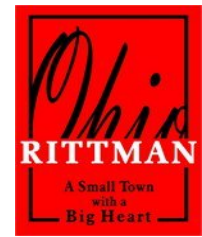




RITTMAN POLICE DEPARTMENT
33 E. OHIO AVENUE
RITTMAN, OHIO 44270
(330) 927-1551



PERSONAL HISTORY QUESTIONNAIRE

THE CITY OF RITTMAN IS AN EQUAL OPPORTUNITY EMPLOYER

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

POSITION APPLIED FOR: POLICE OFFICER
 DISPATCHER
 SCHOOL CROSSING GUARD
 OTHER-SPECIFY _____

DATE OF WRITTEN APPLICATION: _____

DATE THIS QUESTIONNAIRE COMPLETED: _____

CELL PHONE NUMBER:

INSTRUCTIONS

THIS PERSONAL HISTORY QUESTIONNAIRE IS INTENDED FOR THE USE OF THE **RITTMAN POLICE DEPARTMENT** PERSONNEL ADMINISTRATION SECTION. 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 WRITING, LEGIBLY IN **BLACK 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 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 **RITTMAN, OHIO MUNICIPAL SERVICE COMMISSION** PROVIDE PENALTIES FOR MAKING 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

E-MAIL ADDRESS:

PERSONAL & MARITAL RECORD – SECTION 1

LEGAL LAST NAME			FIRST NAME			FULL MIDDLE NAME		
BY WHAT OTHER NAMES HAVE YOU BEEN KNOWN (MAIDEN NAME, FORMER NAME, MARRIED NAME(S), ALIASES, NICKNAMES, ETC.)							RESIDENCE PHONE & AREA CODE	
RESIDENCE ADDRESS (NUMBER, STREET, APT., CITY, STATE & ZIP CODE)							SOCIAL SECURITY NUMBER	
DATE OF BIRTH		ARE YOU OVER AGE OF 21 ? <input type="checkbox"/> YES <input type="checkbox"/> NO		HEIGHT	WEIGHT	COLOR HAIR	COLOR EYES	
PLACE OF BIRTH		CITY		COUNTY		STATE		BIRTH CERTIFICATE #
OHIO DRIVERS LICENSE #		TYPE	EXPIRATION DATE	OUT OF STATE OPERATOR LIC NO.		TYPE STATE OR TERRITORY		EXPIRATION DATE
PRESENT MARITAL STATUS		CITY, COUNTY, STATE – PRESENT MARRIAGE PERFORMED				DATE PRESENT MARRIAGE PERFORMED		
NAME OF PRESENT SPOUSE (FIRST, MIDDLE)				MAIDEN NAME IF APPLICABLE		SPOUSES SOCIAL SECURITY NUMBER		
AGE	HEIGHT	WEIGHT	DATE OF BIRTH	BIRTHPLACE OF SPOUSE		NAME AND ADDRESS OF SPOUSES EMPLOYER		
FATHER (NATURAL)		(LAST, FIRST, MIDDLE) & DATE OF BIRTH			ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE) IF DECEASED, DATE OF DEATH		AGE	
MOTHER (NATURAL) (MAIDEN NAME, FIRST) FORMER MARRIED NAMES		(LAST, FIRST, MIDDLE) & DATE OF BIRTH			ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE) IF DECEASED DATE OF DEATH		AGE	
LIST ANY SCARS, BIRTHMARKS, BLEMISHES, TATTOOS, DEFORMITIES, ETC. THAT YOU MAY HAVE								
LIST YOUR CHILDREN								
SON DAUGHTER	(LAST, FIRST, MIDDLE) DATE OF BIRTH			BIRTH DATE		BIRTHPLACE (CITY & STATE)		
ADDRESS IF DIFFERENT FROM YOURS				RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER			RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER	
SON DAUGHTER	(LAST, FIRST, MIDDLE) DATE OF BIRTH			BIRTH DATE		BIRTHPLACE (CITY & STATE)		
ADDRESS IF DIFFERENT FROM YOURS				RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER			RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER	
SON DAUGHTER	(LAST, FIRST, MIDDLE) DATE OF BIRTH			BIRTH DATE		BIRTHPLACE (CITY & STATE)		
ADDRESS IF DIFFERENT FROM YOURS				RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER			RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER	
SON DAUGHTER	(LAST, FIRST, MIDDLE) DATE OF BIRTH			BIRTH DATE		BIRTHPLACE (CITY & STATE)		
ADDRESS IF DIFFERENT FROM YOURS				RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER			RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER	
LIST YOUR RELATIVES IN THE FOLLOWING ORDER: 1.BROTHER 2.SISTER 3.STEP-MOTHER 4.STEP-FATHER 5.STEP-BROTHERS 6.STEP-SISTERS 7.FATHER IN LAW 8.MOTHER IN LAW 9.SISTERS IN LAW 10. BROTHERS IN LAW								
RELATIONSHIP	NAME (LAST, FIRST, MIDDLE)				ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)			AGE

