



## MUNROE FALLS POLICE DEPARTMENT EMPLOYMENT APPLICATION

### PRE-EMPLOYMENT QUESTIONNAIRE – EQUAL OPPORTUNITY EMPLOYER

NAME: \_\_\_\_\_

SSN \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Are you 18 Years or Older? \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: \_\_\_\_\_

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS AREA UNLESS THE EMPLOYER HAS **CHECKED A LINE PRECEDING** A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

\_\_ Height: \_\_\_\_ feet \_\_\_\_ inches \_\_ Are you prevented from lawfully becoming employed in the U.S. \_\_ Yes \_\_ No

\_\_ Weight: \_\_\_\_ lbs. \_\_\_\_\_ Date of Birth\* \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_ What Foreign Languages do you speak fluently? \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

\_\_ Have you been convicted of a Misdemeanor in the last 5 years? \*\* \_\_\_\_\_ Felony in the last 10 years? \*\* \_\_\_\_\_

Describe: \_\_\_\_\_

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

\*\*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

### EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date Available: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ May we contact your current employer? \_\_\_\_\_

Have you applied to this City before? \_\_\_\_\_ When: \_\_\_\_\_ Where? \_\_\_\_\_

*To protect and serve with honor and integrity*

**Founded 1838**

**EDUCATION**

	Name/Location	# Years	Graduate?	Subjects Studied
Elementary School				
High School				
College				
Academy/Trade Business/Correspondence				

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

U.S. MILITARY OR NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES \_\_\_\_\_

**FORMER EMPLOYERS:** List Below the last four (4) Employers, starting with the most current.

Month/Year	Name/Address	Phone Number	Salary	Position	Reason for Leaving
From: _____ To: _____					
From: _____ To: _____					
From: _____ To: _____					
From: _____ To: _____					

**REFERENCES**

	Name	Address	Business	Phone No.	Years Known
1					
2					
3					

**PHYSICAL RECORD**

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES/NO

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?  
PLEASE DESCRIBE: \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

\_\_\_\_\_  
SIGNATURE DATE: \_\_\_\_\_

**DO NOT WRITE IN THIS BOX – OFFICE USE ONLY**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

HIRED \_\_\_ Yes \_\_\_ NO      Position \_\_\_\_\_ Department \_\_\_\_\_

Salary/Wage \_\_\_\_\_ Date Reporting to Work \_\_\_\_\_

## Munroe Falls Police Department

### Permission for Release of Information for Background Information

This release, when presented by a duly authorized representative of the Munroe Falls Police Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Munroe Falls Police Department: Employment, Educational, Medical, Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit; Polygraph Examinations; and the UNDELETED copy of my military separation document and medical records from the appropriate Military Records Center and Department of Veterans Affairs.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Munroe Falls Police Department. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the Munroe Falls Police Department, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the Munroe Falls Police Department. I understand that all materials pertaining to this background investigation become the property of the Munroe Falls Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source of information will not be revealed to me.

I understand that in the event the investigating agency finds conduct that is illegal or unbecoming of a police officer and I am currently serving in the capacity of a police officer in a jurisdiction, the investigating agency has my permission to disclose the information to my current employer.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Witness: \_\_\_\_\_

MUNROE FALLS POLICE DEPARTMENT  
MUNROE FALLS, OHIO

MUNROE FALLS IS AN EQUAL OPPORTUNITY EMPLOYER

**PERSONAL HISTORY QUESTIONNAIRE**

Personal History of:

\_\_\_\_\_

(Last Name)

(First Name)

(Middle Name)

Position Applied for: \_\_\_\_\_

Date this questionnaire was completed: \_\_\_\_\_

**INSTRUCTIONS**

This personal history questionnaire is intended for the use of the Munroe Falls Police Department personnel administration section. You must be truthful and complete all answers on this form. All information contained herein may be subject to verification, i.e. source documentation, polygraph, and screening procedures.

