



**Bruce Brooks**  
Chief of Police

**Michael Boals**  
Deputy Chief

### Instruction for filing out Employment Application for Pataskala Police Department

1. Fill out application completely
2. Return to Pataskala Police Department in person  
623 West Broad Street  
Pataskala, Ohio 43062

During Normal Business Hours Monday thru Friday 8:00 AM to 5:00 PM

If you have any questions please call during normal business hours.

623 West Broad Street Pataskala, Ohio 43062 Phone 740-927-5701 Fax 740-927-5704

# Application for Employment



## City Of Pataskala

Division of Police  
430 South Main Street  
Pataskala, OH 43062

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
Street City State Zip Code  
Telephone # ( ) \_\_\_\_\_ Mobile/Beeper/Other Phone # ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Position(s) applied for \_\_\_\_\_ Date of application / /

### Referral Source (Please check the appropriate category and name the source.)

- |  |   |
|--|---|
| <input type="checkbox"/> Walk-in _____           | <input type="checkbox"/> School _____                       |
| <input type="checkbox"/> Employee _____          | <input type="checkbox"/> Job Fair _____                     |
| <input type="checkbox"/> Advertisement _____     | <input type="checkbox"/> Staffing Agency _____              |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Government Employment Agency _____ |
| <input type="checkbox"/> Other Internet _____    | <input type="checkbox"/> Other _____                        |

If necessary, best time to call you at home is \_\_\_\_\_ : \_\_\_\_\_  
AM PM

May we contact you at work? .....  Yes  No

If **yes**, work number and best time to call:  
( ) : \_\_\_\_\_  
AM PM

If you are under 18 and it is required,  
can you furnish a work permit? .....  Yes  No

If **no**, please explain \_\_\_\_\_

Have you submitted an application here before? .....  Yes  No

If **yes**, give date(s) and position(s) \_\_\_\_\_

Have you ever been employed here before? .....  Yes  No

If **yes**, give dates From / / To / /

Are you legally eligible for employment  
in this country? .....  Yes  No

Date available for work / /

What is your desired salary range or hourly rate of pay?  
\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  
 Educational Co-Op  Seasonal  Temporary

Will you relocate if job requires it? .....  Yes  No

Will you travel if job requires it? .....  Yes  No

If they have been explained to you,  
are you able to meet the attendance  
requirements of the position? .....  N/A  Yes  No

Will you work overtime if required? .....  Yes  No

If **no**, please explain \_\_\_\_\_

Are you able to perform the essential functions of the job for which  
you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

- Yes  
 No  
 Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the  
job for which you are applying:

\_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded? .....  Yes  No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to,  
or been convicted of a crime? .....  Yes  No

If **yes**, please provide date(s) and details \_\_\_\_\_

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

## Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ( )	Dates employed: Month / Year to Month / Year
Street address	City State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?		<b>Compensation (Final)</b>
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone # ( )	Dates employed: Month / Year to Month / Year
Street address	City State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?		<b>Compensation (Final)</b>
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

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Why did you leave?		<b>Compensation (Final)</b>
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone # ( )	Dates employed: Month / Year to Month / Year
Street address	City State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?		<b>Compensation (Final)</b>
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job? .....  Yes  No

If **yes**, please explain \_\_\_\_\_

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

**Computer Skills** (Check appropriate boxes. Include software titles and years of experience.)

- |  |              |   |              |
|--|--------------|---|--------------|
| <input type="checkbox"/> Word Processing _____ | Years: _____ | <input type="checkbox"/> Internet _____ | Years: _____ |
| <input type="checkbox"/> Spreadsheet _____     | Years: _____ | <input type="checkbox"/> Other _____    | Years: _____ |
| <input type="checkbox"/> Presentation _____    | Years: _____ | <input type="checkbox"/> Other _____    | Years: _____ |
| <input type="checkbox"/> E-mail _____          | Years: _____ | <input type="checkbox"/> Other _____    | Years: _____ |

## Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

## References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			( )	
			( )	
			( )	

**Related Information**

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

\_\_\_\_\_

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes  No  Not Applicable

If yes, please explain:

\_\_\_\_\_

Is there any other job-related information you want us to know about you?

