

Defiance Police Division Auxiliary Applicant Personal History Questionnaire (P.H.Q)

READ CAREFULLY

Your application is subject to a complete background review consisting of family, personal, financial and employment history. Questions relating to age, height, weight, and physical characteristics are for the purpose of identification in our background investigation only.

ANY MISSTATEMENT OF FACT, OR OMISSION OF MATERIAL INFORMATION REQUESTED IN THIS QUESTIONNAIRE WILL BE GROUNDS TO DISQUALIFY YOU FOR ANY EMPLOYMENT WITH THE DEFIANCE POLICE DEPARTMENT. ALL RESPONSES MADE BY YOU WILL BE HELD IN THE STRICTEST CONFIDENCE.

IF YOU HAVE NOT ANSWERED ALL OF THE QUESTIONS CONTAINED IN THIS QUESTIONNAIRE, YOU WILL NOT BE INTERVIEWED, WHICH WILL RESULT IN DISQUALIFICATION FROM THE SELECTION PROCEDURE.

The documents listed below must be COPIES, not original documents. These copies are to be returned with this completed form.

- | | |
|--|--|
| 1. Birth Certificate | 6. Selective Service Card (males under 27) |
| 2. High School Transcript (not diploma)
or GED Certificate and GED Transcript | 7. Proof of U.S. Citizenship (if born abroad) |
| 3. College Transcript | 8. All Legal Name Change Documents
(Marriage license, divorce papers, etc...) |
| 4. DD-214 or Statement of Service
(If you were/are in the military) | 9. Criminal Court Documents (if applicable) |
| 5. Valid Driver's License | |

-
1. Type or Print all answers. If hand written, use BLUE ink.
 2. Answer every question. If information does not apply, indicate N/A in the blank spaces.
 3. Answer all questions completely. This includes **COMPLETE STREET ADDRESSES, ZIP CODES, AREA CODES, ETC.**
 4. If there is insufficient space for your answers, **ATTACH ADDITIONAL SHEETS** with appropriate references to the question numbers.
 5. Failure to furnish any part of the information at the time of the interview may result in **DISQUALIFICATION** from the selection procedure.
 6. Sign on the last page and have this form notarized.
 7. **ATTACHED STATEMENTS** can be hand-written or typed, and **MUST HAVE ORIGINAL SIGNATURE.**

You may be administered a polygraph examination during your background investigation to determine the authenticity of the information given by you.

Defiance City Police Division

13. Have you ever been ordered to pay child support or alimony? Yes No

14. Have you ever been delinquent in child support payments or alimony payments? Yes No

If **YES**, what is monthly payment, and please explain:

DEPENDANTS

15. List all of your children, as well as any person who is legally dependent upon you for support, **EXCEPT** your husband or wife.

NAME	RELATIONSHIP	DOB	STREET	CITY	STATE	ZIP

FAMILY MEMBERS

16. List the following **FAMILY MEMBERS**, in order, showing relationship: parents; guardians; step-parents; foster parents; brothers; sister; mother-in-law; father-in-law; step-brothers; step-sisters; etc....

Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone
Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone
Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone
Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone
Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone

Defiance City Police Division

FAMILY MEMBERS (cont.)

Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone
Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone
Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone
Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone
Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone
Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone

CHARACTER REFERENCES

17. List five persons **NOT RELATED** to you and **NOT FORMER EMPLOYERS**, who have known you for at least **FIVE YEARS**:

FULL NAME (include MR/MS/MRS)	YEARS KNOWN	HOME PHONE (AREA CODE)	WORK PHONE (AREA CODE)
CURRENT ADDRESS (INCLUDE ZIP CODE)		HOW DID YOU MEET THEM?	LAST DATE OF CONTACT
FULL NAME (include MR/MS/MRS)	YEARS KNOWN	HOME PHONE (AREA CODE)	WORK PHONE (AREA CODE)
CURRENT ADDRESS (INCLUDE ZIP CODE)		HOW DID YOU MEET THEM?	LAST DATE OF CONTACT
FULL NAME (include MR/MS/MRS)	YEARS KNOWN	HOME PHONE (AREA CODE)	WORK PHONE (AREA CODE)
CURRENT ADDRESS (INCLUDE ZIP CODE)		HOW DID YOU MEET THEM?	LAST DATE OF CONTACT
FULL NAME (include MR/MS/MRS)	YEARS KNOWN	HOME PHONE (AREA CODE)	WORK PHONE (AREA CODE)
CURRENT ADDRESS (INCLUDE ZIP CODE)		HOW DID YOU MEET THEM?	LAST DATE OF CONTACT
FULL NAME (include MR/MS/MRS)	YEARS KNOWN	HOME PHONE (AREA CODE)	WORK PHONE (AREA CODE)
CURRENT ADDRESS (INCLUDE ZIP CODE)		HOW DID YOU MEET THEM?	LAST DATE OF CONTACT

