



# ARCANUM POLICE DEPARTMENT

104 WEST SOUTH STREET  
ARCANUM, OHIO 45304

PHONE: 937-692-8121 FAX: 937-692-8263  
DARKE COUNTY SHERIFF DISPATCH 937-548-2020

**ANDREW D. ASHBAUGH, CHIEF**

Dear Applicant:

The Arcanum Police Department is an Equal Opportunity Employer. No personnel decisions concerning any term or condition of employment shall be unlawfully based upon race, color, religion, sex, national origin, age, disability, military status, genetic information, or any other protected class except where such criteria constitutes a bona fide occupational requirement.

As part of the selection process for the position of Patrol Officer with the Village of Arcanum, the enclosed "Personal History" package must be completed and returned to us by the date shown below.

The "Personal History" package consists of the following:

1. Arcanum Police Department Basic Reasons For Removal From Eligibility Lists – Please read over this list carefully before moving on to the next form in the packet.
2. Arcanum Police Department Personal History Questionnaire – Please read the instructions carefully before completing the Personal History Questionnaire, and answer every question.
3. Authorization To Release Information – Complete both copies of this form. Put your name and address on the first two blank lines of this form, and then complete the remainder of the form. Be sure to include your zip code. If applicable, also include your maiden name.
4. Arcanum Police Department Authorization For Release Of Military – Complete the top portion of the form even if you were not in the military. Be sure to include your social security number and signature.



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## **Selection Process**

These steps can take a matter of a month or two to several months to complete.

1. Fill out application packet (application, personal history questionnaire, and release forms) and bring with you the day of testing
2. Complete and pass the written examination
3. Attend and pass the physical capabilities test
4. Background investigation may include:
  - a. interviews with references
  - b. interviews with past employers
  - c. personal interview with background investigator
5. Oral Review Board
6. Optional truth verification test (CVSA)
7. Conditional offer of employment

Failure to show up for a scheduled examination or failing to successfully complete one of the steps listed above, could be grounds for removal from consideration. Applicants will be ranked according to their scores on the written test. Then a series of interviews will take place. The list will be kept for up to six months, and then discarded in a secure manner.

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## **Disqualification Criteria**

The public places a higher level of standard for “what they expect” of police officers than they do for most other occupations in both the public and private sectors. For this reason, it is expected that a candidate for the position of Police Officer must demonstrate, through a comprehensive review of their past history, a higher standard in their personal character than would be required for employment outside the police service. As such, the Arcanum Police Department standards of expectations place strong emphasis on qualifying and disqualifying criteria.

The following criteria are considered in **disqualifying** candidates from being appointed as a Police Officer for the Arcanum Police Department. They are applicable for all candidates, done so in a fair, equitable and consistent manner.

### **Cooperation/Successful Completion/Age**

- Not a United States citizen at least 21 years of age.
- Not having an Ohio Peace Officer Training certificate.
- Failure to provide complete and accurate information on the Personal History Questionnaire or information requested during the Personal History Evaluation.
- Failure to respond to written notification within the specified time period.
- Failure to appear or be on time for ANY required phase in the selection process (except for a bonafide unexpected circumstance), or any other uncooperative or non-compliant act.
- Failure to successfully complete a required examination, assessment, evaluation or test.

### **Honesty/Falsification**

- Any intentional falsehood, misleading statement or attempt to conceal disqualifying information during the selection process.
- A finding of deception as a result of the CVSA.

## **Employment History**

- A history of poor work performance, or poor attendance/tardiness record, or poor disciplinary record, or inability to get along with others in the workplace.
- Resignation in lieu of disciplinary action or filing of a criminal charge.
- Termination or resignation in lieu of discharge that is not satisfactorily explained.

## **Military History**

- Having received anything less than an Honorable Discharge from military service.
- Conviction of any article of the Uniform Code of Military Justice that would be equivalent to a felony, domestic violence, or misdemeanor act of violence under the Ohio Revised Code.

## **Criminal History**

- Conviction or admission of an offence as an Adult defined as a **felony crime** in the Ohio Revised Code.
- Conviction or admission of an offense as a Juvenile defined as a **felony crime of violence** in the Ohio Revised Code.
- Conviction as an adult of an **M-1 or M-2 misdemeanor** as listed in the Ohio Revised Code, within five (5) years preceding the date of application.
- Verified or admission as an Adult to a pattern of theft offenses, including thefts from employers or any theft while employed in a position of trust.
- Verified or admission to filing a fraudulent insurance claim or fraudulent application for welfare, workers' compensation, unemployment compensation, or other public assistance program.

