

Application For Employment (Civil Service)

CITY OF SANDUSKY · 240 Columbus Ave. · Sandusky, OH 44870
Phone 419.627.5885 · Fax 419.627.5835



Full Time – Permanent Positions

Return to: Human Resources Division

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

POSITION APPLIED FOR: _____

APPLICATION # _____

FOR OFFICE USE ONLY

PLEASE PRINT:

Name: _____ Date of Application: _____

Address: _____
Street Apt. City State Zip

Social Security #: _____ Telephone #: _____

Mobile/Other: _____ E-mail: _____

Have you ever submitted an application to the City of Sandusky? _____ If Yes, when? _____

Have you ever been employed by the City of Sandusky? _____ If Yes, when? _____

Are you legally eligible for employment in the United States? _____

Have you ever been convicted of a crime? _____

If Yes, please provide details:

ANSWERING "YES" DOES NOT AUTOMATICALLY BAR EMPLOYMENT. Please use additional sheet if necessary.

Are you able to meet all of the attendance requirements of this position? _____

Are you able to work overtime if necessary? _____ Will you travel if the position requires it? _____

Do you have any friends / relatives currently employed by the City of Sandusky? _____

If Yes, who? _____

Military Service or Veteran Status? _____ If yes, please provide branch of service, rank, and job duties:

Type of employment desired: Full Time Police
 Part Time Fire

Driver's License Number: _____ State: _____

Have you ever been bonded: _____

RELEVANT EXPERIENCE Please provide information regarding relevant experience to the position you are applying for. This includes, but is not limited to present/past employers, assignments, or volunteer activities. Use additional sheets if necessary.

From / To _____ Employer/Organization _____
Telephone # _____ Address _____
Job title: _____ Supervisor _____ May We Contact? _____
Job duties/
Responsibilities _____
Reason for leaving _____ Final Rate of Pay: _____

From / To _____ Employer/Organization _____
Telephone # _____ Address _____
Job title: _____ Supervisor _____ May We Contact? _____
Job duties/
Responsibilities _____
Reason for leaving _____ Final Rate of Pay: _____

From / To _____ Employer/Organization _____
Telephone # _____ Address _____
Job title: _____ Supervisor _____ May We Contact? _____
Job duties/
Responsibilities _____
Reason for leaving _____ Final Rate of Pay: _____

From / To _____ Employer/Organization _____
Telephone # _____ Address _____
Job title: _____ Supervisor _____ May We Contact? _____
Job duties/
Responsibilities _____
Reason for leaving _____ Final Rate of Pay: _____

From / To _____ Employer/Organization _____
Telephone # _____ Address _____
Job title: _____ Supervisor _____ May We Contact? _____
Job duties/
Responsibilities _____
Reason for leaving _____ Final Rate of Pay: _____

PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT:

Have you ever been fired or asked to resign from a job? _____ If yes, please explain:

Please explain why you would like to be considered for employment with the City of Sandusky. Use additional sheets if necessary.

RELATED INFORMATION: To what job related organizations (professional, trade, etc.) do you belong?
Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran / reserve national guard or any other similarly protected status.

ORGANIZATION	OFFICES HELD

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform the essential functions in the appointment for which you are applying:

EDUCATIONAL BACKGROUND

Name and Location	# of years completed	Graduated?	Course of Study
HIGH SCHOOL:			
<hr/>			
COLLEGE:			
<hr/>			
OTHER:			
<hr/>			

REFERENCES: Please provide at least 3 references who are not related to you. Use additional sheets if necessary.

NAME: _____	PHONE: _____
NAME: _____	PHONE: _____
NAME: _____	PHONE: _____

APPLICANT STATEMENT AND SIGNATURE (Signature Required for Application to be Complete):

I certify that all information I have provided in order to apply for and obtain employment with the City of Sandusky is true, complete, and correct. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with the City of Sandusky and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from City service, whenever it is discovered. In addition, I give the City of Sandusky the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the City of Sandusky in providing relevant, job related information that will assist in this process. I expressly authorize, without reservation, the City of Sandusky, its representatives, members or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding, the City of Sandusky, its agents, members or representatives, for seeking, gathering, and using such information all other persons, corporations, or organizations for furnishing such information about me.