Defiance City Police Division

18. List ALL of your residences, including ALL duty stations (basic training, tours overseas, etc...) while in the military. Begin with your most current residence. When listing military bases, include nearest city, state and zip code. When listing addresses, include Street, Avenue, Drive, Court, North, South, East or West. Include Unit number or Apartment number where applicable.

CURRENT ADDRESS	CITY/COUNTY	STATE	ZIP CODE	FROM/TO (MONTH & YEAR)	MILITARY INSTALLATION
WITH WHOM DID YOU LIVE?					
IF RENTING, GIVE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF PERSON WHO COLLECTS THE RENT:					
REASON FOR LEAVING:					
CURRENT ADDRESS	CITY/COUNTY	STATE	ZIP CODE	FROM/TO (MONTH & YEAR)	MILITARY INSTALLATION
WITH WHOM DID YOU LIVE?					
IF RENTING, GIVE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF PERSON WHO COLLECTS THE RENT:					
REASON FOR LEAVING:					
CURRENT ADDRESS	CITY/COUNTY	STATE	ZIP CODE	FROM/TO (MONTH & YEAR)	MILITARY INSTALLATION
WITH WHOM DID YOU LIVE?					
IF RENTING, GIVE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF PERSON WHO COLLECTS THE RENT:					
REASON FOR LEAVING:					
CURRENT ADDRESS	CITY/COUNTY	STATE	ZIP CODE	FROM/TO (MONTH & YEAR)	MILITARY INSTALLATION
WITH WHOM DID YOU LIVE?					
IF RENTING, GIVE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF PERSON WHO COLLECTS THE RENT:					
REASON FOR LEAVING:					
CURRENT ADDRESS	CITY/COUNTY	STATE	ZIP CODE	FROM/TO (MONTH & YEAR)	MILITARY INSTALLATION
WITH WHOM DID YOU LIVE?					
IF RENTING, GIVE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF PERSON WHO COLLECTS THE RENT:					
REASON FOR LEAVING:					
CURRENT ADDRESS	CITY/COUNTY	STATE	ZIP CODE	FROM/TO (MONTH & YEAR)	MILITARY INSTALLATION
WITH WHOM DID YOU LIVE?					
IF RENTING, GIVE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF PERSON WHO COLLECTS THE RENT:					
REASON FOR LEAVING:					
CURRENT ADDRESS	CITY/COUNTY	STATE	ZIP CODE	FROM/TO (MONTH & YEAR)	MILITARY INSTALLATION
WITH WHOM DID YOU LIVE?					
IF RENTING, GIVE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF PERSON WHO COLLECTS THE RENT:					
REASON FOR LEAVING:					

Defiance City Police Division

RESIDENCES (Cont.)

CURRENT ADDRESS	CITY/COUNTY	STATE	ZIP CODE	FROM/TO (MONTH & YEAR)	MILITARY INSTALLATION
WITH WHOM DID YOU LIVE?					
IF RENTING, GIVE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF PERSON WHO COLLECTS THE RENT:					
REASON FOR LEAVING:					
CURRENT ADDRESS	CITY/COUNTY	STATE	ZIP CODE	FROM/TO (MONTH & YEAR)	MILITARY INSTALLATION
WITH WHOM DID YOU LIVE?					
IF RENTING, GIVE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF PERSON WHO COLLECTS THE RENT:					
REASON FOR LEAVING:					
CURRENT ADDRESS	CITY/COUNTY	STATE	ZIP CODE	FROM/TO (MONTH & YEAR)	MILITARY INSTALLATION
WITH WHOM DID YOU LIVE?					
IF RENTING, GIVE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF PERSON WHO COLLECTS THE RENT:					
REASON FOR LEAVING:					

NOTE: LIST & ATTACH ANY OTHER RESIDENCES, SINCE THE AGE OF 16, ON A SEPARATE SHEET (S) OF PAPER.

