



SPRINGBORO DIVISION OF POLICE

**320 West Central Avenue
Springboro, Ohio 45066
Phone: (937) 748-0611**

APPLICANT'S REQUEST/WAIVER TO RELEASE INFORMATION

I, _____ presently residing at _____ have applied for a position as police officer / cadet / customer service manager / volunteer through the Springboro Division of Police. I have been advised by an officer and am fully aware they will be conducting a thorough investigation of my background to assist in determining my suitability for employment in this position. I hereby authorize and request all persons to whom this request (original or reproduction) is presented, having information relating to or concerning me, to furnish such information to a duly appointed officer representing the Springboro Division of Police.

I am aware that this information may be of a personal nature and may otherwise be protected from disclosure by my constitutional, statutory, or common law privileges. I hereby expressly waive all privileges which may attach to such communication or disclosure and release all persons, firms, and corporations from all claims, of any nature, as a result of said communication or disclosure.

Information to be disclosed: medical records, mental records, financial records, criminal history check, educational records, organizational memberships, past/present employment records, any background material/information relevant to reputation and/or moral character.

These records will be retained on file by the Springboro Police Department. when there is a vacancy to be filled, they will be made available to any department for which I have indicated an interest in working.

SIGNATURE OF APPLICANT WAIVING RIGHTS TO INFORMATION

DATE

WITNESS

DATE

INVESTIGATING OFFICER

DATE



SPRINGBORO DIVISION OF POLICE

**320 West Central Avenue
Springboro, Ohio 45066
Phone: (937) 748-0611**

POLICE OFFICER

ESSENTIAL FUNCTIONS

I can perform these essential functions with reasonable accommodation:

- | | | |
|-----|--|----------------|
| 1. | Ability to obtain a valid Ohio Operator's License | [] Yes [] No |
| 2. | Ability to use firearms and other police equipment | [] Yes [] No |
| 3. | Ability to restrain people physically | [] Yes [] No |
| 4. | Written and verbal communications
Skills, i.e., phone, radio, etc. | [] Yes [] No |
| 5. | Acceptable hearing acuity and eyesight | [] Yes [] No |
| 6. | Ability to pursue suspects on foot | [] Yes [] No |
| 7. | Ability to walk, sit, or stand for extended periods of time | [] Yes [] No |
| 8. | Ability to endure hot and cold environments | [] Yes [] No |
| 9. | Ability to research criminal codes | [] Yes [] No |
| 10. | Ability to distinguish colors on fleeing suspects, clothing, car, etc. | [] Yes [] No |
| 11. | Possess manual dexterity for fingerprinting, handcuffing, handling
a weapon | [] Yes [] No |
| 12. | Ability to read maps | [] Yes [] No |
| 13. | Ability to work on different shifts | [] Yes [] No |
| 14. | Ability to obtain proper certification | [] Yes [] No |
| 15. | Ability to assist life squad in lifting patients | [] Yes [] No |

Signature of Applicant

Date

Application for Employment

Springboro Division of Police
320 West Central Avenue
Springboro, Ohio 45066
(937) 748-0611

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Street Address		City	State Zip Code
Telephone Number(s)	Email Address	Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes ☐ No

Have you ever filed an application with us before?

☐ Yes ☐ No

If Yes, give date _____

Have you ever been employed with us before?

☐ Yes ☐ No

If Yes, give date _____

Are you currently employed?

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status??

Proof of citizenship or immigration status will be required upon employment.

☐ Yes ☐ No

On what date would you be available for work?

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work

☐ Temporary

Are you currently on "lay-off" status and subject to recall?

☐ Yes ☐ No

Can you travel if a job requires it?

