



# Ohio Civil Service Application

## for State and County Agencies

GEN-4268 (REVISED 06/08)

The state of Ohio is an Equal Opportunity Employer and provider of ADA services.

POSITION:

AGENCY:

POSITION NUMBER:

Please submit one application per position or examination to the address indicated on the job posting or examination announcement. Copies are acceptable. Applications lacking sufficient information will not be processed. Please ensure your application is received or postmarked by the closing date, as required by the hiring agency. Please be sure to complete the entire application. Also note that, once submitted to a governmental agency, this completed form will be subject to all applicable public records laws.

### PLEASE TYPE OR PRINT IN INK

NAME: (Last, First, Middle)		DATE OF BIRTH - Year Not Required Month Day
ADDRESS: (Street, City, State, ZIP Code)		
HOME PHONE:	ALTERNATE PHONE:	E-MAIL ADDRESS:
DRIVER'S LICENSE: <input type="checkbox"/> Yes <input type="checkbox"/> No STATE: CLASS:		LEGAL RIGHT TO WORK IN THE U. S.: <input type="checkbox"/> Yes <input type="checkbox"/> No

### PREFERENCES

PREFERRED SALARY:	ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
WHAT TYPE OF JOB ARE YOU LOOKING FOR? <input type="checkbox"/> Regular <input type="checkbox"/> Temporary	TYPES OF WORK YOU WILL ACCEPT: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
SHIFTS YOU WILL ACCEPT: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends <input type="checkbox"/> On Call (as needed)	

### EDUCATION

HIGH SCHOOL NAME:	LOCATION: (City, State)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CHECK YEAR COMPLETED: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	OBTAINED GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SCHOOL NAME (College/University):		LOCATION: (City, State)
CHECK YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR:
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
SCHOOL NAME (College/University):		LOCATION: (City, State)
CHECK YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR:
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
SCHOOL NAME (College/University):		LOCATION: (City, State)
CHECK YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR:
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:

**EMPLOYMENT HISTORY**

Please list your work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. **NOTE:** To be considered for employment, you must fill in the information below, accurately and completely. You may submit a résumé *in addition* to completing this section. If applying for a civil service examination, only the information provided below will be considered. A résumé may not be used. **If you need additional space, attach extra sheets to this application.**

<b>DATES:</b> From:                      To:	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
<b>ADDRESS:</b> (Street, City, State, ZIP Code)		
<b>COMPANY URL:</b>	<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>
<b>HOURS PER WEEK:</b>	<b>SALARY:</b>	<b>MAY WE CONTACT THIS EMPLOYER:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DUTIES:</b>		
<b>REASON FOR LEAVING:</b>		
<b>DATES:</b> From:                      To:	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
<b>ADDRESS:</b> (Street, City, State, ZIP Code)		
<b>COMPANY URL:</b>	<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>
<b>HOURS PER WEEK:</b>	<b>SALARY:</b>	<b>MAY WE CONTACT THIS EMPLOYER:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DUTIES:</b>		
<b>REASON FOR LEAVING:</b>		
<b>DATES:</b> From:                      To:	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
<b>ADDRESS:</b> (Street, City, State, ZIP Code)		
<b>COMPANY URL:</b>	<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>
<b>HOURS PER WEEK:</b>	<b>SALARY:</b>	<b>MAY WE CONTACT THIS EMPLOYER:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DUTIES:</b>		
<b>REASON FOR LEAVING:</b>		

EMPLOYMENT HISTORY (Continued)		
<b>DATES:</b> From:                      To:	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
<b>ADDRESS:</b> (Street, City, State, ZIP Code)		
<b>COMPANY URL:</b>	<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>
<b>HOURS PER WEEK:</b>	<b>SALARY:</b>	<b>MAY WE CONTACT THIS EMPLOYER:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DUTIES:</b>		
<b>REASON FOR LEAVING:</b>		

<b>DATES:</b> From:                      To:	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
<b>ADDRESS:</b> (Street, City, State, ZIP Code)		
<b>COMPANY URL:</b>	<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>
<b>HOURS PER WEEK:</b>	<b>SALARY:</b>	<b>MAY WE CONTACT THIS EMPLOYER:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DUTIES:</b>		
<b>REASON FOR LEAVING:</b>		

CERTIFICATES AND LICENSES	
<b>TYPE:</b>	
<b>LICENSE NUMBER:</b>	<b>ISSUING AGENCY:</b>
<b>TYPE:</b>	
<b>LICENSE NUMBER:</b>	<b>ISSUING AGENCY:</b>

SKILLS
<b>OFFICE SKILLS:</b> Typing Speed:                      Data Entry Speed:
<b>COMPUTER SKILLS:</b>
<b>OTHER SKILLS:</b>
<b>LANGUAGE(S):</b>

The purpose of questions 1-9 is to obtain information relevant to employment with the state of Ohio. Responses to these questions are required.