\_\_\_\_\_

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

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

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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800-999-9111 • www.gneil.com to reorder  
Application for Employment (ADA Version) #A0821



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# Affirmative Action Voluntary Information

Completion of information below is voluntary.

**City Of Pataskala**  
Division of Police  
430 South Main Street  
Pataskala, OH 43062

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Referral Source

- Walk-in                       Government Employment Agency                       Private Employment Agency  
 Employee                       Relative                       School  
 Advertisement – Source \_\_\_\_\_                       Other \_\_\_\_\_

Name of person who referred you IF APPLICABLE \_\_\_\_\_

## Applicant Information

Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Male     Female

## Please check one of the following Equal Employment Opportunity Identification Groups:

- American Indian / Alaskan Native     Hispanic / Latino (White race only)     White     Black / African American  
 Native Hawaiian / Other Pacific Islander     Hispanic / Latino (all other races)     Asian

## For Administrative Use Only

Position(s) applied for     Available     Not Available     Other

Other positions considered for \_\_\_\_\_

Hired     Yes     No

Position hired for \_\_\_\_\_ Date of hire \_\_\_\_/\_\_\_\_/\_\_\_\_

From the EEO job classifications listed below, which one best describes the position filled?

- Officials and Managers                       Sales Workers                       Operatives (semi-skilled)  
 Professionals                       Office and Clerical Workers                       Laborers (unskilled)  
 Technicians                       Craft Workers (skilled)                       Service Workers

Notes \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



Bruce Brooks  
Chief of Police

Michael Boals  
Deputy Chief

## PERSONAL HISTORY QUESTIONNAIRE

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

POSITION APPLIED FOR:  POLICE OFFICER  
 OTHER – SPECIFY \_\_\_\_\_

DATE OF WRITTEN EXAMINATION: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(M/D/YEAR)

DATE THIS QUESTIONNAIRE COMPLETE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(M/D/YEAR)

### Instructions

This personal history questionnaire is intended for the user of the Pataskala Division of Police. 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, truth verification 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 ink** only. Each individual question must be answered, there can be no 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 – 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 Pataskala Revised Criminal Code 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.

623 WEST BROAD STREET PATASKALA, OHIO 43062 PH 740-927-5701 Fax 740-927-5704

## PERSONAL & MARITAL REOCDR – SECTION 1

Legal Name: Last		First		Full Middle Name	
By What Other Name Have You Been Known? (Maiden Name, Former Married Name, Alias, Nicknames)				Residence Telephone (Area Code)	
Residence Address (Number Street, Apt., City, County, State, and Zip Code )				Social Security Number	
Date of Birth	Age	Height	Weight	Color Hair	Color Eyes
Place of Birth City		County	State/Province	Country	Birth Certificate No.
Ohio Driver's License No.	Type	Out of State Operator's License 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)		Spouse's Social Security Number	
Age	Height	Weight	D.O.B.	Birth Place of Spouse	Name and Address of Spouses Employer
Father (Natural )	( Last, First, Middle) & Date of Birth		Address (Number, Street, City, Sate, Zip Code) If Deceased- Date of Death		Age
Mother (Natural) (Maiden Names First Former Married Name)	( Last, First, Middle) & Date of Birth		Address (Number, Street, City, Sate, Zip Code) If Deceased- Date of Death		Age
List any scars, birthmarks, blemishes, tattoos, etc., that you have					
<b>List your children:</b>					
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name ( Last, First, Middle)		Birth Date	Birth Place (City and State)	
Address (If different than 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	
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name ( Last, First, Middle)		Birth Date	Birth Place (city and State)	
Address (If different than 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	
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name ( Last, First, Middle)		Birth Date	Birth Place (City and State)	
Address (If different than 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"/>	
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name ( Last, First, Middle)		Birth Date	Birth Place (city and State)	
Address (If different than 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"/>	





### FINANCIAL RECORD – SECTION 3

1. Are you now delinquent in any financial obligations?  Yes  NO  
 (If yes, explain on last page)
2. Does your monthly bills exceed your take home pay?  Yes  NO

