



CINCINNATI POLICE DEPARTMENT
PROGRAM APPLYING FOR:



- Surveillance Team
- Reserve Senior Volunteer Police Program

PERSONAL HISTORY QUESTIONNAIRE

All information is considered to be strictly confidential to the extent permitted by law, and will be utilized by the City of Cincinnati Human Resources and Police Departments ONLY and will not be disclosed to any unauthorized person(s).

Personal History of:

PRINT (Last Name) (First Name) (Middle Name)

Social Security #: ____ -- ____ -- ____

Position Applied for: RESERVE AND VOLUNTEER POLICE PROGRAM

INSTRUCTIONS AND REMINDER

There are moral and legal obligations to complete this Personal History Questionnaire in a truthful, fully informative manner. All questions must be answered. If a question does not apply to your particular circumstance, insert DNA (Does Not Apply) in the proper blank.

Please be advised that all information is subject to verification via home visits, source documentation, polygraph (lie detector) examination, etc. Be fully truthful and do not evade questions. Both the Ohio Revised Code and rules and regulations of the City of Cincinnati, Ohio provide penalties for making a false statement of a material fact or for practicing fraud or deception. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code Section 2921-13.

I voluntarily withdraw from the selection process. _____

I understand and will comply with the selection process. _____

Signature _____

Date ____/____/____

Personal Record

1. Legal Name: _____
(Last) (First) (Full Middle Name)
2. By what other names have you been known? (Maiden name, adopted name, aliases, nicknames, etc.) _____

3. Your present Social Security Number: ____-____-____
4. Other Social Security Numbers that have ever been assigned to you: _____
5. Date of Birth: ____/____/____
6. Age ____
7. Height (inches) _____
8. Weight _____
9. Color of hair _____
10. Color of eyes _____
11. Sex: ____ Male ____ Female Other identification (scars, tattoos, etc.): _____

12. Ethnic identification (can be used to report statistical data per court ordered consent decree): ____ Black ____ Caucasian ____ Other, please specify: _____

13. Place of Birth (City, State, County or Parish): _____
14. Driver's License # _____
15. Type: _____
16. Expiration Date: _____
17. Residence Phone Number w/Area Code: () _____
18. Business Phone Number w/Area Code: () _____
19. Email Address: _____
20. Cell Phone Number: _____
21. Facebook User Name: _____
22. My Space User Name: _____
23. Other Social Media User Name: _____

I certify that the above information is true to the best of my knowledge.

Signature

Date

List all previous addresses for the past ten (10) years.

Begin with your current address

| Month and Year From: To: | Address; (Number, Street Name, City, State, Zip Code, & Apartment #) | Landlord's Name, Address, City, State, Zip, & Phone # Apartment Complex Name |
|---------------------------------------|---|---|
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Marital Status: (Circle One)

Married

Single

Divorced

Separated

Name of Spouse:

(First Name)

(Middle Name)

(Maiden Name)

I certify that the above information is true to the best of my knowledge.

Signature

Date

List all driving citations or summons you have received, as well as any auto accidents you were involved in as an adult or juvenile. Start with the most recent occurrence.

There is no time limitation.

| Month/Year | City, State, County | Charge | What Occurred | Injury or Death Involved? |
|------------|------------------------|--------|---------------|------------------------------|
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I certify that the above information is true to the best of my knowledge.

Signature

Date

Personal References

Carefully complete the following on **at least three (3) persons** (other than relatives, past or present employers) who know you well enough to give current or past information about you. Feel free to provide the Background Unit with up to six (6) persons if you so choose.

| |
|--|
| Name _____ Approx. Age _____ |
| Mailing Address (Number, Street, Apt. #, City, State, Zip Code) _____ |
| Residence Telephone Number (include area code) _____ |
| Years Known (approximate) _____ |
| Reference Work Hours: From _____ To _____ |
| Reference Off Days _____ |

| |
|--|
| Name _____ Approx. Age _____ |
| Mailing Address (Number, Street, Apt. #, City, State, Zip Code) _____ |
| Residence Telephone Number (include area code) _____ |
| Years Known (approximate) _____ |
| Reference Work Hours: From _____ To _____ |
| Reference Off Days _____ |