## **Gambling Involvement**

- Verified or admission to addictive or compulsive gambling habit.
- Verified or admission to engaging in any activity that would indicate a past history of association or involvement with illegal gambling, to include any other organized crime areas of concern.

## **Driving Habits/Traffic Violation History**

- Conviction of vehicular homicide.
- Conviction of OMVI within six (6) years preceding the of application.
- Verified or admission to three (3) or more incidents of driving a motor vehicle while intoxicated within six (6) years preceding the date of application.
- Conviction of three (3) or more moving violations within one (1) year preceding the date of application.
- Driver license revocation or suspension due to points violation or FRA suspension within five (5) years preceding the date of application.

- Three (3) or more ‘at fault’ traffic crash citations within five (5) years preceding the date of application.

### **Substance Abuse History**

- The current use of alcohol to a level that would indicate abuse, dependency, or level of inability to function without the use of alcohol for any period of time. Must show a recovering history of non-use of at least two (2) years preceding the date of application.
- Conviction or admission to any illegal sale of controlled substances.
- Verified or admission to use or purchase **EVEN ONCE** of cocaine, heroine, LSD, ‘crack’, ‘crank’, or PCP, hallucinogens, narcotics, prescription drugs (without prescription), steroids, or any other illegal drug or narcotic
- Verified or admission to use or purchase **EVEN ONCE** of marijuana or its derivatives within two (2) years preceding the date of application.
- Verified or admission to use of any chemical substance used for the sole purpose to obtain a state of intoxication/euphoria and for which a legitimate medical basis for “concern” exists.
- Verified or admission to providing controlled substances to a minor or person underage.

### **Family History**

- Verified or admission to afflicting physical, sexual or emotional abuse to one’s spouse, ex-spouse, child, stepchild, parent or any other relative or person with whom one has lived or had a relationship.
- Non-compliance with a court order or legal contract to provide child support, alimony, or other financial responsibility a determined by finding of a court of law.
- Intentional violation of any protective or temporary restraining order as determined by finding of a court of law.
- Conviction for domestic violence as defined in the Ohio Revised Code.

### **Sexual Activity History**

- Verified or admission to sexual abuse of any person.
- Verified or admission to sexual activity with a prostitute where this is prohibited by law.
- Engaging in, soliciting, promoting, procuring, or compelling prostitution.
- Verified or admission to displaying, disseminating or pandering obscenity, sexually oriented material or other matter harmful to children.
- Verified or admission to incest, sexual activity with animals, voyeurism, public indecency, importuning, molestation, or any other perverse sexual conduct as defined in the Ohio Revised Code.

## **Other Conduct**

- Verified or admission to having a history of racial, ethnic, or social intolerance.
- Verified or admission to having violated any Ohio ethics law, including abuse of a position of trust through a theft of time or service in a employment setting.
  
- Verified or admission to any pattern of repeated abuse of authority, lack of respect for authority or law, or lack of respect for the dignity and rights of others.
- Verified or admission to having any medical or psychological condition that would preclude meeting the responsibilities and performing all the duties of a Police Officer.

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## AUTHORIZATION TO RELEASE INFORMATION

TO: ANY DOCTOR, PHYSICIAN, PSYCHOLOGIST, PSYCHIATRIST, DENTIST, HOSPITAL, NURSING HOME, MEDICAL ASSOCIATION; U.S. ARMED FORCES, MARITIME SERVICE, VETERANS ASSOCIATION; ANY ACADEMIC DEAN, REGISTRAR, PRINCIPAL, GUIDANCE COUNSELOR, OR AUTHORIZED PERSON AT ANY SCHOOL, COLLEGE, UNIVERSITY, BUSINESS SCHOOL, TRADE SCHOOL, HIGH SCHOOL, OR ELEMENTARY SCHOOL; ANY LOCAL, STATE OR FEDERAL LAW ENFORCEMENT AGENCY, ANY PAST EMPLOYER, U.S. SELECTIVE SERVICE SYSTEM, OR ANY GOVERNMENT AGENCY.

