



WOODVILLE POLICE DEPARTMENT

Application & Background Questionnaire

FOLLOW DIRECTIONS CAREFULLY

1. WRITE **LEGIBLY** IN YOUR OWN HANDWRITING OR PRINTING.
2. USE BLACK INK TO COMPLETE QUESTIONNAIRE.
3. READ EACH QUESTION CAREFULLY BEFORE ANSWERING IT.
4. ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY.
5. IF A QUESTION DOES NOT APPLY, WRITE "N/A" IN THE SPACE PROVIDED.
6. IF YOU NEED ADDITIONAL SPACE, MAKE A COPY OF THE "FURTHER EXPLANATIONS" SHEET.

REMEMBER THAT ANY OMISSION, DECEPTION, OR FAILURE TO FOLLOW THE INSTRUCTIONS GIVEN IN FILLING OUT YOUR PACKET COULD DELAY OR DISQUALIFY YOUR APPLICATION OR YOU FROM FURTHER CONSIDERATION

Woodville Police Department
219 W. Main St.
Woodville, OH 43469

POLICE OFFICER GENERAL DESCRIPTION OF CLASSIFICATION AND DUTIES

A Police Officer patrols a designated area ensuring compliance with all applicable State Laws and Village Ordinances, answers calls when a crime is suspected or an emergency exists; takes such actions as are necessary to prevent crime and/or to apprehend a criminal; to maintain safety; to assist citizens in a wide range of emergency and non-emergency situations, and performs other related duties, tasks and assignments as required and directed by a Sergeant or the Chief or Police.

EXAMPLES OF WORK: (Not all inclusive)

- Drives a police vehicle, patrolling designated area.
- Reports unsafe conditions such as obstructions in the streets.
- Issues citations for violations of traffic laws.
- Makes arrests, sometimes requiring the use of physical effort.
- Transports prisoners.
- Investigates traffic crashes, determining conditions, causes and other pertinent facts regarding the accident.
- Conducts investigations of crimes; preserves crime scenes; gathers and preserves evidence.
- Checks doors and windows of homes and businesses for security.
- Testifies in court.
- Assists injured persons; notifies families of injury.
- Answers inquiries; assists stranded motorists.
- Looks for and investigates conditions or situations which may indicate a crime is about to be, or has been committed.
- Maintains records and prepares reports of incidents and activities.
- Takes statements from witnesses and suspects.
- Secures warrants.
- When juveniles are involved, interviews parents; appears in court, and works with school authorities.
- Directs and regulates traffic
- Performs other related duties as assigned.

REQUIRED KNOWLEDGE, SKILLS AND ABILITIES: (Not all inclusive)

- Considerable knowledge of applicable Federal, State and Local Laws relating to law enforcement.
- Considerable knowledge of law enforcement methods, principles, practices and procedures.
- Considerable knowledge of safety practices and procedures.
- Skill in the use of firearms.
- Good interpersonal and human relations skills.
- Ability to understand and carry out detailed oral and written instructions.
- Ability to exercise sound reasoning and good judgement.
- Ability to recognize unusual or threatening conditions and take appropriate action.
- Ability to interpret and apply principles, concepts, methods, laws, ordinances and techniques to field conditions
- Ability to recognize, analyze and define problems, establish facts, draw valid conclusions, and initiate appropriate corrective actions.
- Ability to organize and prioritize daily tasks and activities.
- Ability to use proper research and investigative methods, techniques and practices in gathering data.
- Ability to prepare clear, concise, complete and accurate reports.
- Ability to work alone on most tasks.
- Ability to cooperate with co-workers on group efforts.
- Ability to establish and maintain a good rapport with the public.
- Ability to handle routine and sensitive inquiries from, and contact with, the public.
- Ability to maintain confidentiality in handling of sensitive events and issues.
- Ability to communicate with the public, peers, superiors and other Village officials and employees in an effective, tactful and courteous manner.
- Ability to resolve complaints from angry citizens in an effective, tactful and courteous manner.

