Elyria Police Department 18 West Ave. 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 volunteer position with the Elyria Police Department. All information provided herein may be subject to verification through source documentation, truth verification and screening 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 and identify the additional information by the question number.
- Return the completed form to the Services Division.

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. Such penalties include prosecution under Section 2921.13 of the Revised Code.

I have read and I understand the above instructions.

Signature: _____

Date: _____

EPD BG.1V (Rev 02/2015)

L. YORK FULL NAME INST MIDDLE L. YORK FULL NAME INST MIDDLE 2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MALÉEN NAME AND NICONAMES) INNA 3. ADDRESS WINGRY YOU LIVE NIMMER / STREET APT / UNIT CITY STATE ZP NUMBER / STREET APT / UNIT CITY CITY STATE ZP MAURING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE /PO BOX) STATE ZP MAURING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE /PO BOX) STATE ZP MAURING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE /PO BOX) STATE ZP INDALE Y. LIST ALL OTHER EMAIL ADDRESSES (GEPARATED BY COMMAS) SCONTACT NUMBERS CONTACT ENAL Y. LIST ALL OTHER EMAIL ADDRESSES (GEPARATED BY COMMAS) SCONTACT ENAL K. CITZENSHIP Y. LIST ALL OTHER EMAIL ADDRESSES (GEPARATED BY COMMAS) SCONTACT ENAL K. CITZENSHIP Y. LIST ALL OTHER EMAIL ADDRESSES (GEPARATED BY COMMAS) SCONTACT ENAL K. BRITHDATE (MANDDIYYYY) 11. SOCIAL SECURITY MANBER YE BAND YE BAND K. ERRTHDATE (MANDDIYYYY) 11. SOCIAL SECURITY MANBER YE BAND </th <th>SECTION 1: PERSONAL</th> <th></th> <th></th> <th></th> <th></th>	SECTION 1: PERSONAL				
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MADEN NAME AND NEXNAMES) 3. ADDRESS WHERE YOU LIVE NUMBER, STREET ATT / UNIT OTY STATE ZP 4. MALING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX) 5. CONTACT NUMBERS HOME () WORK () EXT OTHER () CELL FAX 5. CONTACT NUMBERS HOME () WORK () EXT OTHER () CELL FAX 5. CONTACT NUMBERS 1. CONTACT NUMBER 1. CONTACT NUMBER 1. CONTACT NUMBER 1. CONTACT NUMBERS 1. CONTACT NUMBER 1.					
ADDRESS WHERE YOU LIVE NUMBER: STREET APT/UNIT CTY STATE ZP MUMBER: STREET APT/UNIT CTY STATE ZP MUMBER: STREET APT/UNIT CTY STATE ZP MORE () WORK () EXT OTHER () CELL FAX CONTACT NUMBERS HOME () EXT OTHER () CELL FAX CONTACT NUMBERS HOME () EXT OTHER () CELL FAX CONTACT NUMBERS HOME () EXT OTHER () CELL FAX CONTACT NUMBERS HOME () RORE NOR CONTACT NUMBERS HOME () RORE NOR CONTACT NUMBERS HOME () RORE NOR CONTACT NUMBERS HOME () RORE NOR CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER CONTACT CONTACT NUMBER CONTACT	LAST		FIRST	MIDDLE	
	2. OTHER NAMES YOU HAVE USED	OR BEEN KNOWN BY (INCLUDE MAIDE	EN NAME AND NICKNAMES)		
NUMBER / STREET APT / UNIT CITY STATE ZIP 4. MALING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX) E. CONTACT NUMBERS					□ N/A
CITY A. MALING ADDRESS, IP DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX) A. MALING ADDRESS (IP DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX) A. CONTACT NUMBERS HOME () CONTACT NUMBERS HOME () CONTACT NUMBERS HOME () CONTACT RAML C. CONTACT RA	3. ADDRESS WHERE YOU LIVE				
MALING ADDRESS. IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO EOX) OVITACT NUMBERS HOME () WORK () EXT OTHER () CELL FAX CONTACT MUMBERS HOME () WORK () EXT OTHER () CELL FAX CONTACT MUMBERS CONTACT MUMBERS CONTACT MUMBERS CONTACT MUMBERS CONTACT MUMBERS CONTACT MUMBERS CONTACT MUMBER CONTACT CONTACT MUMBER CONTACT MUMBER CONTACT MUMBER CONTACT MUMBER CONTACT MUMBER CONTACT CONTACT MUMBER CONTACT CONTA	NUMBER / STREET			APT / UNIT	
	CITY			STATE ZIP	
HOME () WORK () EXT OTHER () CEL FAX 6. CONTACT EMAIL	4. MAILING ADDRESS, IF DIFFEREN	T FROM ABOVE (FOR EXAMPLE, PO BO	DX)		
HOME () WORK () EXT OTHER () CELL FAX 6. CONTACT EMAIL					
		()		/ \	
		WORK ()		· · · · _	L FAX
Are you a U.S. citizen? Image: State / Country / State /	6. CONTACT EMAIL		7. LIST ALL OTHER EMAIL ADDRESSE	ES (SEPARATED BY COMMAS)	
Are you a U.S. citizen? Image: State / Country / State					
