



Village of Millersport, Ohio

Division of Police

2267 Refugee Street Millersport, Ohio 43046

Phone: (740) 929-6105

Fax: (740) 467-7727

RECORDS RELEASE WAIVER

Agency/ Company	Address
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I, _____, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Millersport Police Department, whether said records are public, private or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records or deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by me or against me. And salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of civil nature made by or against me, where so ever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent information for the Millersport Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential in may appear to be, and the sources of the information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Millersport Police Department. I understand that all materials pertaining to this background investigation become the property of the Millersport Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. ******THIS FORM MUST BE NOTORIZED******

Applicant Name	Social Security Number	Date of Birth
Address		
Applicant Signature	Date	

VILLAGE OF MILLERSPORT

THE VILLAGE OF MILLERSPORT IS AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL HISTORY QUESTIONNAIRE

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

(DATE OF BIRTH) (SOCIAL SECURITY NUMBER)

POSITION APPLIED FOR: _____

DATE QUESTIONNAIRE COMPLETED _____

INVESTIGATING OFFICER _____

Police Department only.

You must be truthful and complete all answers requested on this form. All information contained herein will be subject to verification, (e.g. 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 handwriting, legibly in BLUE ink only. EACH INDIVIDUAL QUESTION MUST BE ANSWERED. THERE CAN BE NO BLANKS. If a question does not apply to your particular circumstances, insert "DNA" in the space provided. 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 Rules and regulations of the Municipal Service Commission provide penalties for making a false statement of a 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 employment and/or prosecution under Ohio Revised Code Section 2921.13

Personal & Marital Record- Section I (Continued)

Name of Father	DOB	Full Address (If Deceased, Date of Death)
Name of Mother	DOB	Full Address (If Deceased, Date of Death)

List Children

<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name (Last, First, Middle)	DOB	Age	Birth Place (City and State)
Address If Different Than Yours		Relationship To You <input type="checkbox"/> Natural Born <input type="checkbox"/> Step <input type="checkbox"/> Foster Relationship To Your Spouse <input type="checkbox"/> Natural Born <input type="checkbox"/> Step <input type="checkbox"/> Foster		
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name (Last, First, Middle)	DOB	Age	Birth Place (City and State)
Address If Different Than Yours		Relationship To You <input type="checkbox"/> Natural Born <input type="checkbox"/> Step <input type="checkbox"/> Foster Relationship To Your Spouse <input type="checkbox"/> Natural Born <input type="checkbox"/> Step <input type="checkbox"/> Foster		
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name (Last, First, Middle)	DOB	Age	Birth Place (City and State)
Address If Different Than Yours		Relationship To You <input type="checkbox"/> Natural Born <input type="checkbox"/> Step <input type="checkbox"/> Foster Relationship To Your Spouse <input type="checkbox"/> Natural Born <input type="checkbox"/> Step <input type="checkbox"/> Foster		
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name (Last, First, Middle)	DOB	Age	Birth Place (City and State)
Address If Different Than Yours		Relationship To You <input type="checkbox"/> Natural Born <input type="checkbox"/> Step <input type="checkbox"/> Foster Relationship To Your Spouse <input type="checkbox"/> Natural Born <input type="checkbox"/> Step <input type="checkbox"/> Foster		
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name (Last, First, Middle)	DOB	Age	Birth Place (City and State)
Address If Different Than Yours		Relationship To You <input type="checkbox"/> Natural Born <input type="checkbox"/> Step <input type="checkbox"/> Foster Relationship To Your Spouse <input type="checkbox"/> Natural Born <input type="checkbox"/> Step <input type="checkbox"/> Foster		

Financial Record-Section III

When answering the questions below; IF there are any "YES" answers, explain fully in the space provided, citing the reference number. Be complete on all explanations. Additional space is provided on the continuation sheets.

9.	Are you delinquent for any financial obligation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Would you unable to keep up on your financial obligations on what you would be making at the Millersport Police Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Do you, your spouse, your ex-spouse have any immediate civil action pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	If employed by the Millersport Police Department, do you anticipate any other income?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Indebtedness: Involving you, your spouse, or your ex-spouse for which you are liable

To Whom Owed	Address	Date Incurred	Original Amount	Balance	Monthly Payment
13.					
14.					
15.					
16.					
17.					
18.					

19.	Name and Location of Bank Account(s)	Checking Account	Savings Account

Question Number	Explanation

Agency Application History-Section IV

Have you ever applied for a position with any law enforcement, fire department, or other government agency?