**1. SUMMARY OF QUALIFICATIONS**-In the area below, briefly describe the experience, education, training and other factors that qualify you for the position or examination for which you are applying. Refer to the **Minimum Qualifications** and any **position-specific qualifications** posted for this position or examination. If you need additional space, attach an extra sheet to this application.

2. Please list below the specific course work areas at the high school level or beyond relevant to the position or examination for which you are applying. Also indicate the number of courses you have successfully completed in each area. NOTE: A transcript may not be substituted for this section, although you may be required to submit a transcript.

3. Are you a current state of Ohio employee?

☐ Yes ☐ No

4. If you are a current state of Ohio employee, please provide your Employee ID number. If you are not a current state of Ohio employee, please indicate N/A.

\_\_\_\_\_

5. If you are **not** a current state of Ohio employee, have you ever been employed by the state of Ohio? (If you are a current state of Ohio employee, please select N/A.)

☐ Yes ☐ No ☐ N/A

6. If you were previously employed by the state of Ohio, please choose one of the following:

- ☐ Employment ended prior to 12-01-2004.  
☐ Employment ended on or after 12-01-2004.  
☐ N/A - Not previously employed by the state of Ohio or current state employee.

7. Have you ever been convicted of a felony? (A felony conviction may not automatically exclude you from consideration.)

☐ Yes ☐ No

8. If you answered Yes to the previous question, please give date(s) of conviction(s) and explain. If you answered No, please indicate N/A.

9. How did you learn about this employment or examination opportunity?

☐ careers.ohio.gov ☐ Monster.com ☐ Trade journal ☐ Walk-in  
☐ Ohiomeansjobs.com ☐ Other Internet Web site ☐ State of Ohio Employee Referral ☐ Other  
☐ GovernmentJobs.com ☐ Newspaper ☐ Civil Service test announcement

#### CERTIFICATION

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the Human Resources Division, Ohio Department of Administrative Services, and/or the agency that holds the vacancy for which I am applying and to appropriate officials for recruitment purposes. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United State as required by the Immigration Reform and Control Act.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**STATE OF OHIO  
EQUAL EMPLOYMENT OPPORTUNITY**

Responses to questions 10-15 are **OPTIONAL**. These questions are included to assist our equal employment opportunity efforts. Providing this information is **VOLUNTARY** and will in no way affect the processing of your application or your being considered for employment. Human Resources will process your responses to these confidential questions separately. Responses will be used for statistical purposes only.

Position Applied For \_\_\_\_\_

Date \_\_\_\_\_

Agency \_\_\_\_\_

Position Number \_\_\_\_\_

**10. OPTIONAL: Sex**

☐ Male

☐ Female

**11. OPTIONAL: Please select your age group.**

☐ Under 18

☐ 18-25

☐ 26-39

☐ 40-54

☐ 55-69

☐ 70+

**12. OPTIONAL: Race/Ethnicity**

☐ **WHITE:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

☐ **BLACK or AFRICAN AMERICAN:** All persons having origins in any of the Black racial groups of Africa.

☐ **HISPANIC or LATINO:** All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

☐ **ASIAN:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (for example, China, India, Japan and Korea).

☐ **NATIVE HAWAIIAN or PACIFIC ISLANDER:** All persons having origins in any of the original peoples of the Hawaiian Islands and Pacific Islands (for example, Hawaii, Philippine Islands and Samoa).

☐ **AMERICAN INDIAN or ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

☐ **OTHER:** Please self define. \_\_\_\_\_

**13. OPTIONAL: Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?**

☐ Yes

☐ No

**14. OPTIONAL: Are you a veteran?**

☐ Yes

☐ No

**15. OPTIONAL: If you answered Yes to the previous question, please indicate if one or more of the following apply.**

☐ **MILITARY STATUS:** The performance of duty in a uniformed service, to include active duty, active duty for training, initial active duty for training, inactive duty for training, full-time National Guard duty.

☐ **DISABLED VETERAN:** A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

☐ **DESERT STORM/SHIELD VETERAN:** A person whose active duty was performed after August 2, 1990, in the Persian Gulf Conflict.

☐ **VIETNAM ERA VETERAN:** A person served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975.

## PERSONAL HISTORY STATEMENT – DEPUTY SHERIFF

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### Instructions to the Applicant

- The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **Deputy Sheriff**, with the **Champaign County Sheriff's Office**.
- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response. **Ensure that your contact information, including email address, is legible. If it is illegible, it may result in delays during a background investigation, as many of the contacts from an investigator may be sent via electronic mail.**
- If you need more space for any response, use the last page of this form (page 25) and identify the additional information by the question number.

### Disqualification

There are very few ***automatic*** bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft or even arrest or conviction 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.