EDUCATIONAL HISTORY

19. Indicate the various schools you have attended and other information requested. Start with High School and work forward, including ALL college, business schools, military service, trade and correspondence schools, and any other schools:

TYPE OF SCHOOL High School*	NAME	DATE FROM MONTH/YEAR	DATE TO (MONTH/YEAR)
ADDRESS (#, STREET, CITY, STATE & ZIP)		GPA (GRADE AVERAGE)	DEGREE/DIPLOMA
TYPE OF SCHOOL	NAME	DATE FROM MONTH/YEAR	DATE TO (MONTH/YEAR)
ADDRESS (#, STREET, CTIY, STATE & ZIP)		GPA (GRADE AVERAGE)	DEGREE/ DIPLOMA
TYPE OF SCHOOL	NAME	DATE FROM MONTH/YEAR	DATE TO (MONTH/YEAR)
ADDRESS (#, STREET, CITY, STATE & ZIP)		GPA (GRADE AVERAGE)	DEGREE/DIPLOMA
TYPE OF SCHOOL	NAME	DATE FROM MONTH/YEAR	DATE TO (MONTH/YEAR)
ADDRESS (#, STREET, CTIY, STATE & ZIP)		GPA (GRADE AVERAGE)	DEGREE/ DIPLOMA
TYPE OF SCHOOL	NAME	DATE FROM MONTH/YEAR	DATE TO (MONTH/YEAR)
ADDRESS (#, STREET, CITY, STATE & ZIP)		GPA (GRADE AVERAGE)	DEGREE/DIPLOMA

*Or GED Completed? Yes No Date Certificate Issued: _____

20. How many credits of college have you completed? _____ Grade Point Average? _____

21. What was your major in college? _____ Minor? _____

22. Have you ever received any disciplinary action, suspension or expulsion from any type of school or training?

Yes No If yes, list the name of the school/training and explain:

Defiance City Police Division

EXPERIENCE AND EMPLOYMENT

23. Have you ever been terminated or resigned in lieu of termination? Yes No If yes, please explain below:

24. Have you ever received discipline (i.e. oral/ written reprimand, suspension, etc...) for excessive absences, tardiness, work performance or other work related concerns: Yes No If yes, please explain below:

25. List any employer that may give a different version of why you separated from employment:

26. **COMPLETE EMPLOYMENT HISTORY** (start with your present position and work backwards). Account for ALL time frames, starting from the date of your present position, working backwards to your first employment (including when unemployed and/or attending school). Attach additional pages (if needed) following this format. **DO YOU HAVE ANY OBJECTIONS TO OUR CONTACTING YOUR PRESENT EMPLOYER?** Yes No If YES, explain:

EXPERIENCE AND EMPLOYMENT

DATES OF EMPLOYMENT (MONTH/YEAR)		NAME OF EMPLOYER		WORK PHONE		MONTHLY SALARY	
FROM _____ TO _____							
ADDRESS (NUMBER & STREET)		CITY		STATE		ZIP CODE	
JOB TITLE/POSITION		FULL TIME	PART TIME	TEMP	PRIMARY SUPERVISOR		ALTERNATE SUPERVISOR
		VOLUNTEER	INTERNSHIP				
NAME OF FOUR (4) CO-WORKERS		1.)		2.)		3.)	
						4.)	
DESCRIBE YOUR JOB DUTIES							
LIST YOUR WORK SCHEDULE (for example: Monday thru Friday 0830 to 630p)						REASON FOR LEAVING	
DATES OF EMPLOYMENT (MONTH/YEAR)		NAME OF EMPLOYER		WORK PHONE		MONTHLY SALARY	
FROM _____ TO _____							
ADDRESS (NUMBER & STREET)		CITY		STATE		ZIP CODE	
JOB TITLE/POSITION		FULL TIME	PART TIME	TEMP	PRIMARY SUPERVISOR		ALTERNATE SUPERVISOR
		VOLUNTEER	INTERNSHIP				
NAME OF FOUR (4) CO-WORKERS		1.)		2.)		3.)	
						4.)	
DESCRIBE YOUR JOB DUTIES							
LIST YOUR WORK SCHEDULE (for example: Monday thru Friday 0830 to 630p)						REASON FOR LEAVING	

Defiance City Police Division

EXPERIENCE AND EMPLOYMENT (CONT.)