FINANCIAL RECORD – SECTION III

1. ARE YOU NOW DELINQUENT IN ANY FINANCIAL OBLIGATION ? YES NO

2. DO YOUR MONTHLY BILLS EXCEED YOUR TAKE-HOME PAY ? YES NO

3. INDEBTNESS: INVOLVING YOU, YOUR SPOUSE, OR YOUR EX SPOUSES FOR WHICH YOU ARE LAIBLE.					
TO WHOM OWED	ADDRESS	DATE INCUR	ORIGINAL AMT.	AMT. DUE	MO. PAYMENT
4.					
5.					
6.					
7.					
8.					
9.					
10. NAME & LOCATION OF YOUR BANKS					<input type="checkbox"/> CHECKING
					<input type="checkbox"/> SAVINGS
11. YEAR, MAKE, BODY TYPE & LICENSE NO OF YOUR PRESENT VEHICLE(S)				DATE PURCHASED	NAME OF LEGAL OWNER
12.					

WHEN ANSWERING THE QUESTIONS BELOW: IF THERE ARE ANY “YES” BLOCKS CHECKED, EXPLAIN FULLY ON THE CONTINUATION SHEET, CITING THE REFERENCE AND PAGE NUMBERS. BE COMPLETE ON ALL EXPLANATIONS REQUESTED.

13. <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU, YOUR SPOUSE, OR EX SPOUSES HAVE ANY IMMEDIATE CIVIL ACTION PENDING AGAINST YOU ?
14. <input type="checkbox"/> YES <input type="checkbox"/> NO IF EMPLOYED BY THE POLICE DEPARTMENT , DO YOU ANTICIPATE ANY OTHER INCOME OTHER THAN YOUR POLICE SALARY ?
15. <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU EVER BEEN REFUSED A LIFE, AUTOMOBILE, HEALTH OR OTHER INSURANCE POLICY ?
16. <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU EVER BEEN GARNISHED, FILED FOR BANKRUPTCY, OR BEEN DECLARED BANKRUPT ?

WORK HISTORY – SECTION IV

HAVE YOU EVER APPLIED FOR A POSITION WITH ANY OTHER LAW ENFORCEMENT OR OTHER GOVERNMENT AGENCY ? YES NO

NAME OF DEPARTMENT OR AGENCY	DATE APPLIED	ACCEPTED?	IF NO GIVE REASON FOR REJECTION OR DECLINING OF APPLICATION
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	
8.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
9.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
10.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
11.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
11.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
12.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
13.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
14.		<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 NAME AND ADDRESS OF IMMEDIATE SUPERVISOR, THE NAME , ADDRESS AND RANK OF THE LAST COMMISSIONED OFFICER WHO WAS YOUR IMMEDIATE COMMISSIONED SUPERVISOR 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 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 INFO MUST BE COMPLETE, STREET APT, OR SUITE, CITY, STATE AND ZIP-CODE.

MAY WE CONTACT YOUR PRESENT EMPLOYER ? YES NO IF NO EXPLAIN ON LAST PAGE. IF PRESENTLY UNEMPLOYED, INDICATE SO IN FIRST BLOCK.

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB ? YES NO - IF YES, EXPLAIN FULLY ON LAST PAGE.

FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS WORKED & DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	PHONE # OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE # OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FO RLEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	PHONE # OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE # OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	PHONE # OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE # OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS WORKED & DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	PHONE # OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE # OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS WORKED & DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	PHONE # OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE # OF CO-WORKER

ADDRESS: _____
 (STREET ADDRESS)

 (CITY, STATE)

 ZIP CODE

 PHONE: _____
 (INCLUDE AREA CODE)

WORK HISTORY – SECTION IV (CONTINUED)

FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS WORKED & DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	PHONE # OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE # OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FO RLEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	PHONE # OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE # OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	PHONE # OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE # OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS WORKED & DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	PHONE # OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE # OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS WORKED & DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	PHONE # OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE # OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS WORKED & DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	PHONE # OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE # OF CO-WORKER
FROM DATE	NAME OF EMPLOYER	JOB TITLE	LIST HOURS WORKED & DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EXP	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	PHONE # OF BUSINESS
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE # OF CO-WORKER

MILITARY AND EDUCATIONAL RECORD – SECTION V

MILITARY

PRESENT DRAFT BOARD ADDRESS (STREET,CITY,STATE, ZIP CODE)		DRAFT BOARD NO	PRESENT DRAFT CLASS
BRANCH OF SERVICE (ARMY,NAVY, ETC.)	UNIT (TANK CORPS,ENGINEERS, MEDICS ETC)		MILITARY SERIAL NO.
MILITARY ACTIVE DUTY DATES (DO NOT INCLUDE SHORT RESERVE TOURS OF 90 DAYS OR LESS)		HIGHEST MILITARY RANK OR RATE HELD	TYPE OF SEPERATION
FROM	TO		
TOTAL MONTHS OF COMBAT DUTY	TOTAL MONTHS OF OVERSEAS DUTY	MILITARY RESERVE STATUS	
		<input type="checkbox"/> READY <input type="checkbox"/> STANDBY <input type="checkbox"/> HOME	

HAVE YOU EVER ASKED OR RECEIVED DEFERMENT FROM THE MILITARY ? YES NO (IF YES GIVE BOARD NUMBER, DATES AND FULL DETAILS ON LAST PAGE OF APPLICATION.

WERE YOU EVER COURT MARTIALED, TRIED ON CHARGES OR SUBJECT OF A SUMMARY COURT MARTIAL, CAPTAINS MAST, ARTICLE 15, COMPANY PUNISHMENT, OR ANY OTHER DISCIPLINARY ACTION WHILE IN THE ARMED SERVICES ? ? YES NO (IF YES, EXPLAIN ON LAST PAGE OF APPLICATION.)

HAVE YOU EVER RECEIVED A GOVERNMENT DISABILITY PENSION ? YES NO (IF YES, EXPLAIN ON LAST PAGE OF APPLICATION.) VETS CLAIM "0" NUMBER _____

HAVE YOU EVER TAKEN A GENERAL EDUCATIONAL DEVELOPMENT (GED) TEST ? YES NO

EDUCATIONAL

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 OTHER

LIST EACH GRAMMER, JR.HIGH,HIGH SCHOOL,TRADE,PART TIME, NIGHT SCHOOL,BUSINESS COLLEGE AND UNIVERSITY THAT YOU HAVE ATTENDED. START WITH THE MOST RECENT SCHOOL ATENDED.

NAME OF SCHOOL	LOCATION OF SCHOOL (CITY & STATE)	ATTENDANCE DATES		GRADUATE		DEGREE OR # OF UNITS
		FROM	TO	YES	NO	

MISCELLANEOUS

LIST ALL ORGANIZATIONS, CLUBS & SOCIAL GROUPS OF WHICH YOU ARE NOW OR HAVE BEEN A MEMBER AND POSITION, I.E. MEMBER, ASSOCIATE MEMBER, PRESIDENT,SECRETARY, ETC.

GENERAL INFORMATION INQUIRY – SECTION VI

NOTE: THE FOLLOWING QUESTIONS AND ANSWERS WILL BE VERIFIED THROUGH THE USE OF THE POLYGRAPH TEST. IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, IT WILL BE NECESSARY FOR YOU TO EXPLAIN IN DETAIL ON THE CONTINUATION SHEET PROVIDED. FULL AND COMPREHENSIVE EXPLANATIONS ARE REQUIRED.

