

HAMILTON COUNTY SHERIFF'S OFFICE
 1000 SYCAMORE STREET, ROOM 110
 CINCINNATI, OHIO 45202

 POSITION APPLIED FOR

 DATE

THE HAMILTON COUNTY SHERIFF'S OFFICE CONSIDERS ALL APPLICANTS WITHOUT REGARD TO RACE, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MILITARY STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS.

APPLICANT QUESTIONNAIRE

This questionnaire will be used for reference by those who will be considering you for employment with the Hamilton County Sheriff's Office. Fill it out **COMPLETELY** and **CORRECTLY!**

An extensive background investigation will be conducted into your personal history.

Applicants for police officer positions will be required to take a CVSA (voice stress) examination. Civilian applicants may also be requested to take a CVSA examination.

Any **FALSE, MISLEADING** or **INCOMPLETE** information will be grounds to **disqualify** you for employment with the Hamilton County Sheriff's Office. Further, false or inaccurate information provided on this application may cause you to be discharged once hired by the Sheriff's Office.

I have read and fully understand the above _____

Signature

FOLLOW DIRECTIONS CAREFULLY

1. USE INK. COMPLETE THIS FORM IN YOUR OWN HANDWRITING OR PRINTING.
2. WRITE OR PRINT LEGIBLY.
3. MAKE CERTAIN THAT EACH QUESTION IS ANSWERED **COMPLETELY** and **CORRECTLY**.
4. READ EACH QUESTION CAREFULLY.
5. DO NOT LEAVE A QUESTION BLANK. IF IT DOES NOT APPLY TO YOU, WRITE **N/A** IN THE SPACE.

1. PERSONAL DATA

LAST NAME		FIRST NAME		MIDDLE NAME	
HOME PHONE () -	DAY PHONE () -	E-MAIL ADDRESS			
CURRENT ADDRESS	STREET & NUMBER	CITY	STATE	ZIP CODE	
HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY NUMBER	ARE YOU A U.S. CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>
LIST ANY SCARS, MARKS AND/OR TATTOOS					
LIST ANY OTHER NAME YOU HAVE EVER USED: _____					

A. STARTING WITH YOUR PRESENT ADDRESS, LIST ALL ADDRESSES YOU HAVE LIVED AT FOR THE PAST TEN (10) YEARS. INCLUDE YOUR ADDRESSES IN THE MILITARY SERVICE.

DATES		STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
FROM	TO					

2. MARITAL STATUS

A. ARE YOU (CHECK ONE): <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED		E. IF PREVIOUSLY MARRIED, DISPOSITION OF FORMER MARRIAGES.	DATE
<input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
B. WIFE'S MAIDEN NAME	C. HER DATE OF BIRTH		

3. REFERENCES

LIST THREE (3) REFERENCES (NOT RELATIVES OR FORMER EMPLOYERS) WHO ARE RESPONSIBLE ADULTS AND WHO HAVE KNOWN YOU WELL DURING THE PAST FIVE YEARS:

NAME		RESIDENCE OR BUSINESS ADDRESS (NUMBER & STREET)			
HOW LONG KNOWN?	OCCUPATION	(CITY)	(STATE)	(ZIP)	
HOME PHONE () -		DAY PHONE () -		E-MAIL ADDRESS	
NAME		RESIDENCE OR BUSINESS ADDRESS (NUMBER & STREET)			
HOW LONG KNOWN?	OCCUPATION	(CITY)	(STATE)	(ZIP)	
HOME PHONE () -		DAY PHONE () -		E-MAIL ADDRESS	
NAME		RESIDENCE OR BUSINESS ADDRESS (NUMBER & STREET)			
HOW LONG KNOWN?	OCCUPATION	(CITY)	(STATE)	(ZIP)	
HOME PHONE () -		DAY PHONE () -		E-MAIL ADDRESS	

4. EDUCATION

A. DO YOU HAVE (CHECK ONE) COLLEGE DEGREE G.E.D. CERTIFICATE HIGH SCHOOL DIPLOMA

LIST ALL HIGH SCHOOLS, COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED

	NAME	ADDRESS	YEARS COMPLETED	DIPLOMA/DEGREE
1				
2				
3				
4				
5				

INDICATE ANY FOREIGN LANGUAGE YOU CAN SPEAK, READ, AND/OR WRITE

DO YOU HAVE ANY SPECIALIZED TRAINING THAT PERTAINS TO THE JOB YOU ARE APPLYING?