Yes

No

Name of Department or Agency	Date Applied	Accepted	If NO, Reason for rejection or declining of appointment
20.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
21.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
22.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
25.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
26.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

When answering the questions below; If there are any YES answers, explain fully in the space provided, citing the reference number. Be complete on all explanations. Additional space is provided on the continuation sheet.

27.	Have you ever been fired from any place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.	Have you ever received a warning or reprimand for absenteeism?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Have you ever received a warning or reprimand for tardiness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	Have you ever been suspended from any place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.	Have you ever quit any place of employment without giving notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32.	Have you ever received any disciplinary action from an employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Question Number	Explanation

Employment History-Section V

Begin with your most recent job and list your complete work history in reverse chronological order. INCLUDE IN SEQUENCE ALL PART TIME JOBS, 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 a non-commissioned officer with whom you served. When listing periods of unemployment, indicate dates in space provided. In the 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-TO INCLUDE STREET, APARTMENT NUMBER, CITY, STATE AND ZIP CODE. Should you require additional space, attach an 8 1/2 X 11 Sheet of plain paper.

If presently unemployed, indicate so in the first block.

From Date	Name of Employer	Job Title	Hours worked and Days Off
To Date	Employer Address	Description of Duties	
Total Time Experience	Immediate Supervisor	Supervisor Address	Business Phone
Salary	Name of Co-Worker	Co-Worker Address	Co-Worker Phone
From Date	Name of Employer	Job Title	Hours Worked and Days Off
To Date	Employer Address	Description of Duties	
Total Time Experience	Immediate Supervisor	Supervisor Address	Business Phone
Salary	Name of Co-Worker	Co-Worker Address	Co-Worker Phone
From Date	Name of Employer	Job Title	Hours Worked and Days Off
To Date	Employer Address	Description of Duties	
Total Time Experience	Immediate Supervisor	Supervisor Address	Business Phone
Salary	Name of Co-Worker	Co-Worker Address	Co-Worker Phone
From Date	Name of Employer	Job Title	Hours Worked and Days Off
To Date	Employer Address	Description of Duties	
Total Time Experience	Immediate Supervisor	Supervisor Address	Business Phone
Salary	Name of Co-Worker	Co-Worker Address	Co-Worker Phone

Employment History-Section V (continued)

From Date	Name of Employer	Job Title	Hours worked and Days Off
To Date	Employer Address	Description of Duties	
Total Time Experience	Immediate Supervisor	Supervisor Address	Business Phone
Salary	Name of Co-Worker	Co-Worker Address	Co-Worker Phone
From Date	Name of Employer	Job Title	Hours Worked and Days Off
To Date	Employer Address	Description of Duties	
Total Time Experience	Immediate Supervisor	Supervisor Address	Business Phone
Salary	Name of Co-Worker	Co-Worker Address	Co-Worker Phone
From Date	Name of Employer	Job Title	Hours Worked and Days Off
To Date	Employer Address	Description of Duties	
Total Time Experience	Immediate Supervisor	Supervisor Address	Business Phone
Salary	Name of Co-Worker	Co-Worker Address	Co-Worker Phone
From Date	Name of Employer	Job Title	Hours Worked and Days Off
To Date	Employer Address	Description of Duties	
Total Time Experience	Immediate Supervisor	Supervisor Address	Business Phone
Salary	Name of Co-Worker	Co-Worker Address	Co-Worker Phone
From Date	Name of Employer	Job Title	Hours Worked and Days Off
To Date	Employer Address	Description of Duties	
Total Time Experience	Immediate Supervisor	Supervisor Address	Business Phone
Salary	Name of Co-Worker	Co-Worker Address	Co-Worker Phone
33.	May we contact your present employer? If NO explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No
34.	Have you ever been discharged or asked to resign from a job? If YES, explain fully.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Question Number	Explanation		

Military and Educational Record-Section VI (continued)

Educational

38.	Have you ever taken a general education development test (GED)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Circle the Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Other _____

List each Grammar, Junior High School, High School, Trade School, 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 (City and State)	Attendance Dates		Graduated	Degree or Number of Units
		From	To		
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Attach All Applicable Certificates, Degrees, Diplomas and Transcripts

39.	While in school, were you ever expelled or suspended? If YES, Explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
40.	What subjects were most difficult for you?	
41.	What subjects did you like best?	
42.	Do you have any other skills or training in any area? Please list on following page.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Military and Educational Record-Section VI (continued)

Question Number	Explanation

Educational Miscellaneous

List all organizations, clubs, and social groups of which you are now, or have been a member, and the position you held.
(e.g. Member, associate member, president, secretary, etc.)