CAUSE FOR REMOVAL:

An officer may be removed for cause with or without fault. Causes includes, but is not limited to:

- Economic conditions that cause reductions in work force.
- The members' inability to regularly attend work.
- Failure to perform competently on any of the essential functions of the position or consistently fail to preform competently on regular tasks.
- Failure to support the mission, vision, and core values of the Woodville Police Department
- Failure to uphold the oath of office.
- Failure to behave in a manner that supports the Police Officer's Code of Ethics.
- Failure to continually comply with preconditions for original employment.
- Failure to display due regard of the civil liberties of any persons.
- Accruing atypical amounts of dysfunctional work time.
- Requiring atypical amounts of supervisory counseling or remedial training.

IMMEDIATE TERMS FOR DISQUALIFICATION:

- Felony convictions.
- Serious misdemeanors.
- Current drug use or past drug abuse.
- Dishonorable discharge from military service.
- Bad credit history.
- History of domestic violence.
- Poor driving record.
- Unreported past crimes.
- Past or current gang affiliations.
- Poor employment record & history.
- Incorrect, false or incomplete information given on the application form.

A. Personal Data

Full Name:				Today's Date:	
AKA/Maiden Name:				SSN	
Date of Birth:		Driver's license #		Gender	Marital Status
Height	Weight		Eye Color		Hair Color
Address			City		State
Zip	Home Phone		Cell Phone		Email

1. Have you ever used or been known by any other name other than the one you listed on this questionnaire? Yes No If Yes, list name(s): _____

2. Have you ever used a social security number other than the one you have listed? Yes No
If yes, list number(s): _____

3. Are you currently delinquent with any child support obligations? Yes No
If yes, explain: _____

4. Have you ever failed to successfully complete a probationary period with a law enforcement agency?
 Yes No

If yes, explain:

5. If you are married, list the name of your spouse: _____

6. Does anyone else live in your household? Yes No

If yes, give names and relationship:

B. List all residence addresses, starting with the present and proceed backwards for the past 10 years. Include school, military, and personal residences. **Account for all the time. Do not leave any timeframe blank. List everything in proper sequence.** If you need additional space, copy this page before completing, and attach the copy.

From (MM/YY)	To (MM/YY)	Number and Street
City	Zip Code	State/County
From (MM/YY)	To (MM/YY)	Number and Street
City	Zip Code	State/County
From (MM/YY)	To (MM/YY)	Number and Street
City	Zip Code	State/County
From (MM/YY)	To (MM/YY)	Number and Street
City	Zip code	State/County
From (MM/YY)	To (MM/YY)	Number and Street
City	Zip Code	State/County
From (MM/YY)	To (MM/YY)	Number and Street
City	Zip Code	State/County
From (MM/YY)	To (MM/YY)	Number and Street
City	Zip Code	State/County

C. Education and Training

1. List all schools you have attended (elementary, jr. high schools, high schools, trade schools, colleges, and universities). List GED if it applies

From MM/YY	To MM/YY	Name and Address	Credit Hours	Graduate ? Yes No	Degree Major Minor

2. List all professional societies, organizations, licenses (date and number), registrations (date), special skills, knowledge, or abilities.

3. Do you speak, read, or write a language other than English? Yes No

If yes, what language? _____ How well? _____

Have you ever received any law enforcement training? Yes No

Name of organization: _____

Month and year you attended: _____

What type of training? _____

D. Employment History

List all places of employment. Begin with present or most recent employer and go backwards. List periods of school, military service, and unemployment in the past 10 years. List everything in proper sequence, leaving no vacant time lapse. **Do not omit any employers.** If you need additional space, copy this page before completing, and attach the copy.