1	IF IT BECAME NECESSARY IN THE COURSE OF YOUR POLICE DUTIES TO TAKE A HUMAN LIFE WOULD YOU HAVE ANY RELUCTANCE TO DO BECAUSE OF RELIGIOUS OR OTHER BELIEFS ? (POLICE OFFICER APPLICANTS ONLY NEED TO ANSWER THIS QUESTION.)	YES	NO
2	HAVE YOU EVER COMMITTED A FELONY FOR WHICH YOU WERE ARRESTED OR CONVICTED ?	YES	NO
3	HAVE YOU EVER BEEN PLACED ON OR SERVED IN A CRIMINAL DIVERSION TYPE PROGRAM THAT LED TO THE EVENTUAL DISMISSAL OF ANY CRIMINAL CHARGES ?	YES	NO
4	HAVE YOU EVER BEEN CONVICTED OF A FELONY ?	YES	NO
5	HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR THAT HAD BEEN REDUCED FROM ORIGINAL FELONY CHARGE ?	YES	NO
6	HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE I.E. THEFT OFFENSE, ASSAULT AND BATTERY, WRONGFUL INFLUENCE OF A MINOR, DISORDERLY CONDUCT, GAMBLING, DRUG OFFENSE, SEX OFFENSES, INVOLVING IMMORAL OR INDECENT CONDUCT, FRAUD, TRESPASSING, CONVERSION OF TRUST, OFFENSE INVOLVING MILITARY JUSTICE OR ANY OTHER CRIMINAL OFFENSES ?	YES	NO
7	HAVE YOU EVER BEEN CONVICTED OF ANY TRAFFIC OFFENSE I.E., OPERATING WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, RECKLESS OPERATION, HIT SKIP, VEHICULAR HOMICIDE, SPEEDING, DRAG RACING, WILLFULLY FLEEING OR ELUDING POLICE, OPERATING AN UNSAFE VEHICLE, DRIVING WITHOUT A LICENSE, PASSING A SCHOOL BUS RECEIVING OR DISCHARGING PASSENGERS, OR ANY OTHER TRAFFIC OFFENSE, ESCLUDING PARKING AND EQUIPMENT VIOLATIONS ?	YES	NO
8	AS AN ADULT HAVE YOU EVER STOLEN ANYTHING ?	YES	NO
9	HAVE YOU EVER BOUGHT OR SOLD ANY PROPERTY THAT YOU KNEW WAS STOLEN ?	YES	NO
10	HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED ?	YES	NO
11	HAVE YOU EVER BEEN COMMITTED TO ANY PENAL INSTITUTION AS A RESULT OF EITHER A FELONY OR MISDEMEANOR CONVICTION ?	YES	NO
12	ARE YOU PRESENTLY UNDER INDICTMENT OR A DEFENDANT IN ANY PENDING CRIMINAL TRAFFIC OR CIVIL ACTIONS ?	YES	NO
13	HAVE YOU EVER USED ANY HALLUCINOGENS SUCH AS MARIJUANA, HASHISH, MESCALINE, P.C.P., T.H.C., PEYOYE, P.C.E., T.C.P., ANGEL DUST OR ANY OF THEIR DERIVATIVES ETC. (IF YES, AGE FIRST TIME USED, AGE LAST USED, TOTAL NUMBER OF (USEAGES) ?	YES	NO
14	HAVE YOU EVER USED ANY NARCOTICS SUCH AS SODIUM, MORPHINE, CODEINE, MEPERIDINE, METHADONE, OR ANY OTHER DERIVATIVES SUCH AS DARVON, LOMOTIL, ETC. ? (IF YES, AGE FIRST TIME USED, AGE LAST USED, TOTAL NUMBER OF (USEAGES) ?	YES	NO
15	HAVE YOU EVER USE D COCAINE, HEROIN, OR LSD ? (IF YES, AGE FIRST TIME USED, AGE LAST USED, TOTAL NUMBER OF (USEAGES) ?	YES	NO
16	HAVE YOU EVER USED ANY PRESCRIPTION DRUGS SUCH AS BARBITURATES, AMPHETAMINES, VALIUM, LIBRILUM, SOPORS, UPPERS, DOWNERS, ETC. WITHOUT THE BENEFIT OF A PRESCRIPTION ? (IF YES, AGE FIRST TIME USED, AGE LAST USED, TOTAL NUMBER OF (USEAGES) ?	YES	NO
