

# Application for Employment

TO APPLICANT: We deeply appreciate your interest in the City of Hillsboro. Thank you for taking the time to complete this application.

"This institution is an equal opportunity provider and employer." The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to information obtained from a consumer reporting agency, including but not limited to information regarding credit data, personal character, general reputation and mode of living. This list, however, is not exhaustive of the grounds on which discrimination is prohibited.

(Please Print Plainly)

<b>PERSONAL</b>
-----------------

Date \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Email Address \_\_\_\_\_

Are you legally eligible for employment in the U.S.A.? Yes \_\_\_ No \_\_\_  
If hired, you are required to submit proof of your eligibility to work in the U.S.A.

Are you over the age of eighteen? Yes \_\_\_ No \_\_\_  
If no, hire is subject to verification that you are of minimum legal age.

Position applied for \_\_\_\_\_

Were you previously employed by the City of Hillsboro? Yes \_\_\_ No \_\_\_

If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Are there any other job-related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT**

List below present and past employment, beginning with your *most recent*

**Company 1:** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor? Yes \_\_\_ No \_\_\_

**Company 2:** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor? Yes \_\_\_ No \_\_\_

**Company 3:** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor? Yes \_\_\_ No \_\_\_

**Company 4:** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor? Yes \_\_\_ No \_\_\_

**EDUCATION**

**High School:** \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes \_\_\_ No \_\_\_ Degree: \_\_\_\_\_

**College:** \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes \_\_\_ No \_\_\_ Degree: \_\_\_\_\_

**Other:** \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes \_\_\_ No \_\_\_ Degree: \_\_\_\_\_

**PERSONAL REFERENCES (No Employers or Relatives)**

**Full Name 1:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Full Name 2:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Full Name 3:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

May we telephone you to follow up on this application at home? Yes \_\_\_ No \_\_\_  
If yes, what is the best time to call? \_\_\_\_\_

May we telephone you to follow up on this application at work? Yes \_\_\_ No \_\_\_  
If yes, what is the best time to call? \_\_\_\_\_

What is your business telephone number? \_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the City of Hillsboro in any way if the City of Hillsboro decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than the Mayor and or Safety-Service Director has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by them.

\_\_\_\_\_  
Signature of Applicant

**HILLSBORO POLICE DEPARTMENT  
APPLICANT PERSONAL HISTORY QUESTIONNAIRE**

PERSONAL HISTORY OF: \_\_\_\_\_  
(LAST NAME) (FIRST) (MIDDLE)

POSITION APPLIED FOR:            LAW ENFORCEMENT OFFICER  
       SPECIAL OFFICER (VOLUNTEER)  
       COMMUNICATIONS TECHNICIAN  
       OTHER (specify) : \_\_\_\_\_  
   \_\_\_\_\_

DATE OF WRITTEN EXAMINATION: \_\_\_\_\_

DATE THIS QUESTIONNAIRE COMPLETED: \_\_\_\_\_

**INSTRUCTIONS**

THIS PERSONAL HISTORY QUESTIONNAIRE IS INTENDED FOR THE USE OF THE CITY OF HILLSBORO, DIVISION OF POLICE. YOU MUST BE TRUTHFUL AND COMPLETE ALL ANSWERS REQUESTED ON THIS FORM. ALL INFORMATION CONTAINED HEREIN WILL BE SUBJECT TO VERIFICATION, (IE, SOURCE DOCUMENTATION, POLYGRAPH AND/OR SCREENING PROCEDURES. INFORMATION CONTAINED HEREIN WILL BE CONSIDERED TO BE STRICTLY CONFIDENTIAL AND WILL NOT BE DISCLOSED TO ANY UNAUTHORIZED PERSON(S).

THE ANSWERS TO QUESTIONS CONTAINED IN THE QUESTIONNAIRE MUST BE PRINTED, IN YOUR OWN HAND, LEGIBLY IN BLACK INK ONLY. EACH INDIVIDUAL QUESTION MUST BE ANSWERED, THERE CAN BE NOT BLANKS. IF A QUESTION DOES NOT APPLY TO YOUR PARTICULAR CIRCUMSTANCE, INSERT "DNA" IN THAT BLANK. WHEN ANSWERING QUESTIONS THAT REQUIRE DATES, INSERT THE FULL DATE, PARTIAL MONTH AND YEAR RESPONSES ARE UNACCEPTABLE. YOU MUST PROVIDE COMPLETE ADDRESS INFORMATION WHEN REQUESTED; PARTIAL ADDRESS RESPONSES ARE UNACCEPTABLE.

**WARNING**

APPLICANTS ARE CAUTIONED TO ANSWER EVERY QUESTION TRUTHFULLY AND WITHOUT EVASION. BOTH THE OHIO REVISED CODE AND DEPARTMENT POLICIES AND PROCEDURES OF THE HILLSBORO POLICE DEPARTMENT PROVIDE PENALTIES FOR MAKING FALSE STATEMENT OF MATERIAL FACT, OR FOR PRACTICING ANY FRAUD OR DECEPTION IN OBTAINING OR ATTEMPTING TO OBTAIN EMPLOYMENT. SUCH PENALTIES INCLUDE REJECTION FOR APPOINTMENT OR DISCHARGE AFTER APPOINTMENT AND/OR PROSECUTION UNDER OHIO REVISED CODE SECTION 2921.13.