From (MM/YY)	To (MM/YY)	Job Title	
Name of Employer		Supervisor	Ending Salary
Address of Employer		Street, City, State, Zip	Phone Number
Describe your duties:			
Reason for leaving:			

From (MM/YY)	To (MM/YY)	Job Title	
Name of Employer		Supervisor	Ending Salary
Address of Employer		Street, City, State, Zip	Phone Number
Describe your duties:			
Reason for leaving:			

From (MM/YY)	To (MM/YY)	Job Title	
Name of Employer		Supervisor	Ending Salary
Address of Employer		Street, City, State, Zip	Phone Number
Describe your duties:			
Reason for leaving:			

D. Employment History Continued

From (MM/YY)	To (MM/YY)	Job Title		
Name of Employer		Supervisor	Ending Salary	
Address of Employer		Street, City, State, Zip	Phone Number	
Describe your duties:				
Reason for leaving:				

From (MM/YY)	To (MM/YY)	Job Title		
Name of Employer		Supervisor	Ending Salary	
Address of Employer		Street, City, State, Zip	Phone Number	
Describe your duties:				
Reason for leaving:				

From (MM/YY)	To (MM/YY)	Job Title		
Name of Employer		Supervisor	Ending Salary	
Address of Employer		Street, City, State, Zip	Phone Number	
Describe your duties:				
Reason for leaving:				

D. Employment History Continued

From (MM/YY)	To (MM/YY)	Job Title		
Name of Employer		Supervisor	Ending Salary	
Address of Employer		Street, City, State, Zip	Phone Number	
Describe your duties:				
Reason for leaving:				

From (MM/YY)	To (MM/YY)	Job Title		
Name of Employer		Supervisor	Ending Salary	
Address of Employer		Street, City, State, Zip	Phone Number	
Describe your duties:				
Reason for leaving:				

From (MM/YY)	To (MM/YY)	Job Title		
Name of Employer		Supervisor	Ending Salary	
Address of Employer		Street, City, State, Zip	Phone Number	
Describe your duties:				
Reason for leaving:				

D. Employment History Continued

1. Are you currently employed? Yes No

2. Have you ever been terminated or asked to resign from any employment? Yes No
If yes, complete the following:

Employer's Name: _____ Phone: _____

Explanation:

3. Have you ever resigned from a job to avoid being fired or terminated? Yes No

If yes, name of employer: _____

Explanation: _____

4. Have you ever been written up, counseled, or disciplined in any manner, by any of your employers for failure to comply with required rules or regulations, or for any other reason? Yes No

If yes, explain:

5. Have you ever quit a job without giving notice required by an employer? Yes No

If yes, explain:

6. Would you be eligible to be rehired by all your former employers (assuming there was a job available)? Yes No

If no, explain:

7. Have you ever purposely taken anything from a fellow employee that you were not authorized to take? Yes No

If yes, what? _____ When? _____

Explanation:

E. Military Experience

IF YOU HAVE NO MILITARY EXPERIENCE, MARK THE "N/A" BOX AND GO TO THE NEXT SECTION.

N/A

1. Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, R.O.T.C., or any other military or para-military organization? Yes No

Branch of Service	Date Entered	Date Separated

2. What type of discharge did you receive? _____

3. Did you ever fail to complete any term of enlistment for any reason? Yes No
If yes, explain:

4. Have you ever received any disciplinary action? Yes No

If yes, explain whether it was a General, Special, or Summary Court Martial, Captain's Mast, Article 15 or other and the reason.

5. While in the military, were you ever incarcerated (brig or guardhouse)? Yes No

If yes, explain:

6. Were you ever UA, AWOL, missing from formation or ship movement? Yes No

If yes, explain:

7. Are you currently a member of a U.S. Reserve or National Guard? Yes No

If yes, what unit? _____

Commander's Name: _____

Contact Number: _____

F. Driving History

1. Do you currently have an Ohio Driver's License? Yes No

License #: _____ Restrictions: _____

2. Do you have, or have you ever had, a driver's license from another state or country? Yes No

If yes, where? _____

3. Have you ever had a driver's license cancelled, refused, revoked or suspended? Yes No

If yes, explain in detail:

4. Have you ever been involved in an automobile accident? Yes No

Date	Injuries Yes/No	Location (City, State)	Citation Yes/No

5. Have you ever had any traffic citations? Yes No

Date	City, State	Charge	Disposition

6. Have you ever been a driver or passenger in an accident where injuries or damage occurred and you left the scene of the accident (hit and run)? Yes No

