EPD BG.1P (Rev 02/2015)

Civil Service Commission
City of Elyria
131 Court St, Suite 204, Elyria OH 44035

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 a sworn position with the Elyria Police Department. All information provided herein will be subject to verification through source documentation, truth verification and screen procedures.

- It is your responsibility to complete this form and provide all required information.
- If you are filling out a printed copy of this form, neatly print in blue or black ink.
- You must respond 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 need more space for any response, use the last page of this form (page 26) and identify the additional information by the question number.
- Return the completed form along with your application to the Civil Service Commission.

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: You are responsible for providing complete, accurate, and truthful responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), and the Ohio Fair Employment and Housing Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

WARNING: The Ohio Revised Code provides penalties for making false statements of material fact or for practicing fraud or deception in obtaining city employment. Such penalties include rejection of appointment or discharge after employment, and/or prosecution under Section 2921.13 of the Revised Code.

I have read and	I understand the above i	instructions.		
Signature:			Date:	

	1: PERSONAL										
1. YOUR FUL	L NAME										
LAST				FIRST			MIDDLE				
2. OTHER NA	MES YOU HAVE USEI	D OR BEEN KNOWN	N BY (INCLUDE MAID	EN NAME AND	NICKNAMES)						□ N/A
3 ADDRESS	WHERE YOU LIVE										
NUMBER /							APT / UNIT				
OITV							OTATE	710			
CITY 4. MAILING A	DDRESS, IF DIFFERE	NT FROM ABOVE (F	FOR EXAMPLE, PO B	(OX)			STATE	ZIP			
	,			,							
5. CONTACT	NUMBERS										
номе ()	WORK (()	EXT	OTHER (()		CELL	FAX		
6. CONTACT	EMAIL			7. LIST AI	LL OTHER EMAIL ADDRESSE	S (SEPARATED BY	COMMAS)				
8. CITIZENSH	IIP										
Are you a	a U.S. citizen?								🗌 Ye	es [No
9. BIRTH PLA	CE (CITY / COUNTY /	STATE / COUNTRY	()								
		1									
10. BIRTHDATI	E (MM/DD/YYYY)	11. SOCIAL SECU	IRITY NUMBER	12. DRIVER'S	LICENSE		_				
42 DUVELCAL	DESCRIPTION	_		NUMBER:		STAT	ΓΕ: Ε	EXPIRES:			
	DESCRIPTION	ME	OUT		LIMID COLOD.		FVE 001	ı op.			
HEIGHT:		WEI	GHT:		HAIR COLOR:		EYE COI	LUR:			
SECTION	2: RELATIVES	AND REFERE	ENCES								
14. IMMEDIA	ΓΕ FAMILY										
• Prov	vide all applicable	information in t	the spaces below	v. • Mar	k "Deceased," if approp	riate.					
• Mar	k "N/A" if a catego	ory is not applic	able.	• If m	ore space is needed, co	ontinue on page	26 – referen	ce corre	espondir	ng nu	mbers.
	se / Domestic Pa	rtner							eceased		□ N/A
NAME			HOME ADDRESS (N	IUMBER / STRE	EET / APT)	CITY			STATE :	ZIP	
	HOME PHONE		WORK ADDRESS (N	IUMBER / STRI	EET / SUITE)	CITY			STATE :	ZIP	
	()		,		,						
	WORK PHONE		CELL PHONE		EMAIL						
	()		()								
	DATE OF MARRIAGE	/REGISTRATION			Is there, or has there e	ever been, a pro	tection order				
	/	(MM/YYYY)			in effect involving you					Yes	☐ No
	er Spouse / Forn	ner Domestic F							eceased		□ N/A
NAME			HOME ADDRESS (N	IUMBER / STRE	EET / APT)	CITY			STATE	ZIP	
	HOME PHONE		WORK ADDRESS (N	IUMBER / STRI	EET / SUITE)	CITY			STATE :	ZIP	
	()		,		,						
	WORK PHONE		CELL PHONE		EMAIL	<u> </u>					
	()		()								
	DATE OF MARRIAGE	/REGISTRATION	DATE OF DISSOLUT	TON	Is there, or has there e	ever been, a pro	tection				
	/	(MM/YYYY)	/ ((MM/YYYY)	order in effect involving					Yes	☐ No

SECTI	SECTION 2: RELATIVES AND REFERENCES continued											
14.C P	arents /	Guardians										
Lis	st ALL p	arents/guardi	ans, living o	or de	ceased, i	ncluding biological	, adoptive, foste	r, step-p	are	nts, in-laws, etc.		
	Parent	/ Guardian:	☐ Mother			☐ Step-mother		☐ In-la				Deceased
NAME					HOME AD	DRESS (NUMBER / STF	REET / APT)		CIT	Υ	STATE	ZIP
		HOME PHONE			MAILING A	ADDRESS (IF DIFFEREN	NT)		CITY	Y	STATE	ZIP
		()										
		WORK PHONE			CELL PHO	DNE	EMAIL					
		()			()							
14.C.2	Parent	/ Guardian:	☐ Mother			Step-mother		☐ In-la			lozaze.	Deceased
NAME					HOME AD	DRESS (NUMBER / STF	REEL/API)		CIT	Y	STATE	ZIP
		HOME PHONE			MAILING A	ADDRESS (IF DIFFEREN	NT)		CIT	Y	STATE	ZIP
		()										
		WORK PHONE			CELL PHO	ONE	EMAIL					
		()			()							
14.C.3	Parent	/ Guardian:	☐ Mother			☐ Step-mother		☐ In-la				Deceased
NAME					HOME AD	DRESS (NUMBER / STF	REET / APT)		CIT	Y	STATE	ZIP
		HOME PHONE			MAILING /	ADDRESS (IF DIFFEREN	NT)		CIT	Υ	STATE	ZIP
		()										
		WORK PHONE			CELL PHO	ONE	EMAIL		<u> </u>			
		()			()							
14.C.4	Parent	/ Guardian:	☐ Mother			Step-mother		☐ In-la			lozaze.	Deceased
NAME					HOME AD	DRESS (NUMBER / STF	REET / APT)		CIT	Y	STATE	ZIP
		HOME PHONE			MAILING /	ADDRESS (IF DIFFEREN	NT)		CIT	Υ	STATE	ZIP
		()										
		WORK PHONE			CELL PHO	DNE	EMAIL		ı			
		()			()							
14.D B	rothers	/ Sisters										□ N/A
Lis	st ALL L	.IVING sibling	ıs, including	half	-siblings,	step-siblings, foste	er-siblings, etc.					
14.D.1	Sibling	: Brothe] Half-bro							
NAME				AGE	HOME AD	DRESS (NUMBER / STF	REET / APT)		CIT	Υ	STATE	ZIP
		HOME PHONE			MAILING	ADDRESS (IF DIFFEREN	NT)		CIT	v	STATE	7ID
		()			MAILING /	ADDRESS (IF DIFFEREI	VI)		CII	ī	STATE	ZIF
		WORK PHONE			CELL PHO	ONE	EMAIL					
		()			()							
14.D.2	Sibling	: Brothe	r Siste	r [Half-bro	other Half-siste	er Other:					
NAME				AGE	HOME AD	DRESS (NUMBER / STF	REET / APT)		CIT	Υ	STATE	ZIP
		HOME PHONE			MAILING	ADDRESS (IF DIFFEREN	NT		CIT	v	STATE	7ID
		()			IVIAILING /	ADDRESS (IF DIFFEREN	vi)		UII	1	STATE	LIP
		WORK PHONE			CELL PHO	ONE	EMAIL					
		()			()							