# HILLSBORO POLICE DEPARTMENT

## PERSONAL & MARITAL RECORDS – SECTION I

PLEASE PRINT USING BLUE INK

LEGAL NAME: LAST		FIRST		FULL MIDDLE NAME	
ARE YOU OVER THE AGE OF 21? <input type="checkbox"/> YES <input type="checkbox"/> NO					
RESIDENCE ADDRESS (NUMBER, STREET, APT., CITY, COUNTY, STATE AND ZIP CODE:				ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? (PROOF WILL BE REQUIRED)  <input type="checkbox"/> YES <input type="checkbox"/> NO	
BY WHAT OTHER NAMES HAVE YOU BEEN KNOWN? (MAIDEN NAMES, FORMER MARRIED NAME/S, ALIASES, NICKNAMES, ETC.)				RESIDENCE PHONE AND AREA CODE	
OHIO DRIVER'S LICENSE NUMBER	TYPE	EXPIRATION DATE	OUT-OF-STATE OPERATOR'S LICENSE NUMBER	TYPE / STATE / TERRITORY	EXPIRATION DATE
PRESENT MARITAL STATUS	CITY, COUNTY, STATE – WHERE PRESENT MARRIAGE WAS PERFORMED				
NAME OF PRESENT SPOUSE			SPOUSE'S MAIDEN NAME (IF APPLICABLE)		
FATHER (NATURAL)		(LAST FIRST MIDDLE)	ADDRESS (NUMBER, STREET, CITY, ZIP CODE, STATE) IF DECEASED STATE SUCH		
MOTHER (NATURAL) (MAIDEN NAME FIRST, FORMER MARRIED NAMES)		(LAST FIRST MIDDLE)	ADDRESS (NUMBER, STREET, CITY, ZIP CODE, STATE) IF DECEASED STATE SUCH		
<b>LIST YOUR CHILDREN:</b>					
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER		
ADDRESS (IF DIFFERENT FROM YOURS)			RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER		
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER		
ADDRESS (IF DIFFERENT FROM YOURS)			RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER		

<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER
ADDRESS (IF DIFFERENT FROM YOURS)		RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER
ADDRESS (IF DIFFERENT FROM YOURS)		RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER
ADDRESS (IF DIFFERENT FROM YOURS)		RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER
ADDRESS (IF DIFFERENT FROM YOURS)		RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER
ADDRESS (IF DIFFERENT FROM YOURS)		RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER

## PERSONAL & MARITAL RECORD (CONTINUED)

LIST YOUR RELATIVES IN THE FOLLOWING ORDER: 1. BROTHERS 2. SISTERS 3. STEP-MOTHER 4. STEP-FATHER  
5. STEP-BROTHERS 6. STEP-SISTERS 7. FATHER-IN-LAW  
8. MOTHER-IN-LAW 9. BROTHERS-IN-LAW 10. SISTERS IN-LAW

RELATIONSHIP	NAME: (LAST, FIRST, MIDDLE)	ADDRESS

ARE YOU NOW SUPPORTING ALL DEPENDANTS THAT YOU ARE REQUIRED TO SUPPORT?  <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU PAYING ALIMONY OR CHILD SUPPORT?  <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVERY BEEN SUED FOR ALIMONY PAYMENTS, CHILD SUPPORT, NON-PAYMENT OF DEBTS OR FRAUD? IF YES, GIVE THE NAME OF THE COURT IN WHICH YOU WERE SUED AND THE COURT NUMBER OF THE LAW SUIT.  <input type="checkbox"/> YES <input type="checkbox"/> NO	COURT NAME / COURT CASE NUMBER   COURT NAME / COURT CASE NUMBER   

PREVIOUS MARRIAGES: IF PREVIOUSLY MARRIED, PROVIDE THE FOLLOWING:		
WHERE MARRIED (CITY, COUNTY, STATE)	NAME OF EX-SPOUSE (MAIDEN NAME)	IF DISSOLVED OR DIVORCED (CITY, COUNTY, STATE)

**PREVIOUS RESIDENCES RECORD – SECTION II**

ADDRESSES, SINCE AGE 15, ACCOUNT FOR ALL TIME SPANS WITH MOST RECENT ADDRESS FIRST AND DESCENDING IN ORDER THERE FROM. **INCLUDE ALL MILITARY ADDRESSES, LISTING THE NEAREST CITY IN PROXIMITY TO THE BASE IF YOU RESIDED ON BASE.** IF RENTING OR LEASING INCLUDE THE AGENT OR MANAGEMENT COMPANY TO WHOM YOU PAY RENT TO.

FROM (MONTH-YEAR) TO (MONTH-YEAR)	ADDRESS (NO. SPECIFY N.E.S.W. – ST-PL-DR CITY-ZIP CODE-STATE)	WITH WHOM DID YOU LIVE	RELATIONSHIP?



**PREVIOUS RESIDENCES RECORD (Continued)**


**REFERENCES – SECTION III**

FILL IN BELOW THE NAMES OF THREE ADULTS RELATED TO YOU & NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR A PERIOD OF PREFERABLY MORE THAN FIVE YEARS.

1. NAME		HOME ADDRESS (CITY, STATE, ZIP-CODE)	HOME PHONE (AREA CODE-NUMBER)
YEARS KNOWN	OCCUPATION / PROFESSION	BUSINESS ADDRESS (CITY, STATE, ZIP-CODE)	BUSINESS PHONE (AREA CODE-NUMBER)
2. NAME		HOME ADDRESS (CITY, STATE, ZIP-CODE)	HOME PHONE (AREA CODE-NUMBER)
YEARS KNOWN	OCCUPATION / PROFESSION	BUSINESS ADDRESS (CITY, STATE, ZIP-CODE)	BUSINESS PHONE (AREA CODE-NUMBER)
3. NAME		HOME ADDRESS (CITY, STATE, ZIP-CODE)	HOME PHONE (AREA CODE-NUMBER)
YEARS KNOWN	OCCUPATION / PROFESSION	BUSINESS ADDRESS (CITY, STATE, ZIP-CODE)	BUSINESS PHONE (AREA CODE-NUMBER)

YEAR MAKE, BODY, TYPE, LICENSE NUMBER OF YOUR PRESENT VEHICLES	DATE PURCHASED	NAME OF LEGAL OWNER
A.		
B.		
C.		