If yes, explain:

G. Alcohol and Drugs

1. Do you drink alcohol? Yes No

2. How often do you drink alcohol? _____

3. Have you driven a vehicle under the influence of alcohol in the past three years and not been caught?

Yes No

If yes, explain:

4. Have you ever had difficulty within your family due to your alcohol consumption? Yes No

If yes, explain:

5. Have you ever illegally possessed, used, purchased, or sold marijuana? Yes No

If yes, explain (give date of last use, how many times used):

6. Have you ever illegally possessed, used, purchased or sold cocaine in any form? Yes No

If yes, explain (give date of last use, how many times used):

7. Have you ever illegally possessed, used, purchased or sold prescription drugs (i.e., OxyContin,

Fentanyl, Soma, morphine, etc.)? Yes No

If yes, explain (give date of last use, how many times used):

8. Have you ever illegally possessed, used, purchased or sold any hallucinogens (i.e., LSD, mescaline,

peyote, acid, mushrooms, angel dust, PCP, etc.)? Yes No

If yes, explain (give date of last use, how many times used):

9. Have you ever illegally possessed, used, purchased or sold opiates or dangerous drugs (i.e., opium,

morphine, heroin, Ecstasy, GHB, etc.)? Yes No

If yes, explain (give date of last use, how many times used):

G. Alcohol and Drugs Continued

10. Have you ever illegally possessed, used, purchased or sold amphetamines (i.e., meth, Dexedrine, speed, crank, crystal meth, ice, glass, cross tops, etc.)? Yes No

If yes, explain (give date of last use, how many times used):

11. Have you ever illegally possessed, used, purchased or sold illegal steroids? Yes No

If yes, explain (give date of last use, how many times used):

12. Have you ever sniffed, inhaled, or huffed any type of inhalant such as glue, spray paint, etc., for the purpose of getting an effect? Yes No

If yes, explain (give date of last use, how many times used):

13. Have you ever illegally possessed, used, purchased or sold depressants or tranquilizers such as barbiturates, Valium, Quaaludes, etc.? Yes No

If yes, explain (give date of last use, how many times used):

14. Have you ever used another person's prescription, or given your prescription to another?

Yes No

If yes, explain:

15. Have you ever illegally possessed or used any other controlled drug besides those already described? Yes No

If yes, explain:

16. Have you ever grown, manufactured, or processed any controlled substance? Yes No

If yes, explain:

H. Legal History

1. Have you ever been questioned as a suspect in a crime? Yes No
If yes, explain:

2. Have you ever been connected with a criminal investigation of any kind? Yes No
If yes, explain:

3. Have you ever been convicted of, pled guilty to, or pled no contest to misdemeanor charges?
 Yes No

If yes, explain:

4. Have you ever been convicted of, pled guilty to, or pled no contest to felony charges?
 Yes No

If yes, explain:

5. Have you ever been on court-ordered probation? Yes No
If yes, explain:

6. Have you ever stolen or taken without permission any property from a business or other people (i.e. shoplift)? Yes No
If yes, explain:

7. Did you ever buy anything that you suspected was stolen? Yes No
If yes, explain:

8. Did you ever sell anything that you knew was stolen? Yes No
If yes, explain:

H. Legal History Continued

9. Have you ever paid, or been paid, to participate in any sexual act? Yes No
If yes, explain:

10. Have you ever sought out or viewed child pornography, including via the internet? Yes No
If yes, explain:

11. The next section of questions asks about specific criminal offenses. Even if you were in the military and were in violation of the offenses under the UCMJ, make sure you include those offenses.

