

#### **APPLICANT QUESTIONNAIRE**

APPLICANT NAME:		
Social Security Number:	Date of Birth:	

The information provided in this questionnaire will be considered confidential to the extent that this information is excluded from disclosure under State or Federal law. The information provided will be used to assist the Mahoning County Sheriff to determine the qualifications of the applicant. The intentional omission or falsification of any material fact will give just cause for disqualification of the applicant from the selection process.

Each question must be answered as completely as possible. If a question does not apply to your particular circumstances, insert DNA (Does Not Apply), Should there not be sufficient space to answer a question, use the last page. Identify your answer by Section number.

The answers to this questionnaire will be verified by interviews and a complete background investigation. All applicants will be subject to a truth detection test.

#### **INSTRUCTIONS**

# IT IS IMPORTANT TO READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS QUESTIONNAIRE

You must be complete and truthful in ALL Your answers. All answers that you give in this application are subject to verification. Any failure to report completely or any untruthful answers may subject you to rejection as an employee. All information will be considered strictly confidential and will not be disclosed to any unauthorized person within the limits of State and Federal law.

You are required to make known to us any criminal record you have that has been expunged or legally sealed, consistent with Ohio Revised Code 2953.33. You must report your expunged or legally sealed charge or record, even if an attorney has told you otherwise. List your record or charge under the Criminal History section later in this questionnaire.

You will be required to submit to a truth detection test to determine the authenticity of the information given by you.

<u>PRINT your answers in ink.</u> Do not leave any questions blank. If a question does not apply to you, write "DNA". Your answers must be legible. If additional space is needed to explain an answer, please use the continuation sheets provided and reference to specific question number.

Be aware that your spelling, grammar and neatness will be considered part of your personal attributes involved in the selection process. Also, your dress, speech, and manner will be scrutinized during all phases of the background investigation process and will be similarly considered.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE INSTRUCTIONS

Signature:		 
Date:	 	

### PERSONAL & FAMILY RECORD

Legal Last N	ame	Full First Name		Full Middle N	ame
By What Oth	er Names Have Y	ou Been Known	(Maiden, Forn	ner Marriage, A	alias):
Date of Birth	:	Place of Birth: _		SSN:	
Address:	(Street Name and )	Number)			
	(City)		(State)		(Zip)
(Home Phone)		(Cell Phone)		(Work	Phone)
United State	s Citizen: Y	ES NO			
Naturalized	Citizen: Y	ES NO			
Naturalizatio	n Certificate Nur	mber:			_
Marital Statu	ıs: Married	Single	Divorced	Separated	Widowed
Spouse In	formation				
Legal Last N		Full First Name		Full Middle N	ame
Date of Birth	:	Place of Birth: _		SSN:	
Address:	(Street Name and )	Number)			
	(City)		(State)		(Zip)
(Home Phone)		(Cell Phone)		(Work	(Phone)

# **Father Information**

Legal Last Name Full First Nam		Full First Name	Full Middle Name
Data of Birth	:	Occupation:	
Date of Birtin.	•	Occupation.	
Address:			
	(Street Name and )	Number)	
	(City)	(State)	(Zip)
	(City)	(State)	(Zip)
(Home Phone)		(Cell Phone)	(Work Phone)
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	<u>formation</u>	E HE AN	-
Legal Last Na	ame	Full First Name	Full Middle Name
Date of Birth:		Occupation:	
Address:	(C44 NI	A 1	
	(Street Name and )	Number)	
	(City)	(State)	(Zip)
(Home Phone)		(Cell Phone)	(Work Phone)
Children (	list all children,	whether residing with you or n	ot)
Legal Last Na	ame	Full First Name	Full Middle Name
Son / Daught	or Date of Pirt	h: Place of Birt	·h·
Jon / Daught	ei Date Oi Bill	ii Flace Of Bin	
Address:			
	(Street Name and )	Number)	
	(C:)		
	(City)	(State)	(Zip)