3. INDEBTEDNESS: Involving you, your spouse, or your ex-spouse for which you are liable.					
To Whom Owed	Address	Date Incurred	Orig. Amount	Amt Due	Mo. Payment
4.					
5.					
6.					
7.					
8.					
9.					
Name of Location of your Bank(s) 10. <span style="float: right;"><input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account</span>					
Year, Make, Body Type & License Number of your present vehicle			Date of Purchase	Name of Legal Owner	
11.					
12.					
<b>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</b>					
13. <input type="checkbox"/> Yes <input type="checkbox"/> NO Do you, your spouse or ex-spouse 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 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 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 4**

Have you ever applied for a position with any law enforcement or other government agency <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name of Department or Agency	Date Applied	Accepted	If no, give reason for rejection or declining 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	
8.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>EMPLOYMENT</b>			
<p>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 the name and address of an immediate supervisor with the name, address, and rank of the last commissioned officer who was your immediate commissioned superior. Substitute the name and address of a co-worker with the name and address of a non-commissioned officer with who you served.</p> <p>When listing periods of unemployment, indicate in the spaces provided. In the block "name of employer" write "unemployed". In the block "reason for leaving" indicate what source of income you received during that period of unemployment. Address information must be complete (street, apt, or suite, city, state and zip code).</p>			
<p>May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> NO If no, explain on last page.</p> <p>If presently unemployed, indicate so in first block.</p>			
<p>Have you ever been discharged or asked to resign from a job? <input type="checkbox"/> Yes <input type="checkbox"/> NO</p>			

## WORK HISTORY – SECTION 4 (continued)

From Date	Name of Employer	Job Title	List Hrs. worked per week and days off
To Date	Address of Employer	Name of immediate Supervisor	Address of Immediate Supervisor
Total Time Exp.	Tel. of Business	Name of Co-Worker	Address of Co-Worker
Salary		Tel. of Co-Worker	
Description of Duties		Reason for Leaving	
From Date	Name of Employer	Job Title	List Hrs. worked per week and days off
To Date	Address of Employer	Name of immediate Supervisor	Address of Immediate Supervisor
Total Time Exp.	Tel. of Business	Name of Co-Worker	Address of Co-Worker
Salary		Tel. of Co-Worker	
Description of Duties		Reason for Leaving	

## WORK HISTORY – SECTION 4 (continued)

From Date	Name of Employer	Job Title	List Hrs. worked per week and days off
To Date	Address of Employer	Name of immediate Supervisor	Address of Immediate Supervisor
Total Time Exp.	Tel. of Business	Name of Co-Worker	Address of Co-Worker
Salary		Tel. of Co-Worker	
Description of Duties		Reason for Leaving	
From Date	Name of Employer	Job Title	List Hrs. worked per week and days off
To Date	Address of Employer	Name of immediate Supervisor	Address of Immediate Supervisor
Total Time Exp.	Tel. of Business	Name of Co-Worker	Address of Co-Worker
Salary		Tel. of Co-Worker	
Description of Duties		Reason for Leaving	

## WORK HISTORY – SECTION 4 (continued)

From Date	Name of Employer	Job Title	List Hrs. worked per week and days off
To Date	Address of Employer	Name of immediate Supervisor	Address of Immediate Supervisor
Total Time Exp.	Tel. of Business	Name of Co-Worker	Address of Co-Worker
Salary		Tel. of Co-Worker	
Description of Duties		Reason for Leaving	
From Date	Name of Employer	Job Title	List Hrs. worked per week and days off
To Date	Address of Employer	Name of immediate Supervisor	Address of Immediate Supervisor
Total Time Exp.	Tel. of Business	Name of Co-Worker	Address of Co-Worker
Salary		Tel. of Co-Worker	
Description of Duties		Reason for Leaving	

## WORK HISTORY – SECTION 4 (continued)

From Date	Name of Employer	Job Title	List Hrs. worked per week and days off
To Date	Address of Employer	Name of immediate Supervisor	Address of Immediate Supervisor
Total Time Exp.	Tel. of Business	Name of Co-Worker	Address of Co-Worker
Salary		Tel. of Co-Worker	
Description of Duties		Reason for Leaving	
From Date	Name of Employer	Job Title	List Hrs. worked per week and days off
To Date	Address of Employer	Name of immediate Supervisor	Address of Immediate Supervisor
Total Time Exp.	Tel. of Business	Name of Co-Worker	Address of Co-Worker
Salary		Tel. of Co-Worker	
Description of Duties		Reason for Leaving	