5. EMPLOYMENT HISTORY

A. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? YES NO

B. HAVE YOU FILED EMPLOYMENT APPLICATIONS WITH ANY OTHER SOURCES RECENTLY? YES NO

PLACE OF BUSINESS	ADDRESS

C. BEGINNING WITH YOUR PRESENT, OR MOST RECENT EMPLOYER, LIST ALL OF THE PLACES YOU HAVE WORKED, IN THE PROPER ORDER. LIST PERIODS OF SCHOOL, MILITARY SERVICE, AND UNEMPLOYMENT. KEEP IN PROPER SEQUENCE. **OMIT NONE!**

1.	NAME OF EMPLOYER:		ADDRESS:	
	(CITY)	(STATE)	(ZIP)	PHONE #: () -
	STARTING DATE:		LEAVE DATE:	
	JOB TITLE:		SUPERVISOR'S NAME:	
	BEGINNING SALARY:		FINAL SALARY:	
	WORK PERFORMED:			
	REASON FOR LEAVING			
2.	NAME OF EMPLOYER:		ADDRESS:	
	(CITY)	(STATE)	(ZIP)	PHONE #: () -
	STARTING DATE:		LEAVE DATE:	
	JOB TITLE:		SUPERVISOR'S NAME:	
	BEGINNING SALARY:		FINAL SALARY:	
	WORK PERFORMED:			
	REASON FOR LEAVING			

3.	NAME OF EMPLOYER:		ADDRESS:	
	(CITY)	(STATE)	(ZIP)	PHONE #: () -
	STARTING DATE:		LEAVE DATE:	
	JOB TITLE:		SUPERVISOR'S NAME:	
	BEGINNING SALARY:		FINAL SALARY:	
	WORK PERFORMED:			
	REASON FOR LEAVING			
4.	NAME OF EMPLOYER:		ADDRESS:	
	(CITY)	(STATE)	(ZIP)	PHONE #: () -
	STARTING DATE:		LEAVE DATE:	
	JOB TITLE:		SUPERVISOR'S NAME:	
	BEGINNING SALARY:		FINAL SALARY:	
	WORK PERFORMED:			
	REASON FOR LEAVING			
5.	NAME OF EMPLOYER:		ADDRESS:	
	(CITY)	(STATE)	(ZIP)	PHONE #: () -
	STARTING DATE:		LEAVE DATE:	
	JOB TITLE:		SUPERVISOR'S NAME:	
	BEGINNING SALARY:		FINAL SALARY:	
	WORK PERFORMED:			
	REASON FOR LEAVING			
6.	NAME OF EMPLOYER:		ADDRESS:	
	(CITY)	(STATE)	(ZIP)	PHONE #: () -
	STARTING DATE:		LEAVE DATE:	
	JOB TITLE:		SUPERVISOR'S NAME:	
	BEGINNING SALARY:		FINAL SALARY:	
	WORK PERFORMED:			
	REASON FOR LEAVING			

7.	NAME OF EMPLOYER:		ADDRESS:		
	(CITY)	(STATE)	(ZIP)	PHONE #: () -	
	STARTING DATE:		LEAVE DATE:		
	JOB TITLE:		SUPERVISOR'S NAME:		
	BEGINNING SALARY:		FINAL SALARY:		
	WORK PERFORMED:				
	REASON FOR LEAVING				

D. HAVE YOU EVER APPLIED FOR A POSITION WITH ANY LAW ENFORCEMENT AGENCY OR CORRECTIONS DEPARTMENT?			WHEN	
<input type="checkbox"/> YES <input type="checkbox"/> NO				
WHAT POSITION?	WHAT DEPARTMENT?	WHAT WAS THE DISPOSITION?		

F. HAVE YOU EVER RECEIVED ANY LAW ENFORCEMENT OR CORRECTION TRAINING?		WHEN	WHERE
<input type="checkbox"/> YES <input type="checkbox"/> NO			
TYPE OF TRAINING: <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> CORRECTIONS			

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTION IS YES, WRITE THE DETAILS ON THE REVERSE SIDE OF THIS SHEET:

	YES	NO		YES	NO
A. HAVE THE POLICE EVER BEEN CALLED TO YOUR HOME FOR ANY REASON	<input type="checkbox"/>	<input type="checkbox"/>	D. HAVE YOU EVER FILED BANKRUPTCY?	<input type="checkbox"/>	<input type="checkbox"/>
B. HAVE YOU EVER HAD A GARNISHMENT OR WAGE ASSESSMENT PLACED AGAINST YOU?	<input type="checkbox"/>	<input type="checkbox"/>	E. HAVE YOU OR YOUR SPOUSE EVER BEEN SUED OR SUMMONED INTO COURT?	<input type="checkbox"/>	<input type="checkbox"/>
C. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED?	<input type="checkbox"/>	<input type="checkbox"/>	F. HAVE ANY RELATIVES OF YOU OR YOUR SPOUSE EVER BEEN CONVICTED OR IMPRISONED?	<input type="checkbox"/>	<input type="checkbox"/>
			G. HAVE YOU EVER BEEN EVICTED FROM ANY DWELLING OR APARTMENT HOUSE?	<input type="checkbox"/>	<input type="checkbox"/>