☐ Yes ☐ No

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.
Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

<input type="checkbox"/> Computer	<input type="checkbox"/> Word	Production/Mobile	Other (list):
<input type="checkbox"/> Calculator	<input type="checkbox"/> Excel	Machinery (list):	
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Scanner	_____	_____
<input type="checkbox"/> Windows	<input type="checkbox"/> Email	_____	_____
<input type="checkbox"/> Fax	<input type="checkbox"/> Multi-line Telephone	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

_____ Yes _____ No

References

1.	()	
	(Name)	Phone #
	(Address)	
2.	()	
	(Name)	Phone #
	(Address)	
3.	()	
	(Name)	Phone #
	(Address)	
4.	()	Phone #
	(Name)	
	(Address)	

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date _____

For Personnel Department Use Only

Arrange Interview ☐ Yes ☐ No

Remarks

Interviewer Date

Employed ☐ Yes ☐ No Date of Employment

Hourly Rate/

Job Title	Salary	Department____
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By

Name and Title

Date _____

NOTES

For Personnel Department Use Only

Position(s) Applied For Is open: ☐ Yes ☐ No

Position(s) Considered For: _____

Date _____

Notes:

N a m e

P o s i t i o n

D a t e



SPRINGBORO DIVISION OF POLICE
AN EQUAL OPPORTUNITY EMPLOYER
PERSONAL HISTORY QUESTIONNAIRE

PERSONAL HISTORY OF: _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

ADDRESS: _____ PHONE: _____
(STREET ADDRESS) (CITY-STATE) (ZIP) (INCLUDE AREA CODE)

POSITION APPLIED FOR: [] POLICE OFFICER [] CUSTOMER SERVICE MANAGER

DATE OF WRITTEN EXAMINATION: _____

DATE THIS QUESTIONNAIRE COMPLETED: _____

INSTRUCTIONS

THIS PERSONAL HISTORY QUESTIONNAIRE IS INTENDED FOR THE USE OF THE SPRINGBORO POLICE DEPARTMENT AND/OR PERSONNEL ADMINISTRATOR. YOU MUST BE TRUTHFUL AND COMPLETE ALL ANSWERS REQUESTED ON THIS FORM. ALL INFORMATION CONTAINED HEREIN WILL BE SUBJECT TO VERIFICATION, I.E., SOURCE DOCUMENTATION, POLYGRAPH AND 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 THIS QUESTIONNAIRE MUST BE PRINTED, IN YOUR OWN HAND, LEGIBLY IN BLACK IN ONLY. EACH INDIVIDUAL QUESTION MUST BE ANSWERED, THERE CAN BE NO BLANKS. IF A QUESTION DOES NOT APPLY TO YOUR PARTICULAR CIRCUMSTANCE, IN YOUR PARTICULAR CIRCUMSTANCE, INSERT "DNA" IN THAT BLANK. WHEN ANSWERING QUESTIONS THAT REQUIRE DATES, INSERT THE FULL DATE, PARTIAL MONTH-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 RULES AND REGULATIONS OF THE CITY OF SPRINGBORO PROVIDE PENALTIES FOR MAKING A FALSE STATEMENT OF A MATERIAL FACT, OR FOR PRACTICING ANY FRAUD OR DECEPTION IN OBTAINING OR ATTEMPTING TO OBTAIN MUNICIPAL EMPLOYMENT. SUCH PENALTIES INCLUDE REJECTION FOR APPOINTMENT OR DISCHARGE AFTER APPOINTMENT AND/OR PROSECUTION UNDER OHIO REVISED CODE SECTION. 2921.13.

PRIMARY ADDRESS

NAME:

LAST

FIRST

MIDDLE

ADDRESS:

STREET ADDRESS

APT. NO.

CITY

STATE

ZIP CODE

TELEPHONE:

()

()

HOME

WORK

HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS: _____ YRS. _____ MOS.

SECONDARY ADDRESS, IF APPLICABLE

ADDRESS:

STREET ADDRESS

APT. NO.

CITY

STATE

ZIP CODE

HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS: _____ YRS. _____ MOS.