17	HAVE YOU EVER USED ANY PRESCRIBED MEDICATIONS FOR PURPOSES OTHER THAN THAT FOR WHICH THEY WERE ORIGINALLY PRESCRIBED OR INTENDED ? (IF YES TYPE AND USE?)	YES	NO
18	HAVE YOU EVER USED WHAT ARE DESCRIBED AS DESIGNER DRUGS, I.E. SUBSTANCES THAT ARE CHEMICALLY ALTERED IN MAKE-UP BUT WHICH GIVE THE SAME EFFECT AS ILLICIT DRUGS ETC ? (IF YES TYPE ETC?)	YES	NO
19	HAVE YOU EVER SOLD, BEEN PARTY TO THE SALE OR IN ANY OTHER WAY BEEN FINANCIALLY REWARDED DUE TO THE SALE OF ANY CONTROLLED SUBSTANCE(S) OR PRESCRIPTION DRUGS OR ANY OTHER SUBSTANCE PURPORTED TO BE A CONTROLLED SUBSTANCE ?	YES	NO
20	HAVE YOU EVER BEEN INVOLVED IN GLUE SNIFFING OR USED ANY OTHER SUCH CHEMICAL AGENT FOR THE PURPOSE OF OBTAINING A STATE OF INTOXICATION ?	YES	NO
21	ARE YOU ADDICTED TO OR USE ALCOHOL EXCESSIVELY OR SUFFER FROM ANY ALCOHOL RELATED PROBLEMS, OR RECEIVED ANY RELATED TREATMENTS ?	YES	NO
22	HAVE YOU EVER FILED FOR OR RECEIVED COMPENSATION FROM ANY INDUSTRIAL COMPENSATION CLAIM ?	YES	NO
23	HAVE YOU EVER APPLIED FOR AND RECEIVED UNEMPLOYMENT COMPENSATION, THE AMOUNT OF WHICH YOU WERE NOT ELIGIBLE TO RECEIVE ?	YES	NO
24	ARE YOU KNOWN OR HAVE YOU EVER RECEIVED ANY TYPE OF GOVERNMENTAL SUPPORT SUCH AS SWELFARE, A.D.C., HOUSING SUBSIDY PAYMENTS, MEDICAL OR EDUCATIONAL LOANS OR GRANTS THAT YOU WERE NOT ELIGIBLE FOR, RECEIVED IN A FRAUDULANT MANNER OR AFTER RECEIVING BECAME INELIGIBLE FOR BUT CONTINUED RECEIVING ?	YES	NO
25	DO YOU HAVE ANY HATREDS OR PREJUDICES TOWARDS OTHERS BECAUSE OF THEIR RACE, SEX, NATIONAL ORIGIN, RELIGION OR COLOR, THAT WOULD BE DETRIMENTAL TO YOUR FUNCTIONS AS A POLICE OFFICER ?	YES	NO
26	DO YOU HAVE ANY PROBLEMS BECAUSE OF GAMBLING ?	YES	NO
27	DO YOU HAVE ANY PROBLEMS CONTROLLING YOUR TEMPER ?	YES	NO
28	HAVE YOU EVER BEEN INVOLVED IN AN AUTOMOBILE ACCIDENT ?	YES	NO
29	HAVE YOU EVER BEEN ENGAGED IN ANY GROSSLY UNNATURAL SEXUAL ACT ?	YES	NO
30	HAVE YOU EVER BEEN INVOLVED IN ANY ILLICIT SEXUAL ACTIVITIES ?	YES	NO
31	HAVE YOU EVER TRAVELED OUTSIDE THE UNITED STATES ? (IF YES WHAT COUNTRIES ?)	YES	NO
32	IS THERE ANYTHING IN YOUR MEDICAL OR PSYCHOLOGICAL HISTORY, THAT YOU ARE AWARE OF, THAT COULD DISQUALIFY YOU FROM THIS POSITION ?	YES	NO
33	HAVE YOU EVER RECEIVED ANY PSYCHIATRIC OR PSYCHOLOGICAL EVALUATIONS, TREATMENTS, OR EXAMINATIONS ?	YES	NO
34	HAVE YOU EVER BEEN A PATIENT IN ANY STATE OR PRIVATE MENTAL INSTITUTION ?	YES	NO
35	DO YOU WEAR PRESCRIPTION LENSES, (EYE GLASSES) FOR ANY VISION DEFECTS ?	YES	NO
36	DO YOU WEAR HARD OR SOFT CONTACT LENSES ?	YES	NO
37	HAVE YOU EVER UNDERGONE ANY TYPE OF EYE SURGERY. I.E. RADIAL KERATOTOMY ETC. ?	YES	NO
38	DO YOU KNOW WHAT YOUR VISION STANDARD IS AT PRESENT, IF SO, WHAT IS IT ?	RIGHT	LEFT