WHEN ANSWERING THE QUESTION BELOW: IF YOU ANSWER "YES", EXPLAIN FULLY ON THE CONTINUATION SHEET, CITING REFERENCE AND PAGE NUMBERS, BE COMPLETE ON ALL EXPLANATION.

DO YOU, YOUR SPOUSE OR EX-SPOUSE HAVE ANY IMMEDIATE CIVIL ACTION PENDING AGAINST YOU?  YES  NO

## WORK HISTORY – SECTION IV

1. HAVE YOU EVER APPLIED FOR A POSITION WITH ANY LAW ENFORCEMENT OR OTHER GOVERNMENT AGENCY?

YES    NO      IF YES, INDICATE WHERE YOU HAVE APPLIED/OR BEEN APPOINTED IN THE PAST WITH THE MOST RECENT FIRST.

NAME OF DEPARTMENT OR AGENCY	DATE APPLIED	ACCEPTED	IF NO, GIVE REASON FOR REJECTION OR DECLINING OF APPOINTMENT
1.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
6.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
7.		<input type="checkbox"/> YES <input type="checkbox"/> NO	

### EMPLOYMENT

BEGIN WITH YOUR MOST RECENT JOB AND LIST YOUR COMPLETE WORK HISTORY IN CHRONOLOGICAL ORDER. **INCLUDE IN SEQUENCE ALL PART TIME JOBS, PERIODS OF UNEMPLOYMENT AND MILITARY SERVICE.** WHEN LISTING MILITARY SERVICE, SUBSTITUTE FOR THE NAME AND ADDRESS OF IMMEDIATE SUPERVISOR, THE NAME, ADDRESS AND RANK OF THE LAST COMMISSIONED OFFICER WHO WAS YOUR IMMEDIATE COMMISSIONED SUPERIOR AND SUBSTITUTE FOR THE NAME AND ADDRESS OF CO-WORKER, THE NAME AND ADDRESS OF NON-COMMISSIONED OFFICER WITH WHOM YOU SERVED. WHEN LISTING PERIODS OF UNEMPLOYMENT, INDICATE DATES IN SPACE PROVIDED. IN THAT BLOCK DESIGNATED "NAME OF EMPLOYER" WRITE-IN "UNEMPLOYED." IN THAT BLOCK DESIGNATED "REASON FOR LEAVING" INDICATE FROM WHAT SOURCE YOU RECEIVED INCOME DURING THAT PERIOD OF UNEMPLOYMENT. **ADDRESS INFORMATION MUST BE COMPLETE – STREET, APT. OR SUITE, CITY, STATE AND ZIP-CODE.**

MAY WE CONTACT YOUR PRESENT EMPLOYER? (IF NO, EXPLAIN ON CONTINUATION SHEET.)

YES    NO

HAVE YOU EVERY BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB?  
(IF YES, EXPLAIN FULLY ON CONTINUATION SHEET.)

YES    NO

**IF PRESENTLY UNEMPLOYED, INDICATE SO IN FIRST BLOCK.**

FROM DATE	NAME OF PRESENT EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS TELEPHONE
	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER
FROM DATE	NAME OF PRESENT EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS TELEPHONE
	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER
FROM DATE	NAME OF PRESENT EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS TELEPHONE
	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER

# MILITARY AND EDUCATIONAL RECORD – SECTION V

## MILITARY

PRESENT DRAFT BOARD ADDRESS (STREET, CITY, ZIP-CODE, STATE)		DAFT BOARD NO. OR PRESENT DB CLASS
BRANCH OF SERVICE (ARMY, NAVY, ETC.)	UNIT (TANK CORPS, ENGINEERS, MEDIC, ETC.)	MILITARY SERIAL NUMBER
THE NUMBER OF MONTHS OF MILITARY ACTIVE DUTY	HIGHEST MILITARY RANK OR RATE HELD	TYPE OF SEPARATION
TOTAL MONTHS OF COMBAT DUTY	TOTAL MONTHS OF OVERSEAS DUTY	MILITARY RESERVE STATUS

1. HAVE YOU EVER ASKED FOR OR RECEIVED DEFERMENT FROM MILITARY SERVICE?  
(IF YES, GIVE BOARD NUMBER, DATES AND FULL DETAILS ON CONTINUATION SHEET)

YES    NO

2. WERE YOU EVER COURT MARTIALED, TRIED ON CHARGES, OR SUBJECT OF A SUMMARY COURT  
MARTIAL, CAPTAIN'S MAST, OR ARTICLE 15. COMPANY PUNISHMENT OR ANY OTHER DISCIPLINARY  
ACTION WHILE IN THE ARMED SERVICES? (IF YES, EXPLAIN FULLY ON CONTINUATION SHEET)

YES    NO

**EDUCATION**

1. HAVE YOU EVER TAKEN A GENERAL EDUCATION DEVELOPMENT "GED" TEST?             [ ] YES    [ ] NO
2. DID YOU ATTEND AND GRADUATE FROM HIGH SCHOOL?                                    [ ] YES    [ ] NO
3. DID YOU ATTEND AND GRADUATE FROM AN ACCREDITED COLLEGE OR UNIVERSITY? [ ] YES    [ ] NO