I, \_\_\_\_\_

have applied for employment with the Village of Arcanum, Ohio Police Department. I am aware that my entire background is to be investigated thoroughly. I hereby authorize and request release of any and all information you have concerning me, including, but not limited to, my employment, military service, psychological, criminal, medical or educational history (including the transcript of any academic records) and any other records relating to achievement, attendance, personal history, and disciplinary records. I hereby authorize you to release this executed with full knowledge and understanding that the information is for the official use of the Arcanum, Ohio Police Department. Consent is hereby granted for the Arcanum, Ohio Police Department to furnish this information, as described above, to third parties in the course of fulfilling its official responsibilities relative to my part time employment with the Arcanum, Ohio Police Department. I hereby release you as the custodian of such records, an employer, educational institution, physician, psychologist, psychiatrist, hospital, or other repository of medical records, or military or governmental entity, including it's officers, employees, or related personnel, both individually and collectively from any and all responsibility or liability for damages, of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Signature \_\_\_\_\_ Telephone No. \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Sec. No. \_\_\_\_\_

STATE OF OHIO, \_\_\_\_\_ COUNTY, SS:

I, \_\_\_\_\_, DO SOLEMNLY SWEAR THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT AND ANSWERED TO THE BEST OF MY ABILITY.

\_\_\_\_\_  
SIGNATURE

SWORN TO AND SUBSCRIBED IN THE PRESENCE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_



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## PERSONAL HISTORY QUESTIONNAIRE

The Village of Arcanum is an equal opportunity employer.

PERSONAL HISTORY OF: \_\_\_\_\_  
(LAST NAME) (FIRST) (MIDDLE)  
\_\_\_\_\_  
(DATE OF BIRTH) (SOCIAL SECURITY NUMBER)

POSITION APPLIED FOR:       FULL TIME POLICE OFFICER  
    PART TIME POLICE OFFICER

DATE OF WRITTEN EXAMINATION: \_\_\_\_\_

DATE THIS QUESTIONNAIRE COMPLETED: \_\_\_\_\_

### INSTRUCTIONS

**\*\* READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS  
PERSONAL HISTORY QUESTIONNAIRE. \*\***

This personal history questionnaire is intended for the use of the Village of Arcanum Police Department. You must be truthful in all of your responses, and complete ALL answers requested on this form. Any untruthful answers or failure to report completely may subject you to rejection as a candidate. 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 personal history questionnaire **MUST BE HAND PRINTED** in your own handwriting, legibly in black ink only. Each individual question must be answered; **DO NOT** leave any questions blank. If a question does not apply to your particular circumstance, insert "DNA" (Does Not Apply) in that blank. If the answer to a question is unknown, write "UNKNOWN" 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. All addresses must include street addresses with house/apartment #'s, city, state and zip code. Partial address responses are unacceptable. If additional space is needed to explain your answers, use the back of the page on which the question is asked, and be sure to include the reference letter and number of the item being explained to the left of the answer.

Be aware that your spelling, grammar and neatness will be considered as part of your personal character, and will be used as part of the selection process. Your attire, speech and manner will also be scrutinized during all segments of the background investigation process, and will be considered in the final selection of any applicant.

You may be required to take a CVSA examination (truth verification) to determine the authenticity of the information given by you. Questions asked during this examination will be derived from the following categories: past criminal activity, sexual offenses, drug and alcohol use/involvement, activities which might prove embarrassing to the Department, and those areas which the examiner deems necessary, given the responses of the candidate to these questions.

### **WARNING**

Applicants are cautioned to answer every question truthfully and without evasion. Both the Ohio Revised Code and The Personnel Rules and Regulations of the Village of Arcanum Police Department provide penalties for making 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 appointment, and/or prosecution under Ohio Revised Code Section 2921.13.

**HAVE YOU READ AND UNDERSTAND ALL OF THE ABOVE INSTRUCTIONS?**

YES

NO

\_\_\_\_\_  
(SIGNATURE OF APPLICANT INDICATING THAT ALL OF THE INSTRUCTIONS HAVE BEEN READ AND UNDERSTOOD.)