My signature below acknowledges my understanding and agreement with the above.

I understand that an offer of employment is contingent upon the successful completion of a pre-employment background investigation, physical, psychological, polygraph, and/or drug and alcohol screen. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States. If I am hired, I understand that I am free to resign at any time and the City of Sandusky reserves the same right to request my resignation at any time. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that all conditions of employment including, but not limited to hours, benefits and salary are subject to change by the City of Sandusky at any time. I understand that no representative of the City of Sandusky is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City Manager.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.
I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant (required): _____ **Date:** _____

THIS BOX FOR OFFICE USE ONLY:

WRITTEN EXAM SCORE: _____ INTERVIEW: (1) _____ (2) _____
START DATE: ____/____/____ WAGE: _____

Received:

Time Stamp

Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

Section 4112.04 (A) (10) of the Revised Code requires that the state and its political subdivisions file annual reports with the Ohio Civil Rights Commission. In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is NOT part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for: _____ Date: ____ / ____ / ____

Referral Source:

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee: _____ | | <input type="checkbox"/> School |
| <input type="checkbox"/> Relative: _____ | | <input type="checkbox"/> Job Fair |
| <input type="checkbox"/> Newspaper: _____ | | <input type="checkbox"/> Company's Website |
| <input type="checkbox"/> Other: _____ | | |

Applicant Information

Name: _____ Telephone: (____) _____
Last First Middle

Address: _____
Street City State Zip

Male Female Disabled? Yes No Veteran? Yes No

Please Check One of the Following Equal Employment Opportunity Identification Groups:

- White (not of Hispanic or Latino Origin) Black (not of Hispanic Origin) Hispanic or Latino Asian
 Native American/Alaskan Native Native Hawaiian/Pacific Islander Two or More Races (Not Hispanic or Latino)

For Administrative Use Only

Position(s): Available Not Available Other Positions Considered for: _____

Hired: Yes No Position Hired for: _____

OCRC Job Classifications:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Officials/Administrators | <input type="checkbox"/> Professional | <input type="checkbox"/> Technicians | <input type="checkbox"/> Protective Service |
| <input type="checkbox"/> Para Professional | <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Skilled Craft | <input type="checkbox"/> Service/Maintenance |

Completed By: _____ Date: _____



City of Sandusky, Ohio Police Department

PERSONAL HISTORY QUESTIONNAIRE

Last Edited: 2/23/2022 ENO

The City of Sandusky is an Equal Opportunity Employer

Last Name	First Name	Middle Name	DATE:
Position Applied For: <input type="checkbox"/> Full-Time Police Officer <input type="checkbox"/> Part-Time Reserve Officer			
<p>PLEASE READ! AGE RESTRICTIONS ARE ENFORCED. Candidate must be at least 21 years of age and less than 35 years of age at appointment (Per ORC 124.21). Do NOT proceed completing the PHQ if your age restricts you from qualifying for employment with our agency.</p> <p>Are you currently enrolled in the Police Academy? <input type="checkbox"/> YES <input type="checkbox"/> No If YES, Which Academy? _____</p> <p>What is your anticipated Graduation Date? _____. Are you OPOTA Certified? <input type="checkbox"/> YES <input type="checkbox"/> No</p> <p>Were you enlisted in the Military? <input type="checkbox"/> YES <input type="checkbox"/> No If YES, were you honorably discharged? <input type="checkbox"/> YES <input type="checkbox"/> No</p>			

INSTRUCTIONS

This Personal History Questionnaire is intended for the use of the City of Sandusky, Ohio, Personnel Administration section. You must be truthful and complete all answers requested on this form. All information contained herein will be subject to verification (i.e., source, documentation, polygraph, and screening procedures). Information contained herein will be considered to be strictly confidential and will not be disclosed to any unauthorized person(s).

Each individual question must be answered, THERE CAN BE NO BLANKS. If a question does not apply to your particular circumstance, insert "NA" in that blank. When answering questions that require dates, insert the full date. Partial month-year responses are unacceptable. You must provide complete address information when requested. Partial address responses are unacceptable. This document and all documents throughout the testing process must be signed where required with your full legal signature, first name, middle name and last name.