The answers to questions contained in this questionnaire must be printed, in your own hand, legibly in **ink**. 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 requiring dates, please insert the full date. Partial month-year responses are not acceptable. You must provide complete address information when requested. Partial address answers are unacceptable.

**WARNING:**

**Applicants are cautioned to answer every question truthfully and without evasion. Both the Ohio Revised Code and the rules and regulations of the Munroe Falls Police Department provide 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.**





## REFERENCES – SECTION III

Fill in below the names of three (3) adults not related to you and not former employers, who have known you for a period of preferably more than five (5) years.

1. Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Years Known: \_\_\_\_\_

Home address \_\_\_\_\_

Business Address \_\_\_\_\_ Business phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Years Known: \_\_\_\_\_

Home address \_\_\_\_\_

Business Address \_\_\_\_\_ Business phone \_\_\_\_\_

3. Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Years Known: \_\_\_\_\_

Home address \_\_\_\_\_

Business Address \_\_\_\_\_ Business phone \_\_\_\_\_

When answering the questions below; if you checked “yes” on any of them, explain fully on the continuation sheet, citing the reference and page numbers. Be complete on all explanations.

Do you have any civil action pending against you? Yes \_\_\_ No \_\_\_

Have you ever been garnisheed, filed for bankruptcy, or been declared bankrupt? Yes \_\_\_ No \_\_\_

## WORK HISTORY – SECTION IV

Begin with your most recent job and list your complete work history in chronological order. Include in sequence all part-time jobs, periods of employment, and military service. When listing military service substitute for the name and address of immediate supervisor, the name, address and rank of the last commissioned officer who was your immediate commissioned superior, and substitute for the name and address of co-worker, the name and address of a non-commissioned officer with whom you last served. When listing periods of unemployment, indicate dates in space provided. In that block designated *name of employer* write in *unemployed*. In that block designated *reason for leaving* indicate from what source you received income during that period of unemployment. Address information must be complete with street, apartment or suite number, city, state and zip code.

May we contact your present employer? Yes \_\_\_ No \_\_\_ if no, explain on last page.

If presently unemployed, indicate so in first block.

Have you ever been discharged or asked to resign from a job? Yes \_\_\_ No \_\_\_  
If yes, explain on last page.

### EMPLOYMENT RECORD

From Date:	Name and Address of Employer	Shift	Job Title
To Date:			
Description of Duties	Full Name/Address of Immediate Supervisor	Supervisor Phone No.	Salary
Total time exp.	Full Name/Address of Co-Worker	Co-Worker Phone No.	Reason for Leaving

From Date:	Name and Address of Employer	Shift	Job Title
To Date:			
Description of Duties	Full Name/Address of Immediate Supervisor	Supervisor Phone No.	Salary
Total time exp.	Full Name/Address of Co-Worker	Co-Worker Phone No.	Reason for Leaving

Continued on next page



## EDUCATION

Circle highest grade completed      1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Other

List each grammar, junior high, high school, trade school, part time, night school, business college and university attended. Start with the most recent school attendance.

Name of School	Location of School	Attendance Dates	Graduate? Yes/No	Degree or Number of Units

Have you ever taken a general educational development test? Yes \_\_\_ No \_\_\_

## FINANCIAL RECORDS

Are you now delinquent in any of your financial obligations? Yes \_\_\_ No \_\_\_

If yes, explain on last page.

Do your monthly bills exceed your take-home pay? Yes \_\_\_ No \_\_\_

INDEBTEDNESS involving you, your spouse, or your ex-spouse(s) for which you are liable.					
To Whom Owed	Address	Date incurred	Original Amount	Amount Due	Monthly Payment

**FINANCIAL RECORDS cont.**

Name and location of your Bank(s)	Checking	Savings

**AUTOMOBILES**

Year, Make, Body type & License plate of your vehicle(s)	Date Purchased	Name of Legal Owner

**MISCELLANEOUS**

List all organization, clubs and social groups of which you are now, or have been a member of and position held. (I.e. member, associate member, president, secretary, etc.)