## WORK HISTORY – SECTION 4 (continued)

From Date	Name of Employer	Job Title	List Hrs. worked per week and days off
To Date	Address of Employer	Name of immediate Supervisor	Address of Immediate Supervisor
Total Time Exp.	Tel. of Business	Name of Co-Worker	Address of Co-Worker
Salary		Tel. of Co-Worker	
Description of Duties		Reason for Leaving	
From Date	Name of Employer	Job Title	List Hrs. worked per week and days off
To Date	Address of Employer	Name of immediate Supervisor	Address of Immediate Supervisor
Total Time Exp.	Tel. of Business	Name of Co-Worker	Address of Co-Worker
Salary		Tel. of Co-Worker	
Description of Duties		Reason for Leaving	

## WORK HISTORY – SECTION 4 (continued)

From Date	Name of Employer	Job Title	List Hrs. worked per week and days off
To Date	Address of Employer	Name of immediate Supervisor	Address of Immediate Supervisor
Total Time Exp.	Tel. of Business	Name of Co-Worker	Address of Co-Worker
Salary		Tel. of Co-Worker	
Description of Duties		Reason for Leaving	
From Date	Name of Employer	Job Title	List Hrs. worked per week and days off
To Date	Address of Employer	Name of immediate Supervisor	Address of Immediate Supervisor
Total Time Exp.	Tel. of Business	Name of Co-Worker	Address of Co-Worker
Salary		Tel. of Co-Worker	
Description of Duties		Reason for Leaving	

## MILITARY AND EDUCATIONAL RECORD – SECTION 5

<b>Military</b>						
Present Draft Board Address (Street, City, State, Zip Code)			Draft Board No.		Present D B Class	
Branch of Service	Unit		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 Separation			
Total Months of Combat Duty	Total Months of Overseas Duty		Military Reserve Status <input type="checkbox"/> Ready <input type="checkbox"/> Standby <input type="checkbox"/> None			
Have you ever asked for or received deferment from military service? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, give board number, dates, and full details on last page of application.						
Have you ever received a court martial, tried on charges, or subject of a summary court martial, captain's mast, article 15, company punishment, or any other disciplinary action while in the armed services?  <input type="checkbox"/> Yes <input type="checkbox"/> NO   If yes, explain on the last page of this application.						
Have you ever received a government disability pension?  <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, explain on the last page of this application.						
					Vets Claim "C" No.  _____	
<b>Educational</b>						
Have you ever taken a General Education Development (G.E.D.) Test? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Circle 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, senior high, trade, part time, night, business college, and universities that you have attended. Start with the most recent school attended.						
Name of School	Location of School (City & State)	Attendance dates		Graduate?		Degree Or Semester Credit Hours
		From	To	Yes	NO	



## GENERAL INFORMATION INQUIRY – SECTION 6

### NOTICE

**The following questions and answers will be verified through the use of truth verification (Lie Detector Test).**

**If the answer to any of the questions is “yes” - it will necessary for you to explain, in detail, on the continuation sheet provided, full and comprehensive explanations.**

1. If it became necessary in the course of your police duties to take a human life, would you have any reluctance to do so because of religious or other beliefs? Police Officer Applicants only need to answer question.	Yes	No
2. Have you ever committed a felony for which you were never 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 charges?	Yes	No
6. Have you ever been convicted of any criminal offense? I.E. theft offenses, assault and battery, wrongful influence of a minor, disorderly conduct, gambling, drug offense, sex offense, offenses involving immoral or indecent conduct, fraud, trespassing, conversion of trust, offense involving military justice, or any other criminal offense?	Yes	No
7. Have you ever been convicted of any traffic offense? I.E. operating a motor vehicle 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 while receiving or discharging passengers, or any other traffic offense, excluding parking and equipment violations?	Yes	No
8. As an adult, have you ever stolen anything?	Yes	No
9. Have you ever bought or sold property that you knew was stolen?	Yes	No
10. Has your driver's 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, P.C.P., T.H.C., peyote, P.C.E., T.C.P., angel dust, or any of their derivatives etc.? (If yes, aged first used, age last used, total number of usages)	Yes	No
14. Have you ever used any narcotics such as opium, morphine, codeine, meperidine, methadone, or any of their derivatives such as Darvon, lomitol, etc.? (If yes, age of first usage, age of last usage, total number of usages and types)	Yes	No
15. Have you ever used cocaine, heroin, or L.S.D.? (If yes, age of first usage, age of last usage, and total number of uses)	Yes	No
16. Have you ever used any prescription drugs such as barbiturates, amphetamines, valium, Librium, spooors, upper/downers etc., without the benefit of a prescription? (If yes, age of first usage, age of last usage, total number of usages and type).	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 makeup 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 substances 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