SOCIAL SECURITY NUMBER: _____ - _____ - _____

PREVIOUS ADDRESSES:

STREET NUMBER	CITY	STATE	FROM		To	
			Mo	Yr	Mo	Yr

(USE BACK OF THIS PAGE FOR ADDITIONAL ADDRESSES)

EDUCATION

NAME AND ADDRESS OF HIGH SCHOOL ATTENDED: _____

HIGHEST GRADE COMPLETED: _____

GRADUATED: [] YES [] NO

OTHER EQUIVALENCY CERTIFICATE: [] YES [] NO EXPLAIN _____

COLLEGE/UNIVERSITY	ADDRESS	DATES ATTENDED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

YEAR GRADUATED: _____

CREDIT HOURS: _____

DEGREE: [] YES [] NO

MAJOR SUBJECT: _____

LIST THE NAME AND ADDRESS OF ANY OTHER TYPE OF SCHOOL ATTENDED, I.E., VOCATIONAL SCHOOL, TRADE SCHOOL, BUSINESS SCHOOL.

NAME AND TYPE OF SCHOOL	ADDRESS	DATES ATTENDED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ANY OTHER EDUCATION OR SPECIAL SCHOOLING RECEIVED (EXCLUDING MILITARY)

NAME AND TYPE OF SCHOOL	ADDRESS	DATES ATTENDED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

[illegible]

REFERENCES

NAME: _____

ADDRESS: _____

TELEPHONE: _____

OCCUPATION: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

OCCUPATION: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

OCCUPATION: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

OCCUPATION: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

OCCUPATION: _____

EMPLOYMENT

BEGIN WITH YOUR PRESENT OR LAST EMPLOYMENT AND LIST IN ORDER YOUR COMPLETE WORK HISTORY IN CHRONOLOGICAL ORDER. INCLUDE ALL FULL TIME, PART TIME, CASUAL EMPLOYMENT AND MILITARY SERVICE. USE ADDITIONAL SHEET OF PAPER, IF NECESSARY.

EMPLOYER: _____
ADDRESS: _____
DATE HIRED: _____ DATE LEFT: _____
REASON FOR LEAVING: _____
IMMEDIATE SUPERVISOR: _____
TITLE OR POSITION HELD: _____ LAST SALARY: _____
WERE YOU EVER DISCIPLINED FOR ANY REASON: [] No [] Yes HOW MANY TIMES: _____
TYPE OF DISCIPLINE: _____
EXPLAIN: _____
WERE YOU EVER LATE FOR WORK: [] No [] Yes HOW MANY TIMES: _____
EXPLAIN: _____

EMPLOYER: _____
ADDRESS: _____
DATE HIRED: _____ DATE LEFT: _____
REASON FOR LEAVING: _____
IMMEDIATE SUPERVISOR: _____
TITLE OR POSITION HELD: _____ LAST SALARY: _____
WERE YOU EVER DISCIPLINED FOR ANY REASON: [] No [] Yes HOW MANY TIMES: _____
TYPE OF DISCIPLINE: _____
EXPLAIN: _____
WERE YOU EVER LATE FOR WORK: [] No [] Yes HOW MANY TIMES: _____
EXPLAIN: _____

EMPLOYER: _____
ADDRESS: _____
DATE HIRED: _____ DATE LEFT: _____
REASON FOR LEAVING: _____
IMMEDIATE SUPERVISOR: _____
TITLE OR POSITION HELD: _____ LAST SALARY: _____
WERE YOU EVER DISCIPLINED FOR ANY REASON: [] No [] Yes HOW MANY TIMES: _____
TYPE OF DISCIPLINE: _____
EXPLAIN: _____
WERE YOU EVER LATE FOR WORK: [] No [] Yes HOW MANY TIMES: _____
EXPLAIN: _____