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|--|
| Name _____ Approx. Age _____ |
| Mailing Address (Number, Street, Apt. #, City, State, Zip Code) _____ |
| Residence Telephone Number (include area code) _____ |
| Years Known (approximate) _____ |
| Reference Work Hours: From _____ To _____ |
| Reference Off Days _____ |

Personal References (cont'd)

| | |
|--|-------------------|
| Name _____ | Approx. Age _____ |
| Mailing Address (Number, Street, Apt. #, City, State, Zip Code) _____ | |
| Residence Telephone Number (include area code) _____ | |
| Years Known (approximate) _____ | |
| Reference Work Hours: From _____ To _____ | |
| Reference Off Days _____ | |

| | |
|--|-------------------|
| Name _____ | Approx. Age _____ |
| Mailing Address (Number, Street, Apt. #, City, State, Zip Code) _____ | |
| Residence Telephone Number (include area code) _____ | |
| Years Known (approximate) _____ | |
| Reference Work Hours: From _____ To _____ | |
| Reference Off Days _____ | |

| | |
|--|-------------------|
| Name _____ | Approx. Age _____ |
| Mailing Address (Number, Street, Apt. #, City, State, Zip Code) _____ | |
| Residence Telephone Number (include area code) _____ | |
| Years Known (approximate) _____ | |
| Reference Work Hours: From _____ To _____ | |
| Reference Off Days _____ | |

I certify that the above information is true to the best of my knowledge.

Signature _____

Date _____

Education

1. Circle the highest grade completed: High School Associate Degree Bachelor Degree
 Masters Doctorate College Attendance (no degree)
2. Check the one which applies: High School graduate GED

List each high school, trade school, college or university. You must provide transcripts to receive consideration for coursework completed. If you have any additional certifications, coursework or training you would like us to consider with your application; documentation **MUST** be provided.

| Name of School and Areas of Concentration | Location of School (Address, Zip Code and Phone Number) | Attendance Date | | Diploma or Degree | | Type of degree or # of Credit Hours Completed |
|---|---|-----------------|----|-------------------|----|---|
| | | From | To | Yes | No | |
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I certify that the above information is true to the best of my knowledge.

Signature
Date

Employer History

Begin with your most recent job and list your complete work history in chronological order. Include all full-time jobs, part-time jobs, casual employment, and military service. Please include correct addresses and zip codes. Make additional copies of these pages as needed.

Do NOT use other forms to list employers. ALL JOBS MUST BE LISTED.

Do you object to our contacting your present employer at this time? Yes No

| | | |
|--|------------------------------------|--|
| From Date: | Name of Employer: | Were you terminated/fired or asked to resign <i>in lieu of termination</i> from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| To Date: | Address of Employer, Zip Code: | Business Telephone Number (include Area Code): |
| Total Time Employed: | Full Name of Immediate Supervisor: | Address/Phone Number/Zip Code: |
| | Salary: | Job Title: |
| | Description of Duties: | Reason for Leaving: |
| On this job, were you ever disciplined?: | | Reason(s): |
| Verbal <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Number of times | | |
| Written <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Number of times | | |
| Suspension <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Number of times | | |
| Demotion <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Number of times | | |

| | | |
|--|------------------------------------|--|
| From Date: | Name of Employer: | Were you terminated/fired or asked to resign <i>in lieu of termination</i> from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| To Date: | Address of Employer, Zip Code: | Business Telephone Number (include Area Code): |
| Total Time Employed: | Full Name of Immediate Supervisor: | Address/Phone Number/Zip Code: |
| | Salary: | Job Title: |
| | Description of Duties: | Reason for Leaving: |
| On this job, were you ever disciplined?: | | Reason(s): |
| Verbal <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Number of times | | |
| Written <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Number of times | | |
| Suspension <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Number of times | | |
| Demotion <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Number of times | | |

Employer History (cont'd)

| | | |
|---|------------------------------------|--|
| From Date: | Name of Employer: | Were you terminated/fired or asked to resign <i>in lieu of termination</i> from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| To Date: | Address of Employer, Zip Code: | Business Telephone Number (include Area Code): |
| Total Time Employed: | Full Name of Immediate Supervisor: | Address/Phone Number/Zip Code: |
| | Salary: | Job Title: |
| | Description of Duties: | Reason for Leaving: |
| On this job, were you ever disciplined?: | | Reason(s): |
| Verbal <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Number of times Written <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Number of times Suspension <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Number of times Demotion <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Number of times | | |

| | | |
|---|------------------------------------|--|
| From Date: | Name of Employer: | Were you terminated/fired or asked to resign <i>in lieu of termination</i> from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| To Date: | Address of Employer, Zip Code: | Business Telephone Number (include Area Code): |
| Total Time Employed: | Full Name of Immediate Supervisor: | Address/Phone Number/Zip Code: |
| | Salary: | Job Title: |
| | Description of Duties: | Reason for Leaving: |
| On this job, were you ever disciplined?: | | Reason(s): |
| Verbal <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Number of times Written <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Number of times Suspension <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Number of times Demotion <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Number of times | | |