9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY) 10. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY) 11. SOCIAL SECURITY NUMBER 12. DRIVER'S LICENSE - - NUMBER: STATE: EXPIRES: 13. PHYSICAL DESCRIPTION HEIGHT: WEIGHT: HAIR COLOR: EVE COLOR: SECTION 2: RELATIVES AND REFERENCES 14. IMMEDIATE FAMILY • Provide all applicable information in the spaces below. • Mark "N/A" if a category is not applicable. • If more space is needed, continue on page 26 – reference corresponding numbers. 14.A Parents / Guardians List ALL parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc. 14.A.1 Parent / Guardian: HOME PHONE MAILING ADDRESS (IF DIFFERENT) () UNMEER / STREET / APT) CITY STATE HOME PHONE CELL PHONE () WORK PHONE () CELL PHONE () UNMEER / STREET / APT)					
10. BIRTHDATE (MMDD/YYYY) 11. SOCIAL SECURITY NUMBER 12. DRIVER'S LICENSE I. DINDER: STATE: EXPIRES: 13. PHYSICAL DESCRIPTION HEIGHT: WEIGHT: HAIR COLOR: EYE COLOR: SECTION 2: RELATIVES AND REFERENCES 14. IMMEDIATE FAMILY • Mark "Deceased," if appropriate. • Mark "Deceased," if appropriate. • Mark "N/A" if a category is not applicable. • Mark "Deceased," in favore space is needed, continue on page 26 – reference corresponding numbers. 14. A Parent's Guardians • If more space is needed, continue on page 26 – reference corresponding numbers. 14.A.1 Parent's/Guardians • Mother Father Step-mother Step-father In-law Other: Deceased IA.A Parent / Guardian: • Mother ADDRESS (NUMBER / STREET / APT) CITY STATE IMME • HOME ADDRESS (IF DIFFERENT) CITY STATE ZIP IMORE PHONE MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP IMORE PHONE CELL PHONE EMAIL CITY STATE ZIP	Are you a U.S. citizen?				Yes No
Image: State:	9. BIRTH PLACE (CITY / COUNTY / S	STATE / COUNTRY)			
Image: State:					
13. PHYSICAL DESCRIPTION HEIGHT: WEIGHT: HAIR COLOR: EYE COLOR: SECTION 2: RELATIVES AND REFERENCES 14. IMMEDIATE FAMILY • Mark "Deceased," if appropriate. • Mark "N/A" if a category is not applicable. • Mark "Deceased," if appropriate. • Mark "N/A" if a category is not applicable. • Mark "Deceased," if appropriate. • If more space is needed, continue on page 26 – reference corresponding numbers. 14.A Parents / Guardians List ALL parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc. • If Y Deceased 14.A.1 Parent / Guardian: Mother Father Step-mother In-law Other: Deceased NAME HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP HOME PHONE MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP WORK PHONE CELL PHONE EMAIL EMAIL EMAIL () EMAIL	10. BIRTHDATE (MM/DD/YYYY)	11. SOCIAL SECURITY NUMBER	12. DRIVER'S LICENSE		
HEIGHT: WEIGHT: HAIR COLOR: EYE COLOR: SECTION 2: RELATIVES AND REFERENCES 14. IMMEDIATE FAMILY • Provide all applicable information in the spaces below. • Mark "Deceased," if appropriate. • Mark "N/A" if a category is not applicable. • Mark "Deceased," if appropriate. • • Mark "N/A" if a category is not applicable. • Mark "Deceased," if appropriate. • I.Ist ALL parents / Guardians List ALL parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc. 14.A.1 Parent / Guardian: Mother Father Step-mother In-law Other: Deceased NAME HOME ADDRESS (INUMBER / STREET / APT) CITY STATE ZIP HOME PHONE MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP WORK PHONE CELL PHONE EMAIL EMAIL CITY STATE ZIP			NUMBER:	STATE: EXPIRES:	
SECTION 2: RELATIVES AND REFERENCES 14. IMMEDIATE FAMILY • Mark "Deceased," if appropriate. • Mark "N/A" if a category is not applicable. • Mark "N/A" if a category is not applicable. • Mark "N/A" if a category is not applicable. • Mark "N/A" if a category is not applicable. • If more space is needed, continue on page 26 – reference corresponding numbers. 14.A Parents / Guardians List ALL parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc. 14.A.1 Parent / Guardian: HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP HOME PHONE MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP HOME PHONE CELL PHONE EMAIL EMAIL CITY STATE ZIP	13. PHYSICAL DESCRIPTION				