## GENERAL INFORMATION INQUIRY – SECTION VI

Notice: The following questions and answers may be verified through the use of the polygraph (lie detector test). If the answer to any of the following yes, it will be necessary for you to explain, in detail, on the continuation sheet provided. Full and comprehensive explanations are required.

		Yes	No
1	If it became necessary in the course of your police duties to take a human life, would you have any reluctance to do so because of religious or other beliefs?		
2	Have you ever committed a felony for which you were never arrested or convicted?		
3	Have you ever been placed on or served in a criminal diversion type program that led to the eventual dismissal of any criminal charges?		
4	Have you ever been convicted of a felony?		
5	Have you ever been convicted of a misdemeanor that had been reduced from felony charges?		
6	Have you ever been convicted of any criminal offense? (i.e. theft offense, assault, wrongful influence of a minor, disorderly conduct, gambling, drug offense, sex offenses, fraud, trespassing, etc.)?		
7	Have you ever been convicted of any traffic offense excluding parking and equipment violations?		
8	As an adult, have you stolen anything?		
9	Have you ever bought or sold any property that you knew was stolen?		
10	Has your driver's license ever been suspended or revoked?		
11	Have you ever been committed to any penal institution as a result of either a felony or misdemeanor conviction?		
12	Are you presently under indictment or a defendant in any criminal, traffic or civil proceeding?		
13	Are you currently using or have you used in the last 18 months any hallucinogens such as marijuana, hashish, mescaline, PCP, THC, peyote, PCE, TCP, angel dust, or any of their derivatives, etc.? If yes, age of first use, age of last use, total number of usages.		
14	Are you currently using or have you used in the last 18 months any narcotics such as opium, morphine, codeine, meperidine, methadone, or any of their derivatives such as Darvon, lomitol, etc.? If yes, age of first usage, age last used and total number of usages.		
15	Are you currently using or have you used in the last 18 months cocaine, heroin, or LSD? If yes, age of first use, age last used and total number of usages.		
16	Are you currently using or have you used in the last 18 months any prescription drugs without the benefit of a valid prescription? If yes, age of first use, age last used, total number of usages and name of drug.		
17	Are you currently using or have you used in the last 18 months prescribed medications for purposed other than which they were originally prescribed or intended? If yes, type and use.		
18	Are you currently using or have you used in the last 18 months what are described as designer drugs, i.e. substances that are chemically altered in make-up but which give the same effect as illicit drugs? If yes, age of first use, age last used, total usages, type of drug.		
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 substances or prescription drugs or any other substances purported to be a controlled substance?		
20	Are you currently or have you in the last 18 months been involved in glue sniffing or used any other such chemical agents for the purpose of obtaining a state of intoxication?		
21	Have you ever filed for or received compensation from any industrial compensation claim to which you were not entitled?		
22	Have you ever applied for and received unemployment compensation the amounts of which you were not eligible to receive?		
23	Are you now, or have you ever received any type of overpayment support such as welfare, ADC, housing subsidy payment, loans or grants that you were not eligible for, received in a fraudulent manner or received after becoming ineligible?		

	<b>General Information Inquiry Cont.</b>	<b>Yes</b>	<b>No</b>
24	Do you have any hatreds or prejudices towards others because of their race, sex, natural origin, religion or color that would be detrimental to your functioning as an auxiliary police officer?		
25	Do you have any problems because of gambling?		
26	Do you have any problems controlling your temper?		
27	Have you ever traveled outside the United States? If yes, what country?		
28	Do you know what your vision standard is at present? If so, what is it?		
29	In the past 18 months, have you consumed any alcoholic beverage? If yes, how many times? _____ On average, how many each occasion? _____ Have you ever passed out from drinking?		

## **ALL APPLICANTS MUST SIGN THE FOLLOWING CERTIFICATION**

I CERTIFY THAT THE STATEMENTS 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 APPOINTMENT. I FURTHER REALIZE THAT ANY FALSEHOODS MAY SUBJECT ME TO PROSECUTION UNDER OHIO REVISED CODE, SECTION 2921.13.

Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

