



**Department of Public Safety – Division of Fire  
Willowick Is An Equal Opportunity Employer  
Personal History Questionnaire**

**Instructions**

This personal history questionnaire is intended for the use of the Willowick Civil Service Commission. 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, polygraph, voice stress analyzer, and screening procedures. Information contained herein will be considered to be strictly confidential and will not be disclosed to any unauthorized persons.

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. The Ohio Revised Code and Rules and Regulations of the Willowick Civil Service Commission 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 – Falsification.

**Personal & Marital Record – Section I**

Legal Name Last			First		Full Middle Name	
By what other names have you been known? (Maiden name, former married name, aliases, nicknames, etc.)						Residence phone & area code
Residence address (number, street, apartment, City, State, and zip code)					Social Security number	
Date of birth	Age	Height	Weight	Color of hair	Color of eyes	
Place of birth	City	County	State	Birth Certificate #		
Ohio Driver's License #	Type	Expiration Date	Out of state Driver's License #	Type	Expiration Date	
Present marital status	City, County, State – Present Marriage performed			Date – Present Marriage performed		
Name of present spouse (Last, First, Middle)			Maiden name (if applicable)		Spouse's Social Security #	
Age	Height	Weight	Date of birth	Birthplace of spouse	Name & address of spouse's employer	

## Personal and Marital Record (continued)

Father (natural- Last, First, Middle)	Date of birth	Full address (if deceased, date of death)	Age
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Mother (natural- Maiden Name Last, First, Middle)	Date of birth	Full address (if deceased, date of death)	Age
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List any scars, birthmarks, tattoos, deformities, etc. that you may have:

List your children:

<input type="checkbox"/> Son      Name (Last, First, Middle) <input type="checkbox"/> Daughter	Birth date	Birth place (City & State)
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Address (if different than yours)	Relationship to you __ Natural __ Step __ Foster	Relationship to your spouse __ Natural __ Step __ Foster
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<input type="checkbox"/> Son      Name (Last, First, Middle) <input type="checkbox"/> Daughter	Birth date	Birth place (City & State)
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Address (if different than yours)	Relationship to you __ Natural __ Step __ Foster	Relationship to your spouse __ Natural __ Step __ Foster
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<input type="checkbox"/> Son      Name (Last, First, Middle) <input type="checkbox"/> Daughter	Birth date	Birth place (City & State)
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Address (if different than yours)	Relationship to you __ Natural __ Step __ Foster	Relationship to your spouse __ Natural __ Step __ Foster
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<input type="checkbox"/> Son      Name (Last, First, Middle) <input type="checkbox"/> Daughter	Birth date	Birth place (City & State)
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Address (if different than yours)	Relationship to you __ Natural __ Step __ Foster	Relationship to your spouse __ Natural __ Step __ Foster
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List your relatives in the following order: 1. brothers 2. sisters 3. stepmother 4. stepfather 5. stepbrothers 6. stepsisters 7. father-in-law  
8. mother-in-law 9. sisters-in-law 10. brothers-in-law

Relationship	Name (Last, First, Middle)	Address (Number, Street, City, State, Zip Code)	Age
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Are you now supporting all dependents that you are required to support? __yes    __no	Are you paying alimony or child support? __yes    __no	Amount per month \$
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Have you ever been sued for alimony payments, child support, non-payment of debts or fraud? If yes, give the name of the Court in which you were sued and the Court # of the lawsuit.

yes    no    \_\_\_\_\_  
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Previous Marriages: If previously married, provide the following:

Date married	Where married (City, County, State)	Name of ex-spouse (maiden name)	If dissolved or divorced	Date finalized
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Are you a US citizen? __yes    __no	If yes, __native born __naturalized	Are you a permanent resident alien? __yes    __no	If yes, give port of entry to USA and date
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If a naturalized citizen, list city and state where naturalized.	Date naturalized	Certificate #
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## Previous Residences Record – Section II

List addresses since age 15. Account for all time spans with the most recent address first and descending in order there from. 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.