If you have been questioned by the police about one of these offenses or have been named in a police report concerning one of these offenses, mark the box for that offense(s) and explain. Making sure to give location (city & state) where the offense occurred and which police department.

a. Arson Yes No

If yes, explain:

b. Forgery Yes No

If yes, explain:

c. Embezzlement Yes No

If yes, explain:

d. Rape or Attempted Rape Yes No

If yes, explain:

e. Sexual Child Abuse or Molest Yes No

If yes, explain:

H. Legal History Continued

f. Assault, Resisting Arrest, Homicide Yes No
If yes, explain:

g. Burglary, Theft, Breaking and Entering Yes No
If yes, explain:

h. Criminal Damage (Vandalism/Graffiti) Yes No
If yes, explain:

i. Robbery Yes No
If yes, explain:

j. Child Abuse Yes No
If yes, explain:

k. Child Neglect Yes No
If yes, explain:

l. Sexual Crimes – i.e. self-exposure, obscene phone calls, peeping tom, sex in public place, etc.
 Yes No
If yes, explain:

12. Have you ever observed, been present, participated in, or concealed the commission of any criminal act? Yes No
If yes, explain:

H. Legal History Continued

13. Have you had the police to your residence for any reason? Yes No
If yes, explain:

14. Have you ever been the subject of a court order of protection or injunction prohibiting harassment?
 Yes No

If yes, explain (also give name of court or county of issuance):

15. Have you ever been a victim of any crime? Yes No

If yes, explain:

16. Did you ever offer anyone a bribe? Yes No

If yes, explain:

17. Did you ever commit an undetected crime that you have not disclosed? Yes No
If yes, explain:

18. Did you ever write a check with the intentions of cheating someone or cash a check you knew was bad? Yes No

If yes, explain:

I. References

1. List at least five (5) references (not relatives, former employers, or neighbors) who are responsible adults and who have known you well during the past five (5) years. **You must provide complete address including zip code, and current telephone number(s).**

Name	Address
Relationship	City, State, Zip
How long known?	Phone:(H) (C)
Occupation:	Email Address:

Name	Address
Relationship	City, State, Zip
How long known?	Phone:(H) (C)
Occupation:	Email Address:

Name	Address
Relationship	City, State, Zip
How long known?	Phone:(H) (C)
Occupation:	Email Address:

Name	Address
Relationship	City, State, Zip
How long known?	Phone:(H) (C)
Occupation:	Email Address:

Name	Address
Relationship	City, State, Zip
How long known?	Phone:(H) (C)
Occupation:	Email Address:

J. Further Explanations

Make additional copies of this page as necessary to completely answer each question.

WOODVILLE POLICE DEPARTMENT

AUTHORITY FOR RELEASE OF INFORMATION

TO: Any Doctor, Physician, Psychiatrist, Psychologist, Dentist, Hospital, Nursing Home, Medical Association or other Health Care Provider; the U.S. Armed Forces, Maritime Service, Veterans Association; any Academic Dean, Registrar, Principal, Guidance Counselor, or person authorized to release information at any: School, College, University, Business School, Trade School, High School, or Elementary School; any Local State, or Federal Law Enforcement Agency; any past or present Employer, Credit Bureau, Retail Merchant Association, U.S. Selective Service, or any Government Agency.

I, _____, have applied for employment with the Police Department of the Village of Woodville, Ohio. 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, credit, psychological, criminal (including expunged records pursuant to Ohio Revised Code 2953.33), medical, educational (including transcripts of any academic record) and any other records relating to achievement, attendance, personal history, discipline, and credit records. I hereby authorize you to release this information upon request to the bearer of this document.

This release is executed with full knowledge and understanding that the information is for the official use of the Village of Woodville. Consent is hereby granted of the Village of Woodville to furnish this information as described above to third parties in the course of fulfilling its official responsibilities relative to my employment with the Woodville Police Department. I hereby release the Village, its officers, agents, employees and independent contractors as the custodian of such records, and employer, educational institution, military or governmental entity, including its 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, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Any information obtained through this release shall be held confidential and shall not be released only pursuant to the Public Records Law for the State of Ohio, Chapter 149 of the Ohio Revised Code.

A photocopy of this release form will be valid as an original hereof, even though the said photo copy does not count as an original writing of my signature.

Full Name – Signature		Date	
Full Name- Typed or Printed			
Current Address	City	State	Zip
DOB	SSN (Optional)	Phone No.	
Witnessed By:			Date
Print Name and Title			