Please read through the entire Personal History Questionnaire before writing your answers. There is a continuation sheet on page 9 to further write an explanation or to add information to your answers.

WARNINGS

Applicants are cautioned to answer every question truthfully and without evasion. Both the Ohio Revised Code and Rules and Regulations of the Municipal Service Commission provide penalties for making a false statement of a material fact, or for practicing fraud or deception in obtaining or attempting to obtain municipal employment. Such penalties including for appointment or discharge after appointment and/or prosecution under Ohio Revised Code Section 2921.13.

SECTION 1 – PERSONAL AND MARITAL RECORD

Legal Name Last		First		Full Middle Name	
By what other names have you been know? (maiden name, former married names, aliases, nicknames, etc.)				(Area Code) Phone Number	
Address		City	County	State	Zip Code
Social Security Number	Age	Height	Weight	Color Hair	Color Eyes
Date of Birth	Place of Birth City		County	State	
Ohio Drivers License No.	Type	Expiration Date	Out-of-State Operators License No.	Type State or Territory	Expiration Date
List any scars, birthmarks, blemishes, tattoos, deformities, etc. that you may have.					
Marital Status					
Present Marital Status: <input type="checkbox"/> Single, Never Married <input type="checkbox"/> Married-Spouse Present <input type="checkbox"/> Married-Spouse Absent <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed					
If Married – City, County, State where Married		If Married – Date of Marriage		Name of Present Spouse (First, Middle, Maiden)	
Father (Natural)					
Last	First	Middle	Address (Number, Street, City, State & Zip Code)		Age/Date of Death
Mother (Natural) Maiden Name First, Former Married Names					
Last	First	Middle	Address (Number, Street, City, State & Zip Code)		Age/Date of Death
List Your Children:					
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name (Last, First, Middle)		Date of Birth	Birth Place (City and State)	
Address (if different from yours)			Relationship to You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	Relationship to Your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name (Last, First, Middle)		Date of Birth	Birth Place (City and State)	
Address (if different from yours)			Relationship to You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	Relationship to Your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name (Last, First, Middle)		Date of Birth	Birth Place (City and State)	
Address (if different from yours)			Relationship to You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	Relationship to Your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	
List Your Relatives in the Following Order:			1. Brothers 2. Sisters 3. Step-Mother 4. Step-Father 5. Step-Brothers 6. Step-Sisters 7. Father-in-Law 8. Mother-in-Law 9. Sisters-in-Law 10. Brothers-in-Law		
Relationship	Name (Last, First, Middle)		Address (Number, Street, City, Zip Code)		Age

(Continue Relatives on Page 9 if Necessary)

SECTION I – PERSONAL AND MARITAL RECORD (CONTINUED)

Are you supporting all dependents that you are required to support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you paying alimony or child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount per month \$		
Have you ever been sued for alimony payments, child support, non-payment of debts or fraud? If yes, then give the name and the court in which you were sued and the court number of the lawsuit.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous Marriages: If previously married, provide the following:				
Date Married	Where Married (city, county, state)	Name of Ex-Spouse (Maiden Name)	If dissolved or divorced (City, County, State)	Date Finalized

Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes <input type="checkbox"/> Native Born <input type="checkbox"/> Naturalized	Are you a Permanent Resident Alien? If yes, give Port of Entry to U.S.A and Date <input type="checkbox"/> Yes <input type="checkbox"/> No Port of Entry: _____ Date: _____
If a Naturalized Citizen, list city and state where naturalized	Date Naturalized	Certificate Number

SECTION II – PREVIOUS RESIDENCE RECORD

Addresses since age 15. Account for all time spans with the most recent address first and descending in order therefrom. Include all military addresses, listing the nearest city in proximity to the base if you resided on base. If renting or leasing, include the agent or management company to whom you pay rent.

From (Month-Year) TO (Month-Year)	Address (Specify N.S.E.W.-St-Pl-Dr-City-State & Zip Code)	With whom did you live?	Relationship

References: Fill in below the names of three adults not related to you & not former employers, who have known you for a period of preferably more than five years.