**EMPLOYMENT
CONTINUED**

EMPLOYER: _____

ADDRESS: _____

DATE HIRED: _____ DATE LEFT: _____

REASON FOR LEAVING: _____

IMMEDIATE SUPERVISOR _____

TITLE OR POSITION HELD: _____ LAST SALARY: _____

WERE YOU EVER DISCIPLINED FOR ANY REASON: [] No [] Yes HOW MANY TIMES: _____

TYPE OF DISCIPLINE: _____

EXPLAIN: _____

WERE YOU EVER LATE FOR WORK: [] No [] Yes HOW MANY TIMES: _____

EXPLAIN: _____

EMPLOYER: _____

ADDRESS: _____

DATE HIRED: _____ DATE LEFT: _____

REASON FOR LEAVING: _____

IMMEDIATE SUPERVISOR _____

TITLE OR POSITION HELD: _____ LAST SALARY: _____

WERE YOU EVER DISCIPLINED FOR ANY REASON: [] No [] Yes HOW MANY TIMES: _____

TYPE OF DISCIPLINE: _____

EXPLAIN: _____

WERE YOU EVER LATE FOR WORK: [] No [] Yes HOW MANY TIMES: _____

EXPLAIN: _____

EMPLOYER: _____

ADDRESS: _____

DATE HIRED: _____ DATE LEFT: _____

REASON FOR LEAVING: _____

IMMEDIATE SUPERVISOR _____

TITLE OR POSITION HELD: _____ LAST SALARY: _____

WERE YOU EVER DISCIPLINED FOR ANY REASON: [] No [] Yes HOW MANY TIMES: _____

TYPE OF DISCIPLINE: _____

EXPLAIN: _____

WERE YOU EVER LATE FOR WORK: [] No [] Yes HOW MANY TIMES: _____

EXPLAIN: _____

EMPLOYER: _____

ADDRESS: _____

DATE HIRED: _____ DATE LEFT: _____

REASON FOR LEAVING: _____

IMMEDIATE SUPERVISOR _____

TITLE OR POSITION HELD: _____ LAST SALARY: _____

WERE YOU EVER DISCIPLINED FOR ANY REASON: [] No [] Yes HOW MANY TIMES: _____

TYPE OF DISCIPLINE: _____

EXPLAIN: _____

WERE YOU EVER LATE FOR WORK: [] No [] Yes HOW MANY TIMES: _____

EXPLAIN: _____

EMPLOYMENT HISTORY

HAVE YOU EVER APPLIED FOR A POSITION WITH ANY GOVERNMENT AGENCY, POLICE/FIRE: ☐ YES ☐ NO

DEPARTMENT	POSITION APPLIED FOR	HIRED-YES/NO/PENDING

HAVE YOU EVER BEEN TERMINATED FROM YOUR EMPLOYMENT: ☐ NO ☐ YES EXPLAIN: _____

HAVE YOU EVER SERVED IN THE MILITARY: ☐ NO ☐ YES EXPLAIN: _____

DATES SERVED: FROM _____ TO _____

HIGHEST RANKED HELD: _____

SPECIALTY: _____

DATE OF DISCHARGE: _____ TYPE: _____

WERE YOU EVER OVERSEES: ☐ YES ☐ NO

WERE YOU EVER GIVEN NON-JURISDICTION PUNISHMENT ARTICLE 15: ☐ YES ☐ NO

WERE YOU EVER REDUCED IN RANK: ☐ YES ☐ NO

DID YOU EVER RECEIVE A COURT MARTIAL: ☐ YES ☐ NO

EVER SPENT TIME OF A BRIG OR STOCKADE: ☐ YES ☐ NO

DID YOU EVER CONVERT OR SELL ANY GOVERNMENT PROPERTY: ☐ YES ☐ NO

WERE YOU EVER AWOL: ☐ YES ☐ NO HOW MANY TIMES AND WHY: _____

ATTACH A COPY OF YOUR DD-214