***BOTTOM LINE: Be as complete, honest and specific as possible in your responses.***

**PERSONAL HISTORY STATEMENT – DEPUTY SHERIFF**

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**SECTION 1: PERSONAL**

<b>1. YOUR FULL NAME</b>			
LAST	FIRST	MIDDLE	
<b>2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY</b>			
<b>3. ADDRESS WHERE YOU RESIDE</b>			
NUMBER / STREET		APT / UNIT	
CITY	STATE	ZIP	
<b>4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE</b>			
<b>5. CONTACT NUMBERS</b>			
HOME (    )	WORK (    )	EXT	OTHER (    ) <input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER
<b>6. EMAIL ADDRESS</b>			
HOME		BUSINESS	
<b>7. If you were born outside of the United States, are you a U.S. citizen?.....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, are you a resident alien who is eligible and has applied for U.S. citizenship?.....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)</b>		<b>9. BIRTHDATE</b>	<b>10. SOCIAL SECURITY NUMBER</b>
			- - -
<b>11. DRIVER'S LICENSE</b>		<b>12. PHYSICAL DESCRIPTION</b>	
NO.	STATE	EXP	HEIGHT      WEIGHT      HAIR COLOR      EYE COLOR

**SECTION 2: RELATIVES AND REFERENCES****13. IMMEDIATE FAMILY**

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.
- If more space is needed, continue your response on page 25.

<input type="checkbox"/> N/A <b>A. Father</b>			
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY      STATE      ZIP
		WORK ADDRESS (NUMBER / STREET / APT)	CITY      STATE      ZIP
HOME PHONE (    )		CELL PHONE (    )	EMAIL
WORK PHONE (    )			
<input type="checkbox"/> N/A <b>B. Step-father</b>			
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY      STATE      ZIP
		WORK ADDRESS (NUMBER / STREET / APT)	CITY      STATE      ZIP
HOME PHONE (    )		CELL PHONE (    )	EMAIL
WORK PHONE (    )			
<input type="checkbox"/> N/A <b>C. Mother</b>			
NAME		HOME ADDRESS (NUMBER / STREET / APT)	CITY      STATE      ZIP
		WORK ADDRESS (NUMBER / STREET / APT)	CITY      STATE      ZIP
HOME PHONE (    )		CELL PHONE (    )	EMAIL
WORK PHONE (    )			

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT -- DEPUTY SHERIFF**

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**SECTION 2: RELATIVES AND REFERENCES** *continued***13. IMMEDIATE FAMILY** *continued*

<input type="checkbox"/> N/A		<b>D. Step-mother</b>				
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )		EMAIL		

<input type="checkbox"/> N/A		<b>E. Spouse / Registered Domestic Partner</b>				
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )		EMAIL		
YEARS OF MARRIAGE		Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<input type="checkbox"/> N/A		<b>F. Father-in-law</b>				
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )		EMAIL		

<input type="checkbox"/> N/A		<b>G. Mother-in-law</b>				
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )		EMAIL		

<input type="checkbox"/> N/A		<b>H. Former Spouse(s) / Former Registered Domestic Partner(s)</b>				
1) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )		EMAIL		
YEAR OF DISSOLUTION		Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )		EMAIL		
YEAR OF DISSOLUTION		Is there, or has there been, a restraining or stay-away order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



**PERSONAL HISTORY STATEMENT – DEPUTY SHERIFF**

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**SECTION 2: RELATIVES AND REFERENCES** *continued***13. IMMEDIATE FAMILY** *continued*☐ N/A **I. Brothers and Sisters – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.**

1) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F						
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ( )	CELL PHONE ( )	EMAIL			
2) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F						
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ( )	CELL PHONE ( )	EMAIL			
3) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F						
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ( )	CELL PHONE ( )	EMAIL			
4) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F						
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ( )	CELL PHONE ( )	EMAIL			
5) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F						
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ( )	CELL PHONE ( )	EMAIL			
6) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> M	HOME PHONE ( )	WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
<input type="checkbox"/> F						
<input type="checkbox"/> UNDER AGE 18	WORK PHONE ( )	CELL PHONE ( )	EMAIL			

☐ N/A **J. Children**

List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F					
		CONTACT NUMBER ( )	EMAIL		
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F					
		CONTACT NUMBER ( )	EMAIL		

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – DEPUTY SHERIFF**

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**SECTION 2: RELATIVES AND REFERENCES** *continued***13. IMMEDIATE FAMILY (Section J. Children)** *continued*

3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )		EMAIL	
4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )		EMAIL	
5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )		EMAIL	
6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
<input type="checkbox"/> F		CONTACT NUMBER ( )		EMAIL	

**14. REFERENCES**

List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

A) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )		EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
B) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )		EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
C) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )		EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – DEPUTY SHERIFF**

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**SECTION 2: RELATIVES AND REFERENCES (Section 14. References) *continued***

D) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
E) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
F) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
G) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
H) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
I) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
J) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ( )		WORK ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
WORK PHONE ( )		CELL PHONE ( )	EMAIL			
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	