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18				
LIST EACH ELEMENTARY, JUNIOR HIGH, HIGH SCHOOL, TRADE, PART-TIME, NIGHT SCHOOL, BUSINESS COLLEGE AND UNIVERSITY THAT YOU HAVE ATTENDED. START WITH THE MOST RECENT SCHOOL ATTENDED				
NAME OF SCHOOL	LOCATION OF SCHOOL	GRADUATE		DEGREES OR NUMBER OF UNITS COMPLETED
		YES	NO	

**MISCELLANEOUS – (SECTION V CONTINUED)**

PLEASE LIST YOUR MEMBERSHIP IN ANY GROUPS OR ASSOCIATIONS THAT YOU BELIEVE ARE JOB RELATED (TO YOUR FUNCTIONING IN THE POSITION FOR WHICH YOU APPLIED) OR WILL ENHANCE YOUR ABILITY TO PERFORM IN THE POSITION FOR WHICH YOU APPLIED.

DATES		ORGANIZATION / CLUB / SOCIAL GROUP	POSITION / ASSOCIATION / MEMBERSHIP STATUS
FROM	TO		

**ALL APPLICANTS MUST SIGN THE FOLLOWING CERTIFICATE**

**I CERTIFY THAT THE STATEMENTS CONTAINED IN THIS QUESTIONNAIRE ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MADE IN THIS QUESTIONNAIRE MAY BE CAUSE FOR DISAPPROVAL OF MY APPOINTMENT, OR FOR DISCHARGE AFTER APPOINTMENT. I FURTHER REALIZE THAT ANY FALSEHOODS MAY SUBJECT ME TO PROSECUTION UNDER OHIO REVISED CODE SECTION 2921.13.**

**SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_**



**City of Hillsboro  
Hillsboro Police Department**

**AUTHORIZATION OF DISCLOSURE**

Date: \_\_\_\_\_

S. S. Number: \_\_\_\_\_

I, \_\_\_\_\_ Date of Birth: \_\_\_\_\_

request under the Freedom of Information Act and the Ohio Public Records Law that the City of Hillsboro, and it's police department, civil service department, law department, and personnel department release to me and/or any officer/investigator of the Hillsboro Police Department for review any and all written documentation in their files and/or records pertaining to me as an applicant with the City of Hillsboro.

I further request copies of my original application(s), scores on civil service tests, placement on eligibility lists, background examinations, drug testing, physical agility, stress evaluation and other testing conducted by or on my person be made available for review.

This information is intended for evaluation by the Hillsboro Police Department as to my fitness as a candidate for employment with the Hillsboro Police Department.

Signed : \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**City of Hillsboro  
Hillsboro Police Department**

**AUTHORITY TO RELEASE INFORMATION**

S. S. Number: \_\_\_\_\_

I, \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Printed Name)

hereby permit any authorized representative of the Hillsboro Police Department bearing this release, or copy thereof, within two years of its date, to obtain any information you have concerning my moral and character suitability for the position of police officer.

I hereby direct you to release to the bearer upon request any information in your files pertaining to my employment, military, credit or educational records including, but not limited to, academic achievement, attendance, athletic, personal history, and disciplinary records. This release is executed with full knowledge and understanding that the information is for the official use of the Hillsboro Police Department. Consent is granted to the Hillsboro Police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, that may at any time result to me, my heirs, or family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## Hillsboro Police Department

### PRE-EMPLOYMENT TESTING

\*\*\*\*\*

### PRE-EMPLOYMENT POLYGRAPH INTERVIEW

As an applicant for employment with a law enforcement agency, you are required to complete this PERSONAL HISTORY STATEMENT. There is no time limit for this activity. You will be here for about two (2) hours. If you are pressed for time and feel you cannot complete this questionnaire within that time frame, please let me know and I will reschedule your appointment to a later date and time.

During your polygraph examination, you will be asked whether or not you have intentionally lied to questions in your personal History Statement or intentionally omitted information in this statement. We are not expecting you to be perfect. We are expecting you to be truthful.

It is in your best interest to cooperate completely with the polygraph examiner. The examiner will explain the polygraph process to you in detail. If you do not understand any part of the polygraph process or any of the questions reviewed with you, you must ask the examiner questions on the test which have not been reviewed with you. You will have the opportunity to modify any questions which you feel do not fit your particular circumstance. During the actual test, you will not be asked any trick or unreviewed questions.

No one "passes" or "fails" a pre-employment polygraph interview. I report to the requesting agency your statements and opinion of your truthfulness. I will not make any employment recommendations to the requesting agency. That decision rests only with the requesting agency.

My object is to get you through your polygraph interview. With your help and cooperation, together, we can accomplish that objective.

Date: \_\_\_\_\_

**PERSONAL HISTORY STATEMENT**

*The information you provide in this Personal History Statement will be used in the course of your polygraph examination. Fill out the statement completely and accurately. You will have the opportunity to discuss all of your answers. During the course of your polygraph interview, you will be asked if you have on purpose lied or withheld information on this Personal History Statement.*

Your name: \_\_\_\_\_  
Last First Middle

Other than a maiden name, have you ever used any other name? No Yes: \_\_\_\_\_

Present Address: Street \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Main phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

List all parties residing in the residence with you:

Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____

**EMPLOYMENT HISTORY**

**Starting with your present or last employer, list the last four (4) places you have worked, either full-time or part-time. Do not omit any employer. Account for all periods of time. If unemployed for any period, so indicate.**

1 - Present or last employer: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
If not presently employed, give a detailed reason for leaving: \_\_\_\_\_

If unemployed - From: \_\_\_\_\_ To: \_\_\_\_\_

2 - Present or last employer: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
If not presently employed, give a detailed reason for leaving: \_\_\_\_\_

If unemployed - From: \_\_\_\_\_ To: \_\_\_\_\_

3 - Present or last employer: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
If not presently employed, give a detailed reason for leaving: \_\_\_\_\_

If unemployed - From: \_\_\_\_\_ To: \_\_\_\_\_

4 - Present or last employer: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Position held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 If not presently employed, give a detailed reason for leaving: \_\_\_\_\_

If unemployed - From: \_\_\_\_\_ To: \_\_\_\_\_

- No Yes Do you have the legal right to work in the United States?
- No Yes Have you ever used a Social Security Number (SSN) other than your own?
- No Yes Have you ever been employed under someone else's Social Security Number (SSN)?
- No Yes Have you ever been employed outside the United States?

