

Mount Gilead – Division of Police

72 West High Street
Mount Gilead, Ohio 43338
419-946-3333

Do you understand the following process is the standard appointment process for police officers and may take up several months to complete.

1. Application submitted including
 - a. Copy of Birth Certificate
 - b. Copy of Ohio Drivers license
 - c. Military Discharge paperwork (DD214)
 - d. High School Diploma or equivalent
 - e. College Degree and Transcript
 - f. Ohio Peace Officer Certificate
 - g. Advance Training Certificates
 - h. Any other source documentation
 - i. Authorization for release of Information (provided)
2. Background Investigation
3. Home Interview
4. Preliminary interview with the Chief of Police
5. Final Interview with Fire and Safety committee
6. Conditional Appointment

Candidate must successfully complete:

- a. Medical Examination
- b. Drug Screen

*** NOTE: The applicant will be reimbursed for the cost of the medical examination and drug screen only after successful completion of the examinations and one year of service with the Division of Police.**

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Authorization For Release of Personal Information

I, _____, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized officer of the Mount Gilead – Division of Police. Whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions; medical and / or psychiatric treatment or consultation facilities including but not limited to; hospitals, clinics, private practitioner, and the U.S. Veterans Administration; any past or present employers; federal, state, or local governmental agencies; or any other entity that may have information the Mount Gilead – Division of Police need in order to determine my fitness for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly. In whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Mount Gilead – Division of Police. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Notary
Subscribed and sworn to
Before me this _____
Day of _____ 20____
My commission expires
_____ 20____

Signature

Print Name

Address

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Pre-Employment Personal History Questionnaire ***The Mount Gilead – Division of Police is an Equal Opportunity Employer***

Instructions

This personal history questionnaire is intended for the use of the Mount Gilead Division of Police, Administrative 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. Information contained herein will be considered confidential and will not be disclosed to any unauthorized person(s) (exception – Criminal Activity).

The answers to question contained in this questionnaire must be legible. Each individual question must be answered; there can be no blanks. If a question does not apply to your particular circumstances, insert "DNA". When answering questions you must provide complete information when requested. Partial responses are unacceptable.

Warning

Applicants are cautioned to answer questions truthfully and without evasion. Both Ohio Revised Code and The Rules and Regulations of the Mount Gilead – Division of Police provide penalties for making a false statement of a material fact, or attempting to obtain employment. Such penalties including rejection for appointment or discharge after appointment and / or prosecution under O.R.C. 2921.13.

I hereby certify that the following answers are full and true to the best of my knowledge and belief. I understand that falsification of this record will be cause for disapproval of appointment and / or discharge after appointment, and may subject me to prosecutions Under O.R.C. 2921.13

Signature of Applicant _____ **Date** _____

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Position Applied For: ☐ Full-Time Police Officer
☐ Part-Time / Auxiliary Police Officer

Legal Name (Last, First, Middle) _____

Other Names (Maiden, Aliases, Nickname) _____

Home Address _____

City _____ State _____ Zip Code _____

Telephone Number (____) _____

Social Security Number _____

Ohio Drivers License Number _____

Are you a United States Citizen _____?

Marital Status _____ Spouse Name _____

Scars Marks or Tattoos: _____

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Employment History

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

If answered is yes, please give more details _____

May we contact your present Employer(s)? _____

If answered no, please give more details _____

Beginning with your present employer and list the last five employment you have obtained in chronological order. Please include all part time work, military service as well as periods of unemployment. Do not substitute a resume for this section.

1. Name of Employer _____ Job Title _____

Address and Telephone Number _____

Dates of Employment _____

Final Salary _____ Hours worked in a week _____

Description of Duties _____

Name of Immediate Supervisor _____

Reason for leaving _____

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Employment History Continued

2. Name of Employer _____ Job Title _____

Address and Telephone Number _____

Dates of Employment _____

Final Salary _____ Hours worked in a week _____

Description of Duties _____

Name of Immediate Supervisor _____

Reason for leaving _____

3. Name of Employer _____ Job Title _____

Address and Telephone Number _____

Dates of Employment _____

Final Salary _____ Hours worked in a week _____

Description of Duties _____

Name of Immediate Supervisor _____

Reason for leaving _____

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Employment History Continued

4. Name of Employer _____ Job Title _____

Address and Telephone Number _____

Dates of Employment _____

Final Salary _____ Hours worked in a week _____

Description of Duties _____

Reason for leaving _____

5. Name of Employer _____ Job Title _____

Address and Telephone Number _____

Dates of Employment _____

Final Salary _____ Hours worked in a week _____

Description of Duties _____

Reason for leaving _____

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Military Experience

Have you ever served in the Armed Forces of the United States? _____

Branch of Service _____ Date of Service _____

Education

Please indicate the highest level of education you have completed _____

Please list all Grammar, Junior and High School, as well as any secondary education i.e. college, trade school ect. Please start with more recent

Name and Location of School

Dates Attended

Criminal / Traffic / Civil

Have you ever been arrested, tried or convicted of a felony, misdemeanor, domestic violence or traffic offense? _____

If YES please give full details including dates of offense, police agency, city, county and disposition _____

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Criminal / Traffic / Civil Continued

Have you ever been sued? _____

If YES, please give full details _____

Miscellaneous

If you answer YES to any of the following, please give full details on the supplemental page.

Have you ever been involved (as a driver) in a motor vehicle accident? _____

Are you presently under indictment or a defendant in any pending civil, criminal or traffic court actions? _____

Do you have problems controlling your temper? _____

Have you ever been involved in illegal sexual activity? _____

Do you have any kind of problems with the following?

Gambling? _____

Alcohol? _____

Drugs Addictions (illegal or prescription)? _____

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Miscellaneous Continued

As an adult have you ever stolen anything? _____

Have you ever been committed to any penal institution as a result of either a felony or misdemeanor? _____

Have you ever knowingly bought and / or sold stolen property? _____

Have you filed bankruptcy in the last five years? _____

Do you have any hatred or prejudices towards other because of their race, sex, religion, sexual orientation or national origin that would be detrimental to your function as a police officer? _____

Have you ever been involved in any acts of prostitution? _____

Has your driver's license ever been suspended or revoked? _____

Do you have any conviction or values that would prohibit you or interfere with your duties as a police officer? _____

If necessary, would you be able to use deadly force against another human being? _____

References

Please list three individuals, not former employers or relatives that you have known for at least five years.

Name	Address	Telephone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Supplemental Page

If instructed to give full details on supplemental page, please utilize the following to do so. If you need more room, please attach additional paper as needed.

All applicants must sign the following to certificate I certify that the above statements contained in this application are true to the best of my knowledge and belief. I understand that any false statements 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 O.R.C. 2921.13.

Signature of Applicant _____ Date _____