14. IMMEDIATE FAMILY • Provide all applicable information in the spaces below. • Mark "Deceased," if appropriate. • Mark "N/A" if a category is not applicable. • Mark "Deceased," if appropriate. • If more space is needed, continue on page 26 – reference corresponding numbers. 14.A Parents / Guardians List ALL parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc. 14.A1 Parent / Guardian: Mother Father Step-mother Item Parent / Guardians: HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP HOME PHONE Mailing ADDRESS (IF DIFFERENT) CITY STATE VORK PHONE CELL PHONE () ()	HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:	
14. IMMEDIATE FAMILY • Provide all applicable information in the spaces below. • Mark "Deceased," if appropriate. • Mark "N/A" if a category is not applicable. • Mark "Deceased," if appropriate. • If more space is needed, continue on page 26 – reference corresponding numbers. 14.A Parents / Guardians List ALL parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc. 14.A1 Parent / Guardian: Mother Father Step-mother State Image: City NAME HOME ADDRESS (NUMBER / STREET / APT) City STATE Image: North Phone Cell Phone () () WORK PHONE CELL PHONE () ()					
 Provide all applicable information in the spaces below. Mark "N/A" if a category is not applicable. Mark "Deceased," if appropriate. If more space is needed, continue on page 26 – reference corresponding numbers. 14.A Parents / Guardians List ALL parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc. 14.A Parent / Guardian: Mother Father Step-mother Item ADDRESS (NUMBER / STREET / APT) CITY NAME HOME ADDRESS (IF DIFFERENT) Image: Normal Address (IF DIFFERENT) Image: Nor		AND REFERENCES			
Mark "N/A" if a category is not applicable. If more space is needed, continue on page 26 – reference corresponding numbers. List ALL parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc. List ALL parent / Guardian: Mother Father Step-mother Step-father In-law Other: Deceased NAME HOME ADDRESS (IVUMBER / STREET / APT) CITY STATE ZIP HOME PHONE MAILING ADDRESS (IF DIFFERENT) () WORK PHONE CELL PHONE EMAIL () ()					
14.A Parents / Guardians List ALL parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc. 14.A.1 Parent / Guardian: Mother Father Step-mother Step-father In-law Other: NAME HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP HOME PHONE MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP WORK PHONE CELL PHONE EMAIL EMAIL CITY STATE ZIP					esponding numbers.
List ALL parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc. 14.A.1 Parent / Guardian: Mother Father Step-mother In-law Other: Deceased NAME HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP HOME PHONE MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP WORK PHONE CELL PHONE EMAIL CITY STATE ZIP					ioponaling namboro.
14.A.1 Parent / Guardian: Mother Father Step-father In-law Other: Deceased NAME HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP HOME PHONE MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP () WORK PHONE CELL PHONE EMAIL () () () EMAIL	14.A Parents / Guardians				
NAME HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP HOME PHONE MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP () MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP () MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP () MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP	List ALL parents/guardia	ns, living or deceased, including	g biological, adoptive, foster, step-	parents, in-laws, etc.	
HOME PHONE () WORK PHONE () CELL PHONE () CELL PHONE () MAILING ADDRESS (IF DIFFERENT) CITY CI	14.A.1 Parent / Guardian:	Mother Father Ste	p-mother 🔲 Step-father 🗌 In-I	aw 🔲 Other:	Deceased
() WORK PHONE CELL PHONE EMAIL () () EMAIL	NAME	HOME ADDRESS (1	NUMBER / STREET / APT)	CITY	STATE ZIP
() WORK PHONE CELL PHONE EMAIL () () EMAIL					
() ()	()	MAILING ADDRESS	(IF DIFFERENT)	CITY	STATE ZIP
	WORK PHONE	CELL PHONE	EMAIL		
	()	()			
14.A.2 Parent / Guardian: Mother Father Step-mother In-law Other: Deceased	14.A.2 Parent / Guardian:	Mother Father Ste	p-mother Step-father In-I	aw 🔲 Other:	Deceased
NAME HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP	NAME	HOME ADDRESS (1	NUMBER / STREET / APT)	CITY	STATE ZIP
HOME PHONE MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP				CITY	
				5	
WORK PHONE CELL PHONE EMAIL	WORK PHONE	CELL PHONE	EMAIL		
		()			
() WORK PHONE CELL PHONE EMAIL	() WORK PHONE	CELL PHONE	EMAIL		