SECT	SECTION 2: RELATIVES AND REFERENCES continued									
14.D.3	Sibling	g: 🔲 Brothe	er 🔲 Siste	er 🗌	Half-brother Half-sister	r Other:				
NAME				AGE	HOME ADDRESS (NUMBER / STR	EET / APT)	CITY	STATE	ZIP	
		HOME PHONE			MAILING ADDRESS (IF DIFFEREN	IT)	CITY	STATE	ZIP	
		()								
		WORK PHONE			CELL PHONE	EMAIL				
		()			()					
14.D.4	Sibling	g: 🔲 Brothe	er 🗌 Siste	er 🗌	Half-brother Half-sister	r Other:				
NAME				AGE	HOME ADDRESS (NUMBER / STR	EET / APT)	CITY	STATE	ZIP	
		HOME PHONE			MAILING ADDRESS (IF DIFFEREN	IT)	CITY	STATE	ZIP	
		()								
		WORK PHONE			CELL PHONE	EMAIL				
		()			()					
14.E (Children								□ N/A	
					ral, adopted, step, and/or foparent/guardian, if other that		other children who reside with you. F	Provide	the name	
14.E.1	Child:	Son	☐ Daughter	· 🗆	Other:					
NAME				AGE	CUSTODIAL PARENT/GUARDIAN	(IF OTHER THAN YOU)				
					ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	ZIP	
					CONTACT NUMBER	EMAIL				
					()					
14.E.2	Child:	Son	☐ Daughter	· □	Other:	<u>.</u>				
NAME				AGE	CUSTODIAL PARENT/GUARDIAN	(IF OTHER THAN YOU)				
					ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	ZIP	
					CONTACT NUMBER	EMAIL				
					()					
14.E.3	Child:	☐ Son	 Daughter		Other:	<u> </u>				
NAME				AGE	CUSTODIAL PARENT/GUARDIAN	N (IF OTHER THAN YOU)				
					ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	ZIP	
					CONTACT NUMBER	EMAIL				
					()					
14 5 4	Child:	□ 000	☐ Daughter		<u> </u>					
NAME	Cilia:		Daugnier	AGE	Other: CUSTODIAL PARENT/GUARDIAN	(IF OTHER THAN YOU)				
					ADDRESS (NUMBER / STREET /	APT)	CITY	STATE	ZIP	
					(1 11211) 11121 /	,				
					CONTACT NUMBER	EMAIL				
					()					
					` '					

SEC	SECTION 2: RELATIVES AND REFERENCES continued											
15. LI	ST OF REFER	RENCES										
•	List 6 pe	eople who know you well, such as ers. Do NOT include relatives, en	s close personal relationships, so nployers, housemates, or any in	ocial and family f dividuals listed e	riends, teachers, military colleagues, lsewhere.	and/or						
	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP					
15.1												
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP					
		()										
		WORK PHONE	CELL PHONE	EMAIL		l						
		()	()									
		How do you know this person?			How long have you known this person?							
	NAME OF R	<u> </u> EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP					
15.2	10 402 01 10		THOME A BUTTLESS (HOMBELLY, OTHER	, , ,		017112						
		LIONE PHONE	WORK ADDRESS (NUMBER / STREET / SUITE)		COLTY	OTATE	710					
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP					
		WORK PHONE	CELL PHONE	I TAAAU								
		WORK PHONE		EMAIL								
		()	()									
		How do you know this person?			How long have you known this person?							
	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP					
15.3												
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP					
		()										
		WORK PHONE	CELL PHONE	EMAIL								
		()	()									
		How do you know this person?			How long have you known this person?							
	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP					
15.4												
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP					
		()										
		WORK PHONE	CELL PHONE	EMAIL								
		()	()									
		How do you know this person?			How long have you known this person?							
	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP					
15.5												
		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP					
		()										
		WORK PHONE	CELL PHONE	EMAIL								
		()	()									
		How do you know this person?			How long have you known this person?							
		•	,			_						
15.6	NAME OF R	EFERENCE	HOME ADDRESS (NUMBER / STREET	/ APT)	CITY	STATE	ZIP					
13.0												
•		HOME PHONE	WORK ADDRESS (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP					
		()										
		WORK PHONE	CELL PHONE	EMAIL	•							
		()	()									
		How do you know this person?		How long have you known this person?								

SEC	SECTION 3: EDUCATION												
		You will be required to space is needed, continue			of to supp	ort all c	of your	education	nal claims	in Section	3.		
16. C	HECK APPL	ICABLE N	MM/YYYY	MM/	YYYY						_		
		ligh School Diploma:	/	GED: /									
17. L	IST HIGH SC	:HOOL(S) ATTENDED											
	NAME OF H	IGH SCHOOL							FROM (MM/Y	YYY)	TO (MM/YY)	YY)	
17.1									/		,	/	
	•		CIT	Y							STATE		
17.2	NAME OF H	IGH SCHOOL							FROM (MM/Y	YYY)	TO (MM/YY)		
			CIT	./					/		STATE	/	
			CIT	ı							STATE		
18. L		LEGES AND UNIVERSITIES A	ATTENDED		FROM (MM/	YYYY)	TO (M	M/YYYY)	TOTAL	JNITS COMPLE	TED		
18.1					/	,	(1		<u></u>		SEM SYSTEM	
		ADDRESS (NUMBER / STREE	T)						T	YPE OF DEGRE	_		
		CITY						ZIP	М	MAJOR / AREA OF STUDY			
	T			_									
18.2	NAME OF COLLEGE/UNIVERSITY				FROM (MM/	YYYY)	TO (M	M/YYYY)	TOTAL	JNITS COMPLE			
		ADDRESS (NUMBER / STREET)						/		QTR S YPE OF DEGRE		SEM SYSTEM	
		TABBITESS (NOMBERT STREET	.,						·	TI E OF BEOK			
		CITY				8	STATE	ZIP	M	AJOR / AREA (AREA OF STUDY		
18.3	NAME OF C	OLLEGE/UNIVERSITY			FROM (MM/	YYYY)	TO (M	M/YYYY)	TOTAL	JNITS COMPLE			
10.0			_		/			/				SEM SYSTEM	
		ADDRESS (NUMBER / STREE	1)						I	YPE OF DEGRE	EE EARNED		
		CITY				S	STATE	ZIP	M	AJOR / AREA (OF STUDY		
	NAME OF C	OLLEGE/UNIVERSITY			FROM (MM/	YYYY)	TO (M	M/YYYY)	TOTAL (JNITS COMPLE	ETED		
18.4					/			/		_ QTR S	SYSTEM	SEM SYSTEM	
•		ADDRESS (NUMBER / STREE	T)						T	YPE OF DEGRE	EE EARNED		
		CITY				I	STATE	ZIP	M	AJOR / AREA (DE STLIDY		
		0111					TAIL	211	IVI	AJOIC/ AIREA C	51 01051		
19. L		DE, VOCATIONAL, AND BUS				ROM (MM	1/YYYY)	TO (MM/	YYYY)	DID YOU CO	OMPLETE TH	E COURSE?	
19.1	TO AVIL OF T	TO DE, VOOMMONTE, ON BOOM	11200 001100211	101110112	·	/			/	_	_	No	
		CITY				STAT		PE OF SCHOO		_			