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**SECTION 3: EDUCATION****NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.**15. Check applicable: ☐ High School Diploma from an accredited U.S. institution ☐ GED ☐ College**16. List high schools attended:**

A) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		
B) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		

**17. List all colleges or universities attended:**

A) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
B) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
C) NAME	FROM	TO	TOTAL UNITS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			

**18. List any trade, vocational, or business schools/institutes attended:**

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
C) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	

19. Do you hold a current peace officer certification through the Ohio Peace Officer Training Academy? ☐ Yes ☐ No

If yes, provide the following information:

A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ( )	
B) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ( )	

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**SECTION 3: EDUCATION** *continued*

20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? ..... ☐ Yes ☐ No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

**SECTION 4: RESIDENCE****21. LIST OF RESIDENCES**

- List all residences during the last ten years or since age 15. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed continue on page 25.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM	TO
					<b>Present</b>
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you live:					
B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

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**SECTION 4: RESIDENCE** *continued***21. LIST OF RESIDENCES** *continued*

D) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
E) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
F) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
G) FORMER ADDRESS (NUMBER / STREET / APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER ( )	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

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**SECTION 4: RESIDENCE** *continued*

22. Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years, or since the age of 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 25.

A) NAME		CONTACT NUMBER (   )	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT                      CITY		STATE                      ZIP	
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
B) NAME		CONTACT NUMBER (   )	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT                      CITY		STATE                      ZIP	
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
C) NAME		CONTACT NUMBER (   )	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT                      CITY		STATE                      ZIP	
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
D) NAME		CONTACT NUMBER (   )	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT                      CITY		STATE                      ZIP	
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
E) NAME		CONTACT NUMBER (   )	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT                      CITY		STATE                      ZIP	
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
F) NAME		CONTACT NUMBER (   )	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT                      CITY		STATE                      ZIP	
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

23. Have you ever been evicted or asked to leave a residence? ..... ☐ Yes      ☐ No

24. Have you ever left a residence owing rent? ..... ☐ Yes      ☐ No

If you answered yes to Questions 23 and/or 24, explain (include when, where and circumstances):

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**SECTION 5: EXPERIENCE AND EMPLOYMENT****25. JOB EXPERIENCE**

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 25.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR			
CITY		STATE	ZIP	CONTACT NUMBER (    )		EXT	
JOB TITLE				EMAIL			
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer			
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE			
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:					

B) PERIOD OF UNEMPLOYMENT				FROM		TO	
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other							

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR			
CITY		STATE	ZIP	CONTACT NUMBER (    )		EXT	
JOB TITLE				EMAIL			
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer			
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING			

D) PERIOD OF UNEMPLOYMENT				FROM		TO	
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other							

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR			
CITY		STATE	ZIP	CONTACT NUMBER (    )		EXT	
JOB TITLE				EMAIL			
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer			
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING			

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**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued***25. JOB EXPERIENCE** *continued*

<b>F) PERIOD OF UNEMPLOYMENT</b> Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					<b>FROM</b>		<b>TO</b>	
<b>G) NAME OF EMPLOYER OR MILITARY UNIT</b>					<b>FROM</b>		<b>TO</b>	
ADDRESS (NUMBER / STREET OR BASE)					SUPERVISOR			
CITY				STATE	ZIP	CONTACT NUMBER (     )		EXT
JOB TITLE					EMAIL			
DUTIES / ASSIGNMENTS					<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer			
NAMES OF CO-WORKERS 1)			2)			REASON FOR LEAVING		

  

<b>H) PERIOD OF UNEMPLOYMENT</b> Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					<b>FROM</b>		<b>TO</b>	
<b>I) NAME OF EMPLOYER OR MILITARY UNIT</b>					<b>FROM</b>		<b>TO</b>	
ADDRESS (NUMBER / STREET OR BASE)					SUPERVISOR			
CITY				STATE	ZIP	CONTACT NUMBER (     )		EXT
JOB TITLE					EMAIL			
DUTIES / ASSIGNMENTS					<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer			
NAMES OF CO-WORKERS 1)			2)			REASON FOR LEAVING		

  

<b>J) PERIOD OF UNEMPLOYMENT</b> Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					<b>FROM</b>		<b>TO</b>	
<b>K) NAME OF EMPLOYER OR MILITARY UNIT</b>					<b>FROM</b>		<b>TO</b>	
ADDRESS (NUMBER / STREET OR BASE)					SUPERVISOR			
CITY				STATE	ZIP	CONTACT NUMBER (     )		EXT
JOB TITLE					EMAIL			
DUTIES / ASSIGNMENTS					<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer			
NAMES OF CO-WORKERS 1)			2)			REASON FOR LEAVING		

  

<b>L) PERIOD OF UNEMPLOYMENT</b> Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					<b>FROM</b>		<b>TO</b>	
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**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued***25. JOB EXPERIENCE** *continued*