Many employees have taken something from an employer that they did not really have permission to take. This includes the actual taking, illegally giving away merchandise to friends, relatives, or co-workers, borrowing without permission and failing to return merchandise company property or equipment. Please estimate the total dollar value of all such *merchandise, company property, or equipment* you may have taken, if any, and write that amount here: \$ \_\_\_\_\_

Many people who have held jobs in which they handled money or had expense accounts have probably taken some cash without the permission of their employer. This includes the direct taking of cash, borrowing and not returning money or padding expense accounts. Please estimate the total amount of *cash* you may have taken from all employers and write that amount here: \_\_\_\_\_

Occasionally peer group pressure will force an employee to help another employee take things from an employer. Please estimate the *total dollar amount of cash and merchandise* you may have received from such acts and write that amount here: \$ \_\_\_\_\_

Will any prior employer tell your background investigator you have stolen cash, merchandise, or company property? No Yes If yes, which employer(s)? \_\_\_\_\_

Answer all of the following questions by circling "No" or "Yes" on the line to the left of each question. If any question requires a "Yes" answer, make your explanation on the line following that question.

- No Yes Have you ever been accused of on-the-job misconduct? \_\_\_\_\_
- No Yes Have you ever been fired from any job? \_\_\_\_\_
- No Yes Have you ever left a job to avoid being fired? \_\_\_\_\_
- No Yes Have you ever been formally disciplined by any employer? \_\_\_\_\_  
 If so, for what? \_\_\_\_\_
- No Yes Within the past year, have you called in sick when in fact you were not sick? \_\_\_\_\_
- No Yes Have you ever consumed alcohol in violation of company policy? \_\_\_\_\_
- No Yes Other than for medical reasons, have you been absent from work more than three times in the past year? \_\_\_\_\_
- No Yes Other than for medical reasons, have you ever been disciplined for violation of any employer's attendance policy? \_\_\_\_\_
- No Yes Will any employer or supervisor say you have lied to get out of trouble? \_\_\_\_\_
- No Yes Will any of your references tell us you frequently lie to get out of trouble? \_\_\_\_\_
- No Yes Will any prior employer give you a poor recommendation? \_\_\_\_\_
- No Yes Would any previous employer not hire you back? Which employer(s)? \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Answer all of the following questions by circling "no" or "yes" to the left of each question. If any question requires a "yes" response, please explain on the line provided.

- No Yes Do you have a GED?
- No Yes Have you graduated from any high school with a high school diploma?  
 If "yes," what was the name of the high school? \_\_\_\_\_  
 Where was the high school located? City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_
- No Yes Have you ever been expelled from any high school, community college, college or university for violation of law or school rules?

CRIMINAL HISTORY

*Most people have committed "crimes" at some time in their life. Such behavior must be judged within the total circumstances that they have occurred. It is important that you answer all of the following questions truthfully. You will be given the opportunity to explain any answer you may feel is a problem. Answer each item. If yes, please put your age at the time on the line provided.*

Have you committed any of the following incidents by yourself, or with another?