SEC	TION 3:	EDUCATION continued							
40.0	NAME OF T	RADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE		FF	ROM (MM/)	YYY)	TO (MM/YYYY)	DID YOU CO	OMPLETE THE COURSE?
19.2					/		/		Yes No
		CITY			STATE	TYPE	OF SCHOOL OR TRAI	NING	
20.	Have you	ever taken a Concealed Carry Course?							Yes No
20.	-	ovide the following information:							1e3 110
		A. COURSE PRESENTER NAME					LOCATION (CITY / S	TATE)	
		B. COURSE COMPLETION						LOOMBI	ETION DATE (MANAGON)
		Did you successfully complete the course?.					□ vos 「	☐ No	LETION DATE (MM/YYYY)
		Did you successfully complete the course!.					les [_ 140	1
21.	Have you	ever attended an OPOTA Basic Course/Academy	?						Yes No
	IF YES, p	ovide the following information:							
	NAME OF A	CADEMY		[ec	ROM (MM/Y	VVV)	TO (MM/YYYY)	DID V	OU PASS/GRADUATE?
21.1	NAME OF A	CADEWI		- 11	COIVI (IVIIVI) I	111)	/ (IVIIVI/1111)	I DID 1	☐ Yes ☐ No
	LOCATION	(CITY, STATE)	NAME OF TR	RAINING OF	FICER / AC	CADEMY	COORDINATOR	CONT	ACT NUMBER
	200/111011	(61.1, 61.1.2)	102 01 11.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		()
	NAME OF A	CADEMY		FF	ROM (MM/Y	YYY)	TO (MM/YYYY)	DID Y	OU PASS/GRADUATE?
21.2	2				/		/		☐ Yes ☐ No
	LOCATION	OCATION (CITY, STATE) NAME OF TRAINING OFFICER / ACADEMY COORDINATOR				CONT	ACT NUMBER		
								()
	from any h	ever been subject to any disciplinary action, including high school(s), college/university, business, trade secribe in detail below. Starting with high school, lissic course. Include when the disciplinary action(s)	school, or O	POTA ba	asic cour nary acti	se/acad ons rec	lemy?	ol, education	
SEC	TION 4:	RESIDENCE HISTORY							
23 . l	LIST OF RESII	DENCES							
	List all	esidences during the last 10 years or since age	15.						
	If the re	complete addresses (include markers such as St sidence is a military base, identify name of base in you shared individual quarters. space is needed, continue your response on page	address, n						
	ADDRESS	VHERE YOU NOW LIVE (NUMBER / STREET / APT)					FROM (MM	/YYYY)	TO (MM/YYYY)
23.1								/	Present
	CITY STATE ZIP IF RENTING: PROPERTY MANAGEMENT OF THE PROPERTY OF THE P					AGER, RENT CO	DLLECTOR, OR OWNER		
	MAILING A	DRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR O	WNER (NUMB	ER / STREE	T / APT / F	O BOX)	C	ONTACT NUMB	ER
							()	
	CITY		STATE	ZIP		EMAIL			
	Name(s)	of those with whom you live:							

SEC	TION 4: RESIDENCE HISTORY continued								
	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (M	M/YYYY)	TO (MM/YYYY)		
23.2					/		/		
	CITY	STATE	ZIP	IF RENTING: PROP	PERTY MA	NAGER, RENT CO	DLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	ER (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER		
	CITY	STATE	ZIP	EMAIL		()			
	Name(s) of those with whom you lived:								
	Reason for moving:								
	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MI	M/YYYY)	TO (MM/YYYY)		
23.3					/		/		
	CITY	STATE	ZIP	IF RENTING: PROF	PERTY MA	NAGER, RENT CC	LLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER		
						()			
	CITY	STATE	ZIP	EMAIL					
	Name(s) of those with whom you lived:								
	Reason for moving:								
23.4	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MI	M/YYYY)	TO (MM/YYYY)		
	CITY	STATE	ZIP	IF PENTING: PROF	,	NACED DENT CO	LLECTOR, OR OWNER		
	GIT	SIAIE	ZIF	IF RENTING. PROF	EKIT WA	NAGER, RENT CO	LLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	ER / STREET / APT /	PO BOX)		CONTACT NUMB	ER		
						()			
	CITY	STATE	ZIP	EMAIL					
	Name(s) of those with whom you lived:								
	Reason for moving:								
23.5	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MI	M/YYYY)	TO (MM/YYYY)		
20.0					/		/		
	CITY	STATE	ZIP	IF RENTING: PROF	PERTY MA	NAGER, RENT CO	LLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNE	R (NUMB	FR / STREET / APT /	PO BOX)	ľ	CONTACT NUMB	ER .		
	The second of the Entry Williams Car, NEW SCEED FOR, ON SINCE	in (Nomb	ER, OIREET, M. T.	10000		()			
	CITY	STATE	ZIP	EMAIL					
	Name(s) of those with whom you lived:								
	Reason for moving:								

	SECTION 4: RESIDENCE HISTORY continued											
24. L	IST OF HOU	ISEMATES										
•		contact information for all housemates listed in Question 23 with whom you l	nave	resided during the	past 10 year	rs or si	nce ag	e 15.				
•		Flist anyone for whom you have already provided contact information.										
•	It more	space is needed, continue your response on page 26.										
24.4	NAME OF H	OUSEMATE			CONTACT NUM	MBER						
24.1					()							
•		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			STATE	ZIP					
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL								
	NAME OF H	OUSEMATE			CONTACT NUI	MBER						
24.2					()							
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY			STATE	ZIP					
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL								
24.3	NAME OF H	IOUSEMATE			CONTACT NUM	MBER						
			CITY		()							
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)			STATE	ZIP						
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.) EMAIL												
		NATURE OF RELATIONORIII (E.O., RELATIVE, EARDEOND, FRIEND, FRODELWATE ONET, ETC.)		LIVIALE								
	NAME OF H	OUSEMATE			CONTACT NUI	MBER .						
24.4					()							
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	,	()	STATE	ZIP					
		· · ·										
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL								
	NAME OF H	OUSEMATE			CONTACT NUI	MBER						
24.5					()							
		CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	•		STATE	ZIP					
		NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL								
25	Have you	over been evicted or acked to leave a residence?					Voc	☐ No				
25.	riave you	ever been evicted or asked to leave a residence?				⊔	162					
26.	Have you	ever left a residence owing rent, utilities, or other household expenses?					Yes	☐ No				
	ı you ansv	vered "YES" to Questions 25 and/or 26, explain (include when, where, and ci	rcum	istances):								

EPD BG.1P (Rev 02/2015)

SECTION 5: EXPERIENCE AND EMPLOYMENT

27. JOB EXPERIENCE

- List ALL jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your most current.)
- 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.
- If more space is needed, continue your response on page 26.