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR			
CITY			STATE	ZIP	CONTACT NUMBER (    )		EXT
JOB TITLE				EMAIL			
DUTIES / ASSIGNMENTS						<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)			REASON FOR LEAVING		

N) PERIOD OF UNEMPLOYMENT					FROM		TO	
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other								

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR			
CITY			STATE	ZIP	CONTACT NUMBER (    )		EXT
JOB TITLE				EMAIL			
DUTIES / ASSIGNMENTS						<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)			REASON FOR LEAVING		

P) PERIOD OF UNEMPLOYMENT					FROM		TO	
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other								

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR			
CITY			STATE	ZIP	CONTACT NUMBER (    )		EXT
JOB TITLE				EMAIL			
DUTIES / ASSIGNMENTS						<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)			REASON FOR LEAVING		

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions) .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have you ever been fired, released from probation, or asked to resign from any place of employment? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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**SECTION 5: EXPERIENCE AND EMPLOYMENT** *continued*

29. Have you ever quit without giving proper notice? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Have you ever resigned in lieu of termination? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Were you ever the subject of a written complaint at work? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Did you ever receive an unsatisfactory performance review? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Have you ever sold, released, or given away legally confidential information? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many sick days have you used in the past five years which were not due to illness?		

If you answered yes to any of Questions 26–36, explain (include when, where and circumstances; indicate corresponding number):

--

37. In the past three years, have you missed days or been late to work due to drug or alcohol consumption? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how often?			
38. Has your work performance ever been affected by your use of alcohol or drugs? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHEN?	NAME OF EMPLOYER		
39. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHEN?	NAME OF EMPLOYER		

40. Have you ever applied to any other law enforcement agency (city, county, state or federal)? .....					<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"><li>If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses).</li><li>All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.</li><li>If more space is needed, continue your response on page 25.</li></ul>						
A) NAME OF AGENCY					DATE APPLIED	
ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER (     )		EXT
POSITION APPLIED FOR				EMAIL		
Check each step in the process that you completed, and your status:						
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified						

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40. Have you ever applied to any other law enforcement agency... continued

B) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER (     )	EXT
POSITION APPLIED FOR				EMAIL	
<p>Check each step in the process that you completed, and your status:</p> <p>STEPS:   <input type="checkbox"/> Application   <input type="checkbox"/> Written   <input type="checkbox"/> Physical agility   <input type="checkbox"/> Oral   <input type="checkbox"/> Polygraph   <input type="checkbox"/> Background   <input type="checkbox"/> Chief's oral   <input type="checkbox"/> Conditional job offer</p> <p>STATUS:   <input type="checkbox"/> Hired   <input type="checkbox"/> On List   <input type="checkbox"/> Withdrawn   <input type="checkbox"/> Disqualified</p>					

C) NAME OF AGENCY				DATE APPLIED	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY		STATE	ZIP	CONTACT NUMBER (     )	EXT
POSITION APPLIED FOR			EMAIL		
<p>Check each step in the process that you completed, and your status:</p> <p>STEPS:   <input type="checkbox"/> Application   <input type="checkbox"/> Written   <input type="checkbox"/> Physical agility   <input type="checkbox"/> Oral   <input type="checkbox"/> Polygraph   <input type="checkbox"/> Background   <input type="checkbox"/> Chief's oral   <input type="checkbox"/> Conditional job offer</p> <p>STATUS:   <input type="checkbox"/> Hired   <input type="checkbox"/> On List   <input type="checkbox"/> Withdrawn   <input type="checkbox"/> Disqualified</p>					

41. Are you required to register for the Selective Service? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, have you registered? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, explain:			
42. BRANCH OF SERVICE		43. DATES OF SERVICE	
		From	To
44. TYPE OF DISCHARGE: <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable			
Re-entry Code (1-4) if applicable - refer to your DD-214:			
45. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard If checked, date obligation ends:			
46. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
47. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If you answered yes to Questions 46 and/or 47, explain (include dates and circumstances):**

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**SECTION 7: FINANCIAL****48. INCOME AND EXPENSES**

For each of the following questions fill in the amounts to the nearest dollar.