Employer History (cont'd)

| | | |
|---|------------------------------------|--|
| From Date: | Name of Employer: | Were you terminated/fired or asked to resign <i>in lieu of termination</i> from this job? [] Yes [] No |
| To Date: | Address of Employer, Zip Code: | Business Telephone Number (include Area Code): |
| Total Time Employed: | Full Name of Immediate Supervisor: | Address/Phone Number/Zip Code: |
| | Salary: | Job Title: |
| | Description of Duties: | Reason for Leaving: |
| On this job, were you ever disciplined?: | | Reason(s): |
| Verbal [] Yes [] No ___ Number of times Written [] Yes [] No ___ Number of times Suspension [] Yes [] No ___ Number of times Demotion [] Yes [] No ___ Number of times | | |

| | | |
|---|------------------------------------|--|
| From Date: | Name of Employer: | Were you terminated/fired or asked to resign <i>in lieu of termination</i> from this job? [] Yes [] No |
| To Date: | Address of Employer, Zip Code: | Business Telephone Number (include Area Code): |
| Total Time Employed: | Full Name of Immediate Supervisor: | Address/Phone Number/Zip Code: |
| | Salary: | Job Title: |
| | Description of Duties: | Reason for Leaving: |
| On this job, were you ever disciplined?: | | Reason(s): |
| Verbal [] Yes [] No ___ Number of times Written [] Yes [] No ___ Number of times Suspension [] Yes [] No ___ Number of times Demotion [] Yes [] No ___ Number of times | | |

Employer History (cont'd)

| | | |
|---|------------------------------------|--|
| From Date: | Name of Employer: | Were you terminated/fired or asked to resign <i>in lieu of termination</i> from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| To Date: | Address of Employer, Zip Code: | Business Telephone Number (include Area Code): |
| Total Time Employed: | Full Name of Immediate Supervisor: | Address/Phone Number/Zip Code: |
| | Salary: | Job Title: |
| | Description of Duties: | Reason for Leaving: |
| On this job, were you ever disciplined?: | | Reason(s): |
| Verbal <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Number of times Written <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Number of times Suspension <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Number of times Demotion <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Number of times | | |

| | | |
|---|------------------------------------|--|
| From Date: | Name of Employer: | Were you terminated/fired or asked to resign <i>in lieu of termination</i> from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| To Date: | Address of Employer, Zip Code: | Business Telephone Number (include Area Code): |
| Total Time Employed: | Full Name of Immediate Supervisor: | Address/Phone Number/Zip Code: |
| | Salary: | Job Title: |
| | Description of Duties: | Reason for Leaving: |
| On this job, were you ever disciplined?: | | Reason(s): |
| Verbal <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Number of times Written <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Number of times Suspension <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Number of times Demotion <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Number of times | | |

I certify that the above information is true to the best of my knowledge.

Signature _____

Date _____

Military History

Check one:

- I have been in the military. Attach a photocopy of your DD214.
 I have not been in the military.

| | |
|---|---|
| <u>Branch of Military (check all that apply):</u> | |
| <input type="checkbox"/> Army | <input type="checkbox"/> Active Army Reserves |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Naval Reserves |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Air Force Reserves |
| <input type="checkbox"/> Marines | <input type="checkbox"/> Marine Reserves |
| <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Coast Guard Reserves |
| <input type="checkbox"/> National Guard | _____ Specify State |

| |
|---|
| If no military history, list selective service number (also specify selection service office location): |
|---|

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|----------------------|-----------------------|---|
| From Date: | Branch of Military: | Demotions (#, list charges below): |
| To Date: | Highest Rank: | Article 15 (#, list charges and penalties below): |
| Length of Service: | Rank at Discharge: | Captain's Mast (#, list charges and penalties below): |
| Military Serial No.: | Present Reserve Rank: | |

| | | |
|---|---|---|
| Type of Discharge: | Character of Discharge: | Court Martials (#, list charges and penalties below): |
| <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General | <input type="checkbox"/> Honorable <input type="checkbox"/> Other than honorable | |

I certify that the above information is true to the best of my knowledge.