## GENERAL INFORMATION INQUIRY – SECTION 6 (continued)

22. Have you ever filed for, or received, compensation for any industrial 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 now, or have you ever, received any type of governmental support such as welfare, ADC, housing subsidy payments, medical or educational loans, or grants that you were not eligible for, received in a fraudulent manner or after receiving became ineligible for but continued receiving?	Yes	No
25. Do you have hatred or prejudices toward 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 a motor vehicle accident?	Yes	No
29. Have you ever engaged in any grossly unnatural sex acts?	Yes	No
30. Have you ever engaged in illegal 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 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 (eyeglasses) for any vision defect?	Yes	No
36. Do you wear hard or soft contact lenses?	Yes	No
37. Have you ever undergone any type of eye surgery?	Yes	No
38. Do you know what your vision standard is at present? If so, what is it?	Yes	No





## HAND OUT

### REASONS WHICH WOULD TEND TO DISQUALIFY A PROSPECTIVE APPLICANT

1. Narcotics or drug usage. Having a past history of illegally using, selling or distributing hard narcotics, i.e., morphine, codeine, heroin, cocaine, dilaudid and Demerol, or the use of hallucinogens, i.e., barbiturates, amphetamines, or any prescription drug. Drug abuse would be the prescription drug for a purpose other than for which it is intended or the prolonged use of drugs without prescription, or sniffing glue, paint thinner, or other chemical agents for the purpose of obtaining a state of intoxication.
2. Immoral or disorderly conduct. Conduct or court convictions in, but not limited to, the following areas:
  - A. Promoting, procuring, compelling, soliciting, or engaging in prostitution
  - B. Corrupting minors
  - C. Sexual imposition (molesting)
  - D. Sexual importuning
  - E. Voyeurism (peeping tom)
  - F. Public indecency
  - G. Pandering obscenity or disseminating matter harmful to juveniles
  - H. Convicted of a crime involving disorderly conduct, i.e., fighting, public intoxication, etc.
  - I. Convicted of three or more misdemeanors of any nature
  - J. Incest
3. Felony convictions. Any conviction for a crime, the penalty for which could result in a term of one year or more in a penal institution.
4. Excessive traffic violations. Having more than two moving violations within the past year or having been under suspension through the violation point system in the past five years.
5. Petit theft. Having a conviction record of more than one theft not amounting to a felony, or evidence found of thefts which show a pattern over a period of time.
6. Falsification. Any deliberate falsehood or attempt to conceal information pertaining to the qualifications for employment.
7. Poor military record. Having received a less than honorable discharge from the military service.
8. Abuse of political influence. Has used or threatened to use political influence in securing employment with the Pataskala Division of Police.
9. Poor employment records. A past employment record showing excessive absenteeism, poor quality of production, excessive tardiness, inability to get along with fellow employees or inability to follow orders.

Financial problems. A history of garnishments, bankruptcy, or showing a lack of honesty, integrity and maturity in taking care of financial obligation.