A) From your employer(s), what is your take-home monthly income?..... \$ \_\_\_\_\_ per month

B) Do you have income other than from your salary or wages? ..... ☐ Yes ☐ No

If yes, fill in amount:..... \$ \_\_\_\_\_ per month

Explain:

C) How much do you spend each month?..... \$ \_\_\_\_\_ per month

*Estimate your monthly living expenses; include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligation(s) you may have.*49. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?..... ☐ Yes ☐ No50. Have any of your bills ever been turned over to a collection agency?..... ☐ Yes ☐ No51. Have you ever had purchased goods repossessed? ..... ☐ Yes ☐ No52. Have your wages ever been garnished? ..... ☐ Yes ☐ No53. Have you ever been delinquent on income or other tax payments?..... ☐ Yes ☐ No54. Have you ever failed to file income tax or cheated/lie on an income tax form? ..... ☐ Yes ☐ No55. Have you ever had an employment bond refused? ..... ☐ Yes ☐ No56. Have you ever avoided paying any lawful debt by moving away? ..... ☐ Yes ☐ No57. Have you ever defaulted on (failed to pay) a loan? ..... ☐ Yes ☐ No58. Have you ever borrowed money to pay for a gambling debt? ..... ☐ Yes ☐ NoIf yes, do you currently have any outstanding debts as a result of gambling? ..... ☐ Yes ☐ No59. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? ..... ☐ Yes ☐ No60. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? ..... ☐ Yes ☐ No61. Have you written three or more bad checks in a one-year period? ..... ☐ Yes ☐ No

If you answered yes to any of Questions 49–61, explain (include when, where, and why; indicate corresponding number):

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**SECTION 8: LEGAL****Disclosure of Arrests and Convictions**

As an applicant for a peace officer position, you are required to disclose any of the following which occurred on or after your 15<sup>th</sup> birthday, even if the records were sealed, expunged, dismissed, or pardoned:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed

**NOTE:** You are advised to consult with an attorney before omitting any detention, arrest, or conviction. The fact that a conviction may have been set aside does not necessarily permit you to deny your involvement in a criminal act.

62. Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? ..... ☐ Yes ☐ No

If yes, explain each incident. If more space is needed, continue on page 25.

A) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
B) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
C) APPROXIMATE DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			

63. Have you ever been placed on court probation as an adult?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
64. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
65. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
66. Have the police ever been called to your home for any reason? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67. Have you or your spouse/partner ever been referred to Child Protective Services? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT – DEPUTY SHERIFF

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## SECTION 8: LEGAL *continued*

68. Have you ever been the subject of a protection order (CPO / TPO) or order of "No Contact" issue by a Court? ..... ☐ Yes ☐ No
69. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? ..... ☐ Yes ☐ No
70. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? ..... ☐ Yes ☐ No
71. Have you ever filed a false insurance or workers' compensation claim? ..... ☐ Yes ☐ No

If you answered yes to any of Questions 63–71, explain (include court case or document, dates, and circumstances; indicate corresponding number):

## 72. UNDETECTED ACTS – PART 1

Within the past **seven** years **OR** at any time after you were first employed in law enforcement, have you ever committed any of the following misdemeanors?

- A) Harassing / obscene phone calls ..... ☐ Yes ☐ No
- B) Assault (use of force or violence upon another) ..... ☐ Yes ☐ No
- C) Brandishing a weapon (any type of weapon) ..... ☐ Yes ☐ No
- D) Carrying a concealed weapon without a permit ..... ☐ Yes ☐ No
- E) Contributing to the delinquency of a minor ..... ☐ Yes ☐ No
- F) Defrauding an innkeeper (not paying for food or room at a hotel/motel) ..... ☐ Yes ☐ No
- G) Driving under the influence of alcohol and/or drugs ..... ☐ Yes ☐ No
- H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) ..... ☐ Yes ☐ No
- I) Hit & run collision (no injuries) ..... ☐ Yes ☐ No
- J) Hunting/fishing without a license ..... ☐ Yes ☐ No
- K) Illegal gambling ..... ☐ Yes ☐ No
- L) Impersonating a peace officer (pretending to be a police officer) ..... ☐ Yes ☐ No
- M) Indecent exposure (including flashing or mooning) ..... ☐ Yes ☐ No
- N) Joyriding (using a car or other vehicle without owner's permission) ..... ☐ Yes ☐ No
- O) Petty theft (value up to \$499, including shoplifting/switching price tags) ..... ☐ Yes ☐ No
- P) Possession of alcohol as a minor ..... ☐ Yes ☐ No

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – DEPUTY SHERIFF**

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**SECTION 8: LEGAL** *continued***72. UNDETECTED ACTS – PART 1** *continued*

Q) Possession of falsified or altered identification, including use of another person's ID (for any reason) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R) Possession of stolen property (including vehicles) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Prostitution or soliciting a prostitute .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Resisting arrest (including running from the police) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Trespassing .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Vandalism (including "tagging," malicious mischief and/or property damage) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
W) Intentionally writing a bad check .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
X) Filing a false police report .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Y) Any other act amounting to a misdemeanor within the past seven years .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any item(s) in **Question 72**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (72-A, etc.) for each explanation.

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**73. UNDETECTED ACTS – PART 2**

At any time in your life have you ever committed any of the following?