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

1. EMPLOYEE INFORMATION AND VERIFICATION: (TO BE COMPLETED AND SIGNED BY EMPLOYEE.)			
NAME (PRINT OR TYPE) LAST NAME	FIRST NAME	MIDDLE	BIRTH NAME
ADDRESS" STREET NAME AND NUMBER	CITY	STATE	ZIP CODE
DATE OF BIRTH (MONTH-DAY-YEAR)		SOCIAL SECURITY NUMBER	

I ATTEST, UNDER PENALTY OF PERJURY, THAT I AM (CHECK A BOX)

- A CITIZEN OR NATIONAL OF THE UNITED STATES.
- AN ALIEN LAWFULLY ADMITTED FOR PERMANENT RESIDENCE. (ALIEN NUMBER A _____).
- AN ALIEN AUTHORIZED BY THE IMIGRATION AND NATURALIZATION SERVICE TO WORK IN THE UNITED STATES (ALIEN NUMBER A _____). OR ADMISSION NUMBER _____ . EXPIRATION OF EMPLOYMENT AUTHORIZATION, IF ANY. _____).

I ATTEST UNDER PENTALY OF PERJURY, THE DOCUMENTS THAT I HAVE PRESENTED AS EVIDENCE OF IDENTITY AND EMPLOYMENT ELIGIBILITY ARE GENUINE AND RELATE TO ME. I AM AWARE THAT FEDERAL LAW PROVIDES FOR IMPRISONMENT AND OR FINE FOR ANY FALSE STATEMENTS OR USE OF FALSE DOCUMENTS IN CONNECTION WITH THIS CERTIFICATE.

SIGNATURE	DATE (MONTH-DAY-YEAR)
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PREPARER TRANSLATOR CERTIFICATION (TO BE COMPLETED IF PREPARED BY PERSON OTHER THAN THE EMPLOYEE.) I ATEST, UNDER PENALTY OF PERJURY, THAT THE ABOVE WAS PREPEARED BY ME AT THE REQUEST OF THE NAMED INDIVIDUAL AND IS BASED ON ALL INFORMATION OF WHICH I HAVE KNOWLEDGE.

SIGNATURE X	NAME (PRINT OR TYPE)
ADDRESS (STREET NAME, AND NUMBER)	CITY STATE ZIP CODE

2. EMPLOYER REVIEW AND VERIFICATION (TO BE FILLED OUT AND SIGNED BY EMPLOYER)

INSTRUCTIONS:

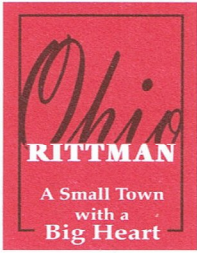
EXAMINE ONE DOCUMENT FROM LIST A SND CHECK THE APPROPRIATE BOX. OR EXAMINE ONE DOCUMENT FORM LIST B AND ONE FROM LIST C AND CHECK THE APPROPRIATE BOXES. INCLUDE THE DOCUMENT IDENTIFICATION NUMBER AND EXPIRATION DATE FOR THE DOCUMENT CHECKED.

LIST A DOCUMENTS THAT ESTABLISH IDENTITY & EMPLOYMENT ELIGIBILITY	LIST B DOCUMENTS THAT ESTABLISH IDENTITY	LIST C DOCUMENTS THAT ESTABLISH EMPLOYMENT ELIGIBILITY
1. UNITED STATES PASSPORT	1. A STATE ISSUED DRIVERS LICENSE OR A STATE ISSUED I.D. CARD WITH PHOTOGRAPH OR INFORMATION, INCLUDING NAME, SEX, DATE OF BIRTH, HEIGHT, WEIGHT, & COLOR OF EYES. SPECIFY STATE: _____	1. ORIGINAL SOCIAL SECURITY NUMBER CARD. (OTHER THAN A CARD STATING IT IS NOT VALID FOR EMPLOYMENT)
2. CERTIFICATE OF UNITED STATES CITIZENSHIP		2. A BIRTH CERTIFICATE ISSUED BY STATE,COUNTY, OR MUNICIPLE AUTHORITY BEARING A SEAL OR OTHER CERTIFICATION
3. CERTIFICATE OF NATURALIZATION	2. U.S. MILITARY CARD	3. UNEXPIRED INS EMPLOYMENT AUTHORIZATION (SPECIFY FORM) # _____
4. UNEXPIRED FOREIGN PASSPORT WITH ATTACHED EMPLOYMENT AUTHORIZATION		3. OTHER (SPECIFY DOCUMENT AND ISSUING AUTHORITY)
5. ALIEN REGISTRATION CARD WITH PHOTOGRAPH	DOCUMENT IDENTIFICATION # _____	DOCUMENT IDENTIFICATION # _____
DOCUMENT IDENTIFICATION # _____		EXPIRATION DATE (IF ANY) _____
EXPIRATION DATE (IF ANY) _____	DOCUMENT IDENTIFICATION # _____	EXPIRATION DATE (IF ANY) _____
_____	EXPIRATION DATE (IF ANY) _____	_____