- No Yes \_\_\_\_\_ Arson (burning property of another for money, sexual gratification, spite, or malice)
- No Yes \_\_\_\_\_ Assaulted the person of another with any weapon or physical object
- No Yes \_\_\_\_\_ Auto theft (taking the vehicle of another without the owner's consent or knowledge)
- No Yes \_\_\_\_\_ Bought, sold, traded, or taken pictures of nude children
- No Yes \_\_\_\_\_ Burglary (going in a home/place of business intending to steal or commit any crime)
- No Yes \_\_\_\_\_ Carried a concealed weapon without a permit
- No Yes \_\_\_\_\_ Committed any sex act in any place open to public view
- No Yes \_\_\_\_\_ Committed any physical sex act with any animal
- No Yes \_\_\_\_\_ Committed any illegal sex act with any member of your immediate family
- No Yes \_\_\_\_\_ Committed any physical sex act with any person under the age of sixteen (16)
- No Yes \_\_\_\_\_ Exposed yourself or masturbated in any public place
- No Yes \_\_\_\_\_ Filed a false work's compensation Insurance claim
- No Yes \_\_\_\_\_ Forgery (creating a false document or signing the name of another without consent)
- No Yes \_\_\_\_\_ Impersonated a police officer
- No Yes \_\_\_\_\_ Intentionally filed or falsified any tax return, state or federal
- No Yes \_\_\_\_\_ Intentionally filed or falsified any Insurance claim
- No Yes \_\_\_\_\_ Intentionally issued checks knowing there were not sufficient funds in the bank
- No Yes \_\_\_\_\_ Kidnapping (taking any person from one place to another without his or her consent)
- No Yes \_\_\_\_\_ Knowingly received or sold stolen property
- No Yes \_\_\_\_\_ Made obscene or threatening phone calls
- No Yes \_\_\_\_\_ Murder (taking a human life by premeditation, lying in wait or torture)
- No Yes \_\_\_\_\_ Paid for the services of a prostitute (male or female)
- No Yes \_\_\_\_\_ Possessed or detonated any illegal explosive device (bomb)
- No Yes \_\_\_\_\_ Rape (having sexual intercourse with one who expressly did not wish to do so)
- No Yes \_\_\_\_\_ Received payment for any physical sex act
- No Yes \_\_\_\_\_ Robbery (taking money or property from another by force or fear)
- No Yes \_\_\_\_\_ Shoplifting (intentionally taking merchandise from a merchant without paying for it)
- No Yes \_\_\_\_\_ Turned in a false fire alarm
- No Yes \_\_\_\_\_ Vandalism (destroying the property of another)
- No Yes \_\_\_\_\_ Watched others undress or commit physical sex acts w/o their knowledge/consent
- No Yes \_\_\_\_\_ Other illegal activity, criminal or traffic:
- No Yes Since your 1 8th birthday, have you been arrested for any of the above incidents?
- No Yes Since your 1 8th birthday, has a warrant been issued for your arrest?
- No Yes Are there any warrants out for your arrest at the present time?
- No Yes Since your 1 8th birthday, have you been named as a suspect in any police report?
- No Yes Since your 1 8th birthday, have you pled guilty to, been convicted of, or plead "no contest" to any
- No Yes Since your 18th birthday, have you been arrested for any misdemeanor crime(s) which resulted in imprisonment?
- No Yes Have you been convicted, fined or had an expungement or case sealed for any criminal offense?  
If yes, please provide charge, court, and year: \_\_\_\_\_
- No Yes Have you ever engaged in sexual abuse or misconduct in a prison, jail, community confinement? facility or other institution?
- No Yes Have you been accused of sexual harassment, or adjudicated civilly or administratively, as a harasser?
- No Yes Have you been involved in anything that may embarrass you or the Hillsboro Police Department in the future?  
If yes, please explain: \_\_\_\_\_

**MILITARY HISTORY**

Answer all of the following questions by circling "no" or "yes" to the left of each question. If any question requires a "yes" response, please explain on the line provided.

- No Yes Are you required to registered for the draft (Selective Service)?  
 If "yes," are you now registered for the draft? \_\_\_\_\_
- No Yes Other than for medical reasons, have you ever applied for military service and had your application rejected?
- No Yes Have you ever served in any branch of the armed forces or national guard in either active duty or reserve status?\_  
 If "yes," please complete the following: Branch: \_\_\_\_\_ ID#: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_
- What was the highest rate/rank you attained? \_\_\_\_\_
- No Yes Were you ever reduced in rate/rank? If "yes," why? \_\_\_\_\_
- No Yes Were you ever AWOL or did you ever miss movement? If so, how many times? \_\_\_\_\_
- No Yes Have you been the subject of any non-judicial disciplinary action(s)? If "yes," why? \_\_\_\_\_
- No Yes Have you been the subject of any court martial? If "yes," for what reason(s)? \_\_\_\_\_
- What was your rate/rank upon discharge? \_\_\_\_\_ E/O \_\_\_\_\_
- No Yes Have you ever served in any other branch(s) of the armed forces or national guards in either active duty or reserve status?  
 What branch? \_\_\_\_\_ When? \_\_\_\_\_  
 What branch? \_\_\_\_\_ When? \_\_\_\_\_

**LAW ENFORCEMENT HISTORY**

Answer all of the following questions by circling "no" or "yes" to the left of each question. If any question requires a "yes" response, please explain on the line provided.

- No Yes Have you ever completed any law enforcement training academy or academics?  
*Academy Location When?*  
 \_\_\_\_\_  
 \_\_\_\_\_
- No Yes Have you ever been terminated, resigned from, or failed to complete any law enforcement academy?  
*Academy Location When?*  
 \_\_\_\_\_  
 \_\_\_\_\_
- No Yes Have you ever been employed as a full-time paid peace officer or reserve peace officer, in Ohio, or any other state or territory, of the United States, or by any agency of the federal government?  
*What Agency/Department Where (City, State) When?*  
 \_\_\_\_\_  
 \_\_\_\_\_
- No Yes Has your employment or appointment as a peace officer ever been terminated by any law enforcement agency or have you ever been asked to resign instead of termination?  
*What Agency/Department Reason(s) for leaving When?*  
 \_\_\_\_\_  
 \_\_\_\_\_
- No Yes Other than for medical or psychological reasons, have you ever been rejected for employment by any law enforcement agency?  
*What Agency/Department Reason(s) for rejection When?*  
 \_\_\_\_\_  
 \_\_\_\_\_

No Yes Do you have any active applications with another law enforcement agency?  
 What Agency/Department Position? Applied when?  
 \_\_\_\_\_  
 \_\_\_\_\_

**SUBSTANCE EXPERIMENTATION HISTORY**

Many people have experimented with marijuana and/or controlled substances in their early life. Such experimentation is generally not a problem. However, any use or experimentation with marijuana and/or controlled substances within the past three (3) years must be fully disclosed. Note: Experimentation includes the ingestion into your body in any manner, including tasting, swallowing, inhaling or injecting. Indicate the month and year within the past three years that you may have experimented with, or used, any of the following:

- |                      |                   |                       |                       |
|----------------------|-------------------|-----------------------|-----------------------|
| _____ Acid           | _____ Crosstops   | _____ Marijuana       | _____ Rock            |
| _____ Amphetamines   | _____ Crystals    | _____ Mescaline       | _____ Rush            |
| _____ Angel Dust     | _____ Downers     | _____ Methamphetamine | _____ Sherm           |
| _____ Barbituates    | _____ Ecstasy     | _____ Mopers          | _____ Speed           |
| _____ Bennies        | _____ Glue        | _____ Mushrooms       | _____ Steroids w/o Rx |
| _____ Black Beauties | _____ Hashish     | _____ Opium           | _____ Thai Stick      |
| _____ Bombers        | _____ Hashish Oil | _____ PCP             | _____ Uppers          |
| _____ Cocaine        | _____ Heroin      | _____ Peyote          | _____ Whites          |
| _____ Crack          | _____ Ice         | _____ Quaaludes       | _____ Xenos           |
| _____ Crank          | _____ LSD         | _____ Reds            | _____ Other: _____    |

- No Yes Within the past three (3) years, have you experimented with, or used, any illegal drug(s) or controlled substance(s) not mentioned above? If so, what? \_\_\_\_\_
- No Yes Have you ever cultivated or manufactured any illegal hard drug or controlled substance? \_\_\_\_\_
- No Yes Have you ever sold, traded or transported for sale any illegal hard drug or controlled substance? \_\_\_\_\_

During your background investigation, is anyone likely to report that you have ever been involved in:

- No Yes Cultivation of marijuana for any purpose. If "yes," who? \_\_\_\_\_
- No Yes Manufacture of illegal hard drugs. If "yes," who? \_\_\_\_\_
- No Yes Sale of marijuana or illegal hard drugs. If "yes," who? \_\_\_\_\_
- No Yes Transportation of marijuana or illegal hard drugs. If "yes," who? \_\_\_\_\_
- No Yes Have you missed work because of drugs (illegal or prescription) or alcohol? \_\_\_\_\_
- No Yes Do you have friends that use illegal drugs? \_\_\_\_\_
- No Yes Have you ever used any prescription drug which was not prescribed for you? If so, what drug(s)? \_\_\_\_\_
- No Yes Have you ever bought, sold or traded any prescription drug which was not prescribed for you? If so, what drug(s)? \_\_\_\_\_
- No Yes Have you ever forged or altered a prescription to obtain any prescription drug(s)? If so, what drug(s)? \_\_\_\_\_
- No Yes Have you been stopped (not arrested) by a police officer, either as a pedestrian or the driver of a vehicle, when the officer felt you were under the influence of alcohol, prescription drugs or a controlled substance(s)? \_\_\_\_\_
- No Yes Have you forged or altered a prescription to obtain any prescription drug(s)? If so, what drug(s)? \_\_\_\_\_
- No Yes Have you ever been adjudged by any court to be in danger of, or being addicted to, dangerous drugs? \_\_\_\_\_

How many times in your life have you used illegal drugs? \_\_\_\_\_

Which illegal drugs? \_\_\_\_\_



**DOMESTIC CONDUCT HISTORY**

Answer all of the following questions by circling "no" or "yes" to the left of each question. If any question requires a "yes" response, please explain on the line provided.

- No Yes During your background investigation, is anyone likely to report that you have been involved in family fights?
- No Yes Have the police ever come to your home to settle a domestic problem between you and any member of your family?  
What police agency? \_\_\_\_\_ When? \_\_\_\_\_
- No Yes Have you ever caused physical injury to a spouse, ex-spouse, significant other, live-in relative or adult family member?
- No Yes Have you ever caused physical injury to a child family member which required medical attention for the child?
- No Yes Have you ever caused physical injury to an adult family member which required medical attention for the adult?
- No Yes Has any court, in any state, ever issued a restraining order against you for any reason?
- No Yes Are you now required to make child support payments? If "yes," are you current on those payments? \_\_\_\_\_

**FINANCIAL HISTORY**

Answer all of the following questions by circling "no" or "yes" to the left of each question. If any question requires a "yes" response, please explain on the line provided.

- No Yes Been more than thirty (30) days late in making any mortgage or rent payment? \_\_\_\_\_
- No Yes Been more than thirty (30) days late in making any installment payment? \_\_\_\_\_
- No Yes Been more than thirty (30) days late in making any income tax payment? \_\_\_\_\_
- No Yes Had debt(s) turned over to a collection agency? \_\_\_\_\_
- No Yes Filed for protection under the bankruptcy laws? \_\_\_\_\_
- No Yes Had your wages attached by a judgment? \_\_\_\_\_
- No Yes Had anything purchased on credit repossessed? \_\_\_\_\_
- No Yes Failed to make child support payments on time? \_\_\_\_\_
- No Yes Failed to make alimony payments on time? \_\_\_\_\_
- No Yes Used another person's credit card to pay a debt? \_\_\_\_\_
- No Yes Used another person's social security number to pay a debt? \_\_\_\_\_
- No Yes Lied to a credit agency for the purpose of obtaining credit? \_\_\_\_\_
- No Yes Failed to return a credit card after it was recalled? \_\_\_\_\_
- No Yes Has anybody ever sued you in Small Claims court? \_\_\_\_\_
- No Yes Are there any judgments pending against you now? \_\_\_\_\_
- No Yes During your background investigation, is anyone likely to report you have financial problems? \_\_\_\_\_
- No Yes During your background investigation, will any credit reporting agency report you have poor credit? \_\_\_\_\_

**LICENSING HISTORY**

Answer all of the following questions by circling "no" or "yes" to the left of each question. If any question requires a "yes" response, please explain on the line provided.