A) Arson (intentionally destroying property by setting a fire) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Assault with a deadly weapon .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Theft of a vehicle and/or vehicle parts .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Burglary (entering a structure or vehicle to commit theft or other crime) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Child molestation (performing unlawful acts with a child) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Accessing and/or possessing child pornography .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



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G) Elder abuse/neglect .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Embezzlement (theft of money or other valuables entrusted to you) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Felony drunk driving (involving injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Forcible rape or other act of unlawful intercourse .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L) Hit & run (with injuries).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M) Hate crime .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N) Insurance fraud.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Theft (value of over \$500, or any firearm) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
P) Murder, homicide, or attempted murder .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q) Perjury (lying under oath).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
R) Possession of an explosive/destructive device.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Robbery (theft from another person using a weapon, force, or fear).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Stalking.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Blackmail or extortion.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Any other act amounting to a felony .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any item(s) in **Question 73**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (73-A, etc.) for each explanation.

**Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_**

# PERSONAL HISTORY STATEMENT – DEPUTY SHERIFF

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## SECTION 8: LEGAL *continued*

**Questions 74 and 75** ask about your current and past recreational drug use. This covers the use of any drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, but not be limited to, your use of any of the following drugs:

- |  |   |                              |
|--|---|------------------------------|
| - Amphetamines / Methamphetamines<br>(Uppers, Speed, Crank, etc) | - Glue                                      | - Mescaline                  |
| - Barbiturates (Downers)   | - Hallucinogens<br>(Peyote, LSD, Mushrooms) | - Morphine                   |
| - Cocaine / Crack Cocaine  | - Hashish / Hashish Oil                     | - PCP / Angel Dust           |
| - Designer Drugs<br>(Ecstasy, Synthetic Heroin, etc.)            | - Heroin / Opium                            | - Quaaludes                  |
| - GHB (Date Rape Drug)   | - Marijuana                                 | - Steroids                   |
|  |   | - Tetrahydrocannabinol (THC) |

74. **Within the past six months**, have you used any drug(s) as indicated above? ..... ☐ Yes ☐ No

If yes, give details, including drug(s) used and circumstances:

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75. **Prior to the past six months** (check all that apply):

- ☐ I have never used any drug recreationally.
- ☐ I have tried or used one or more drugs, but only under limited circumstances (for example, experimentation, at parties, concerts, special events, etc.).

If checked, give details including drug(s) used, most recent date used, and circumstances.

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76. Have you **ever** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

- |                                       |                                    |  |
|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Sold         | <input type="checkbox"/> Purchased | <input type="checkbox"/> Cultivated                  |
| <input type="checkbox"/> Manufactured | <input type="checkbox"/> Furnished | <input type="checkbox"/> Carried or held for another |

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

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Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – DEPUTY SHERIFF**

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**SECTION 9: MOTOR VEHICLE OPERATION**

77. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
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78. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of Issue	Type of license	Name under which license was granted and license number, if known

79. Have you ever been refused a driver's license by any state? ..... ☐ Yes ☐ No

If yes, explain (include when, where, and circumstances):

80. Has your driver's license ever been suspended or revoked? ..... ☐ Yes ☐ No

If yes, explain (include when, where, and circumstances):

81. List your current liability insurance on your vehicle(s):

A) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET CITY		STATE	ZIP	CONTACT NUMBER ( )
B) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET CITY		STATE	ZIP	CONTACT NUMBER ( )
C) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET CITY		STATE	ZIP	CONTACT NUMBER ( )
D) TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS (NUMBER / STREET CITY		STATE	ZIP	CONTACT NUMBER ( )

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – DEPUTY SHERIFF**

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**SECTION 9: MOTOR VEHICLE OPERATION** *continued***82. List all traffic citations, excluding parking citations, you have received within the past seven years:**

A) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month      Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
B) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month      Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
C) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED Month      Year		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

**83. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)**☐ Failed to appear    ☐ Failed to complete traffic school    ☐ Failed to pay the required fine

If checked, explain circumstances:

<b>83. Have you been involved as the driver in a motor vehicle accident within the past seven years? .....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, give details.				
A) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
B) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
C) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

<b>84. Have you ever driven a vehicle without auto insurance, as required by law? .....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
IF YES, GIVE REASON:				
DATE Month      Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP

<b>85. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? .....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
IF YES, GIVE REASON:			INSURANCE COMPANY	
DATE Month      Year	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT – DEPUTY SHERIFF**

(07/09) – Page 24 of 25

**SECTION 9: MOTOR VEHICLE OPERATION** *continued*

Use this space for additional information you would like to include regarding your driving record.

**SECTION 10: OTHER TOPICS**

86. Have you ever been refused a permit to carry a concealed weapon? ..... ☐ Yes ☐ No
87. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ..... ☐ Yes ☐ No
88. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ..... ☐ Yes ☐ No
89. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? ..... ☐ Yes ☐ No
90. Have you ever hit or physically overpowered a spouse or romantic partner? ..... ☐ Yes ☐ No

If you answered yes to any of Questions 86–90, give details including dates and circumstances; indicate corresponding number.