Legal Last N	ame	Full First Name		Full Middle Name	
Son / Daugh	ter Date of Birt	th:	_ Place of Birt	th:	
Address:					
	(Street Name and	Number)			
	(City)		(State)		(Zip)
Legal Last N	lame	Full First Name		Full Middle Name	
2 / Davigh	Deta of Die		Disco of Div		
	er Date of Birt	:h:	_ Place of bird	th:	
Address:	(Street Name and )	Number)			
	(22-1-)	.,			
	(City)		(State)		(Zip)
Legal Last N	ame	Full First Name		Full Middle Name	
Son / Daught	ter Date of Bir	th:	Place of Bir	th:	
Address:					
Audi 655.	(Street Name and	Number)			
	(City)		(State)		(Zip)
Are you now		equired dependen		S NO	( <u></u> F)
Are you payi	ing alimony and/	or child support	YES (Amo	NO ount per Month \$	)
Have you ev YES	ver been sued for NO	or alimony paymen	nts, child supp	port payments?	
Court:		_ Date:	Docket	#:	
-	v in arrears or hat r alimony paymer	-		nished for back child	support

### **MILITARY RECORD**

Have you ever served in the Armed Forces: YES NO	
Branch of Service:	
Military Serial Number:	
Highest Rank Achieved:	
Are you currently in the Reserves or National Guard: YES	NO
Active Duty Dates (do not include Reserve tours of 90 days or less):	
FROM: TO:	
FROM: TO:	
FROM: TO:	
Type of Discharge:  (Honorable, General, Other-Than-Honorable, Dishonoral)	 ble)
***If discharge was anything else but Honorable, please explain:	

Were you ever court martialed, tried on charges, the subject of a summary court, deck court, captain's mast, non-judicial punishment or any other disciplinary action during your service? YES NO
***If you answered yes, please explain:

## **EDUCATION**

High School	ı:				
Address:					
	(Street Nam	ne and Number)			
	(City)			(State)	(Zip)
Did you grad	?etsuc	YES	NO		
Major:		Minor: _			Total Credit Hours:
Dates Atten	ded:		_ to		
List any and attended:	all universi	ties, trade school	ols, bus	siness scho	ols and training schools
allendoa.					
School Nam	ie:				
Address:					
	(Street Nam	ne and Number)			
	(C:L.)			(04.44)	(7in)
	(City)			(State)	(Zip)
Did you grad	?ate?	YES	NO		
Major: Minor: _				Total Credit Hours:	
Dates Atten	ded:		to		
School Nam	ie:				
Address:	(C) (NI	127 1)			
	(Street Nam	ne and Number)			
	(City)	- <u></u> -		(State)	(Zip)
				(Diaic)	( <del></del> r)
Did you grad	duate?	YES	NO		
Major:		Minor: _			Total Credit Hours:
Dates Atten	ded:		_ to		

School Nam	ne:				
Address:	(Street Nan	ne and Number)			
	(City)			(State)	(Zip)
Did you grad	duate?	YES	NO		
Major:		Minor: _			Total Credit Hours:
Dates Atten	ded:		_ to _		
School Nam	ne:				<u> </u>
Address:	(Street Nam	ne and Number)			
	· 				
	(City)			(State)	(Zip)
Did you grad	duate?	YES	NO		
Major:		Minor: _			Total Credit Hours:
Dates Atten	ded:		_ to	<u></u>	
School Nam	ne:				
Address:	(Street Nan	ne and Number)			
i	`				
i	(City)			(State)	(Zip)
Did you grad	duate?	YES	NO		
Major:		Minor: _			Total Credit Hours:
Dates Atten	ided:		to		

### **EMPLOYMENT**

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

List all jobs held since age 18 (full-time, part-time, temporary, seasonal, military and periods of unemployment, starting with the most recent)

Employer:

From:	TO:	Salary: \$	per:
Address:			
	(Street Name and Number)		
	(0:4-)		(7:)
	(City)	(State)	(Zip)
Business Ph	none:	Supervisor:	
Reason for I	Leaving:		
List any and	l all disciplines (write-ups, reprir	nands, suspensions,	terminations):
- I		•	•
ı			
ľ			
May we con	tact your current employer?	YES NO	
-			
	<b>I</b> _ <b>!</b>		
If no, please	explain:		
If no, please	e expiain:		
	e expiain:		
Employer: _		Job Title:	
Employer: _ From:	TO:	Job Title: Salary: \$	per:
Employer: _	TO:	Job Title:	per:
Employer: _ From:	TO:	Job Title: Salary: \$	per:
Employer: _ From:	TO:	Job Title: Salary: \$	per:
Employer: _ From: Address:	TO: (Street Name and Number)	Job Title: Salary: \$ (State)	per:
Employer: _ From: Address: Business Ph	(Street Name and Number) (City)	Job Title: Salary: \$  (State)  Supervisor:	per:(Zip)
Employer: _ From: Address:  Business Programmer   Reason for I	TO:  (Street Name and Number)  (City)  none:  Leaving:	Job Title: Salary: \$ (State) Supervisor:	per:(Zip)
Employer: _ From: Address:  Business Programmer   Reason for I	TO: TO: (Street Name and Number)  (City)  none:	Job Title: Salary: \$ (State) Supervisor:	per:(Zip)
Employer: _ From: Address:  Business Programmer   Reason for I	TO:  (Street Name and Number)  (City)  none:  Leaving:	Job Title: Salary: \$ (State) Supervisor:	per:(Zip)
Employer: _ From: Address:  Business Ph	TO:  (Street Name and Number)  (City)  none:  Leaving:	Job Title: Salary: \$ (State) Supervisor:	per:(Zip)

Employer: _		Job Title:	
From:	TO:	Salary: \$	per:
Address:			
	(Street Name and Number)		
	(City)	(State)	(Zip)
Business Pl	none:	Supervisor:	
Reason for	Leaving:		
List any and	l all disciplines (write-ups, rep	rimands, suspensions,	terminations):

Employer: _	oloyer: Job Title:				
From:	TO:	Salary: \$	per:		
Address:	(Street Name and Number)				
	(City)	(State)	(Zip)		
Business P	hone:	Supervisor:			
Reason for	Leaving:				
List any and	d all disciplines (write-ups, re	primands, suspensions, t	erminations):		

Employer: _		Job Title:	
From:	TO:	Salary: \$	per:
Address:	(Street Name and Number)		
	(City)	(State)	(Zip)
Business P	hone:	Supervisor:	
Reason for	Leaving:		
List any and	d all disciplines (write-ups, rep	primands, suspensions,	terminations):
Employer: _		Job Title:	
	TO:		
From:			
	TO:		
From:			
From:	TO:		per:
From:	(Street Name and Number) (City)	Salary: \$ (State)	per:(Zip)
From:	(Street Name and Number)	Salary: \$ (State)	per:
From: Address: Business Pl	(Street Name and Number) (City) hone:	Salary: \$ (State) Supervisor:	per:(Zip)
From: Address: Business Pl	(Street Name and Number) (City)	Salary: \$ (State) Supervisor:	per:(Zip)

Have your employers always treated you fai	rly? YE	S	NO	
If no, please explain:				
Two				
Were you ever terminated, fired, discharged unsatisfactory service, or any other reason?			because o NO	t misconduct,
If yes, please explain in as much detail as pe	ossible:			
. , ,				
Do you have experience with shift work?		Υ	ES	NO
Do you object to working afternoon or night	shifts?	Y	ES	NO
Do you object to working weekends?		Y	ES	NO
Do you object to wearing a uniform to work	?	Υ	ES	NO
List all Law Enforcement Agencies you have	e applied to an	nd you	r status:	
AGENCY	DATE APPL	IED	EMPLOY	MENT STATUS
List all organizations, clubs and social grou	ps you belong	to an	d any posi	tion held:
AGENCY	EN	/IPLOY	MENT ST	ATUS