1. Name		Home Address, City, State, Zip Code		Home Phone (Area Code-Number)	
Yrs known	Business Occupation or Profession	Business Address, City State, & Zip Code		Business Phone (Area Code-Number)	
2. Name		Home Address, City, State, Zip Code		Home Phone (Area Code-Number)	
Yrs known	Business Occupation or Profession	Business Address, City State, & Zip Code		Business Phone (Area Code-Number)	
3. Name		Home Address, City, State, Zip Code		Home Phone (Area Code-Number)	
Yrs known	Business Occupation or Profession	Business Address, City State, & Zip Code		Business Phone (Area Code-Number)	

SECTION III – FINANCIAL RECORD

Are you now delinquent on any financial obligation? (If yes, explain on last page)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do your monthly bills exceed your take-home pay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Indebtedness: involving you, your spouse, or your ex-spouses for which you are liable.					
To Whom Owed	Address	Date Incurred	Orig. Amt.	Amt. Due	Mo. Payment

Name & Address of Your Bank(s)	Checking Account	Savings Account
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year, Make, Body Type & License No. of Your Present Vehicle	Date Purchased	Name of Legal Owner

When answering the questions below: If there are any “Yes” blocks checked, explain fully on the continuation sheet, citing the reference and page numbers. Be complete on all explanations requested.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you, your spouse, or ex-spouses have any immediate civil action pending against you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If employed by the police department, do you anticipate any income other than your police salary?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been refused a life, automobile, health, or other insurance policy?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been garnished, filed bankruptcy, or been declared bankrupt?

SECTION IV - WORK HISTORY

Have you ever applied for a position with any law enforcement or other government agency? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, Name of Department or Agency	Date Applied	Accepted	If no, give reason for rejection or declining of appointment
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Begin with your most recent job and list your complete work history in chronological order. **Include in sequence all part-time jobs, periods of unemployment 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-workers, the name and address of a non-commissioned officer with whom you 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 – STREET, APT. OR SUITE, CITY, STATE AND ZIP CODE.**

May we contact your current employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, explain on last page.
Have you ever been discharged or asked to resign from a job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, explain on last page.
Are you currently unemployed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

From Date	Name of Employer	Job Title	Business Phone #
To Date	Address of Employer	Description of Duties	
Total Time/Experience	Full Name of Immediate Supervisor	Supervisor Phone #	Reason for Leaving:
Salary	Full Name of Co-Worker	Co-Worker Phone #	
From Date	Name of Employer	Job Title	Business Phone #
To Date	Address of Employer	Description of Duties	
Total Time/Experience	Full Name of Immediate Supervisor	Supervisor Phone #	Reason for Leaving:
Salary	Full Name of Co-Worker	Co-Worker Phone #	
From Date	Name of Employer	Job Title	Business Phone #
To Date	Address of Employer	Description of Duties	
Total Time/Experience	Full Name of Immediate Supervisor	Supervisor Phone #	Reason for Leaving:
Salary	Full Name of Co-Worker	Co-Worker Phone #	

SECTION IV - WORK HISTORY (CONTINUED)

From Date	Name of Employer	Job Title	Business Phone #
To Date	Address of Employer	Description of Duties	
Total Time/Experience	Full Name of Immediate Supervisor	Supervisor Phone #	Reason for Leaving:
Salary	Full Name of Co-Worker	Co-Worker Phone #	
From Date	Name of Employer	Job Title	Business Phone #
To Date	Address of Employer	Description of Duties	
Total Time/Experience	Full Name of Immediate Supervisor	Supervisor Phone #	Reason for Leaving:
Salary	Full Name of Co-Worker	Co-Worker Phone #	
From Date	Name of Employer	Job Title	Business Phone #
To Date	Address of Employer	Description of Duties	
Total Time/Experience	Full Name of Immediate Supervisor	Supervisor Phone #	Reason for Leaving:
Salary	Full Name of Co-Worker	Co-Worker Phone #	
From Date	Name of Employer	Job Title	Business Phone #
To Date	Address of Employer	Description of Duties	
Total Time/Experience	Full Name of Immediate Supervisor	Supervisor Phone #	Reason for Leaving:
Salary	Full Name of Co-Worker	Co-Worker Phone #	
From Date	Name of Employer	Job Title	Business Phone #
To Date	Address of Employer	Description of Duties	
Total Time/Experience	Full Name of Immediate Supervisor	Supervisor Phone #	Reason for Leaving:
Salary	Full Name of Co-Worker	Co-Worker Phone #	