6. ARREST HISTORY

THE OHIO REVISED CODE SECTION 2953.32 (D2) STATES THAT SEALED CONVICTIONS (EXPUNGEMENTS) MAY BE INSPECTED BY A LAW ENFORCEMENT AGENCY AS PART OF A BACKGROUND INVESTIGATION OF AN APPLICANT FOR A LAW ENFORCEMENT POSITION. FOR THE PURPOSES OF OUR BACKGROUND INVESTIGATION, YOU ARE REQUIRED TO REPORT ANY CRIMINAL CONVICTION OR ANY EXPUNGEMENT.

A. HAVE YOU EVER BEEN **ARRESTED, CHARGED, QUESTIONED, ACCUSED, WARNED** OR **DETAINED** FOR ANY OFFENSE OR ALLEGED VIOLATION OF ANY STATUTE, ORDINANCE, LAW, REGULATIONS BY ANY CIVIL OR MILITARY AUTHORITY EITHER IN THIS COUNTRY OR ANY OTHER COUNTRY? YES NO IF YES, DESCRIBE BELOW (INCLUDE DETENTIONS AS A JUVENILE OR MINOR OR REDUCTIONS IN RANK IN THE MILITARY).

DATE	CHARGE	CITY-COUNTY-STATE	DISPOSITION	POLICE AGENCY

B. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN TRAFFIC VIOLATIONS? YES NO IF YES, EXPLAIN IN DETAIL

7. DRIVING HISTORY

A. LIST ALL DRIVER'S OR CHAUFFER'S LICENSES YOU HOLD NOW, OR HAVE PREVIOUSLY HELD. INDICATE IF YOU HAVE EVER HAD YOUR LICENSE REVOKED OR SUSPENDED.

STATE	TYPE OF LICENSE	EXPIRATION DATE	LICENSE #	REVOKED OR SUSPENDED

B. HAVE YOU EVER BEEN SENTENCED TO DRIVER IMPROVEMENT SCHOOL? YES NO

WHEN? _____ WHERE? _____

C. LIST ALL DRIVING CITATIONS OR SUMMONS YOU HAVE RECEIVED AS AN ADULT **OR** JUVENILE, BEGINNING WITH THE MOST RECENT.

MONTH/YEAR	CHARGE	CITY OR STATE	DISPOSITION

D. DO YOU HAVE LIABILITY AND PROPERTY DAMAGE INSURANCE ON VEHICLES OWNED BY YOU? YES NO

E. HAVE YOU EVER HAD YOUR CAR INSURANCE CANCELLED? YES NO IF YES, EXPLAIN

8. GAMBLING

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE REVERSE SIDE.

	YES	NO		YES	NO
A. DO YOU NOW, OR HAVE YOU EVER HAD ANY GAMBLING DEBTS?	<input type="checkbox"/>	<input type="checkbox"/>	C. HAVE YOU EVER WORKED FOR A GAMBLING OPERATION, OR BOOKED ANY BETS?	<input type="checkbox"/>	<input type="checkbox"/>
B. HAVE YOU EVER USED AN EMPLOYER'S MONEY TO GAMBLE WITH?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

9. ALCOHOL

A. DO YOU DRINK ALCOHOLIC BE VERAGES? YES NO

WHAT KIND? _____

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE REVERSE SIDE.

	YES	NO
B. HOW MANY TIMES IN THE LAST YEAR HAVE YOU CONSUMED ALCOHOL AND OPERATED A MOTOR VEHICLE TO THE EXTENT THAT YOUR ABILITY TO DRIVE SAFELY WAS IMPAIRED.	<input type="checkbox"/>	<input type="checkbox"/>
C. HAVE YOU EVER MISSED A DAY OF WORK DUE TO CONSUMPTION OF ALCOHOL?	<input type="checkbox"/>	<input type="checkbox"/>

10. DRUGS/NARCOTICS

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE REVERSE SIDE.

YES

NO

A. HAVE YOU EVER TRIED OR USED A NARCOTIC OR DANGEROUS DRUG WITHOUT A DOCTOR'S PRESCRIPTION? (INCLUDE MARIJUANA, LSD, PEYOTE, HEROIN, OPIUM, ETC.)

B. HAVE YOU EVER USED MARIJUANA?

IF SO, HOW MANY TIMES HAVE YOU USED MARIJUANA IN THE PAST?

5 YEARS _____

2 YEARS _____

3 MONTHS _____

C. WHEN WAS THE LAST TIME YOU BOUGHT MARIJUANA? _____

WHAT QUANTITY? _____

WHEN? _____

D. HAVE YOU EVER SOLD MARIJUANA?

WHEN? _____

E. HAVE YOU EVER USED, BOUGHT AND/OR SOLD ANY NARCOTIC OR PRESCRIPTION DRUG, NOT INCLUDING MARIJUANA, WITHOUT A DOCTOR'S PRESCRIPTION?