DATES OF EMPLOYMENT (MONTH/YEAR)		NAME OF EMPLOYER		WORK PHONE		MONTHLY SALARY	
FROM	TO						
ADDRESS (NUMBER & STREET)			CITY		STATE		ZIP CODE
JOB TITLE/POSITION		FULL TIME VOLUNTEER	PART TIME INTERNSHIP	TEMP	PRIMARY SUPERVISOR	ALTERNATE SUPERVISOR	
NAME OF FOUR (4) CO-WORKERS		1.)	2.)		3.)	4.)	
DESCRIBE YOUR JOB DUTIES							
LIST YOUR WORK SCHEDULE (for example: Monday thru Friday 0830 to 630p)						REASON FOR LEAVING	

DATES OF EMPLOYMENT (MONTH/YEAR)		NAME OF EMPLOYER		WORK PHONE		MONTHLY SALARY	
FROM	TO						
ADDRESS (NUMBER & STREET)			CITY		STATE		ZIP CODE
JOB TITLE/POSITION		FULL TIME VOLUNTEER	PART TIME INTERNSHIP	TEMP	PRIMARY SUPERVISOR	ALTERNATE SUPERVISOR	
NAME OF FOUR (4) CO-WORKERS		1.)	2.)		3.)	4.)	
DESCRIBE YOUR JOB DUTIES							
LIST YOUR WORK SCHEDULE (for example: Monday thru Friday 0830 to 630p)						REASON FOR LEAVING	

DATES OF EMPLOYMENT (MONTH/YEAR)		NAME OF EMPLOYER		WORK PHONE		MONTHLY SALARY	
FROM	TO						
ADDRESS (NUMBER & STREET)			CITY		STATE		ZIP CODE
JOB TITLE/POSITION		FULL TIME VOLUNTEER	PART TIME INTERNSHIP	TEMP	PRIMARY SUPERVISOR	ALTERNATE SUPERVISOR	
NAME OF FOUR (4) CO-WORKERS		1.)	2.)		3.)	4.)	
DESCRIBE YOUR JOB DUTIES							
LIST YOUR WORK SCHEDULE (for example: Monday thru Friday 0830 to 630p)						REASON FOR LEAVING	

DATES OF EMPLOYMENT (MONTH/YEAR)		NAME OF EMPLOYER		WORK PHONE		MONTHLY SALARY	
FROM	TO						
ADDRESS (NUMBER & STREET)			CITY		STATE		ZIP CODE
JOB TITLE/POSITION		FULL TIME VOLUNTEER	PART TIME INTERNSHIP	TEMP	PRIMARY SUPERVISOR	ALTERNATE SUPERVISOR	
NAME OF FOUR (4) CO-WORKERS		1.)	2.)		3.)	4.)	
DESCRIBE YOUR JOB DUTIES							
LIST YOUR WORK SCHEDULE (for example: Monday thru Friday 0830 to 630p)						REASON FOR LEAVING	

DATES OF EMPLOYMENT (MONTH/YEAR)		NAME OF EMPLOYER		WORK PHONE		MONTHLY SALARY	
FROM	TO						
ADDRESS (NUMBER & STREET)			CITY		STATE		ZIP CODE
JOB TITLE/POSITION		FULL TIME VOLUNTEER	PART TIME INTERNSHIP	TEMP	PRIMARY SUPERVISOR	ALTERNATE SUPERVISOR	
NAME OF FOUR (4) CO-WORKERS		1.)	2.)		3.)	4.)	
DESCRIBE YOUR JOB DUTIES							
LIST YOUR WORK SCHEDULE (for example: Monday thru Friday 0830 to 630p)						REASON FOR LEAVING	

DATES OF EMPLOYMENT (MONTH/YEAR)		NAME OF EMPLOYER		WORK PHONE		MONTHLY SALARY	
FROM	TO						
ADDRESS (NUMBER & STREET)			CITY		STATE		ZIP CODE
JOB TITLE/POSITION		FULL TIME VOLUNTEER	PART TIME INTERNSHIP	TEMP	PRIMARY SUPERVISOR	ALTERNATE SUPERVISOR	
NAME OF FOUR (4) CO-WORKERS		1.)	2.)		3.)	4.)	
DESCRIBE YOUR JOB DUTIES							
LIST YOUR WORK SCHEDULE (for example: Monday thru Friday 0830 to 630p)						REASON FOR LEAVING	

Defiance City Police Division

EXPERIENCE AND EMPLOYMENT (CONT.)