	NAME OF CURRENT EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)
27.1						1	1
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVI	SOR	
	CITY		STATE	ZIP	CONTACT	T NUMBER	EXT
					()		
	JOB TITLE / RANK			EM	AIL		•
	DUTIES / ASSIGNMENTS					(CHECK ALL THAT APPL	
						Temp Self-emplo	oyed
	NAMES OF CO-WORKERS	I		REASON FOR	WANTING	TO LEAVE	
	1)	2)					
	Would there be a problem if we contact y	our current employer?					. Yes No
	IF YES, explain:						
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
27.2	☐ Student ☐ Between jobs ☐ Lea	ve of absence _ N/A _	Other:	_		/	/
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)
27.3	NAME OF EMPLOYER OR MILITARY UNIT						,
	ADDRESS (AUMER LOTDEET LOUTE LOD DAGE)				SUPERVIS	/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SUR	
	CITY		STATE	ZID	CONTACT	NUMBER	EXT
	CIT		STATE	ZIF			EXI
	JOB TITLE / RANK				()		
	JOB III LE / IVAIN				LIVIAIL		
	DUTIES / ASSIGNMENTS			TYPE OF EMP	LOYMENT (CHECK ALL THAT APPL	Y)
	501125/7100161.tm2.tt0					Temp ☐ Self-emplo	
	NAMES OF CO-WORKERS			REASON FOR		тоттр 🗀 ост еттри	Joa
	1)	2)		32			
	''						
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
27.4	☐ Student ☐ Between jobs ☐ Lea	ve of absence \Bigcup N/A \Bigcup	Other:			/	/
	_ ,			_			

SEC	SECTION 5: EXPERIENCE AND EMPLOYMENT continued											
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)				
27.5						/		/				
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SOR SOR						
	CITY	STATE	ZII	P	CONTACT	NUMBER		EXT				
					()							
	JOB TITLE / RANK		<u> </u>		EMAIL							
	DUTIES / ASSIGNMENTS			TYPE OF EMPI	LOYMENT (CHECK ALL THAT APPL	Y)					
				☐ FT ☐	PT 🔲 :	Temp Self-emplo	yed	Volunteer				
	NAMES OF CO-WORKERS			REASON FOR								
	1) 2)											
	l .											
27.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)				
27.0	☐ Student ☐ Between jobs ☐ Leave of absence ☐ N/A ☐ Other	r:	_			/		/				
	NAME OF EMPLOYER OR MILITARY UNIT					EPOM (MM/VVVV	TO /	MM/VVVV				
27.7	NAME OF EMPLOTER OR WILLIAM FUNT					FROM (MM/YYYY)	10 (MM/YYYY)				
	ADDRESS ANNADED (OTDEST OUTS 100 DAGS)				OUDES	/		/				
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SUK						
	A-10-1	I										
	CITY	STATE	ZII	P	CONTACT	NUMBER		EXT				
	IOD TITLE (DANK				()							
	JOB TITLE / RANK	EMAIL										
	DUTIES / ASSIGNMENTS	TO A SERVICE OF THE CONTROL OF THE C										
	DUTIES/ ASSIGNMENTS					CHECK ALL THAT APPLY Temp Self-employ		Voluntoor				
	NAMES OF CO-WORKERS			REASON FOR		Temp Sell-emplo	yeu	volunteer				
	1) 2)			REAGOITT OR	LL/(VIII)							
	1) 2)											
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)				
27.8	☐ Student ☐ Between jobs ☐ Leave of absence ☐ N/A ☐ Other	r:				/		/				
27.9	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)				
21.5						/		/				
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SOR						
	CITY	STATE	ZII	Р	CONTACT			EXT				
					()							
	JOB TITLE / RANK				EMAIL							
	DUTIES / ASSIGNMENTS				,	CHECK ALL THAT APPL	,					
						Temp Self-emplo	yed	Volunteer				
	NAMES OF CO-WORKERS			REASON FOR	LEAVING							
	1) 2)											
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)				
27.10						/	. 0 (1	/				
	Student Between jobs Leave of absence N/A Other		_			/		1				

SEC	SECTION 5: EXPERIENCE AND EMPLOYMENT continued											
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (N	MM/YYYY)			
27.11							/		/			
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	SOR		,			
	7.55.1256 (No.11521.7 51.12.7 51.15.162.)					001 21111						
	CITY		STATE	7IF)	CONTACT	NUMBER		EXT			
			017112			()						
	JOB TITLE / RANK					EMAIL						
	000 11122718888											
	DUTIES / ASSIGNMENTS				TYPE OF EMPI	LOYMENT (CHECK ALL THAT APPL	.Y)				
							Temp Self-emplo		□ Volunteer			
	NAMES OF CO-WORKERS				REASON FOR		Tomp Gon ompic	,,ou				
	1) 2)											
	-/											
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (N	MM/YYYY)			
27.12	☐ Student ☐ Between jobs ☐ Leave of absence	. □ N/A □ Othe	r:				/		/			
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (N	MM/YYYY)			
27.13							/		/			
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	SOR					
	CITY		STATE	ZIF)	CONTACT	NUMBER		EXT			
						()						
	JOB TITLE / RANK											
	DUTIES / ASSIGNMENTS				TYPE OF EMPI	LOYMENT (CHECK ALL THAT APPL	.Y)				
					☐ FT ☐	PT 🔲	Temp Self-emplo	yed	Volunteer			
	NAMES OF CO-WORKERS				REASON FOR		. —	-				
	1) 2)											
07.44	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (N	MM/YYYY)			
27.14	☐ Student ☐ Between jobs ☐ Leave of absence	N/A Othe	r:				/		/			
27.15	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (N	MM/YYYY)			
27.15							/		/			
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS	SOR					
	CITY		STATE	ZIF		CONTACT	NUMBER		EXT			
						()						
	JOB TITLE / RANK					EMAIL						
	DUTIES / ASSIGNMENTS				TYPE OF EMPI	LOYMENT (CHECK ALL THAT APPL	.Y)				
					☐ FT ☐	PT 🔲	Temp Self-emplo	yed	Volunteer			
	NAMES OF CO-WORKERS				REASON FOR	LEAVING						
	1) 2)											
							50011/40122222	I TC	1110000			
27.16	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (I	MM/YYYY)			
27.10	☐ Student ☐ Between jobs ☐ Leave of absence	e □ N/A □ Othe	r:	_			/		/			