EPD BG.1V (Rev 02/2015)

14.A.3	Parent	/ Guardian:	Mother		Fathe	· ·			🗌 In-la	w	Other:		Deceased
NAME					HOME	ADDRESS (NUMBER / ST	REET / APT)		CITY	/	STATE	ZIP
		HOME PHONE			MAILIN	G ADDRESS (IF DIFFERE	ENT)			CITY	/ /	STATE	ZIP
		() WORK PHONE			CELL F	HONE	EMAIL						
					(LIVIAIL						
	_	()			(/ 		e	<u> </u>				
14.A.4 NAME	Parent	/ Guardian:	Mother		Father	Step-mother ADDRESS (NUMBER / ST			L In-la		Other:	STATE	Deceased ZIP
								,		-			
		HOME PHONE			MAILIN	G ADDRESS (IF DIFFERE	ENT)			CITY	/	STATE	ZIP
		()											
		WORK PHONE			CELL F	HONE	EMAIL			1			
		()			()							
14.D	Brothers	/ Sisters											🗌 N/A
	ist ALL I	IVING sibling	is includin	n half-	sibling	s, step-siblings, fost	er-sibling	is etc					
14.D.1 NAME	Sibling	I: DBrothe	r 🗌 Siste			orother Half-sist				CITY	/	STATE	ZIP
				AGE	NOIVIE		NELT/ API	7		GIT		STATE	Lif
					1								
14.D.2 NAME	Sibling	I: DBrothe	r 🗋 Siste			orother Half-sist		Other:		CITY	/	STATE	ZIP
								,					
44.5.0	Cibling					wether 🗖 Helf sist	ar 🗆 0) the entry					
14.D.3 NAME	Sibling	I: DBrothe				orother Half-sist)ther:		CITY	/	STATE	ZIP
14.D.4	Sibling	I: 🗌 Brothe	r 🗌 Siste	er 🗌] Half-I	orother 🔲 Half-sist	er 🗌 O)ther		<u> </u>		<u> </u>	
NAME	- Choining					ADDRESS (NUMBER / ST				CITY	/	STATE	ZIP
15. LIS	T OF REFE	RENCES										1	
•										frien	ds, teachers, military colleague	s, and/	or
		REFERENCE	include rel	atives		oyers, or any individ			here.			OTAT	- 710
15.1	NAME OF 1	REFERENCE				JME ADDRESS (NUMBER	(/SIREEI/	(APT)		CIT	T	STAT	E ZIP
		HOME PHONE			W	ORK ADDRESS (NUMBER	R / STREET	/ SUITE)		CIT	γ	STAT	E ZIP
		()											
		WORK PHONE			CI	ELL PHONE		EMAIL		1			
		()			()							
How do you know this person? How long h				w long have you known this person	?								
	NAME OF I	REFERENCE			H	OME ADDRESS (NUMBER	R / STREET /	/ APT)		CIT	Y	STATI	E ZIP
15.2													
		HOME PHONE			W	ORK ADDRESS (NUMBER	R / STREET /	/ SUITE)		CIT	Y	STATI	E ZIP
		()											
		WORK PHONE			CI	ELL PHONE		EMAIL		1		1	1
		()			()							
		How do you k	now this per	son?						Ho	w long have you known this person	?	
	NAME OF I	REFERENCE			H	OME ADDRESS (NUMBER	R / STREET /	/ APT)		CIT	Y	STATI	E ZIP
15.3													

