paint, refrigerant, or other vapor or chemical sniffing or inhaling for the purpose of obtaining a high or state of intoxication?	Yes	No

ALL APPLICANTS MUST SIGN THE FOLLOWING CERTIFICATE

I certify that the statements, including without limitation all responses whether or not in narrative form, contained in this questionnaire are true to the best of my knowledge. I understand that any false statements made in this questionnaire may be cause for disapproval of my appointment or for discharge after my appointment. I further acknowledge that any falsehoods may result in prosecution under Ohio Revised Code Section 2921.13. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished information. I acknowledge that successful applicants will be required to undergo and pass a criminal background check, polygraph and/or voice stress test, drug screen, and pre-employment physical examination. I further acknowledge that my application may be rejected if I decline to sign this acknowledgement, decline to be drug tested or complete a pre-employment physical, or if I do not pass the background check, polygraph or voice stress test, drug screen, or pre-employment physical.

Signature of Applicant: _____ **Date:** _____