SignatureDate

Drugs

Have you ever used marijuana? Yes____ No____

When (month/year) was the last time that you used marijuana?_____

Describe the circumstances as well as amount used.

How many times have you used marijuana in your life? (Estimate)_____

Have you ever sold marijuana? Yes____ No____

What was the quantity sold, and when did the last transaction occur?

Have you ever used or possessed any prescription drugs without a Doctor's prescription?

Yes____ No____

Describe the circumstances, and date of most recent occurrence.

Have you ever possessed, used or sold any of the following drugs?

Cocaine Yes____ No____ Describe the circumstances and date of most recent usage.

Speed Yes____ No____ Describe the circumstances and date of most recent usage.

Ecstasy Yes____ No____ Describe the circumstances and date of most recent usage.

LSD Yes____ No____ Describe the circumstances and date of most recent usage.

Mushrooms Yes____ No____ Describe the circumstances and date of most recent usage.

Other Yes____ No____ Describe the circumstances and date of most recent usage.

I certify that the above information is accurate and true to the best of my knowledge.

Signature

Date

Criminal History/Arrests

Complete the Criminal History/Arrests section based on the fact that arrests are part of the computer printout generated during the Background Investigation. Therefore, it will allow you the opportunity to explain the issues surrounding the arrest.

An arrest record alone without conviction is not sufficient cause for elimination.

Have you ever been arrested, received a criminal citation (i.e.; pay-out misdemeanor, other than traffic), or been summoned/subpoenaed to appear as the defendant in a criminal court proceeding?

As a Juvenile? Yes____ No____ If yes:

When? _____

Where? _____

What for? _____

Explanation (mention each instance; attach additional sheets, if necessary):

As an Adult? Yes____ No____ If yes:

When? _____

Where? _____

What for? _____

Explanation (mention each instance; attach additional sheets, if necessary):

I certify that the above information is true to the best of my knowledge.

Signature

Date

*****Please add any additional explanation you wish to give. Add additional sheets, if necessary.**

Criminal History/Arrests (cont'd)

How many times have you been convicted of criminal offenses (misdemeanors and felonies including military) as a **Juvenile**? _____

Details and circumstances of each occasion.

| When | Nature of Offense | Where | Disposition |
|------|-------------------|-------|-------------|
| | | | |
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How many times have you been convicted of criminal offenses (misdemeanors and felonies including military) as an **Adult**? _____

Details and circumstances of each occasion.

| When | Nature of Offense | Where | Disposition |
|------|-------------------|-------|-------------|
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Have you ever committed or been an accomplice to an undetected/unprosecuted crime?
 Yes _____ No _____

List each offense, and explain how you avoided discovery and prosecution.

| When | Nature of Offense | Where | Why |
|------|-------------------|-------|-----|
| | | | |
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I certify that the above information is true to the best of my knowledge.

Signature

Date

Criminal History/Arrests (cont'd)

Have you ever **stolen** from the following:

| | Yes | No | Explanation |
|---------------------------|-----|----|-------------|
| Employer (past) | | | |
| Employer (present) | | | |
| Relatives | | | |
| Co-Workers | | | |
| Customers | | | |
| Strangers | | | |
| Neighbor | | | |
| Friends | | | |
| Businesses | | | |
| Others | | | |

Have you ever committed arson? Yes____ No____ If yes, when, where and explain.

Have you set or attempted to set fire with the intent to destroy property or cause injury to another person? Yes____ No____ if yes, when, where and explain.

Have you ever intentionally turned in a false alarm or caused one to be transmitted? Yes____ No____ If yes, when, where and explain.

I certify that the above information is true to the best of my knowledge.

Signature

Date

25 blank horizontal lines for writing.

I certify that the above information is true to the best of my knowledge.

Signature

Date

Prior to returning this application, review it in its entirety. Incomplete applications will be returned.

Return the completed application to:

Sergeant Eric Franz
Volunteer Program Coordinator – 2nd Floor
310 Ezzard Charles Drive
Cincinnati, Ohio 45214