DATES OF EMPLOYMENT (MONTH/YEAR)		NAME OF EMPLOYER		WORK PHONE		MONTHLY SALARY	
FROM	TO						
ADDRESS (NUMBER & STREET)			CITY		STATE		ZIP CODE
JOB TITLE/POSITION			FULL TIME VOLUNTEER	PART TIME INTERNSHIP	TEMP	PRIMARY SUPERVISOR	ALTERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS		1.)	2.)	3.)		4.)	
DESCRIBE YOUR JOB DUTIES							
LIST YOUR WORK SCHEDULE (for example: Monday thru Friday 0830 to 630p)						REASON FOR LEAVING	

DATES OF EMPLOYMENT (MONTH/YEAR)		NAME OF EMPLOYER		WORK PHONE		MONTHLY SALARY	
FROM	TO						
ADDRESS (NUMBER & STREET)			CITY		STATE		ZIP CODE
JOB TITLE/POSITION			FULL TIME VOLUNTEER	PART TIME INTERNSHIP	TEMP	PRIMARY SUPERVISOR	ALTERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS		1.)	2.)	3.)		4.)	
DESCRIBE YOUR JOB DUTIES							
LIST YOUR WORK SCHEDULE (for example: Monday thru Friday 0830 to 630p)						REASON FOR LEAVING	

DATES OF EMPLOYMENT (MONTH/YEAR)		NAME OF EMPLOYER		WORK PHONE		MONTHLY SALARY	
FROM	TO						
ADDRESS (NUMBER & STREET)			CITY		STATE		ZIP CODE
JOB TITLE/POSITION			FULL TIME VOLUNTEER	PART TIME INTERNSHIP	TEMP	PRIMARY SUPERVISOR	ALTERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS		1.)	2.)	3.)		4.)	
DESCRIBE YOUR JOB DUTIES							
LIST YOUR WORK SCHEDULE (for example: Monday thru Friday 0830 to 630p)						REASON FOR LEAVING	

DATES OF EMPLOYMENT (MONTH/YEAR)		NAME OF EMPLOYER		WORK PHONE		MONTHLY SALARY	
FROM	TO						
ADDRESS (NUMBER & STREET)			CITY		STATE		ZIP CODE
JOB TITLE/POSITION			FULL TIME VOLUNTEER	PART TIME INTERNSHIP	TEMP	PRIMARY SUPERVISOR	ALTERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS		1.)	2.)	3.)		4.)	
DESCRIBE YOUR JOB DUTIES							
LIST YOUR WORK SCHEDULE (for example: Monday thru Friday 0830 to 630p)						REASON FOR LEAVING	

DATES OF EMPLOYMENT (MONTH/YEAR)		NAME OF EMPLOYER		WORK PHONE		MONTHLY SALARY	
FROM	TO						
ADDRESS (NUMBER & STREET)			CITY		STATE		ZIP CODE
JOB TITLE/POSITION			FULL TIME VOLUNTEER	PART TIME INTERNSHIP	TEMP	PRIMARY SUPERVISOR	ALTERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS		1.)	2.)	3.)		4.)	
DESCRIBE YOUR JOB DUTIES							
LIST YOUR WORK SCHEDULE (for example: Monday thru Friday 0830 to 630p)						REASON FOR LEAVING	

DATES OF EMPLOYMENT (MONTH/YEAR)		NAME OF EMPLOYER		WORK PHONE		MONTHLY SALARY	
FROM	TO						
ADDRESS (NUMBER & STREET)			CITY		STATE		ZIP CODE
JOB TITLE/POSITION			FULL TIME VOLUNTEER	PART TIME INTERNSHIP	TEMP	PRIMARY SUPERVISOR	ALTERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS		1.)	2.)	3.)		4.)	
DESCRIBE YOUR JOB DUTIES							
LIST YOUR WORK SCHEDULE (for example: Monday thru Friday 0830 to 630p)						REASON FOR LEAVING	

Defiance City Police Division

EXPERIENCE AND EMPLOYMENT (CONT.)