SEC	SECTION 5: EXPERIENCE AND EMPLOYMENT continued								
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MN	M/YYYY)	
27.17						/		/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE) SUPERVI							•	
	,								
	CITY		STATE	7IP	CONTACT	NUMBER	l F	EXT	
			OIXIL	211	(TOMBER	-		
	JOB TITLE / RANK				EMAIL				
	JOB TITLE / RAINK				EIVIAIL				
							10		
	DUTIES / ASSIGNMENTS					CHECK ALL THAT APPL	,	7	
						Temp Self-emplo	oyed _	_ Volunteer	
	NAMES OF CO-WORKERS			REASON FOR	LEAVING				
	1)	2)							
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MA	M/YYYY)	
27.18						(WIW/TTTT)	TO (IVIII		
	☐ Student ☐ Between jobs ☐ Leave	e of absence N/A Other	r:	_		/		/	
	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (NAN	M/YYYY)	
27.19	TO THE OF EACH ESTER SICK MILE IT ACT SIGN					1	10 (1011)		
						/		/	
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVI	SOR			
	CITY		STATE	ZIP	CONTACT	「 NUMBER	E	EXT	
					()				
	JOB TITLE / RANK				EMAIL				
	DUTIES / ASSIGNMENTS			TYPE OF EMP	LOYMENT (CHECK ALL THAT APPL	_Y)		
				☐ FT ☐	PT 🗌	Temp Self-emplo	oyed	Volunteer	
	NAMES OF CO-WORKERS			REASON FOR	LEAVING				
	1)	2)							
						[T=0 0.0	****	
27.20	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MI	M/YYYY)	
27.20	☐ Student ☐ Between jobs ☐ Leave	e of absence	r:	<u>-</u>		/		/	
							•		
	Have you ever been disciplined at work? (This					Г	¬ _V	□ Na	
	reprimands, and suspensions, reductions in p	pay, reassignments, or demotions.)			L	Yes	∐ No	
29.	Have you ever been fired, released from prob	bation, or asked to resign from any	place o	of employment	?	[Yes	☐ No	
30.	Were you ever involved in a physical/verbal a	altercation with a supervisor, co-wo	orker, or	customer?		[Yes	☐ No	
31.	Have you ever quit without giving notice?					[Yes	☐ No	
						_			
32.	Have you ever resigned in lieu of termination	?					Yes	☐ No	
33.	Have you ever been accused of discrimination	on (such as sexual harassment, rad	cial bias	. sexual orienta	ation hara	ssment, etc.)			
	by a co-worker, superior, subordinate or cust						Yes	☐ No	
34.	Were you ever the subject of a written comple	aint at work?					Yes	∐ No	
	Harris and the second of the s	a latamana an abasas - O				г	¬.,		
35.	Have you ever been counseled at work due t	o lateness or absences?					Yes	∐ No	

SEC	CTION 5: EXPERIENCE AND EMPLOYMENT continued							
36.	Did you ever receive an unsatisfactory performance review?	☐ No						
37.	Have you ever sold, released, or given away legally confidential information?	□No						
38.	Have you ever called in sick when you were neither sick nor caring for a sick family member?	No						
	If you answered "YES" to any of Questions 28–38 , explain (include when, where, and circumstances – reference corresponding numbers)							
39.	In the past three years, have you missed days or been late to work due to drug or alcohol consumption?	☐ No						
40.	IF YES, how often? Has your work performance ever been affected by your use of alcohol or drugs?	☐ No						
	IF YES, when? Name of employer:							
41.	In the past three years , have you been warned by an employer about your drinking or drug habits and their impact on your performance?	□No						
42.	Have you <i>ever</i> applied for <i>any</i> position at another law enforcement agency (city, county, state, or federal)?	∐ No						
	 If you answered "YES" to Question 42, list EVERY agency you have applied to, starting with the most recent. Give complete and accurate addresses. All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency. If more space is needed, continue your response on page 26. 							
42.1	NAME OF LAW ENFORCEMENT AGENCY DATE APPLIED (MM/YYYY)							
	ADDRESS (NUMBER / STREET) BACKGROUND INVESTIGATOR'S NAME (IF KN	OWN)						
	CITY STATE ZIP CONTACT NUMBER EX	T						
	POSITION APPLIED FOR EMAIL							
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:	ol Office						
	STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief's Oral Conditional STATUS: Hired On Eligibility List Withdrawn Disqualified List Expired	ai Ollef						

	TION 5: EXPERIENCE AND EMPLOYMENT continued						
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	(Y)	
42.2					/		
•	ADDRESS (NUMBER / STREET)			BACKGROUND IN	IVESTIGATOR'S NAME (IF	KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMB	ER	EXT	
		()					
	POSITION APPLIED FOR						
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
		.auanh/C	N/CA Deck		info Oral D Conditi	ional Offer	
	STEP: Application Written Physical Ability Oral PolySTATUS: Hired On Eligibility List Withdrawn Disqualified	-		ground L Cn	iei's Orai 🔲 Conditi	ional Oller	
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	(Y)	
42.3					1		
	ADDRESS (NUMBER / STREET)			BACKGROLIND IN	/ IVESTIGATOR'S NAME (IF	(KNOWN)	
	ADDICES (NOMBER / STREET)			BACKOROGIVE	VVEOTION FOR OTAMIE (II	idiowity)	
	CITY	STATE	ZIP	CONTACT NUMB	ER	EXT	
				()			
	POSITION APPLIED FOR		EMAIL	, ,			
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
	STEP: Application Written Physical Ability Oral Poly	/graph/C	VSA Back	ground	ief's Oral	ional Offer	
	STATUS: Hired On Eligibility List Withdrawn Disqualified	List E	expired				
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYY	(Y)	
42.4					/		
	BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)						
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	IVESTIGATOR'S NAME (IF	KNOWN)	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	IVESTIGATOR'S NAME (IF	KNOWN)	
		ISTATE	7IP		ì	·	
	ADDRESS (NUMBER / STREET) CITY	STATE	ZIP	BACKGROUND IN CONTACT NUMB ()	ì	KNOWN)	
	СІТУ	STATE	ZIP		ì	·	
		STATE			ì	·	
	CITY POSITION APPLIED FOR	STATE			ì	·	
	CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:		EMAIL	CONTACT NUMB	ER	EXT	
	CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly	/graph/C	EMAIL	CONTACT NUMB	ER	EXT	
	CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrawn Disqualified	/graph/C	EMAIL	CONTACT NUMB	ER ief's Oral □ Conditi	EXT	
42.5	CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly	/graph/C	EMAIL	CONTACT NUMB	ER	EXT	
42.5	CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrawn Disqualified	/graph/C	EMAIL	CONTACT NUMB () ground	ief's Oral Conditi	EXT ional Offer	
42.5	CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrawn Disqualified NAME OF LAW ENFORCEMENT AGENCY ADDRESS (NUMBER / STREET)	/graph/C	EMAIL	CONTACT NUMB () ground	ief's Oral Conditi	EXT ional Offer	
42.5	CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrawn Disqualified NAME OF LAW ENFORCEMENT AGENCY	/graph/C	EWAIL EVSA Backe	CONTACT NUMB () ground	ief's Oral Conditi	EXT ional Offer	
42.5	CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrawn Disqualified NAME OF LAW ENFORCEMENT AGENCY ADDRESS (NUMBER / STREET)	/graph/C ☐ List E	EMAIL EVSA Backet Expired	CONTACT NUMB () ground	ief's Oral Conditi	ional Offer (Y) KNOWN)	
42.5	CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrawn Disqualified NAME OF LAW ENFORCEMENT AGENCY ADDRESS (NUMBER / STREET)	/graph/C ☐ List E	EWAIL EVSA Backe	CONTACT NUMB () ground	ief's Oral Conditi	ional Offer (Y) KNOWN)	
42.5	CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrawn Disqualified NAME OF LAW ENFORCEMENT AGENCY ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR	/graph/C ☐ List E	EMAIL EVSA Backet Expired	CONTACT NUMB () ground	ief's Oral Conditi	ional Offer (Y) KNOWN)	
42.5	CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrawn Disqualified NAME OF LAW ENFORCEMENT AGENCY ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:	/graph/C List E	EWAIL EVSA Backet Expired ZIP EMAIL	CONTACT NUMB () ground	ief's Oral Condition DATE APPLIED (MM/YYY) / IVESTIGATOR'S NAME (IF	ional Offer (Y) KNOWN) EXT	
42.5	CITY POSITION APPLIED FOR CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS: STEP: Application Written Physical Ability Oral Poly STATUS: Hired On Eligibility List Withdrawn Disqualified NAME OF LAW ENFORCEMENT AGENCY ADDRESS (NUMBER / STREET) CITY POSITION APPLIED FOR	/graph/C List E STATE	EMAIL EVSA Backet Expired EMAIL EWSA Backet	CONTACT NUMB () ground	ief's Oral Condition DATE APPLIED (MM/YYY) / IVESTIGATOR'S NAME (IF	ional Offer (Y) KNOWN) EXT	