HAVE YOU EVER BEEN ASKED TO TAKE A POLYGRAPH EXAMINATION: ☐ NO ☐ YES REASON: _____

HAVE YOU EVER BEEN REJECTED FOR A SECURITY CLEARANCE: ☐ NO ☐ YES REASON: _____

HAVE YOU EVER BEEN REJECTED FOR BONDING: ☐ NO ☐ YES REASON: _____

AT THE PLACES YOU HAVE WORKED, WHAT IS THE MOST SERIOUS TROUBLE YOU EVER GOT INTO: _____

EMPLOYMENT OBJECTIVE

WHY DO YOU WISH TO BE EMPLOYED BY THE SPRINGBORO POLICE DEPARTMENT:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

DRIVING RECORD

DO YOU HAVE A VALID DRIVER'S LICENSE: ☐ YES ☐ NO EXPLAIN: _____

WHAT STATE: _____ LICENSE NUMBER: _____ RESTRICTIONS: _____

HOW LONG HAVE YOU BEEN A LICENSED DRIVER: _____ YRS. _____ MOS.

APPROXIMATELY HOW MANY MILES DO YOU DRIVE EACH YEAR: _____ MILES

HAVE YOU EVER HAD YOUR LICENSE SUSPENDED: ☐ NO ☐ YES EXPLAIN: _____

LIST ALL ACCIDENTS THAT YOU WERE INVOLVED IN AS THE DRIVER, INCLUDE THE DATES, AGENCY THAT INVESTIGATED, IF YOU WERE ISSUED A CITATION AND IF THERE WERE INJURIES. LIST UNREPORTED ACCIDENTS ALSO.

DATE OF ACCIDENT	INVESTIGATING AGENCY	CITATION	INJURIES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ALL TRAFFIC VIOLATION CONVICTIONS AND BOND FORFEITURES

DATE	PLACE OR CITATION	OFFENSE	ISSUING AGENCY	AMOUNT PAID
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DO YOU HAVE ANY PENDING PARKING TICKETS: ☐ NO ☐ YES HOW MANY: _____

HAVE YOU EVER HAD AUTOMOBILE INSURANCE DENIED OR CANCELLED: ☐ NO ☐ YES REASON: _____

DO YOU CURRENTLY HAVE AUTOMOBILE INSURANCE: ☐ NO REASON: _____
_____ ☐ YES COMPANY NAME, ADDRESS AND PHONE _____

HAVE YOU BEEN PLACED ON ASSIGNED RISK OR HIGH RISK INSURANCE: ☐ NO ☐ YES REASON: _____

CRIMINAL HISTORY

HAVE YOU EVER COMMITTED, PARTICIPATED OR CONSPIRED TO COMMIT ANY OF THE FOLLOWING SERIOUS CRIMES:

____ MURDER ____ LARCENY ____ RAPE ____ ARSON
____ ROBBERY ____ SODOMY ____ MANSLAUGHTER ____ SEX CRIME
____ BURGLARY ____ OTHER

EXPLAIN: _____

AS A JUVENILE DID YOU EVER REPORT TO A JUVENILE OFFICER: [] NO [] YES WHY: _____

WERE YOU EVER EXPELLED OR SUSPENDED FROM SCHOOL: [] NO [] YES WHY: _____

HAVE YOU EVER BEEN SUMMONED/ORDERED TO APPEAR IN ANY COURT AS A WITNESS OR ACCUSED: [] NO [] YES

EXPLAIN: _____

HAVE YOU EVER PAID ANYONE TO ENGAGE IN SEXUAL ACTIVITY: [] NO [] YES EXPLAIN: _____

HOW MANY TIMES HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE, INCLUDE MISDEMEANOR, FELONIES AND MILITARY: _____ LIST BELOW:

NATURE OF OFFENSE	WHEN (MO/YR)	LOCATION	DISPOSITION

HAVE YOU EVER WORKED FOR AN ILLEGAL GAMBLING OPERATION: [] NO [] YES EXPLAIN: _____

HAVE YOU EVER USED ANOTHER PERSON'S MONEY TO GAMBLE WITHOUT THEIR KNOWLEDGE: [] NO [] YES
HOW MUCH: _____ WHEN: _____

DO YOU HAVE GAMBLING DEBTS AT THIS TIME: [] NO [] YES HOW MUCH: _____

HAVE YOU EVER BORROWED MONEY TO GAMBLE: [] NO [] YES HOW MUCH: _____

HAVE YOU EVER USED AN EMPLOYER'S MONEY TO GAMBLE: [] NO [] YES HOW MUCH: _____

HAVE YOU EVER BEEN INVOLVED IN ANY TYPE OF SITUATION FOR WHICH SOMEONE COULD BLACKMAIL YOU: [] NO
[] YES EXPLAIN: _____

INDEBTEDNESS AND FINANCIAL STATUS

ARE YOU: _____ BUYING A HOME
_____ RENTING
_____ LIVING WITH ANOTHER
_____ LIVING WITH PARENTS
_____ OTHER _____

ARE YOU THE CO-MAKER ON A LOAN FOR ANOTHER PERSON: [] NO [] YES EXPLAIN: _____

HAVE YOU EVER BEEN TAKEN TO COURT OVER A DEBT: [] NO [] YES EXPLAIN: _____
_____ WHEN/WHERE: _____

DO YOU OWE MONEY TO ANY OF THE FOLLOWING:

	YES/NO	AMOUNT OWED	NO. TIMES LATE
DOCTOR			
DENTIST			
HOME LOAN			
PERSONAL LOAN			
AUTO LOAN			
CREDIT UNION			
HOSPITAL			
PAST/PRESENT EMPLOYERS			
INTERNAL REVENUE			
BACK TAXES (ANYONE)			
ALIMONY			
GASOLINE CREDIT CARD			
HOUSEHOLD FURNISHINGS			
BACK RENT			
FINANCIAL INSTITUTION			
CLOTHING			
STUDENT LOAN			
IN-LAWS			
PARENTS			
COURT JUDGEEMENTS			
CHARGE ACCOUNTS			
UNION DUES			
EMPLOYMENT AGENCY			
CHILD SUPPORT			
RENT			
ANY OTHER NOT LISTED ABOVE			

HAVE YOU EVER HAD A DEBT TURNED OVER TO A COLLECTION AGENCY: [] NO [] YES EXPLAIN: _____

ARE ANY CREDITORS PRESSING YOU FOR A PAYMENT: [] NO [] YES WHO: _____

**INDEBTEDNESS AND FINANCIAL STATUS
CONTINUED**

HAVE YOU EVER DECLARED OR FILED BANKRUPTCY: ☐ NO ☐ YES EXPLAIN: _____
WHEN/WHERE: _____

HAVE YOU EVER HAD ANYTHING REPOSSESSED: ☐ NO ☐ YES EXPLAIN: _____
WHEN/WHERE: _____

HAVE YOUR WAGES EVER BEEN ATTACHED OR GARNISHED: ☐ NO ☐ YES EXPLAIN: _____
WHEN/WHERE: _____

DO YOU HAVE ANY CIVIL ACTION PENDING: ☐ NO ☐ YES EXPLAIN: _____
WHEN/WHERE: _____

HAVE YOU EVER BEEN THE DEFENDANT IN A SMALL CLAIMS OR OTHER COURT ACTION: ☐ NO ☐ YES EXPLAIN: _____
WHEN/WHERE: _____

HAVE YOU EVER BEEN DECLARED DELINQUENT IN CHILD SUPPORT PAYMENTS: ☐ NO ☐ YES EXPLAIN: _____
WHEN/WHERE: _____

HAVE YOU EVER BEEN REFUSED CREDIT: ☐ NO ☐ YES EXPLAIN: _____

HAVE YOU EVER WRITTEN A CHECK THAT BOUNCED: ☐ NO ☐ YES EXPLAIN: _____
WHEN/WHERE: _____

DO YOU HAVE A CHECKING ACCOUNT: ☐ NO ☐ YES ACCOUNT NO. _____
BANKING INSTITUTION: _____

DO YOU HAVE A SAVINGS ACCOUNT: ☐ NO ☐ YES ACCOUNT NO. _____
SAVINGS INSTITUTION: _____

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

SIGNATURE OF APPLICANT

DATE