EPD BG.1V (Rev 02/2015)

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?		

SECTION 3: EDUCATION

• NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.

• If more space is needed, continue your response on the last page.

16. CHECK APPLICABLE	MM/YYYY	M	IM/YYYY	
High School Diploma:	/	GED:	/	

17. L	ST HIGH SCHOOL(S) ATTENDED			
	NAME OF HIGH SCHOOL		FROM (MM/YYYY)	TO (MM/YYYY)
17.1			/	/
		CITY		STATE
	NAME OF HIGH SCHOOL	•	FROM (MM/YYYY)	TO (MM/YYYY)
17.2			/	/
		CITY		STATE

18. LI	18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED									
	NAME OF 0	COLLEGE/UNIVERSITY	FROM (MM/	YYY)	TO (MM/YYYY)		TOT	AL UNITS COMPLETED		
18.1			/		/			QTR SYSTEM SEM SYSTEM		
		ADDRESS (NUMBER / STREET)						TYPE OF DEGREE EARNED		
		CITY		ST	ATE 2	ZIP		MAJOR / AREA OF STUDY		
	NAME OF (COLLEGE/UNIVERSITY	FROM (MM/	YYY)	TO (MM/	YYYY)	TOT	AL UNITS COMPLETED		
18.2			/			/		QTR SYSTEM SEM SYSTEM		
ADDRESS (NUMBER / STREET)								TYPE OF DEGREE EARNED		
		CITY		ST	ATE 2	ZIP		MAJOR / AREA OF STUDY		
	NAME OF 0	OLLEGE/UNIVERSITY	FROM (MM/	YYY)	TO (MM/	YYYY)	TOT	L UNITS COMPLETED		
18.3			/			/		QTR SYSTEM SEM SYSTEM		
		ADDRESS (NUMBER / STREET)						TYPE OF DEGREE EARNED		
	CITY			ST	ATE 2	ZIP		MAJOR / AREA OF STUDY		

19.		🗌 No
	IF YES, describe in detail below.	

EPD BG.1V (Rev 02/2015)

SECTION 5: EXPERIENCE AND EMPLOYMENT

20. 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.
- If more space is needed, continue your response on last page.

	NAME OF CURRENT EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (N	MM/YYYY)
20.1							/		,
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVI	-		/
	ADDRESS (NOMBER / STREET / SOITE / OK BASE)					SUFLICE	301		
	CITY		STATE	7IP		CONTACT	۲ NUMBER		EXT
			UTAL	211					EXT
	JOB TITLE / RANK					()			
	SOB TITLE / NAME								
	DUTIES / ASSIGNMENTS			- 1 -			(CHECK ALL THAT APPL	Y)	
							Temp Self-emplo		
	NAMES OF CO-WORKERS			F	REASON FOR			Jyeu	Volunteer
	1)	2)							
	')	2)							
	Would there be a problem if we contact ye	our current employer?						. 🗌 Y	′es 🗌 No
	IF YES, explain:								
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (N	/M/YYYY)
20.3							/	(1
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPERVIS			/
	ADDRESS (NUMBER / STREET / SUITE / OR DASE)					SUPERVI	JOK		
	CITY		STATE	ZIP		CONTACT			EXT
			SIAIL	211		()	NOMBER		LAI
	JOB TITLE / RANK					() EMAIL			
	SOB TITLE / NAME					LIVIAL			
	DUTIES / ASSIGNMENTS			Т			CHECK ALL THAT APPL	Y)	
							Temp Self-emplo		
	NAMES OF CO-WORKERS			5				Jyeu	Volunteer
	1)	2)			CERCONT ON	LEAVING			
	')	2)							
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TC	0 (MM/YYYY)
20.5							/		/
' I	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPER	/ISOR	1	
	CITY		STATE	ZI	Р	CONTA	CT NUMBER		EXT
						()		
	JOB TITLE / RANK		1			EMAIL			
	DUTIES / ASSIGNMENTS				TYPE OF EM	PLOYMEN	(CHECK ALL THAT APP	PLY)	
					FT [PT [] Temp 🔲 Self-empl	oyed	Volunteer
	NAMES OF CO-WORKERS				REASON FO				
	1)	2)							
	1)	2)							
L									