SEC	SECTION 5: EXPERIENCE AND EMPLOYMENT continued								
	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	YY)			
42.6			/						
	ADDRESS (NUMBER / STREET)	BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)					
	, , , , , , , , , , , , , , , , , , ,		,	,					
	CITY	CONTACT NUMBE	R	EXT					
				()					
	POSITION APPLIED FOR		EMAIL	,					
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:								
	STEP: Application Written Physical Ability Oral Po	lvgraph/C	VSA □ Back	around \square Chi	ef's Oral	ional Offer			
	STATUS: Hired On Eligibility List Withdrawn Disqualified			g					
	NAME OF LAW ENFORCEMENT AGENCY	_	<u>'</u>		DATE APPLIED (MM/YY)	YY)			
42.7					,	,			
				I DA OKODOLINIO INI	/	1/01/01/01			
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	· KNOWN)			
	CITY	STATE	ZIP	CONTACT NUMBER	R	EXT			
				()					
	POSITION APPLIED FOR		EMAIL						
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:								
	STEP: Application Written Physical Ability Oral Po	lygraph/C	VSA Back	ground	ef's Oral 🔲 Condit	ional Offer			
	STATUS: Hired On Eligibility List Withdrawn Disqualified	List E	Expired						
SEC	TION 6: MILITARY EXPERIENCE								
43.	Are you required to register for the Selective Service?				Ye	es 🗌 No			
	IF YES, have you registered?				Ye	s No			
	IF NO, explain:								
	п то, охран								
44.	Have you ever served in the military?				Ye	es 🗌 No			
45.	If you answered "YES" to Question 44, include the following service information	ition:							
	BRANCH OF SERVICE			FROM (MM/YYY	Y) TO (MM/YY	YY)			
				/		/			
	TYPE OF DISCHARGE								
	☐ Entry Level ☐ Honorable ☐ General ☐ OTH (O	ther than	Honorable)	☐ Bad Cond	uct Dishonora	able			
	Re-entry Code (1–4) if applicable – refer to your DD-214:		,						
46.	Are you currently participating in one of the following?								
	☐ Military Reserve ☐ National Guard ☐ IF CHECKED, date obligation	ion ends	(MM/DD/YY):						
			·						
47.	Have you ever been the subject of any judicial or non-judicial disciplinary a	•		•					
	mast, office hours, company punishment)?				∐ Ye	es L No			
48.	Were you ever denied a security clearance, or had a clearance revoked, su	spended	, or downgrade	d?	Ye	es 🗌 No			
49.	Have you ever taken military property without permission for personal use,	to sell, or	to give away?		Ye	es 🗌 No			

SE	CTIC	ION 6: MILITARY EXPERIENCE continued	
	lf y	you answered "YES" to any of Questions 47–49 , explain (include dates and circumstances).	
0=	-		
		ION 7: FINANCIAL COME AND EXPENSES	
50.			
		For each of the following questions (50A , B , C), fill in the amounts to the nearest dollar. For Question 50C: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and of the following expenses.	20"
		maintenance, entertainment, etc., as well as any other obligations you may have.	Ual
		A) From your employer(s), what is your take-home monthly income?	onth
		B) Do you have other sources of income? (IF YES, fill in amount and explain.)	onth
		Explain:	
		C) How much do you spend each month? per m	onth
		C) How much do you spend each month?per m	Ontri
51.	На	ave you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	□No
52.	Ha	ave any of your bills ever been turned over to a collection agency?	П No
			□ No
			☐ No
55.	На	ave you ever been delinquent on income or other tax payments?	☐ No
56.	На	ave you ever failed to file income tax or cheated/lied on an income tax form?	☐ No
57.	На	ave you ever had an employment bond refused? Yes	□No
58.	На	ave you ever avoided paying any lawful debt by moving away?	□No
59.	На	ave you ever defaulted on (failed to pay) a loan?	☐ No
60	Ha	ave you ever borrowed money to pay for a gambling debt?	□No
00.			□ No
61.	На	ave you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?	□ No
62.	На	ave you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	☐ No
63.	На	ave you written three or more bad checks in a one-year period?	☐ No
	lf y	you answered "YES" to any of Questions 51-63, explain (include when, where, and why - reference corresponding numbers).	

EPD BG.1P (Rev 02/2015)

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a police officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. It is strongly recommended that you consult with an attorney before omitting any information.

•	If more space is needed, continue your response on page 26.							
	4. Have you EVER been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? IF YES, explain each incident:							
64.1	CHARGE	APPROX DATE (MM/YYYY) /	ARRESTING OR DETAINING AGENCY					
	DISPOSITION OR PENALTY							
64.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY					
	DISPOSITION OR PENALTY CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY					
64.3		/						
	DISPOSITION OR PENALTY							
65.	Have you ever been placed on court probation?		Yes	☐ No				
	Were you ever required to appear before a juvenile court for an accommitted as an adult?			□No				
	Have you ever been a party in a civil lawsuit (e.g., small claims act support, etc.)?			□No				
68.	Have the police ever been called to your home for any reason?		Yes	□No				
69.	Have you or your spouse/partner ever been referred to Children So	ervices?	Yes	□No				
70.	Have you ever been the Subject of a criminal or civil protection ord	ler/restraining order/stay-a	away order? Yes	□ No				