27. Have you ever taken anything from a former employer or anyone (i.e. office supplies, food, tools, cash, property, etc...) without permission? Yes No If yes, explain in the space provided below:

28. SPOUSE'S EMPLOYER

NAME OF EMPLOYER	JOB TITLE	MONTHLY SALARY	
ADDRESS (NUMBER & STREET)	CITY	STATE	ZIP CODE
NAME OF SUPERVISOR	WORK PHONE: (AREA CODE)		

FINANCES

29. Do you or your spouse have any other source (s) of income? YES/NO If yes, give a total amount and sources:

30. Have you ever filed for or been granted bankruptcy? YES / NO If yes, explain reasons below:

DATE	REASONS

31. Have you ever been delinquent on income tax payments? YES / NO If yes, was it more than once YES / NO

DATE	REASONS

32. Have you ever had any of your bills, accounts, or loans turned over to a collections agency? YES / NO

DATE	ACCOUNT/CURRENT STATUS
DATE	ACCOUNT/CURRENT STATUS
DATE	ACCOUNT/CURRENT STATUS
DATE	ACCOUNT/CURRENT STATUS

33. Have you ever had any purchased goods, vehicle, property, or any items repossessed or foreclosed? YES / NO
(This includes voluntary repossessions) If yes, please explain below:

DATE:	REASONS:
DATE:	REASONS:
DATE:	REASONS:

34. List your Total Debt (excluding mortgage): _____

PRIOR APPLICATIONS TO THE DEFIANCE POLICE DIVISION AND/OR OTHER AGENCIES

35. Have you ever applied for a position with the Defiance Police Department or ANY Law Enforcement-related agency, or government agency? YES / NO If yes, please provide the date, the position and the results; check all boxes that apply:

NAME OF AGENCY:	AGENCY PHONE NUMBER	DATE APPLIED
COMPLETE ADDRESS INCLUDING ZIP CODE:	POSITION APPLIED FOR:	

Please circle all that apply:

Submitted interest card only
Submitted application only
Failed Oral interview
Took B-PAD
Failed B-PAD

Placed on eligibility list
Submitted Personnel History Statement
No response from agency
Disqualified
Oral interview taken

Took Written Test
Failed Written Test
Background Investigation conducted
Unknown Status
Background pending

Hired/ Job offer made
Withdrew application/Declined offer
Took Polygraph
Other

Defiance City Police Division

PRIOR APPLICATIONS TO THE DEFIANCE POLICE DIVISION AND/OR OTHER AGENCIES (cont.)

NAME OF AGENCY: _____ AGENCY PHONE NUMBER _____ DATE APPLIED _____
 COMPLETE ADDRESS INCLUDING ZIP CODE: _____ POSITION APPLIED FOR: _____

Please circle all that apply:

Submitted interest card only	Placed on eligibility list	Took Written Test	Hired/ Job offer made
Submitted application only	Submitted Personnel History Statement	Failed Written Test	Withdrew application/Declined offer
Failed Oral interview	No response from agency	Background Investigation conducted	Took Polygraph
Took B-PAD	Disqualified	Unknown Status	Other
Failed B-PAD	Oral interview taken	Background pending	

NAME OF AGENCY: _____ AGENCY PHONE NUMBER _____ DATE APPLIED _____
 COMPLETE ADDRESS INCLUDING ZIP CODE: _____ POSITION APPLIED FOR: _____

Please circle all that apply:

Submitted interest card only	Placed on eligibility list	Took Written Test	Hired/ Job offer made
Submitted application only	Submitted Personnel History Statement	Failed Written Test	Withdrew application/Declined offer
Failed Oral interview	No response from agency	Background Investigation conducted	Took Polygraph
Took B-PAD	Disqualified	Unknown Status	Other
Failed B-PAD	Oral interview taken	Background pending	

NAME OF AGENCY: _____ AGENCY PHONE NUMBER _____ DATE APPLIED _____
 COMPLETE ADDRESS INCLUDING ZIP CODE: _____ POSITION APPLIED FOR: _____

Please circle all that apply:

Submitted interest card only	Placed on eligibility list	Took Written Test	Hired/ Job offer made
Submitted application only	Submitted Personnel History Statement	Failed Written Test	Withdrew application/Declined offer
Failed Oral interview	No response from agency	Background Investigation conducted	Took Polygraph
Took B-PAD	Disqualified	Unknown Status	Other
Failed B-PAD	Oral interview taken	Background pending	