EPD BG.1V (Rev 02/2015)

21.	Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.)	🗌 No
22.	Have you ever been fired, released from probation, or asked to resign from any place of employment?	No No
23.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	No No
24.	Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	No
25.	Have you ever sold, released, or given away legally confidential information?	No No

If you answered "YES" to any of Questions 21-25, explain (include when, where, and circumstances - reference corresponding numbers).

	 If you answered "YES" to Question 26, list EVERY agency you have ap Give complete and accurate addresses. All agencies MUST be listed regardless of the outcome or current s If more space is needed, continue your response on last page. 		-		each agency.	
00.4	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YY)	(Y)
26.1					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)
	CITY	STATE	ZIP	CONTACT NUMBE	R	EXT
				()		
	POSITION APPLIED FOR		EMAIL	•		
	NAME OF LAW ENFORCEMENT AGENCY		-		DATE APPLIED (MM/YY)	Y)
26.2					/	
•	ADDRESS (NUMBER / STREET)			BACKGROUND IN	VESTIGATOR'S NAME (IF	KNOWN)
	CITY	STATE	ZIP	CONTACT NUMBE	R	EXT
				()		
	POSITION APPLIED FOR		EMAIL			

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

EPD BG.1V (Rev 02/2015)

S	E	СТ	'ION	6:	LEC	AL

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 last page.

27.	Have you EVER been detained by law enforcement for i misdemeanor or felony offense in this state or any other of Military Justice)? IF YES, explain each incident:	legal jurisdiction (including offense	s in the Uniform Code	🗌 Yes	🗌 No
	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY		
26.1		/			
	DISPOSITION OR PENALTY				
-	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY		
26.2		/			
26.3	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY		
	DISPOSITION OR PENALTY				
27.	Have you ever been placed on court probation?			🗌 Yes	No No
28.	Were you ever required to appear before a juvenile cour committed as an adult?			🗌 Yes	🗌 No
29.	Have you ever been a party in a civil lawsuit (e.g., small support, etc.)?			🗌 Yes	No No
30.	Have the police ever been called to your home for any re	eason?		🗌 Yes	🗌 No

If you answere numbers).	d "YES" to any of Questi	ons 27-31 explain (in	clude court case or o	document, dates, a	t, dates, and circumstances – reference corresponding		

Involvement in Criminal Acts – Part 1

32. Have you committed any of the following acts within the past 10 years? (You do NOT have to report any acts committed prior to age 15.)

٠	NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law
	relieved you from reporting the detention, arrest, or conviction that arose from it.