SECTION V – MILITARY AND EDUCATIONAL RECORD

Military

Branch of Service (Army, Navy, Etc.)	Unit (Tank Corps, Engineers, Medics, Etc.)	Military Serial No.
Military Active Duty Dates (Do Not Inc. Short Reserve Tours of 90 Days or Less)	Highest Military Rank or Rate Held	Type of Separation
Total Months of Combat Duty	Total Months of Overseas Duty	Military Reserve Status <input type="checkbox"/> Ready <input type="checkbox"/> Standby <input type="checkbox"/> None
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever asked for or received deferment from military service? If yes, give board number, dates and full details on last page of application.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you ever court martialed, tried on charges, or subject of a summary court martial, Captains Mast, Article 15, company punishment, or any other disciplinary action while in the armed services? If yes, explain on last page.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever received a disability pension? If yes, explain on last page.	Vets Claim "C" No.

Educational

Highest Grade Completed	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Other	
Name of School	Location of School (City & State)																	
		Attendance Dates		Graduate														Degree or Number of Units
		From	To	Yes	No													

Miscellaneous

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

SECTION VI – GENERAL INFORMATION INQUIRY

NOTICE: The following questions and answers will be verified through the use of the polygraph (lie detector test). If the answer to any of the following is yes – it will be necessary for you to explain, in detail, on the continuation sheet provided.

1. If it became necessary in the course of your police duties to take a human life, would you have any reluctance to due to religious or other beliefs? (Police officer applicants only need answer this question.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever committed a felony for which you were never arrested or convicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been convicted of a misdemeanor that had been reduced from original felony charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been convicted of any criminal offense (i.e., theft, assault and battery, wrongful influence of a minor, disorderly conduct, gambling, drug offense, sex offenses, offenses involving immoral or indecent conduct, fraud, trespassing, conversion of trust, offense involving military justice, or any other criminal offenses)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been convicted of any traffic offense (i.e., operating a motor vehicle while under the influence of alcohol or drugs, reckless operation, hit skip, vehicle homicide, speeding, drag racing, willfully fleeing or eluding police, operating and unsafe vehicle, driving without a license, passing a school bus receiving or discharging passengers, or any other traffic offense, excluding parking and equipment violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. As an adult, have you ever stolen anything?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever bought or sold property that you know was stolen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has your driver's license ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you ever been committed to any penal institution as a result of either a felony or misdemeanor conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you presently under indictment or a defendant in any pending criminal, traffic, or civil citations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you ever used any hallucinogens such as marijuana, hashish, mescaline, P.C.P, T.H.C, peyote, P.C.E., T.C.P., angel dust or any of their derivatives, etc.? (If yes, age first used, age last used, total number of usages.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have you ever used any narcotics such as opium, morphine, codeine, meperidine, methadone, or any of their derivatives such darvon, lomotil, etc.? (If yes, age first used, age last used, total number of usages.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have you ever used cocaine, heroin, or L.S.D.? (If yes, age first used, age last used, total number of usages.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you ever used any prescription drugs such as barbiturates, amphetamines, valium, Librium, spools, uppers/downers, etc. without the benefit of a prescription? (If yes, age first used, total number of usages.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have you ever used any prescribed medications for purposes other than that for which they were originally prescribed or intended? (if yes, then type and use.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Have you ever used 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, etc.? (If yes, then type and use.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Have you ever sold, been party to the sale, or in any other way been finically rewarded due to the sale of any controlled substances or prescription drugs or any other substance purported to be a controlled substance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Have you ever been involved in glue sniffing or used any other such chemical agents for the purpose of obtaining a state of intoxication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Are you addicted to or use alcohol excessively or suffer from any alcohol related problems, or received any related treatments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Have you ever filed for or received compensation for any industrial compensation claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Have you ever applied for and received unemployment compensation, the amounts of which you were not eligible to receive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are you now, or have you ever, received any type of governmental support such as welfare, A.D.C., housing subsidy payments, medical or educational loans or grants that you were not eligible for, received in a fraudulent manner or after receiving became ineligible for but continued receiving?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Do you have any hatreds or prejudices toward others because of their race, sex, national origin, religion or color, which would be detrimental to your functioning as a police officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Do you have any problems because of gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Do you have any problem controlling your temper?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Have you ever been involved in an automobile accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you ever engaged in any unnatural sexual acts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have you ever engaged in any illicit sexual activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Have you ever traveled outside of the United States? (If yes, what countries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there anything in your medical or psychological history that could disqualify you from this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No