SEC	TION 8: LEGAL continued		
71.	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?	es	□No
72.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	es	□No
73.	Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?	es	□No
74.	Have you ever filed a false insurance or workers' compensation claim?	es	□No
	If you answered "YES" to any of Questions 65–74 , explain (include court case or document, dates, and circumstances – reference conumbers).	rres	ponding
	патього).		
-			
-			
-			
-			
		_	
▶ I	nvolvement in Criminal Acts – Part 1		
75.	Have you committed any of the following acts within the past 10 years? (You do NOT have to report any acts committed prior to ag	e 15	.)
•	You MUST include any acts committed at any time after you were first employed in law enforcement, including as a Police Auxiliary Police Cadet. NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or strelieved you from reporting the detention, arrest, or conviction that arose from it.		
75.1	Animal abuse and/or neglectYe	S	☐ No
75.2	Telecommunication harassment (Annoying, obscene, or harassing contacts by telephone or other electronic communication device)	s	☐ No
75.3	Assault (cause or attempt to cause physical harm to another)	s	□No
75.4	Brandishing a weapon (any type of weapon)	s	□No
75.5	Carrying a concealed weapon without a permit	s	☐ No
75.6	Contributing to the delinquency of a minor Ye	s	☐ No
75.7	Theft by Deception (not paying for food or room at a hotel/motel, campground, etc.)	s	☐ No
75.8	Dominitia Violence (course or ottomette course physical borns to family/bounded more box)		□No
	Domestic Violence (cause or attempt to cause physical harm to family/household member)	s	
75.9	Driving under the influence of alcohol and/or drugs		□ No
75.9 75.10		s	
	Driving under the influence of alcohol and/or drugs	es es	☐ No
75.10	Driving under the influence of alcohol and/or drugs Ye Disorderly Conduct (violent turbulent behavior, intoxicated in a public place) Ye	es es	□ No

SECT	TION 8: LEGAL continued	
75.14	Falsification (knowingly make a false statement in any official proceeding or to mislead a public official)	□No
75.15	Impersonating a police officer (pretending to be a police officer)	□No
75.16	Public Indecency and/or lewd or obscene conduct Yes	□No
75.17	Intentionally writing a bad check Yes	□No
75.18	Unauthorized Use of Motor Vehicle (using a car or other vehicle without owner's permission)	□No
75.19	Voyeurism (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy) Yes	□No
75.20	Petty theft (value up to \$1000, including shoplifting/switching price tags)	□No
75.21	Possession of alcohol (Under 21 years of age)	□No
75.22	Possession of falsified or altered identification, including use of another person's ID (for any reason)	□No
75.23	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	□No
75.24	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	□No
75.25	Reckless driving	□No
75.26	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	□No
75.27	Criminal Trespassing	□No
75.28	Criminal Damaging or Mischief (property damage)	□No
75.29	Any other act amounting to a misdemeanor	☐ No
•	If you answered "YES" to ANY of the item(s) in Question 75 , fully explain circumstances, including dates, names of individuals involve and resolution. Reference the corresponding number (e.g., 75.5) for each explanation. If more space is needed, continue your response on page 26.	ed,
•	and resolution. Reference the corresponding number (e.g., 75.5) for each explanation.	od,
-	and resolution. Reference the corresponding number (e.g., 75.5) for each explanation.	ed,
▶ In	and resolution. Reference the corresponding number (e.g., 75.5) for each explanation. If more space is needed, continue your response on page 26.	ed,
► In 76.	and resolution. Reference the corresponding number (e.g., 75.5) for each explanation. If more space is needed, continue your response on page 26. Volvement in Criminal Acts – Part 2	
► In 76.	and resolution. Reference the corresponding number (e.g., 75.5) for each explanation. If more space is needed, continue your response on page 26. volvement in Criminal Acts – Part 2 At any time in your life, have you EVER committed any of the following acts? NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state	
▶ In	and resolution. Reference the corresponding number (e.g., 75.5) for each explanation. If more space is needed, continue your response on page 26. Volvement in Criminal Acts – Part 2 At any time in your life, have you EVER committed any of the following acts? NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state elieved you from reporting the detention, arrest, or conviction that arose from it.	law

SECT	ION 8: LEGAL continued	
76.4	Burglary (trespass into an occupied structure to commit theft or other crime)	□No
76.5	Unlawful sexual conduct with a minor (performing unlawful acts with a child, inappropriate touching of a child)	□No
76.6	Domestic Violence (Felony, 2 nd offense, serious physical harm)	□No
76.7	Felony drunk driving (involving injuries)	□No
76.8	Rape (Forcible or statutory)	□No
76.9	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	□No
76.10	Fraudulent use of a credit, ATM, debit, and/or check card	☐ No
76.11	Grand theft (value of over \$1000, motor vehicle, dangerous drug, or any firearm)	☐ No
76.12	Hit & run (with injuries)	□ No
76.13	Hate crimes	□No
76.14	Illegal sex acts (sexual battery, gross sexual imposition, sexual imposition, importuning, pandering obscenity)	□No
76.15	Insurance fraud Yes	□No
76.16	Murder, homicide, attempted murder, manslaughter	□No
76.17	Perjury (lying under oath) Yes	□No
76.18	Possession of an explosive/destructive device	□No
76.19	Robbery (theft from another person using a weapon, force, or fear)	□No
76.20	Menacing by Stalking	□No
76.21	Theft of a vehicle and/or vehicle parts Yes	□No
76.22	Viewing and/or possessing child pornography	□No
76.23	Breaking and Entering (Trespass in an unoccupied structure to commit theft or any offense)	□No
76.24	Any other act amounting to a felony	□No
•	If you answered "YES" to ANY of the item(s) in Question 76 , fully explain circumstances, including dates, names of individuals involve and resolution. Reference the corresponding number (e.g., 76.3) for each explanation. If more space is needed, continue your response on page 26.	ed,

SEC	CTION 8: LEGAL continued						
▶ I	llegal Use of Drugs						
•	For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting "high." Your responses should include — <i>but not be limited to</i> — your use of any of the following:						
	 ▶ Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc) ▶ Marijuana (with or without a prescription) ▶ Mescaline ▶ Cocaine / Crack Cocaine ▶ Morphine ▶ Designer Drugs (Ecstasy, Bath Salts, Synthetic Heroin or Cannabis, etc., ▶ PCP / Angel Dust ▶ GHB (Date Rape Drug) ▶ Quaaludes ▶ Hallucinogens (Peyote, LSD, Mushrooms) ▶ Steroids ▶ Hashish / Hashish Oil ▶ Tetrahydrocannabinal (THC, Wax) ▶ Glue, paint, or any substance containing toluene 						
77.	Within the past TWO YEARS, have you used any drug(s) as indicated and described above?						
	IF YES, give details including drug(s) used, most recent date used, and circumstances:						
78.	Prior to the past TWO YEARS:						
	1. I have <i>never</i> used any illegal drug as indicated and described above.						
	2. I have tried or used one or more illegal drugs as indicated and described above, but only under <i>limited</i> circumstances (for example, experimentation, at parties, concerts, special events, etc.)						
	3. I have used one or more illegal drugs as indicated and described above on five or more occasions. IF YOU CHECKED BOX 2 or 3, give details including <i>drug(s)</i> used, most recent date used, and circumstances:						
	TOO OFFECINED BOX 2 of 3, give details including drag(s) used, most recent date used, and circumstances.						
79.	Have you EVER engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription:						
	☐ Sold ☐ Manufactured ☐ Purchased ☐ Furnished ☐ Cultivated ☐ Carried or Held for Another IF ANY ITEM IS CHECKED, give details including <i>drug(s) involved</i> , <i>over what time period(s)</i> , and <i>circumstances</i> .						
80.	During the <i>past five years</i> , have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications?						
	IF YES, explain:						