32.1	Animal abuse and/or neglect	🗌 No
32.2	Telecommunication harassment (Annoying, obscene, or harassing contacts by telephone or other electronic communication device)	No No
32.3	Assault (cause or attempt to cause physical harm to another)	🗌 No
32.4	Brandishing a weapon (any type of weapon)	🗌 No
32.5	Carrying a <u>concealed</u> weapon without a permit	🗌 No
32.6	Contributing to the delinquency of a minor	🗌 No
32.7	Theft by Deception (not paying for food or room at a hotel/motel, campground, etc.)	🗌 No
32.8	Domestic Violence (cause or attempt to cause physical harm to family/household member)	🗌 No
32.9	Driving under the influence of alcohol and/or drugs	🗌 No
32.10	Disorderly Conduct (violent turbulent behavior, intoxicated in a public place)	🗌 No
32.11	Filing a false police report	🗌 No
32.12	Hit & run collision (no injuries) Yes	No No
32.13	Illegal gambling	🗌 No
32.14	Falsification (knowingly make a false statement in any official proceeding or to mislead a public official)	🗌 No
32.15	Impersonating a police officer (pretending to be a police officer)	🗌 No
32.16	Public Indecency and/or lewd or obscene conduct	🗌 No
32.17	Intentionally writing a bad check	No No
32.18	Unauthorized Use of Motor Vehicle (using a car or other vehicle without owner's permission)	🗌 No
32.19	Voyeurism (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy) 🗌 Yes	🗌 No
32.20	Petty theft (value up to \$1000, including shoplifting/switching price tags) Yes	🗌 No

EPD BG.1V (Rev 02/2015)

32.21	Possession of alcohol (Under 21 years of age)	No No
32.22	Possession of falsified or altered identification, including use of another person's ID (for any reason)	🗌 No
32.23	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	No No
32.24	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	🗌 No
32.25	Reckless driving	🗌 No
32.26	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	🗌 No
32.27	Criminal Trespassing	🗌 No
32.28	Criminal Damaging or Mischief (property damage)	No
32.29	Any other act amounting to a misdemeanor	No No

• If you answered "YES" to ANY of the item(s) in Question 32, fully explain circumstances, including dates, names of individuals involved, and resolution. Reference the corresponding number (e.g., 32.5) for each explanation.

• If more space is needed, continue your response on last page.

Involvement in Criminal Acts – Part 2

76. 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 law relieved you from reporting the detention, arrest, or conviction that arose from it.

33.1	Arson (intentionally destroying property by setting a fire)	🗌 No
33.2	Assault with a deadly weapon or dangerous ordinance (cause or attempt to cause serious physical harm)	🗌 No
33.3	Extortion (to obtain any valuable thing or benefit or to induce another to do an unlawful act)	🗌 No
33.4	Burglary (trespass into an occupied structure to commit theft or other crime)	No No
33.5	Unlawful sexual conduct with a minor (performing unlawful acts with a child, inappropriate touching of a child)	No No
33.6	Domestic Violence (Felony, 2 nd offense, serious physical harm)	No No
33.7	Felony drunk driving (involving injuries)	No No
33.8	Rape (Forcible or statutory)	No No
33.9	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	No No
33.10	Fraudulent use of a credit, ATM, debit, and/or check card	No No
33.11	Grand theft (value of over \$1000, motor vehicle, dangerous drug, or any firearm)	No
33.12	Hit & run (with injuries)	No No

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

EPD BG.1V (Rev 02/2015)

33.13	Hate crimes	No No
33.14	Illegal sex acts (sexual battery, gross sexual imposition, sexual imposition, importuning, pandering obscenity)	No No
33.15	Insurance fraud	No No
33.16	Murder, homicide, attempted murder, manslaughter	No No
33.17	Perjury (lying under oath)	No No
33.18	Possession of an explosive/destructive device	No No
33.19	Robbery (theft from another person using a weapon, force, or fear)	No No
33.20	Menacing by Stalking	No No
33.21	Theft of a vehicle and/or vehicle parts	No No
33.22	Viewing and/or possessing child pornography	No No
33.23	Breaking and Entering (Trespass in an unoccupied structure to commit theft or any offense)	No No
33.24	Any other act amounting to a felony	No No

If you answered "YES" to ANY of the item(s) in Question 33, fully explain circumstances, including dates, names of individuals involved, • and resolution. Reference the corresponding number (e.g., 33.4) for each explanation.

