

Complete and return this packet to the City of Bowling Green Personnel Department no later than 4/27/2019 (Date of Examination)

**CITY OF BOWLING GREEN
PERSONAL HISTORY QUESTIONNAIRE
POLICE OFFICER**

Name (Last, First, Middle)		Date	Applicant No.
Social Security Number		Date of Birth	
Address		State	Zip Code
Home Phone	Cell Phone	Email Address	

**INSTRUCTIONS
(PRINT IN INK OR TYPE ALL ANSWERS)**

IT IS IMPORTANT TO READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS QUESTIONNAIRE

You must be complete and truthful in ALL your answers. All answers that you give in this application are subject to verification. Any failure to report completely or any untruthful answers may subject you to rejection as a candidate. All information will be considered strictly confidential and will not be disclosed to any unauthorized person.

Handprint in ink or type your answers. DO NOT leave any question blank. If a question does not apply to you, write "NA" (NOT APPLICABLE). Your answer must be legible. If additional space is needed to explain an answer, please attach another page. Be sure to include the reference letter and number of the item being explained in the left-hand column.

It is your responsibility to report any changes of address you may have during the selection process or for the next two year period (approximate life of the Civil Service eligibility list.) Be sure to include zip codes with every address entered throughout this questionnaire.

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

YES

NO

Signature

Date

1. LIST ANY OTHER NAMES YOU HAVE USED, OR HAVE BEEN KNOWN BY, INCLUDING ALIASES, NICKNAMES, ETC.				
2. Age	3. Height	4. Weight	5. Eye Color	6. Hair Color
7. LIST ANY SCARS, TATTOOS, DISTINGUISHING MARKS			8. U.S. CITIZEN? Yes No	

9. **MARITAL STATUS:** Single Married Separated Divorced Widowed

LIST ALL MARRIAGES, DIVORCES, SEPARATIONS:			
DATE MARRIED	WHERE MARRIED	NAME OF SPOUSE (MAIDEN NAME, IF APPLICABLE)	IF DISSOLVED, WHERE & DATE

MARITAL STATUS IS NOT A CONSIDERATION FOR EMPLOYMENT, BUT WILL BE USED FOR CHARACTER REFERENCE.

10. NAMES OF PERSONS WITH WHOM YOU CURRENTLY RESIDE	DATE OF BIRTH	RELATIONSHIP	PHONE NO.	OCCUPATION
11. PERSONS OTHER THAN PARENTS WITH WHOM YOU HAVE LIVED	RELATIONSHIP	PRESENT ADDRESS	PHONE NO.	OCCUPATION
12. IF NOT MARRIED, NAME OF SIGNIFICANT OTHER, IF APPLICABLE				

13. **RELATIVES:** LIST BELOW ALL PARENTS, STEP-PARENTS, BROTHERS/SISTERS, STEP BROTHERS/SISTERS, CHILDREN, STEP CHILDREN AND ADOPTED CHILDREN. IF DECEASED, PLEASE INDICATE.

NAME	ADDRESS, CITY, STATE, ZIP		PHONE NO.	OCCUPATION
FATHER				
MOTHER (MAIDEN NAME)				
STEPMOTHER (IF APPLICABLE)				
STEPFATHER (IF APPLICABLE)				
LIST ALL SIBLINGS (INCLUDING STEP SIBLINGS)				
LIST CHILDREN AND STEP CHILDREN'S FULL NAMES	AGE	PARENT'S NAMES	RESIDES WITH	SUPPORTED BY

14. ARE YOU SUPPORTING ALL OF YOUR CHILDREN INCLUDING BIOLOGICAL CHILDREN, STEPCHILDREN, AND ADOPTED CHILDREN?

IF NO, EXPLAIN YES NO

15. RESIDENCES: LIST BELOW YOUR LAST EIGHT RESIDENCES, INCLUDING ALL MILITARY DUTY STATIONS. LIST PRESENT RESIDENCE FIRST.

DATES MM/YY FROM TO		ADDRESS, CITY, STATE, ZIP CODE	IF RENTED, LIST LANDLORD NAME AND TELEPHONE NUMBER

16. EDUCATION: LIST ALL ELEMENTARY, JR. HIGH, HIGH SCHOOL, COLLEGES, UNIVERSITIES, AND ANY OTHER TRAINING SCHOOLS ATTENDED:

NAME OF SCHOOL	CITY & STATE OF SCHOOL	DATES ATTENDED MM/YY	DID YOU GRADUATE?	TOTAL CREDIT HOURS	DEGREE OR CERTIFICATE RECEIVED/YEAR RECEIVED
ELEMENTARY					
JUNIOR HIGH					
HIGH SCHOOL					
COLLEGE/UNIVERSITY					
COLLEGE/UNIVERSITY					
ADDITIONAL SCHOOLS					
ADDITIONAL SCHOOLS					

17. **EMPLOYMENT:** LIST BELOW EVERY JOB (FULL-TIME, PART-TIME, AND TEMP) YOU HAVE EVER HELD. LIST PRESENT OR MOST RECENT JOB FIRST. INCLUDE MILITARY SERVICE IN PROPER TIME SEQUENCE, AND PLUS LIST ALL PERIODS OF UNEMPLOYMENT.