## **HAND OUT (continued)**

### **REASONS WHICH WOULD TEND TO DISQUALIFY A PROSPECTIVE APPLICANT**

11. Mental disorders. Having a mental disorder evidenced by having been a patient in a mental Institution , or received treatment as an outpatient for mental disorders, or having had treatment by a private psychiatrist and failure to obtain treatment and for proper care to treat control and/ or otherwise effectively deal with such problem.
12. Failure to support one's family. Failure to provide proper support for any member of the immediate family for which one is legally responsible or failure to carry out the mandate of any court of domestic relations with reference to child support or support of spouse or ex-spouse.
13. Compensation fraud. Using deception or dishonesty to obtain benefits such as, but not Limited to Welfare, ADC, Medicaid, Unemployment Compensation, or Worker's Compensation.
14. Failure to appear for any phase of the selection process.



Bruce Brooks  
Chief of Police

Michael Boals  
Deputy Chief

**CONSENT TO RELEASE INFORMATION AND RELEASE FROM LIABILITY**

I am an applicant for a position with the city of Pataskala Division of Police. The Division needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. I have authorized the Division to gather all available information regarding my employment background, personal history and other information which may be a confidential or privileged nature.

I, the undersigned, authorize you to furnish the City of Pataskala Division of Police any and all information that you have concerning me, including without limitation my work record, my background and reputation, my criminal history: including any arrest records and any information contained in investigatory files, my medical records, my psychological testing and analysis plus recommendations, my military service records, my education background and records, my financial status, and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide the City of Pataskala Division of Police. I further specifically consent to the State of Ohio Department of Revenue's release of ay (1) tax returns, as defined by RCW, filed by, on behalf of, or with respect to me, and (2) any tax information, as defined by RCW, that pertains to me. I request your cooperation in supplying this information to the City of Pataskala Division of Police in response to a request from that department.

I hereby agree to release you and those who supplied you with the above information, your company or organization, and the City of Pataskala, its employees, and the City of Pataskala Division of Police form any liability for any damage which may result from furnishing the requested information.

I understand my rights under Title 5, United States Code Section 552a, the Privacy Act of 1974, with regard to disclosure of records, and I waive those rights with understanding that information furnished will be used by the City of Pataskala Division of Police in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to the City of Pataskala Division of Police.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name and Date

Subscribed and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Residing At

Note: a photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain a copy of this form in your files

# PATASKALA DIVISION OF POLICE

## Selection Standards For POLICE OFFICER

A candidate for Police Officer for the Division of Police must meet the basic standard to quality for the position.

### Step 1: Basic Requirements

- Twenty-One (21) years of age at time of appointment
- High School Diploma
- Valid Ohio Driver's License at time of appointment
- Ohio Peace Officers Basic Training Program Certificate
- A United States Citizen
- Demonstrated honesty and integrity
- Demonstrated ability to read, write, and speak effectively in the English language

### Step 2: Application Process

- Submit a completed, legible application with all required information as required by the Division of Police.
- The application **must** be typed or printed in black ink. **All** blocks must be answered, if the block does not apply or non-applicable, then "DNA" should be entered in the block.
  - The information contained in the application will be used for the background investigation. If the application is faulty or illegible, then the investigation cannot be completed and the process will go no further and will be assigned to the inactive files and the applicant will be notified.
  - The application must be returned in person (with picture ID) by the applicant during normal business hours, 8:00am to 4:00pm, Monday through Friday at the Pataskala Division of Police, 430 South Main Street, Pataskala, Ohio, at which time any additional paper work will be completed. When submitting the application, copies of the following must also be submitted:
    - Birth Certificate
    - High School Diploma and Credits
    - DD214 (Military Service)
    - Ohio Peace Officers Training Certificate
    - Transcripts from all formal education – post high school
    - Information the applicant feels would support their position in meeting the standards.

### Step 3: Extensive Background Investigation

### Step 4: Oral Board

- The applicant is required to appear before the oral board, if used.
- Applicants failing to successfully pass the oral board will be removed from further processing and will be notified by the Chief of Police as to the reason for removal.

### Step 5: Truth Verification Test

### Step 6: Interview with Chief of Police

### Step 7: Psychological

- Applicants will be scheduled for and must successfully pass a psychological test administered by a licensed psychologist as determined by the Division of Police.

### Step 8: Police and Fire Pension Board Physical Examination (Full Time Only)

### Step 9: Final

- Applicants who have successfully passed all of the proceeding requirements of this process will be notified by the chief of Police and appointed as a Police Officer, based on the staffing needs of the Division.