If more space is needed, continue your response on last page. •

EPD BG.1V (Rev 02/2015)

SECTION 7: LEGAL continued	
► Illegal Use of Drugs	
 For the purpose of responding to the following questions, "illegal drugs" include or over-the-counter drugs; it also includes the illegal use of any other substar Your responses should include — <i>but not be limited to</i> — your use of any other substant of any other substant of the sub	nce for the purpose of getting "high."
 Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc) Barbiturates (Downers) Cocaine / Crack Cocaine Designer Drugs (Ecstasy, Bath Salts, Synthetic Heroin or Cannabis, etc., GHB (Date Rape Drug) Hallucinogens (Peyote, LSD, Mushrooms) Hashish / Hashish Oil Heroin / Opium 	 Marijuana (with or without a prescription) Mescaline Morphine PCP / Angel Dust Quaaludes Steroids Tetrahydrocannabinal (THC, Wax) Glue, paint, or any substance containing toluene
34. Within the past TWO YEARS, have you used any drug(s) as indicated and d IF YES, give details including drug(s) used, most recent date used, and circ	
 35. In your lifetime: 1. I have never used any illegal drug as indicated and described above. 2. I have tried or used one or more illegal drugs as indicated and described experimentation, at parties, concerts, special events, etc.) 3. I have used one or more illegal drugs as indicated and described above. IF YOU CHECKED BOX 2 or 3, give details including drug(s) used, most recommendation. 	e on five or more occasions.
 36. Have you <i>EVER</i> engaged in any of the activities listed below involving drugs, r drugs without a prescription: Sold Manufactured Purchased Furnish IF ANY ITEM IS CHECKED, give details including <i>drug(s) involved</i>, <i>over wh</i> 	ed Cultivated Carried or Held for Another
37. During the <i>past five years</i> , have you associated with friends, acquaintances, have illegally used drugs or narcotics, and/or illegally used prescription medica IF YES, explain:	

EPD BG.1V (Rev 02/2015)

SEC	TION 9: MOTOR VEHICL	E INFORMATION				
	Do you have a current Drive					
L	STATE OF ISSUE LICENSE NUM		EXPIRATION DATE (MM/DD/YYY)	Y) NAME UNDER Y	WHICH LICENSE WAS GRANTED	
39.	Has your driver's license eve IF YES, explain (include whe					Yes 🗌 No
40.	List all traffic citations, exclude on page 26.	ding parking citations,	you have received within the	e past seven ye	ars. If more space is neede	ed, continue your response
40.1	NATURE OF VIOLATION		LOCATION (STRE	ET)	CITY	STATE
	DATE VIOLATION OCCURRED		ACTION TAKEN			
	Month:	Year:	Not Guilty	Fined	Traffic School	Dismissed
40.2	NATURE OF VIOLATION		LOCATION (STRE	ET)	CITY	STATE
	DATE VIOLATION OCCURRED		ACTION TAKEN			
	Month:	Year:	Not Guilty	Fined	Traffic School	Dismissed
40.3	NATURE OF VIOLATION		LOCATION (STRE	ET)	CITY	STATE
	DATE VIOLATION OCCURRED		ACTION TAKEN			
	Month:	Year:	Not Guilty	Fined	Traffic School	Dismissed
41.	Do you currently have auto in	nsurance, as required	by law?			Yes 🗌 No
L	IF NO, GIVE REASON					
SEC	TION 10: OTHER TOPICS	5				
42.	that advocates violence agai	nst individuals becaus	associate of a criminal entern e of their race, religion, politio	al affiliation, eth	nic origin, nationality,	Yes 🗌 No
43.	Have you ever hit or physica	lly overpowered a spo	use, romantic partner, or pers	on cohabiting in	that capacity?	Yes No
44.	Since the age of 15, have y	ou ever been involved	in a violent act?			Yes No
45.	or any other group that advo	cates violence against	ving membership in, or affiliati individuals because of their r sability?	ace, religion, po	litical affiliation, ethnic	Yes 🗌 No
46.	Do you presently have or are	e you planning to add a	any tattoos on your hands, fin	gers, head, or n	eck?	Yes 🗌 No

EPD BG.1V (Rev 02/2015)

If you answered "YES" to any of Questions 42–48, give details including dates and circumstances – reference correspo					

SECTION 11: CERTIFICATION

49. I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification. I further understand that any false statements may subject me to prosecution under Section 2921.13 of the Revised Code.

Applicant Signature in Full: ►

Date:

Use the following page to continue any of your responses. Be sure to reference corresponding numbers.

(Rev 02/2015)

ADDITIONAL COMMENTS

- 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.
- You may print copies of this page as needed. If you are filling in this page online, text will flow to additional pages automatically.