EMPLOYER NAME	JOB TITLE/ POSITION	FULL-TIME PART-TIME TEMPORARY	
ADDRESS	PHONE NUMBER	DATES OF EMPLOYMENT	
	EMAIL	FROM	TO
NAME & TITLE OF SUPERVISOR	NAME OF COWORKER	REASON FOR LEAVING	
LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU			
DO YOU HAVE ANY OBJECTIONS TO YOUR PRESENT EMPLOYER BEING CONTACTED?			
		YES	NO
If YES, PLEASE STATE REASON: <i>IF YOU CHECKED "YES," YOUR BACKGROUND INVESTIGATION MAY BE DELAYED.</i>			

EMPLOYER NAME	JOB TITLE/ POSITION	FULL-TIME PART-TIME TEMPORARY	
ADDRESS	PHONE NUMBER	DATES OF EMPLOYMENT	
	EMAIL	FROM	TO
NAME & TITLE OF SUPERVISOR	NAME OF COWORKER	REASON FOR LEAVING	
LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU			

EMPLOYER NAME	JOB TITLE/ POSITION	FULL-TIME PART-TIME TEMPORARY	
ADDRESS	PHONE NUMBER	DATES OF EMPLOYMENT	
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NAME & TITLE OF SUPERVISOR	NAME OF COWORKER	REASON FOR LEAVING	
LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU			

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ADDRESS	PHONE NUMBER	DATES OF EMPLOYMENT	
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NAME & TITLE OF SUPERVISOR	NAME OF COWORKER	REASON FOR LEAVING	
LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU			

EMPLOYER NAME	JOB TITLE/ POSITION	FULL-TIME PART-TIME TEMPORARY	
ADDRESS	PHONE NUMBER	DATES OF EMPLOYMENT	
	EMAIL	FROM	TO
NAME & TITLE OF SUPERVISOR	NAME OF COWORKER	REASON FOR LEAVING	
LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU			

18. WERE YOU EVER DISCHARGED, TERMINATED, FIRED, OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OF UNSATISFACTORY SERVICE?

YES NO

IF YES, EXPLAIN. PROVIDE NAME AND ADDRESS OF EMPLOYER, APPROXIMATE DATES, AND REASON

19. HAVE YOUR EMPLOYERS ALWAYS TREATED YOU FAIRLY? YES NO

IF NO, EXPLAIN:

20. DO YOU OBJECT TO WEARING A UNIFORM? YES NO

20. DO YOU OBJECT TO BEING ASSIGNED TO SHIFT WORK? YES NO

21. DO YOU HAVE ANY EXPERIENCE WITH SHIFT WORK? YES NO

22. LIST BELOW EVERY POLICE DEPARTMENT/DIVISION FOR WHICH YOU HAVE APPLIED OR TAKEN A CIVIL SERVICE EXAM

AGENCY (CITY & STATE)	APPROX. DATE	POSITION APPLIED FOR	POSITION ON LIST	PRESENT STATUS

23. ARE YOU CURRENTLY ON A CIVIL SERVICE ELIGIBILITY LIST? YES NO

IF YES, GIVE DETAILS

24. IF YOU WERE AN APPLICANT WITH ANOTHER LAW ENFORCEMENT AGENCY AND WERE NOT HIRED, STATE THE REASON WHY, IF KNOWN:

25. WERE YOU EVER REJECTED FOR ANY CIVIL SERVICE POSITION? YES NO

IF YES, STATE REASON

TRAFFIC HISTORY

26. DO YOU HAVE VALID OHIO DRIVER'S LICENSE? YES NO

PLEASE PROVIDE INFORMATION ON ALL DRIVER'S LICENCES YOU HAVE HELD BEGINNING WITH THE CURRENT OR MOST RECENT LICENSE:

STATE ISSUED	DRIVER'S LICENSE NO.	DATE ISSUED	EXPIRATION DATE	TYPE	RESTRICTIONS

30. LIST BELOW ALL TRAFFIC CITATIONS AND CONVICTIONS YOU HAVE EVER RECEIVED. INCLUDE ANY OUTSTANDING OR DELINQUENT PARKING VIOLATIONS

DATE (MM/YYYY)	LOCATION CITY & STATE	NATURE OF VIOLATION	PENALTY/ DISPOSITION

CRIMINAL/CIVIL HISTORY:

31. HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE, INCLUDING JUVENILE OFFENSES?

YES NO

LIST ALL SUCH MATTERS, EVEN IF SETTLED BY PAYMENT OF A FINE

DATE	LOCATION	POLICE AGENCY	CHARGE	PENALTY/ DISPOSITION

PLEASE PROVIDE ANY ADDITIONAL DETAILS BELOW:

32. HAVE YOU EVER BEEN PLACED ON PROBATION?

YES NO

IF YES, GIVE DETAILS:

33. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE FOR ANY OFFENSE OTHER THAN THOSE PREVIOUSLY MENTIONED, FINES FROM THE DOG WARDEN, HEALTH DEPT., ETC.?

YES NO

IF YES, GIVE DETAILS:

34. HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR RUNAWAY?

YES NO

IF YES, PROVIDE DETAILS INCLUDING DATES, POLICE AGENCY, DESCRIPTION OF EVENT, AND OUTCOME:

35. HAS ANY MEMBER OF YOUR FAMILY (INCLUDING IN-LAWS), OR ANYONE ELSE YOU ARE CLOSELY ASSOCIATED WITH, OR PEOPLE WITH WHOM YOU'VE LIVED, EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?

YES NO

IF YES, DESCRIBE BELOW:

NAME	RELATIONSHIP TO YOU	OFFENSE	CITY, STATE OF OFFENSE	DISPOSITION OF CASE

36. HAVE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY, OR ANYONE ELSE YOU HAVE LIVED WITH, BEEN THE VICTIM OF A CRIME?

YES NO

IF YES, DESCRIBE BELOW:

DATE (MM/YY)	VICTIM NAME & RELATIONSHIP	NATURE & LOCATION OF CRIME	POLICE AGENCY (WHERE REPORTED)	DISPOSITION OF CASE

37. HAVE YOU EVER BEEN FINGERPRINTED BY A LAW ENFORCEMENT AGENCY FOR ANY REASON OTHER THAN AN ARREST?

YES NO

IF YES, PLEASE DESCRIBE BELOW: (YOUR ANSWERS WILL BE VERIFIED)

DATE	LAW ENFORCEMENT AGENCY & LOCATION	PURPOSE OF FINGERPRINTS

FINANCIAL HISTORY

38. LIST YOUR TOTAL INDEBTEDNESS AT THE PRESENT TIME. \$ _____

39. HAVE YOUR CREDITORS TREATED YOU FAIRLY? YES NO

IF NO, EXPLAIN:

40. HAVE YOU, YOUR SPOUSE, OR EX-SPOUSE (IF APPLICABLE) EVER BEEN SUED BY ANYONE IN ANY COMMON PLEAS, COUNTY, MUNICIPAL, OR SMALL CLAIMS COURT?

YES NO

IF YES, LIST BELOW

DATE	WHAT COURT & WHERE	PLAINTIFF'S NAME	WHO WAS JUDGMENT AGAINST	AMOUNT OF JUDGMENT

41. DO YOU OR YOUR SPOUSE HAVE ANY IMMEDIATE CIVIL ACTIONS PENDING AGAINST YOU?

YES NO

IF YES, EXPLAIN:

42. AS A RESULT OF A COURT ORDER, ARE YOU REQUIRED TO PAY CHILD SUPPORT?

YES NO

IF YES, PLEASE DESCRIBE BELOW:

DATE OF COURT ORDER	STATE	ARE YOU IN ARREARS?	AMOUNT OF ARREARAGES	DATE OF LAST PAYMENT	AMOUNT OF LAST PAYMENT

43. IS THERE A LIEN AGAINST ANY OF YOUR PERSONAL PROPERTY OR REAL ESTATE, NOT ADDRESSED PREVIOUSLY?

YES NO

IF YES, PLEASE DESCRIBE BELOW:

NAME OF LIEN HOLDER	DESCRIPTION OF PROPERTY

ALCOHOL AND DRUG USE HISTORY

44. DO YOU CURRENTLY DRINK ALCOHOLIC BEVERAGES? YES NO

45. DO YOU CURRENTLY USE MARIJUANA? YES NO

IF YES, EXPLAIN FREQUENCY OF USE:

46. DO YOU CURRENTLY USE ANY OTHER ILLEGAL DRUGS OR SUBSTANCES SUCH AS MORPHINE, COCAINE, HEROIN, LSD, PCP, INHALANTS, METHAMPHETAMINES, ETC.?