DESCRIBE THE CIRCUMSTANCES _____

F. HAVE YOU EVER USED INHALANTS (I.E., GLUE SNIFFING, HUFFING, ETC.)?

DESCRIBE THE CIRCUMSTANCES _____

G. HAVE YOU EVER MISSED A DAY OF WORK DUE TO YOUR USE OF DRUGS, NARCOTICS OR MARIJUANA?

IF YES, DESCRIBE THE CIRCUMSTANCES _____

HAVE YOU EVER **BOUGHT, SOLD AND/OR USED** ANY OF THE FOLLOWING WITHOUT A DOCTOR'S PRESCRIPTION? IF YES, EXPLAIN.

I. CANNABIS

A. HASHISH/HASHISH OIL **YES** **NO** _____

II. STIMULANTS/AMPHETAMINES

A. BENNIES **YES** **NO** _____

B. RITALIN **YES** **NO** _____

C. COCAINE/CRACK **YES** **NO** _____

III. HALLUCINOGENS

A. LSD IN ANY FORM **YES** **NO** _____

B. P.C.P./PHENCYCLIDINE (ANGEL DUST) YES NO _____

C. HALLUCINOGENIC MUSHROOMS, Mescaline, PSILOCYBIN, PSILOCYN, PEYOTE CACTUS YES NO _____

D. SPECIAL K (KETAMINE) YES NO _____

IV. DEPRESSANTS/DOWNERS

A. METHAQUALONE, LUDES, SOPORS YES NO _____

B. MORPHINE YES NO _____

C. HEROIN YES NO _____

D. ECSTASY, ROOFIES YES NO _____

E. TALWIN OR PYROBENZAMINE YES NO _____

F. VICODIN YES NO _____

11. ORGANIZATION MEMBERSHIP

A. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FACIST, COMMUNIST, OR SUBVERSIVE, OR WHICH HAS ADOPTED, OR SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF OHIO OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES, OR THE STATE OF OHIO, BY ANY UNLAWFUL, OR UNCONSTITUTIONAL MEANS?

YES NO IF YES, EXPLAIN ON THE REVERSE SIDE.

B. HAVE YOU EVER PARTICIPATED IN ANY DEMONSTRATION, STRIKE, PICKET LINE OR DELEGATION SPONSORED BY ANY GROUP OR ORGANIZATION AS A PROTEST MEASURE? YES NO IF YES, EXPLAIN BELOW

12. MILITARY STATUS

SELECTIVE SERVICE NUMBER _____ DRAFT CLASSIFICATION _____

LOCAL BOARD # _____ ADDRESS _____

A. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS., AIR FORCE, COAST GUARD, R.O.T.C. OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? YES NO IF SO, LIST THEM. IF THERE WAS MORE THAN ONE PERIOD, THEN LIST THE SEPARATE PERIODS.

MONTH/YEAR ENTERED	BRANCH OR ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK

B. LIST ALL MILITARY SERVICE NUMBERS:

HAMILTON COUNTY SHERIFF'S OFFICE

AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, do hereby authorize the Veterans Administration, U.S. Navy, Army, Airforce, Marine Corps, Coast Guard, Merchant Marine, National Guard, Active Army Reserves, Naval Reserves, Air Force Reserves, Marine Reserves, Coast Guard Reserves, Educational Institutions, Medical Doctors, Insurance Companies, State and Federal Tax Bureaus, and Credit Bureaus to furnish the Sheriff's of Hamilton County, Ohio, with any and all available information regarding me in order that he may determine my suitability for police work. Further, I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Sheriff's Office in conjunction with the hiring process.

I, the undersigned, authorize the release of any records/information necessary to support/refute any item in this application whether the release of such information is public, private or of a confidential nature.

Additionally, I the undersigned, authorize the Sheriff of Hamilton County, Ohio or his designee to make inquiry of my present and past employers regarding my employment dates, quality of work, dependability, whether I appeared for work, and eligibility for re-hire. Further, I, the undersigned, acknowledge the Hamilton County Sheriff's Office will be contacting references I have provided on this questionnaire, as well as the schools/post educational services I have provided.

EXCEPTIONS: *(Make note if you do not wish your present employer contacted, and why.)*

I, the undersigned, agree to indemnify and hold harmless the person to 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.

Full Name _____
(Print)

Full Name _____ Date: _____
(Signed)

Subscribed and duly sworn before me according to law, by the above names applicant this _____ day of _____, 20____ at _____, County of - _____ and State of _____.

Signature of Officer _____

Official Title _____

(Official Seal of Notary)