\_\_\_\_\_  
(DATE)

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**PERSONAL & MARITAL RECORD**

*Please Print Using Black Ink*

Legal Name: \_\_\_\_\_  
(Last) (First) (Full Middle Name)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color Hair: \_\_\_\_\_ Color Eyes: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
(City) (County) (State)

Birth Certificate Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
(Number) (Street) (Apt.)  
\_\_\_\_\_  
(City) (County) (State) (Zip Code)

By What Other Names Have You Been Known? (Maiden Name, Former Married Name(s), Aliases, Nicknames, Etc.): \_\_\_\_\_  
\_\_\_\_\_

Residence Phone & Area Code: \_\_\_\_\_

Ohio Driver's License Number: \_\_\_\_\_ Type: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Out-of-State Operator's License Number: \_\_\_\_\_

Type/State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List Any Scars, Birthmarks, Blemishes, Tattoos, Deformities, Etc. That You May Have:

\_\_\_\_\_

Present Marital Status (Married, Single, Divorced, Separated, Widowed): \_\_\_\_\_

\_\_\_\_\_

City, County, State – Present Marriage Performed: \_\_\_\_\_

Date Present Marriage Performed: \_\_\_\_\_

(Month)

(Day)

(Year)

Name of Present Spouse: \_\_\_\_\_

(First)

(Full Middle Name)

(Last)

Spouse's Maiden Name (If Applicable): \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Birthplace of Spouse: \_\_\_\_\_

Name of Spouse's Employer: \_\_\_\_\_

Address of Spouse's Employer: \_\_\_\_\_

\_\_\_\_\_

Phone Number of Spouse's Employer: \_\_\_\_\_

(Area Code)

**LIST YOUR PARENTS**

Father's Name (Natural): \_\_\_\_\_

(First)

(Full Middle Name)

(Last)

Father's Address (If Deceased, Date of Death): \_\_\_\_\_

Father's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Name (Natural): \_\_\_\_\_  
(First) (Full Middle Name) (Last)

Mother's Maiden Name: \_\_\_\_\_

Mother's Address (If Deceased, Date of Death): \_\_\_\_\_

\_\_\_\_\_

Mother's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

LIST YOUR CHILDREN

1.  Son  Daughter

Name: \_\_\_\_\_  
(Last) (First) (Middle Name)

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
(Month/Day/Year) (City) (State)

Address (If Different Than Yours): \_\_\_\_\_

\_\_\_\_\_

Relationship To You:  Natural  Step  Foster

Relationship To Your Spouse:  Natural  Step  Foster

2.  Son  Daughter

Name: \_\_\_\_\_  
(Last) (First) (Middle Name)

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
(Month/Day/Year) (City) (State)

Address (If Different Than Yours): \_\_\_\_\_

\_\_\_\_\_

Relationship To You:  Natural  Step  Foster

Relationship To Your Spouse:  Natural  Step  Foster

3.  Son  Daughter

Name: \_\_\_\_\_

(Last)

(First)

(Middle Name)

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

(Month/Day/Year)

(City)

(State)

Address (If Different Than Yours): \_\_\_\_\_

\_\_\_\_\_

Relationship To You:  Natural  Step  Foster

Relationship To Your Spouse:  Natural  Step  Foster

4.  Son  Daughter

Name: \_\_\_\_\_

(Last)

(First)

(Middle Name)

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

(Month/Day/Year)

(City)

(State)

Address (If Different Than Yours): \_\_\_\_\_

\_\_\_\_\_

Relationship To You:  Natural  Step  Foster

Relationship To Your Spouse:  Natural  Step  Foster

5.  Son  Daughter

Name: \_\_\_\_\_  
(Last) (First) (Middle Name)

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
(Month/Day/Year) (City) (State)

Address (If Different Than Yours): \_\_\_\_\_  
\_\_\_\_\_

Relationship To You:  Natural  Step  Foster

Relationship To Your Spouse:  Natural  Step  Foster

6.  Son  Daughter

Name: \_\_\_\_\_  
(Last) (First) (Middle Name)

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
(Month/Day/Year) (City) (State)

Address (If Different Than Yours): \_\_\_\_\_  
\_\_\_\_\_

Relationship To You:  Natural  Step  Foster

Relationship To Your Spouse:  Natural  Step  Foster

Are you supporting all dependents that you are required to support?

Yes  No

Are you paying alimony or child support?

Yes  No

Amount per month: \$\_\_\_\_\_

Have you ever been sued for alimony payments, child support, non-payment of debts or fraud?