YES NO

IF YES, GIVE DETAILS CONCERNING THE DRUG AND FREQUENCY OF USE:

CHARACTER REFERENCES

47. GIVE EIGHT (8) RESPONSIBLE ADULT REFERENCES WHO ARE OF REPUTABLE STANDING IN THEIR COMMUNITY, WHO ARE NOT RELATED TO YOU BY BLOOD OR MARRIAGE AND WHO ARE NOT YOUR EMPLOYER OR SUPERVISOR. OF THE EIGHT REFERENCES, FIVE SHOULD BE PEOPLE YOU HAVE KNOWN FOR AT LEAST THREE YEARS. INCLUDE COMPLETE ADDRESSES, INCLUDING ZIP CODES.

NAME OF REFERENCE #1	YEARS KNOWN	RELATIONSHIP TO YOU	
HOME ADDRESS		HOME PHONE	
CELL PHONE	EMAIL ADDRESS		PLACE OF EMPLOYMENT
EMPLOYER'S ADDRESS		EMPLOYER PHONE NO.	

NAME OF REFERENCE #2	YEARS KNOWN	RELATIONSHIP TO YOU	
HOME ADDRESS		HOME PHONE	
CELL PHONE	EMAIL ADDRESS	PLACE OF EMPLOYMENT	
EMPLOYER'S ADDRESS		EMPLOYER PHONE NO.	

NAME OF REFERENCE #3	YEARS KNOWN	RELATIONSHIP TO YOU	
HOME ADDRESS		HOME PHONE	
CELL PHONE	EMAIL ADDRESS	PLACE OF EMPLOYMENT	
EMPLOYER'S ADDRESS		EMPLOYER PHONE NO.	

NAME OF REFERENCE #4	YEARS KNOWN	RELATIONSHIP TO YOU	
HOME ADDRESS		HOME PHONE	
CELL PHONE	EMAIL ADDRESS	PLACE OF EMPLOYMENT	
EMPLOYER'S ADDRESS		EMPLOYER PHONE NO.	

NAME OF REFERENCE #5	YEARS KNOWN	RELATIONSHIP TO YOU	
HOME ADDRESS		HOME PHONE	
CELL PHONE	EMAIL ADDRESS	PLACE OF EMPLOYMENT	
EMPLOYER'S ADDRESS		EMPLOYER PHONE NO.	

NAME OF REFERENCE #6	YEARS KNOWN	RELATIONSHIP TO YOU	
HOME ADDRESS		HOME PHONE	
CELL PHONE	EMAIL ADDRESS	PLACE OF EMPLOYMENT	
EMPLOYER'S ADDRESS		EMPLOYER PHONE NO.	

NAME OF REFERENCE #7	YEARS KNOWN	RELATIONSHIP TO YOU
HOME ADDRESS		HOME PHONE
CELL PHONE	EMAIL ADDRESS	PLACE OF EMPLOYMENT
EMPLOYER'S ADDRESS		EMPLOYER PHONE NO.

NAME OF REFERENCE #8	YEARS KNOWN	RELATIONSHIP TO YOU
HOME ADDRESS		HOME PHONE
CELL PHONE	EMAIL ADDRESS	PLACE OF EMPLOYMENT
EMPLOYER'S ADDRESS		EMPLOYER PHONE NO.

48. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH MAY BE REQUIRED OF YOU AS A POLICE OFFICER, OR WHICH MAY REQUIRE FURTHER EXPLANATION?

YES NO

IF YES, EXPLAIN:

49. **REMARKS**-ANY ADDITIONAL COMMENTS THAT YOU WOULD LIKE TO ADD?

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS OR OMISSIONS IN, OR FALSIFICATIONS OF THE PRECEDING STATEMENTS AND ANSWERS. I AM FULLY AWARE THAT SHOULD AN INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS, FALSIFICATIONS, OR OMISSIONS IN ANY DOCUMENTS, I SUBMIT OR STATEMENTS I MAKE AS PART OF THE APPLICATION PROCESS, MY APPLICATION WILL BE REJECTED AND I WILL BE DISQUALIFIED FROM APPLYING FOR ANY FUTURE POSITION IN THE SERVICE OF THE CITY OF BOWLING GREEN. IF, AFTER MY ACCEPTANCE FOR EMPLOYMENT, A SUBSEQUENT INVESTIGATION SHOULD DISCLOSE A MISREPRESENTATION, FALSIFICATION, OR OMISSION, IT WILL BE JUST CAUSE FOR IMMEDIATE DISMISSAL. I UNDERSTAND THAT THIS IS A CONTINUING INVESTIGATION AND AGREE TO NOTIFY THE BOWLING GREEN PERSONNEL DEPARTMENT OF ANY ADDRESS, EMPLOYMENT, OR MARITAL STATUS CHANGES, OR ANY OTHER INFORMATION THAT MAY REFLECT CHANGES OR ADDITIONS IN THIS PERSONAL HISTORY RECORD.

SIGNATURE IN FULL _____ DATE _____

WITNESSED BY _____ DATE _____