SEC	TION 9: MOTOR VEHICLE INFORMATION						
81.	Current Driver's License:						
	STATE OF ISSUE LICENSE NUMBER	EXPIRATION DATE (MM/I	DD/YYYY) NAM	E UNDER WHICH L	ICENSE	WAS GRANTE	D
		/ /					
	List officer states where we have been been been dis-						
82.	List other states where you have been licensed to our state of ISSUE LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE		E UNDER WHICH L	ICENISE	WAS CRANTE	in.
	STATE OF ISSUE	TIPE OF LICENSE	IVAIVI	L ONDER WHICH E	ICLIVOL	WAS GRANTE	ט
83	Have you ever been issued a driver's license by ar	ny other state?					
	IF YES, explain (include when and where):	ly other state:					
	in 126, explain (include when and where).						
84.	Has your driver's license ever been suspended or	revoked?					Yes No
	IF YES, explain (include when, where, and circums	stances):					
_							
_							
05	List your current liability insurance on your vehicle((a)					
85.	TYPE OF COVERAGE	VEHICLE MAKE		YEAR (YY	/ //)	VEHICLE LIC	ENSE
85.1	☐ Insured ☐ Bonded ☐ Cash Deposi			TEAR (T	11)	VETHOLE EIG	LIVOL
	INSURANCE COMPANY	"	POLICY NUMBE	R			EXPIRATION DATE (MM/DD/YYYY)
							1 1
	ADDRESS (NUMBER/STREET)	CITY		STATE	ZIP		CONTACT NUMBER
							()
85.2	TYPE OF COVERAGE	VEHICLE MAKE		YEAR (YY	YY)	VEHICLE LIC	ENSE
65.2	☐ Insured ☐ Bonded ☐ Cash Deposi						
	INSURANCE COMPANY SAME AS LISTED ABO	OVE	POLICY NUMBE	R			EXPIRATION DATE (MM/DD/YYYY)
	ADDRESS AND DESCRIPTION	Loury		LOTATE	Lan		/ /
	ADDRESS (NUMBER/STREET)	CITY		STATE	ZIP		CONTACT NUMBER
	TYPE OF COVERAGE	VEHICLE MAKE		YEAR (YY	(YY)	VEHICLE LIC	ENSF
85.3	☐ Insured ☐ Bonded ☐ Cash Deposi			TLAIX (TT	,	VETRIOLE EIG	LITOL
	INSURANCE COMPANY SAME AS LISTED ABO		POLICY NUMBE	R		<u> </u>	EXPIRATION DATE (MM/DD/YYYY)
	3.3.1.2.1012071207120712071207120712071207120712						/ /
	ADDRESS (NUMBER/STREET)	CITY	<u> </u>	STATE	ZIP		CONTACT NUMBER
							()
					1		

SEC	TION 9: MOTOR VEHICL	E OPERATION conti	nued						
	86. List all traffic citations, excluding parking citations, you have received within the past seven years. If more space is needed, continue your response on page 26.								
86.1	NATURE OF VIOLATION		LOC	ATION (STREET)		CITY			STATE
	DATE VIOLATION OCCURRED		ACTION TAKEN						
	Month:	Year:	☐ Not G	uilty] Fined	☐ Traffic So	chool	Dismisse	4
	NATURE OF VIOLATION	Teal.		ATION (STREET)	j i ilieu	CITY	J1001		STATE
86.2				,					
	DATE VIOLATION OCCURRED		ACTION TAKEN						
	Month:	Year:	☐ Not G	uilty] Fined	☐ Traffic So	chool	Dismisse	d
	NATURE OF VIOLATION			ATION (STREET)		CITY			STATE
86.3									
	DATE VIOLATION OCCURRED		ACTION TAKEN						
	Month:	Year:	☐ Not G	uilty] Fined	☐ Traffic So	chool	Dismisse	d
-	∐ Failed		ailed to Complete ⁻	Traffic School	∐ Faile	ed to Pay the Re	quired Fine		
	Have you been involved as the YES, give details below.	he driver in a motor ve	hicle accident <i>with</i>	in the past sev	ven years? .			Yes	No
88.1	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)			CIT	Υ			STATE
00.1	POLICE REPORT	LAW ENFORCEMENT AG	ENCY		AT	FAULT?	I WAS THE ACC	CIDENTO	
	Yes No	LAW ENFORCEMENT AG	ENCT		_	Yes No	Inju		niurv
	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)			CIT			,	STATE
88.2	/								
	POLICE REPORT	LAW ENFORCEMENT AG	ENCY			FAULT?	WAS THE ACC		
	Yes No	LOCATION (OTDEET)				Yes No	☐ Inju	ıry 🗌 Non-i	njury STATE
88.3	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)			CIT	Y			STATE
	POLICE REPORT	LAW ENFORCEMENT AG	ENCY		AT	FAULT?	WAS THE ACC	CIDENT?	
	☐ Yes ☐ No				[Yes No	☐ Inju	ıry Non-i	njury
89.	Have you ever driven a vehi	cle without auto insura	ince, as required by	y law?					□No
	IF YES, GIVE REASON					F	ROM (MM/YYYY)	TO (MM/YY)	YY)
							1	/	
90.	Have you ever been refused	l automobile liability ins	surance or a bond,	or had them ca	ncelled?				☐ No
	IF YES, PROVIDE NAME OF INSI	JRANCE COMPANY AND G	IVE REASON					DATE (MM/	(YYY)
								/	

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SEC	CTION 10: OTHER TOPICS		
91.	Have you ever been refused a permit to carry a concealed weapon?	Yes	□No
92.	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
93.	Have you ever hit or physically overpowered a spouse, romantic partner, or person cohabiting in that capacity?	Yes	□No
94.	Since the age of 15, have you ever been involved in a violent act?	Yes	□No
95.	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
96.	Do you presently have or are you planning to add any tattoos on your hands, fingers, head, or neck?	Yes	□No
97.	Do you presently have or are you planning to add any tattoos that may be offensive?	Yes	□No
98.	Do you presently have any tattoos that would be visible on your arms if wearing a short sleeve shirt?	Yes	□No
	I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental p statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment. I further unfalse statements may subject me to prosecution under Section 2921.13 of the Revised Code.	f material fac	ct may
	Applicant Signature in Full: ▶ Date:		

Use the following page to continue any of your responses.

Be sure to reference corresponding numbers.

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ADDITIONAL COMMENTS				
• Us exp	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.). Reference the corresponding questions and/or specific items.			
 Yo 	u may print copies of this page as needed. If you are filling in this page online, text will flow to additional pages automatically.			
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