Yes  No

If yes, give the name of the court in which you were sued and the court number of the law suit.

Court Name: \_\_\_\_\_

Court Case Number: \_\_\_\_\_

Court Name: \_\_\_\_\_

Court Case Number: \_\_\_\_\_

Are you a United States citizen:  Yes  No

If Yes,  Native Born or  Naturalized?

Are you a permanent resident alien?  Yes  No

If Yes,  Port or  Entry?

Date of Entry: \_\_\_\_\_

If a naturalized citizen, list city and state where naturalized: \_\_\_\_\_

\_\_\_\_\_

Date naturalized: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

## **PREVIOUS RESIDENCES RECORD**

Addresses, from the past five years with the most recent address first, and descending in order there from. Street address should specify N.E., S.W., Street, Drive, Place, etc. **Include all military addresses, listing the nearest city in proximity to the base if you resided on base.** If renting or leasing, include the agent or management company to whom you pay rent to.

From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

With Whom Did You Live?: \_\_\_\_\_

Relationship?: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

With Whom Did You Live?: \_\_\_\_\_

Relationship?: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

With Whom Did You Live?: \_\_\_\_\_

Relationship?: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_



(Number) (Street) (City) (State) (Zip)

With Whom Did You Live?: \_\_\_\_\_

Relationship?: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

(Number) (Street) (City) (State) (Zip)

With Whom Did You Live?: \_\_\_\_\_

Relationship?: \_\_\_\_\_

## REFERENCES

Fill in below the names of three (3) adults not related to you & not former employers, who have known you for a period of preferably more than five (5) years.

1. Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

(No.) (Street) (City) (State) (Zip)

Home Phone Number: \_\_\_\_\_

(Area Code)

Years Known: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

(No.) (Street) (City) (State) (Zip)

Business Phone Number: \_\_\_\_\_

(Area Code)

2. Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

(No.) (Street) (City) (State) (Zip)

Home Phone Number: \_\_\_\_\_

(Area Code)

Years Known: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)

Business Phone Number: \_\_\_\_\_  
(Area Code)

3. Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)

Home Phone Number: \_\_\_\_\_  
(Area Code)

Years Known: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)

Business Phone Number: \_\_\_\_\_  
(Area Code)

## **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 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 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 Continuation Page.)

Have you ever been discharged or asked to resign from a job?

Yes     No (If YES, explain fully on Continuation Page.)

**If presently unemployed, indicate so in first block.**

From Date: \_\_\_\_\_ To: PRESENT

Name of Present Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

List Hours Worked: \_\_\_\_\_ Days Off: \_\_\_\_\_

Total Time Employed: \_\_\_\_\_

Full Name of Immediate Supervisor: \_\_\_\_\_

Address of Immediate Supervisor: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Salary: \_\_\_\_\_

Full Name of Co-Worker: \_\_\_\_\_

Address of Co-Worker: \_\_\_\_\_

Telephone of Co-Worker: \_\_\_\_\_

-----  
From Date: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_

List Hours Worked: \_\_\_\_\_ Days Off: \_\_\_\_\_

Total Time Employed: \_\_\_\_\_

Full Name of Immediate Supervisor: \_\_\_\_\_

Address of Immediate Supervisor: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Salary: \_\_\_\_\_

Full Name of Co-Worker: \_\_\_\_\_

Address of Co-Worker: \_\_\_\_\_

Telephone of Co-Worker: \_\_\_\_\_  
-----

From Date: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

List Hours Worked: \_\_\_\_\_ Days Off: \_\_\_\_\_

Total Time Employed: \_\_\_\_\_

Full Name of Immediate Supervisor: \_\_\_\_\_

Address of Immediate Supervisor: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Salary: \_\_\_\_\_

Full Name of Co-Worker: \_\_\_\_\_

Address of Co-Worker: \_\_\_\_\_

Telephone of Co-Worker: \_\_\_\_\_

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From Date: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

List Hours Worked: \_\_\_\_\_ Days Off: \_\_\_\_\_

Total Time Employed: \_\_\_\_\_

Full Name of Immediate Supervisor: \_\_\_\_\_

Address of Immediate Supervisor: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Salary: \_\_\_\_\_