EMPLOYMENT REVIEW AND VERIFICATION (CONTINUED)

CERTIFICATION: I ATTEST UNDER PENALTY OR PERJURY, THAT I HAVE EXAMINED THE DOCUMENTS PRESENTED BY THE ABOVE INDIVIDUAL, THAT THEY APPEAR TO BE GENUINE AND RELATED TO THE INDIVIDUAL NAMED, AND THE INDIVIDUAL TO THE BEST OF MY KNOWLEDGE, IS ELIGIBLE TO WORK IN THE UNITED STATES.

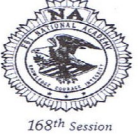
SIGNATURE X	NAME (PRINT OR TYPE)	
EMPLOYER NAME	ADDRESS	DATE



Rittman Police Department

33 East Ohio Avenue
Rittman, Ohio 44270-1551
(330) 925-8040 Fax: (330) 925-6646
www.rittmanpolice.org

MIKE BURG
Chief of Police
mburg@rittman.com



DATE: _____

I, _____ HEREBY AUTHORIZE THE RITTMAN POLICE DEPARTMENT TO MAKE INQUIRIES REGARDING MY BACKGROUND INCLUDING THE FOLLOWING:

1. COMPUTERIZED CRIMINAL HISTORY CHECKS WITH JUVENILE AND ADULT AGENCIES
2. PRIOR EMPLOYMENT INQUIRIES, INCLUDING PERSONNEL RECORDS, MEDICAL RECORDS, PSYCHOLOGICAL TESTING AND RECORDS, EVALUATIONS AND PERSONAL OPINION OF PAST AND CURRENT EMPLOYMENT.
3. INTERVIEWS WITH SCHOOL OFFICIALS, NEIGHBORS, AND OTHER REFERENCES.

SIGNATURE

DATE

WITNESS

DATE

IF YOU DO NOT WISH US TO CONTACT A CURRENT EMPLOYER UNTIL WE HAVE NOTIFIED YOU OF OUR INTENTION TO DO SO, PLEASE LIST THAT EMPLOYER ON THIS LINE.

RITTMAN POLICE DEPARTMENT APPLICATION

PLEASE ATTACH A COPY OF YOUR DRIVERS LICENSE AND BIRTH CERTIFICATE TO THIS FORM.

VERIFICATION SHEET

**CIVIL SERVICE COMMISSION
CITY OF RITTMAN
33 E. OHIO AVENUE
RITTMAN, OHIO 44270**

COLLEGE EDUCATION:

IN ORDER TO RECEIVE EXTRA CREDIT POINTS FOR COLLEGE EDUCATION FROM THE RITTMAN CIVIL SERVICE COMMISSION YOU MUST FILL OUT THIS FORM COMPLETELY AND RETURN IT ATTACHED TO YOUR APPLICATION BY:

DATE TO BE RETURNED BY: _____

NAME OF APPLICANT: _____

NAME AND COLLEGE OR UNIVERSITY ATTENDED. (SCHOOL MUST BE ACCREDITED BY THE NORTH CENTRAL ASSOCIATION OF COLLEGES AND SCHOOLS OR ANOTHER AFFILIATED REGION OF THE SAME ORGANIZATION.)

2 YEAR DEGREE: _____

4 YEAR DEGREE: _____

GRADUATE DEGREE: _____

A COPY OF EACH DEGREE OR DIPLOMA MUST BE ATTACHED TO THIS FORM IN ORDER TO RECEIVE EXTRA POINTS FOR COLLEGE EDUCATION. APPLICATIONS WITH NO COPIES ATTACHED, OR FILED AFTER THE DEADLINE WILL NOT RECEIVE CREDIT POINTS.

APPLICANTS SIGNATURE

DATE

STATE OF **OHIO**

COUNTY OF **WAYNE**

SUBSCRIBED AND SWORN TO BEFORE THIS _____ DAY OF _____, 20_____

NOTARY PUBLIC

MY COMMISSION EXPIRES ON: _____

NOTARY STAMP HERE