**SECTION 11: CERTIFICATION**

91. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

SIGNATURE IN FULL

DATE

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

PERSONAL HISTORY STATEMENT – PEACE OFFICER

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ADDITIONAL SPACE

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). Identify the corresponding question and specific item being referenced.

[Lined area for additional information]

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

## TO CONDUCT PRE-EMPLOYMENT PEACE OFFICER BACKGROUND INVESTIGATION

### AUTHORIZATION / ADVISEMENT

### INFORMED CONSENT RELEASE AND HOLD HARMLESS FOR CONFIDENTIALITY OF PRE-EMPLOYMENT BACKGROUND INVESTIGATION DATA

CANDIDATE NAME:

I fully recognize that an employing agency has both a legal and a moral obligation to make every reasonable effort to ensure that any person employed by them as a peace officer will conform to the very highest standards.

I understand that I am authorizing an intensive investigation into all aspects of my personal, medical, and psychological fitness, and that such investigation will include contacting persons and/or organizations who have information relating to my fitness, including if I am or have been a peace officer in Ohio. I further understand that this background investigation includes a credit check. I understand that, under the law, I am entitled to a copy of the credit report. I also understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reticent about furnishing information concerning my fitness unless confidentiality of their information can be guaranteed on a permanent basis.

I further recognize that although some of the information contained in this report is a matter of public record, or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I otherwise would not be privy. I have also been informed that because this background investigation is either mandated by law, responses from persons contacted, whether solicited or unsolicited, may enjoy absolute privilege under the law.

Therefore, I exonerate, release, and discharge both my prospective employer, their officers, agents, or assigns, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents, or assigns, for their refusal to make available any and all information contained in this pre-employment investigation declared confidential pursuant to law, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied which might identify that person.

I have had adequate time to review this form, I understand its meaning and purpose and have been furnished a copy of it.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

In the County of \_\_\_\_\_, State of Ohio.

My Commission expires \_\_\_\_\_, 20\_\_\_\_.

► \_\_\_\_\_  
Candidate Signature

► \_\_\_\_\_  
Notary Signature

RELEASE AUTHORIZATION  
EMPLOYMENT INFORMATION – *DEPUTY SHERIFF*

CANDIDATE NAME:

As a candidate for a position with the Champaign County Sheriff's Office, I am required to furnish information for use in determining my qualifications. For this purpose, I authorize release of any and all information you may have concerning me, including but not limited to, information of a confidential or privileged nature, any data or materials that have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters, or any personnel information (including disciplinary action) accumulated during the course of employment.

By signing this authorization I hereby authorize the disclosure of all records to which, as an employee, the undersigned would have or did have access.

I hereby release, discharge, and exonerate the agency, their agents, representatives and/or any person furnishing information, from liability arising out of the furnishing and/or inspection of records and/or other truthful, even though potentially embarrassing, information. I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me or who may hereafter attend or examine me, colleges or universities which I have attended, from disclosing any knowledge or information which they thereby acquired and I hereby consent that they may disclose such knowledge or information to the Champaign County Sheriff's Office and its designees.

This release shall be binding on my legal representatives, heirs, and assigns.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

In the County of \_\_\_\_\_, within the State of Ohio.

My commission expires \_\_\_\_\_, 20\_\_\_\_.

► \_\_\_\_\_  
Candidate Signature

► \_\_\_\_\_  
Notary Signature



**RELEASE AUTHORIZATION  
MILITARY RECORDS**

CANDIDATE NAME:

I authorize and direct the release of copies of my military personnel records, including but not limited to copies of my DD-214 (Report of Separation), my eligibility for re-enlistment in the Armed Forces of the United States, records of any and all judicial and non-judicial punishment, records of decoration, performance ratings, and any other records which you may possess.

This request is being made as part of a background investigation conducted on behalf of the Champaign County Sheriff's Office, to determine my suitability for employment as, pursuant to Ohio State law, and constitutes an express waiver of the Federal Privacy Act (PL 93-579) 5 US Code 552 and 32 CFR, Part 45.

Print Name: \_\_\_\_\_

• Birth Date: \_\_\_\_\_

• Place of Birth: \_\_\_\_\_

• Social Security Number: \_\_\_\_\_

• ☐ Officer ☐ Enlisted Service No.: \_\_\_\_\_

• Date of Entry into Service: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

• Branch of Service:

☐ Army ☐ Navy ☐ Marines ☐ Air Force ☐ Coast Guard

☐ National Guard – State: \_\_\_\_\_

Last Unit Assigned: \_\_\_\_\_

Signature of Veteran/Service Member: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

In the County of \_\_\_\_\_, within the State of Ohio.

My commission expires \_\_\_\_\_, 20\_\_\_\_.

► \_\_\_\_\_  
Candidate Signature

► \_\_\_\_\_  
Notary Signature