Full Name of Co-Worker: \_\_\_\_\_

Address of Co-Worker: \_\_\_\_\_

Telephone of Co-Worker: \_\_\_\_\_

-----

From Date: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

List Hours Worked: \_\_\_\_\_ Days Off: \_\_\_\_\_

Total Time Employed: \_\_\_\_\_

Full Name of Immediate Supervisor: \_\_\_\_\_

Address of Immediate Supervisor: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Salary: \_\_\_\_\_

Full Name of Co-Worker: \_\_\_\_\_

Address of Co-Worker: \_\_\_\_\_

Telephone of Co-Worker: \_\_\_\_\_

-----

From Date: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

List Hours Worked: \_\_\_\_\_ Days Off: \_\_\_\_\_

Total Time Employed: \_\_\_\_\_

Full Name of Immediate Supervisor: \_\_\_\_\_

Address of Immediate Supervisor: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Salary: \_\_\_\_\_

Full Name of Co-Worker: \_\_\_\_\_

Address of Co-Worker: \_\_\_\_\_

Telephone of Co-Worker: \_\_\_\_\_

## **MILITARY AND EDUCATIONAL RECORD**

### **MILITARY**

Present Draft Board Address (Street, City, State, Zip-Code): \_\_\_\_\_

\_\_\_\_\_

Draft Board No. Class: \_\_\_\_\_ Present DB: \_\_\_\_\_

Branch of Service (Army, Navy, Etc.): \_\_\_\_\_

Unit (Tank Corps, Engineers, Medic, Etc.): \_\_\_\_\_

Military Serial Number: \_\_\_\_\_

Military Active Duty Dates (Do not include short reserve tours of 90 days or less):

From: \_\_\_\_\_ To: \_\_\_\_\_

Highest Military Rank or Rate Held: \_\_\_\_\_

Type of Separation (Honorable, Medical, Dishonorable, etc.): \_\_\_\_\_

Total Months of Combat Duty: \_\_\_\_\_

Total Months of Overseas Duty: \_\_\_\_\_

Military Reserve Status:  Ready  Standby  None

1. Have you ever asked for or received deferment from military service?  
 Yes  No (If YES, give board number, dates and full details on Continuation Page)



2. Were you ever court marshaled, 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, give explain fully on Continuation Page)
  
3. Have you ever received a government disability pension?  
 Yes    No (If YES, explain fully on Continuation Page)
  
4. Veterans Claim "C" Number: \_\_\_\_\_

## EDUCATION

Have you ever taken a general educational development "GED" test?

Yes    No

Circle the highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

List each grammar, junior high, high school, trade, part-time, night school, business college and university that you attended. Start with the most recent school attended.

Name of School: \_\_\_\_\_

Location of School (City and State): \_\_\_\_\_

Attendance Dates: From \_\_\_\_\_ To \_\_\_\_\_

Graduate:  Yes    No

Degrees or number of units completed: \_\_\_\_\_

Name of School: \_\_\_\_\_

Location of School (City and State): \_\_\_\_\_

Attendance Dates: From \_\_\_\_\_ To \_\_\_\_\_

Graduate:  Yes  No

Degrees or number of units completed: \_\_\_\_\_

Name of School: \_\_\_\_\_

Location of School (City and State): \_\_\_\_\_

Attendance Dates: From \_\_\_\_\_ To \_\_\_\_\_

Graduate:  Yes  No

Degrees or number of units completed: \_\_\_\_\_

Name of School: \_\_\_\_\_

Location of School (City and State): \_\_\_\_\_

Attendance Dates: From \_\_\_\_\_ To \_\_\_\_\_

Graduate:  Yes  No

Degrees or number of units completed: \_\_\_\_\_

Name of School: \_\_\_\_\_

Location of School (City and State): \_\_\_\_\_

Attendance Dates: From \_\_\_\_\_ To \_\_\_\_\_

Graduate:  Yes  No

Degrees or number of units completed: \_\_\_\_\_

Name of School: \_\_\_\_\_

Location of School (City and State): \_\_\_\_\_

Attendance Dates: From \_\_\_\_\_ To \_\_\_\_\_

Graduate: [ ] Yes [ ] No

Degrees or number of units completed: \_\_\_\_\_

Name of School: \_\_\_\_\_

Location of School (City and State): \_\_\_\_\_

Attendance Dates: From \_\_\_\_\_ To \_\_\_\_\_

Graduate: [ ] Yes [ ] No

Degrees or number of units completed: \_\_\_\_\_

### **MISCELLANEOUS**

List all organizations, clubs, and social groups of which you are now, or have been a member and position, i.e. member, associate member, president, secretary, etc.