NAME OF AGENCY: _____ AGENCY PHONE NUMBER _____ DATE APPLIED _____
 COMPLETE ADDRESS INCLUDING ZIP CODE: _____ POSITION APPLIED FOR: _____

Please circle all that apply:

Submitted interest card only	Placed on eligibility list	Took Written Test	Hired/ Job offer made
Submitted application only	Submitted Personnel History Statement	Failed Written Test	Withdrew application/Declined offer
Failed Oral interview	No response from agency	Background Investigation conducted	Took Polygraph
Took B-PAD	Disqualified	Unknown Status	Other
Failed B-PAD	Oral interview taken	Background pending	

NAME OF AGENCY: _____ AGENCY PHONE NUMBER _____ DATE APPLIED _____
 COMPLETE ADDRESS INCLUDING ZIP CODE: _____ POSITION APPLIED FOR: _____

Please circle all that apply:

Submitted interest card only	Placed on eligibility list	Took Written Test	Hired/ Job offer made
Submitted application only	Submitted Personnel History Statement	Failed Written Test	Withdrew application/Declined offer
Failed Oral interview	No response from agency	Background Investigation conducted	Took Polygraph
Took B-PAD	Disqualified	Unknown Status	Other
Failed B-PAD	Oral interview taken	Background pending	

NAME OF AGENCY: _____ AGENCY PHONE NUMBER _____ DATE APPLIED _____
 COMPLETE ADDRESS INCLUDING ZIP CODE: _____ POSITION APPLIED FOR: _____

Please circle all that apply:

Submitted interest card only	Placed on eligibility list	Took Written Test	Hired/ Job offer made
Submitted application only	Submitted Personnel History Statement	Failed Written Test	Withdrew application/Declined offer
Failed Oral interview	No response from agency	Background Investigation conducted	Took Polygraph
Took B-PAD	Disqualified	Unknown Status	Other
Failed B-PAD	Oral interview taken	Background pending	

*****NOTE: LIST & ATTACH ANY OTHER APPLICATIONS YOU SUBMITTED ON SEPARATE SHEET (S) OF PAPER*****

Defiance City Police Division

36. Have you ever been fingerprinted for any reason? YES / NO If yes, please provide the details below:

NAME OF AGENCY	DATE	PURPOSE

MILITARY SERVICE

37. Selective Service Number (males under 27 years of age)

38. Have you been in the Military (including Reserves, National Guard, ROTC)? YES / NO If yes, complete the following chart:

BRANCH OF SERVICE	SERIAL NUMBER	DATE ENTERED	OCCUPATIONAL SPECIALITY

39. Have you been discharges from your military service? YES / NO If yes, please complete the following chart:

DATE SEPARATION/PROJECTED DATE	TYPE OF DISCHARGE

40. Were you ever the subject of a military criminal investigation? YES / NO
If yes, please complete and attach a statement on a separate sheet (s) of paper.

41. Were you ever the subject of a military discipline pursuant to the Uniform code of Military Justice or any service regulation? YES / NO If yes, please complete the following chart:

DATE	CHARGE	DISPOSITION

42. Are you currently a member of the U.S. Reserve or National Guard? YES / NO If yes, please complete the following:

GRADE	SERIAL NUMBER	SERVICE	COMPONENT
ORGANIZATION NAME:			
ADDRESS:			
ACTIVE	INACTIVE	(PLEASE CIRCLE)	INDICATE RESERVE OBLIGATION:

Defiance City Police Division

MOTOR VEHICLE OPERATION & INSURANCE

43. Give the following information concerning **ALL** driver's license you *have held or currently hold*:

STATE ISSUED	NAME ISSUED	DRIVERS LICENSE NUMBER	DATES FROM/TO	RESTRICTIONS

44. List all vehicles that you own and/or operate that are registered to you:

YEAR	MAKE/MODEL	LICENSE # & STATE	AUTO INSURANCE/POLICY #	AUTO INS EXPIRATION

45. Have you ever been refused auto insurance for any reason? YES / NO If yes, please explain:

46. Has your license/privilege to drive, ever been suspended or revoked? YES / NO If yes, please explain:

47. Have you ever been stopped, arrested, or cited for DUI? YES / NO If yes, please explain and give dates:

48. As a driver, have you ever been involved in an accident where you left the scene without identifying yourself (hit and run)? YES / NO If yes, please explain and give dates:

49. List each traffic accident that you have been involved in, whether your fault or not, as a driver of the vehicle:

DATE	CITY & STATE	CITED?	INCIDENT
		YES NO	
		YES NO	
		YES NO	
		YES NO	

50. List ALL driving citations (excluding parking tickets) that you have received, regardless of disposition:

DATE	CITY & STATE	CHARGE	DISPOSITION OR PENALTY

Defiance City Police Division

LEGAL

51. Have you ever had a warrant for your arrest, Failure to Appear, or Summons for anything including traffic?
 YES / NO If yes, explain the details that include when and where:

52. List **ALL Police Contact**, as an adult or juvenile, during which you were questioned, cited, detained or arrested, whether as a victim/witness/suspect, in any incident. **(Include charges that were dismissed, dropped, reduced).**
 YES / NO If yes, provide the following information; start with the most recent:

DATE	CHARGES OR REASON FOR INVESTIGATION	POLICE OR MILITARY AGENCY	RESULTS

53. Regardless of who was at fault, have you ever had or been accused of having a **physical altercation**?
 YES / NO If yes, please explain below:

54A. Have you ever been involved in any CIVIL court action? YES / NO If yes, please explain below:

54B. Party named: _____ Party initiated: _____

55. Have you ever received a settlement as a result of any claim? YES / NO If yes, explain below:

Settlement received from: _____

56. Have you, your spouse, any members of your family, or any members of your spouse's family ever been **arrested for a felony**? Yes / No **IF YES, EXPLAIN IN SEPARATE STATEMENT**

57. Have you, your spouse, any members of your family, or any members of your spouse's family ever been associated with gangs or subversive groups (Minuteman, Aryan Brotherhood, etc....) YES / NO

IF YES, EXPLAIN IN SEPARATE STATEMENT

ALCOHOL AND DRUG HISTORY

58. When and where was the last time you were present while others were using illegal drugs?

59. Have you ever sold, bought, delivered, manufactured, grown, produced, or injected any controlled substance?

60. When was the last time you used **STEROIDS**? Explain incidents, list number of cycles and dates of usage (s). Also, include in what manner the steroids were administered (orally, injected, etc...)

Defiance City Police Division

ALCOHOL AND DRUG HISTORY (cont.)

61. When was the last time you used **INHALANTS**? List what type, give dates, and total amounts of usage (s).

62. When was the last time you used **HALLUCINOGENS**? (LSD, PCP, Peyote, Mushrooms, Mescaline, etc....)
List what type, give dates, and total amounts of usage (s).

63. When was the last time you used **NARCOTICS**? (Codeine, Opium Morphine, Heroin, etc...)
List what type, give dates, and total amounts of usage (s).

64. When was the last time you used **DEPRESSANTS**? (Tranquilizers, Barbiturates, Benzodiazepines, Methaqualone, etc...) List what type, give dates and total amounts of usage (s).

65. When was the last time you used **STIMULANTS**? (Cocaine, Crack, Rock, Crank, Crystal, Angel Dust, Ecstasy, Speed, Amphetamines, Methamphetamines, etc...) List what type, give dates, and total amounts of usage (s).

66. When was the last time you used **CANNABIS SUBSTANCES**? (Marijuana, Hashish, Hashish Oil, etc...)? List what type, give dates, and total amounts of usage(s).

67. When was the last time you used **someone else's prescription**? Explain and give dates:

68. When was the last time you **consumed alcohol**? List type, amount, and how often you consume alcohol:

69. When was the last time you drove after drinking? Explain:

70. List any other activities that you are involved in, that you may think are important for the **DPD** to be aware of:

71. What is there ethically or morally in your life that could bring discredit to **DPD** if you were hired?

72. Do you know of anything that would hinder you for employment with a police agency or prevent you from fully discharging the **ESSENTIAL WORK FUNCTIONS** of such employment? (Including working weekends and/or nights, taking a human life if necessary, carrying a gun, conforming to grooming standards, etc.) YES / NO
If yes, explain:

Defiance City Police Division

DECLARATION OF TRUTHFUL STATEMENTS

I _____ have reviewed my answers as recorded and certify that they are correct and true. I understand that any false statement or omission in this document will result in my immediate disqualification from the selection process.

Applicant's Signature

Date

Subscribed and sworn to before me, this _____ day of _____, _____

(SEAL)

NOTARY SIGNATURE