- No Yes Other than a driver license, have you ever held or been issued any license(s) from the federal government or any state agency, or any political subdivision thereof? If so, what license(s)?  
\_\_\_\_\_
- No Yes Other than a driver license, has any license issued to you, including those mentioned above, ever been suspended or revoked for any reason(s)? If so, what license(s)?  
\_\_\_\_\_

**DRIVING HISTORY**

*Answer all of the following questions by circling "no" or "yes" to the left of each question. If any question requires a "yes" response, please explain on the line provided.*

What is your present driver license number? \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

*Answer all of the following questions by circling "no" or "yes" to the left of each question. If any question requires a "yes" response, please explain on the line provided.*

Have you ever...

- No Yes Been issued a driver license by any state or country other than your present driver license? What state or jurisdiction? \_\_\_\_\_ What is/was the number of that license? \_\_\_\_\_
- No Yes Failed to carry automobile insurance as required by state law or had your auto insurance canceled for reasons other than failure to pay the premium? \_\_\_\_\_
- No Yes Had your automobile placed with an assigned risk insurer? \_\_\_\_\_
- No Yes Been taken into custody or arrested after being stopped by a police officer while you were operating a motor vehicle? \_\_\_\_\_
- No Yes Left the scene of a motor vehicle collision, in which you were the driver of one of the involved vehicle, without exchanging information with other (driver) or reporting it to a law enforcement agency? (Hit and Run) \_\_\_\_\_
- No Yes Had your driver license suspended? \_\_\_\_\_
- No Yes Had your driver license revoked? \_\_\_\_\_
- No Yes Driven a motor vehicle while under the influence of controlled substances or illegal hard drugs? \_\_\_\_\_
- No Yes Had your vehicle removed by a tow truck from the scene of a vehicle collision? \_\_\_\_\_
- No Yes Been the driver of a vehicle that caused personal injury to another person? \_\_\_\_\_
- No Yes Been a passenger in a vehicle that caused personal injury to another person? \_\_\_\_\_
- No Yes Will any of your references tell us you have driven a motor vehicle while under the influence of marijuana or any illegal hard drug? \_\_\_\_\_

How many traffic citations or moving violations have you received within the past three (3) years? \_\_\_\_\_  
 Issuing Agency \_\_\_\_\_ For what violation? \_\_\_\_\_ Year \_\_\_\_\_

---

---

---

---

---

---

---

---

- No Yes Are there now (as of today) any traffic warrants out for your arrest?
- No Yes Will any law enforcement agency report you have been involved in a motor vehicle collision or received a traffic citation, which you have not disclosed above? If so, what agency?

---

**GROUP AFFILIATION HISTORY**

*Answer all of the following questions by circling "no" or "yes" to the left of each question. If any question requires a "yes" response, please explain on the line provided.*

- No Yes Have you ever belonged to any group or gang which engages in unlawful activities?
- No Yes Have you ever belonged to a street gang or taken part in street gang activities?
- No Yes Do you have any gang-related tattoos on your body?

- No Yes Do you now or have you ever, belonged to worked with or for any group which advocates or advocated the violent overthrow of the United States government, any state government or any political subdivision thereof?
- No Yes Do you now, or have you ever, belonged to, worked with or for any group which advocates or advocated acts of violence against persons because of their race, color, religious creed, sex, age, national origin, physical handicap or sexual preference?
- No Yes During the course of your background investigation, will anybody say you belong, or have belonged, to any such group(s)? If so, who? \_\_\_\_\_
- No Yes During your background investigation, is anyone likely to report you have prejudices which might affect either your on-the-job conduct, or your off-the-job conduct? If so, who? \_\_\_\_\_
- No Yes Within the past three (3) years, have you carried a concealed weapon without a permit?
- No Yes During your background investigation, is anyone likely to report you have carried a concealed weapon without a permit? If so, who? \_\_\_\_\_
- No Yes During your background investigation, is anyone likely to report you are unfit for the position for which you are applying? If so, who? \_\_\_\_\_

**YOUR AREAS OF CONCERN**

*Answer all of the following questions by circling "no" or "yes" to the left of each question. If any question requires a "yes" response, please explain on the line provided.*

No Yes Is there anything in your background that you have not been asked in this Personal History Statement that might adversely affect your application for employment? If so, what?

\_\_\_\_\_

\_\_\_\_\_

No Yes Is there anything in your background that you have not been asked in this Personal History Statement that you would like to discuss with the polygraph examiner? If so, what?

\_\_\_\_\_

\_\_\_\_\_

END OF PERSONAL HISTORY

**I CERTIFY THE ANSWERS CONTAINED IN THIS EIGHT-PAGE QUESTIONNAIRE ARE TRUE AND ACCURATE. I FURTHER UNDERSTAND THAT ANY DELIBERATE INACCURACIES OR INCOMPLETE STATEMENTS ON THIS PERSONAL HISTORY STATEMENT MAY BAR ME FROM EMPLOYMENT.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Pre-Employment Essay Question #1

Name: \_\_\_\_\_

Using an essay-style format, please explain why you should be the next employee of the Hillsboro Police Department.

[A large rectangular area with horizontal dashed lines for writing an essay.]

Use the reverse side of this sheet if you require additional room to respond.

Pre-Employment Essay Question #2

Name: \_\_\_\_\_

Using an essay-style format, please describe your professional career path with the Hillsboro Police Department over the next ten years, and how you intend to get there.

[A large rectangular area with horizontal dashed lines for writing an essay.]

Use the reverse side of this sheet if you require additional room to respond.

Pre-Employment Essay Question #3

Name: \_\_\_\_\_

You are an employee of the Hillsboro Police Department. You learn of an immediate family member who is taking prescription pain killers illegally due to an addiction. Using an essay-style format, please advise how you would handle the situation.

[A large rectangular area with horizontal dashed lines for writing an essay response.]

Use the reverse side of this sheet if you require additional room to respond.