SANDUSKY POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT & PERSONAL HISTORY QUESTIONNAIRE
*****NOTICE OF AFFIRMATION*****

IT IS IMPORTANT TO READ THE STATEMENTS BELOW CAREFULLY BEFORE SIGNING THE FOLLOWING CERTIFICATE:

You must be complete and truthful in ALL your answers. All answers that you give on the City of Sandusky Application for Employment and Personal History Questionnaire (PHQ) are subject to verification. Any failure to report completely or any untruthful answers may subject you to rejection as a candidate. Information gathered during this process will be maintained in confidence to the extent permitted under Ohio law.

In addition, it is your responsibility to report any changes made to your Application or PHQ including but not limited to: address, telephone, email address, employers, and other departments in which you have applied during the selection process. Applications are kept on file for two (2) years.

A police candidate's expunged criminal records are subject to scrutiny consistent with Ohio Revised Code 2953.33, therefore, **YOU ARE REQUIRED** to make known to us, any criminal record you have that has been expunged or legally sealed. List your record or charge under the Personal History Questionnaire – "Section VI – General Information Inquiry, Page 9 under Continuation Sheet."

When complete, mail this Notice of Affirmation along with the City of Sandusky Application for Employment and the Personal History Questionnaire to the City of Sandusky Civil Service Clerk, 240 Columbus Ave. Sandusky, OH 44870 or drop-off in person at City of Sandusky Police Department, 222 Meigs St., Sandusky, Ohio 44870.

HAVE YOU READ AND DO YOU UNDERSTAND ALL THE ABOVE INSTRUCTIONS?

YES _____ NO _____

I certify that the statements contained in this application and the National Testing Network personal history questionnaire are true to the best of my knowledge. I understand that any false statements made in this application and personal history 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: _____ Date: _____



SANDUSKY POLICE DEPARTMENT

RE: APPLICATION FOR THE POSITION OF SANDUSKY POLICE OFFICER

*****AUTHORIZATION AND RELEASE FORM*****

To Whom It May Concern:

I _____ having filed an application with the Sandusky Police Department and fully recognizing the responsibility to the public and the City of Sandusky that only those of high character and ability are employed as members of the Police Department, hereby authorize and request any police official, credit bureau official, and every other person, firm, officer, corporation, association, organization, or institution having control of any documents, records, or other information pertaining to me in relation to my fitness to perform the duties and responsibilities of the Sandusky Police Officer, to furnish the originals or copies of any documents, records, and other information to Sandusky Police Department or any of its representatives, to inspect and make copies of any such documents, records, or other information.

I understand that under the Privacy Acts of the United States and the State of Ohio, certain restrictions exist relative to Police officials, school officials, credit bureau officials, and every other person from disclosing records and/or information concerning individuals without a written request by, or without the prior written consent of the individual to whom the records pertain.

Knowing and understand the above referred to protections, I hereby voluntarily grant my consent for the release of such official records or information that pertains to me concerning any information pertinent to my criminal, school, credit, business, or personal background to the following government, civilian, public, or private institutions, organizations, or person which may possess such information.

I further understand that the information requested and gathered by the Sandusky Police Department will be used solely for official evaluation of my application to become a Police Officer, and that the information will be confidential to the extent permitted by law and will not otherwise be released without my express consent.

I further hold that this consent will be valid for a period of one year from the date signed. Beyond that date, this consent is no longer valid.

APPLICANT SIGNATURE

DATE

Signed in my presence this _____ day of _____, 20____ by _____
PRINT NAME OF PERSON ACKNOWLEDGING