## **DRIVING HISTORY**

Do you p	oossess a valid Ohio Dri		YES	NO			
If yes, is	If yes, is a copy of your license attached to this application?				NO		
Do you o	Do you currently or have you ever held another driver's license issued by another state?  YES NO						
If yes, pl	ease provide the followi	ng information:					
STATE	LICENSE #	DATE ISSUED	DATE EXPIR	ES RES	TRICTIONS		
Has vou	r driver's license ever be	een suspended or re	evoked?	YES	NO		
,	ve the dates, jurisdiction ion or revocation:	n out of, length of su	spension and	reason for			
				_			
Have yo	u ever been refused a d	river's license from	any state?	YES	NO		
	u ever been refused a d lease explain:	river's license from	any state?	YES	NO		
		river's license from	any state?	YES	NO		
If yes, pl		river's license from	any state?	YES	NO		
If yes, pl	ease explain:	river's license from		YES  URT DISPO			
If yes, pl	notor vehicle accidents:						
If yes, pl	notor vehicle accidents:						
If yes, pl	notor vehicle accidents:						
List all m	notor vehicle accidents:	WHO WAS CITE					
List all m	notor vehicle accidents:	WHO WAS CITE	ED COI	URT DISPO			
List all m	notor vehicle accidents:  POLICE AGENCY  raffic citations (excluding	WHO WAS CITE	ED COI	URT DISPO	OSITION		
List all m	notor vehicle accidents:  POLICE AGENCY  raffic citations (excluding	WHO WAS CITE	ED COI	URT DISPO	DSITION		

List all vehicles registered to you and members of your household:

MAKE	MODEL	PLATE #	STATE	VIN
	MAKE	MAKE MODEL	MAKE MODEL PLATE#	MAKE MODEL PLATE # STATE

Are there any outstanding or delinquent parking tickets on the about		
	YES	NO
If yes, please explain:		
Have you ever been refused automobile insurance?	YES	NO
	YES	NO
Have you ever been refused automobile insurance?  If yes, please explain:	YES	NO
	YES	NO

# **CIVIL HISTORY**

Have you, your spouse, or your ex-spouse ever been sued by an	yone (civil co	urt
defendant) in any common pleas court, county court, municipal co	ourt or small	claims
court?	YES	NO

court?	ant) in any common picas coar	t, county court, marilor	•	YES	NO
If yes, p	lease provide the following de	tails:			
DATE	COURT of JURISDICTION	OTHER PARTY	WHO	LOST	AMOUNT
Do you,	your spouse or your ex-spous	e have any immediate		tion pen YES	iding? NO
				ILO	NO
If yes, p	lease explain:				
Have yo	ou, your spouse or ex-spouse e	ever filed for bankrupto	cy?	YES	NO
If yes, p	lease provide the following de	tails:			
DATE	COURT of JURISDICTION	DATE DISCHARG	GED	Al	MOUNT
Have vo	ou, your spouse or ex-spouse o	ever failed to file or to	nav regi	iired mi	ınicinal
	nd federal income tax returns a			YES	NO
lf voo m	Jacob oveloje.				
ir yes, p	lease explain:				
Have yo	ou, your spouse or ex-spouse of	ever had your wages g			NO
If ves. p	olease explain:			YES	NO
, 500, p	,				
A no. 11	na anni Bana anni Saction ann a		- 0	VE0	NIO
Are the	re any liens against any of you	r property or real estat	æ?	YES	NO
If yes, p	lease explain:				

#### **CRIMINAL HISTORY**

Have you ever been arrested, detained, held or charged with any criminal violation, including traffic, as an adult or juvenile?

If yes, please provide the following:

DATE	ARRESTING AGENCY	CHARGE	DISPOSITION	DETAILS

Have you ever been placed on probation? YES NO

If yes, please provide the following:

DATE	LOCATION	CHARGE	DISPOSITION	DETAILS & OUTCOME

Have you ever been required to pay a fine, other than those previously listed (health department, zoning, dog warden)?

YES

NO
If yes, please explain:

Have you ever been reported as a missing person or runaway? YES NO

If yes, please provide the following:

DATE	LOCATION	POLICE AGENCY	DETAILS & OUTCOME

Has any member of your immediate family, in-laws, anyone you have ever lived with or another close family relation ever been convicted of a crime? YES NO

If yes, please provide the following:

DATE	NAME & RELATION	CHARGE	POLICE AGENCY	DISPOSITION

Have you ever been convicted of a misdemeanor offense that have an original felony charge?	ad been redu YES	ced from NO
Have you ever been sentenced to any correctional facility?	YES	NO
Are you currently under indictment for a criminal offense?	YES	NO
Have you ever been placed on or served in a criminal diversion eventual dismissal of criminal charges?	program that YES	led to the NO
Have you ever applied for or received any type of governmental welfare, unemployment compensation, housing subsidy payment educational loans, grants, general relief, food stamps, Medicaid you were not eligible for, received in a fraudulent manner, or after ineligible but continued receiving?	its, medical o or social secu	r urity that
Do you have a problem controlling your temper?	YES	NO
Do you have a gambling problem?	YES	NO

Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution (as defined in 42 U.S.C. 1997)? YES NO

Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

YES

NO

Have you ever been civilly or administratively adjudicated to have engaged in the activity described in the previous two (2) questions?