From: \_\_\_\_\_ To: \_\_\_\_\_

Organization/Club/Social Groups: \_\_\_\_\_

Position/Association/Membership Status: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Organization/Club/Social Groups: \_\_\_\_\_

Position/Association/Membership Status: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Organization/Club/Social Groups: \_\_\_\_\_

Position/Association/Membership Status: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

<b>General Information Inquiry</b>		
<b>NOTICE:</b> The following questions and answers will be verified through the use of the Computer Voice Stress Analyzer. 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 so because of religious or other beliefs? <b>Police officer applicants only need answer this question.</b>	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 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 receiving or discharging passengers, or any other traffic offense, excluding parking and equipment violations?	YES	NO
7. 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 offenses, sex offenses, offenses involving immoral or indecent conduct, fraud, trespassing, conversion of trust, offense involving military justice, or any other criminal offenses?	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 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, mescaline, P.C.P., T.H.C., peyote, P.C.E., T.C.P., angel dust or any of their derivative, etc.? (In the past 3 years)	YES	NO
14. Have you ever used any narcotics such as opium, morphine, codeine, meperidene, methadone or any of their derivatives such as darvon, lomotil, etc.? (in the past 3 years)	YES	NO
15. Have you ever used cocaine, heroin or L.S.D.? (In the past 3 years.)	YES	NO
16. Have you ever used any prescription drugs such as barbiturates, amphetamines, valium, Librium, spooors, uppers, downers, etc., without the benefit of a prescription? (In the past 3 years.)	YES	NO
17. Have you ever used any prescribed medications for purposes other than that for which they were originally prescribed or intended? (In the past 3 years.)	YES	NO

<b>18.</b> 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.? (In the past 3 years.)	YES	NO
<b>19.</b> 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
<b>20.</b> Have you ever been involved in glue sniffing or used any other such chemical agents for the purpose of obtaining a state of intoxication? (In the past 3 years.)	YES	NO
<b>21.</b> Are you presently addicted to or use alcohol excessively or suffer from any alcohol-related problems?	YES	NO
<b>22.</b> Have you ever engaged in any illicit sexual activities?	YES	NO
<b>23.</b> Have you ever filed for, or received, compensation from any industrial compensation from any industrial compensation claim?	YES	NO
<b>24.</b> Have you ever applied for and received unemployment compensation, the amounts of which you were not eligible to receive?	YES	NO
<b>25.</b> Are you now, or have you ever received any type of governmental support such as welfare, A.D.C., housing subsidy payments, 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
<b>26.</b> 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 functions as a city employee?	YES	NO
<b>27.</b> Do you have any problems because of gambling?	YES	NO
<b>28.</b> Do you have any problem controlling your temper?	YES	NO
<b>29.</b> Have you ever been involved in an automobile accident?	YES	NO
<b>30.</b> Have you ever engaged in any grossly unnatural sexual acts?	YES	NO
<b>31.</b> Have you ever traveled outside the United States? (If yes, what countries?)	YES	NO
<b>32.</b> Is there anything in your medical or psychological history, that you are aware of, that could disqualify you from this position?	YES	NO

The Village of Arcanum is an equal opportunity employer.



# ARCANUM POLICE DEPARTMENT

104 WEST SOUTH STREET  
ARCANUM, OHIO 45304  
PHONE: 937-692-8121 FAX: 937-692-8263  
DARKE COUNTY SHERIFF DISPATCH 937-548-2020

**ANDREW D. ASHBAUGH, CHIEF**  
The Village of Arcanum is an equal opportunity employer

## **ALL APPLICANTS MUST SIGN THE FOLLOWING CERTIFICATE**

I CERTIFY THAT THE STATEMENTS CONTAINED IN THIS QUESTIONNAIRE AND CONTINUATION DOCUMENT ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MADE IN THIS QUESTIONNAIRE MAY BE CAUSE FOR 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.

Applicant Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Sec. No. \_\_\_\_\_

I, \_\_\_\_\_, DO SOLEMNLY SWEAR THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT AND ANSWERED TO THE BEST OF MY ABILITY.