General Information Inquiry-Section VII (continued)

63.	Have you ever sold, been party to the sale, or in any way been financially rewarded due to the sale of any controlled substance or prescription drugs or any other substance purported to be a controlled substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
64.	Have you ever been involved in a glue sniffing or used any other such chemical agents for the purpose of obtaining a state of intoxication?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
65.	Have you ever used, sold, or been party to the sale and use of any steroids or similar substances without the benefit of a prescription for any undocumented medical reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
66.	Have you ever furnished any alcohol or illegal drugs to a minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
67.	Do you associate with any friends, relatives, or other acquaintances who use illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
68.	Did you ever drink beverages containing alcohol while on the job?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
69.	Have you ever been arrested because of your drinking?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
70.	Have you ever become violent or abusive while drinking?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
71.	What is your average weekly consumption of alcoholic beverages?	Drinks Per Week												
72.	Have you ever filed for or received compensation from any industrial compensation claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
73.	Have you ever applied for and received unemployment compensation, the amounts of which you were not eligible to receive?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
74.	Are you now or have you ever received any type of governmental support such as WELFARE, ADC, HOUSING SUBSIDY PAYMENTS MEDICAL OR EDUCATION LOANS AND GRANTS that you were not eligible for, received in a fraudulent manner or after receiving became ineligible for but continued receiving?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
75.	Do you have any hatreds or prejudices toward others because of their race, sex, national origin, religion, or color that would be detrimental to your functioning as a police officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
76.	Do you have any problems because of gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
77.	Do you have any problems controlling your temper?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
78.	Have you ever engaged in any grossly unnatural sexual acts?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
79.	Have you ever engaged in any illicit sexual activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
80.	Have you ever been accused or arrested for child molesting?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
81.	Have you ever been guilty of window peeping?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
82.	Have you ever traveled outside the United States of America? (If YES, What countries?)	<input type="checkbox"/> Yes <input type="checkbox"/> No												
83.	Have you ever been involved in a traffic accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
84.	Do you own a vehicle(s) If yes List all <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Make and Year</td> <td style="width: 25%;">Model</td> <td style="width: 25%;">Financed Y/N</td> <td style="width: 25%;">License #</td> </tr> <tr> <td>1.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> </tr> </table>	Make and Year	Model	Financed Y/N	License #	1.				2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
Make and Year	Model	Financed Y/N	License #											
1.														
2.														
85.	Do you now or have you ever had a driver's license in another state?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
86.	Have you ever obtained a driver's license under an assumed name or falsify your age on one?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
87.	Have you ever been refused a driver's license in Ohio or any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
88.	How many moving violations have you had in the past five (5) years?													
89.	Have you ever had your auto insurance revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
90.	Do you have any traffic tickets, fines, or any other obligations, anywhere, which you have not paid for or taken care of?	<input type="checkbox"/> Yes <input type="checkbox"/> No												

Driving Record

List all accidents in which you were a driver.

Date Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Location	Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Citation Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Location	Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Citation Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Location	Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Citation Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Location	Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Citation Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Location	Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Citation Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Police Report <input type="checkbox"/> Yes <input type="checkbox"/> No	Location	Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Citation Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No

List all citations (Moving violations) received.

Date Charge	Location	Issuing Agency

Name of auto insurance company, agent's name, address phone number and policy number:

Acquaintances/References-Section VIII

Acquaintances: Persons not related to the applicant (Not former employers or other references) who are friends, fellow workers, or fellow students. Names of those listed should be those persons who have seen the applicant frequently during the past year.

Name	Full Address	Occupation
How Acquainted	Phone	Years Known
Name	Full Address	Occupation
How Acquainted	Phone	Years Known
Name	Full Address	Occupation
How Acquainted	Phone	Years Known
Name	Full Address	Occupation
How Acquainted	Phone	Years Known

References: Persons not related to the applicant (Not former employers or other references) who have known the applicant for at least five (5) years. These persons will be contacted to appraise the applicant's character, ability, experience, personality, and other qualities.

Name	Business Address	Years Known
Full Address	Business Phone	How Acquainted
Home Phone	Occupation	
Name	Business Address	Years Known
Full Address	Business Phone	How Acquainted
Home Phone	Occupation	
Name	Business Address	Years Known
Full Address	Business Phone	How Acquainted
Home Phone	Occupation	

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 any 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** _____

Witness _____ **Date** _____

Witness _____ **Date** _____

Before me came, _____ and swore/affirmed the facts contained in this document are true to the best of his/her knowledge. Sworn/ Affirmed on this _____ day of _____, 20__.

Signature, Notary Public

My commission expires on _____ day of _____, 20__.

Affix Seal Here