YES

NO

## **FINANCIAL**

List the checking or savings accounts that you currently have. Then list all financial obligations for which you are responsible. Use the continuation sheet if necessary.

BANK BANK DATE OPENED CURRENT AM  BANK BANK DATE OPENED CURRENT AM  CREDITOR LOAN TYPE DATE INCURRED ORIGINAL AM  CREDITOR ADDRESS REASON for DEBT IN DEFAULT AMOUNT NOW	
BANK BANK DATE OPENED CURRENT AM \$  CREDITOR LOAN TYPE DATE INCURRED ORIGINAL AM \$	OUNT
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#### **REFERENCES**

List Six (6) references (not relatives, spouses, employers or supervisors) who are responsible adults, four (4) of whom have known you for at least three (3) years:

Legal Last Na	ame	Full First Name	Full Middle Name
Date of Birth:		Occupation:	
Address:			
	(Street Nam	e and Number)	
	(City)	(State)	) (Zip)
(Home Phone)		(Cell Phone)	(Work Phone)
Legal Last Na	ame	Full First Name	Full Middle Name
Date of Birth:		Occupation:	
Address:			
	(Street Nam	e and Number)	
	(City)	(State)	) (Zip)
(Home Phone)		(Cell Phone)	(Work Phone)
Legal Last Na	ame	Full First Name	Full Middle Name
Date of Birth:		Occupation:	
Address:	(Street Nam	e and Number)	
		·	
	(City)	(State)	(Zip)
(Home Phone)		(Cell Phone)	(Work Phone)

Legal Last Na	ame	Full First Name	Full Middle Name	
Date of Birth	:	Occupation:		
Address:				
	(Street Name	e and Number)		
	(City)	(State)	(Zip)	
(Home Phone)		(Cell Phone)	(Work Phone)	
Legal Last Na	ame	Full First Name	Full Middle Name	
D. ( ( D) ()				
Date of Birth		Occupation:		
Address:	(Street Name and Number)			
	(City)	(State)	(Zip)	
(Home Phone)		(Cell Phone)	(Work Phone)	
Legal Last Na	ame	Full First Name	Full Middle Name	
Date of Birth	:	Occupation:		
Address:	(Street Name and Number)			
	(City)	(State)	(Zip)	

## **GENERAL INFORMATION**

Have you ever traveled outside of the United States?	YES	NO
If yes, what countries:		
Do you own any business or commercial properties?	YES	NO
If yes, what and where:		
If you are hired by the Mahoning County Sheriff, do you anticip other than your salary?	oate any other i YES	ncome NO
If yes, what amount and from what source:		
Other than a driver's license, do you person any other person	or license?	
Other than a driver's license, do you possess any other permit	YES	NO
If yes, explain:		
Please list any other pertinent information you feel may be nec	cessary:	
Applicant's Signature:	Date:	
Sworn to and subscribed before me this day of	, 20	), in
the County of, State of Ohio		
Notary Signatura:		
Notary Signature:		
My Commission Expires:		

# **CONTINUATION SHEET**

Use this sheet if you need additional space to respond to any question on this application

#### **ADDITIONAL INFORMATION**

# YOU MUST HAVE ALL OF THE FOLLOWING DOCUMENTATION TURNED IN TO BE ELIGIBLE FOR FULL-TIME EMPLOYMENT

You must complete this application in its entirety and have it notarized

You must complete and sign MCSO Disclosure Statement and have it notarized

You must complete the MCSO Pre-Employment Screening Questionnaire

You must give a MCSO Personal Reference Questionnaire to all six (6) of your listed references

You must have a color copy of your Valid Ohio Driver's License

You must have a color copy of your Social Security Card

You must have a copy of your high school diploma or GED certificate

You must have a copy of any and all college transcripts

You must have a copy of your valid OPOTA certificate

You must have a copy of your DD214 (military only)