From(*month, year*) To(*month, year*) Address (City, State, Zip Code) With whom did you live? Relationship

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## References

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

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<b>1) Name</b>	Home address (City, State, Zip Code)	Home / Cell Phone (area code)
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<i>Years Known</i>	<i>Business, occupation or profession</i>	<i>Business Address (City, State, Zip Code)</i>	<i>Business Phone (area code)</i>
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<b>2) Name</b>	Home address (City, State, Zip Code)	Home / Cell Phone (area code)
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<i>Years Known</i>	<i>Business, occupation or profession</i>	<i>Business Address (City, State, Zip Code)</i>	<i>Business Phone (area code)</i>
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<b>3) Name</b>	Home address (City, State, Zip Code)	Home / Cell Phone (area code)
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<i>Years Known</i>	<i>Business, occupation or profession</i>	<i>Business Address (City, State, Zip Code)</i>	<i>Business Phone (area code)</i>
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**Financial Record – Section III**

1. Are you now delinquent in any financial obligation: \_\_\_\_\_yes \_\_\_\_\_no

(If yes, explain on last page)

2. Do your monthly bills exceed your take home pay? \_\_\_\_\_yes \_\_\_\_\_no

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3. Indebtedness involving you, your spouse, or your ex-spouse for which you are liable.

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To whom owed	Address	Date incurred	Original amount	Amount due	Monthly Payment
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____

10. Name and location of your banks \_\_\_\_\_ Checking  
\_\_\_\_\_ Savings

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11. Year, make, body type and license # of your present vehicles \_\_\_\_\_ Date purchased \_\_\_\_\_ Name of legal owner \_\_\_\_\_

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12. \_\_\_\_\_  
\_\_\_\_\_

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.

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13. \_\_\_Yes \_\_\_No Do you, your spouse or ex-spouse have any immediate civil action pending against you?  
\_\_\_Yes \_\_\_No Have you ever been refused a life, automobile, health or other insurance policy?  
\_\_\_Yes \_\_\_No Have you ever been garnished, filed for bankruptcy, or been declared bankrupt?
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## Work History – Section IV

Have you ever applied for a position with any law enforcement or other government agency?  Yes  No

Name of department or agency	Date applied	Accepted	If no, give reason for rejection or declination of 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	

### 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 supervisor and substitute for the name and address of co-worker the name and address of a non-commissioned officer with whom your 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, apartment or suite, city, state, and zip code,.

May we contact your present employer?  Yes  No

If no, explain on last page. *(If presently employed, indicate so in the first block.)*

Have you ever been discharged or asked to resign from a job?  Yes  No

If yes, explain on last page.

From date and days off on present job	Name of Employer	Job title	List hours worked
1)			

To date	Address of Employer	Description of duties

Total time employed	Full name of immediate supervisor	Address of immediate supervisor	Business phone #

Salary	Full name of co-worker	Address of co-worker	Telephone of co-worker

From date and days off on present job	Name of Employer	Job title	List hours worked
2)			

To date	Address of Employer	Description of duties

Total time employed	Full name of immediate supervisor	Address of immediate supervisor	Business phone #
Salary	Full name of co-worker	Address of co-worker	Telephone of co-worker
From date and days off on present job <b>3)</b>	Name of Employer	Job title	List hours worked
To date	Address of Employer	Description of duties	
Total time employed	Full name of immediate supervisor	Address of immediate supervisor	Business phone #
Salary	Full name of co-worker	Address of co-worker	Telephone of co-worker
From date and days off on present job <b>4)</b>	Name of Employer	Job title	List hours worked
To date	Address of Employer	Description of duties	
Total time employed	Full name of immediate supervisor	Address of immediate supervisor	Business phone #
Salary	Full name of co-worker	Address of co-worker	Telephone of co-worker
From date and days off on present job <b>5)</b>	Name of Employer	Job title	List hours worked
To date	Address of Employer	Description of duties	
Total time employed	Full name of immediate supervisor	Address of immediate supervisor	Business phone #
Salary	Full name of co-worker	Address of co-worker	Telephone of co-worker







## General Information Inquiry – Section VI

Notice: The following questions and answers will be verified through the use of polygraph (lie detector), voice stress analyzer or a screening process. 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.

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|---|------------|-----------|
| 1. If it became necessary in the course of our 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 to answer this question).</b>  | <b>Yes</b> | <b>No</b> |
| 2. Have you ever committed a felony for which you were never arrested or convicted?   | <b>Yes</b> | <b>No</b> |
| 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?  | <b>Yes</b> | <b>No</b> |
| 4. Have you ever been convicted of a felony?  | <b>Yes</b> | <b>No</b> |
| 5. Have you ever been convicted of a misdemeanor that had been reduced from original felony charges?  | <b>Yes</b> | <b>No</b> |
| 6. Have you ever been convicted of any criminal offense? ( <i>i.e., theft offenses, assault, corruption of a minor, disorderly conduct, gambling, drug offenses, sex offenses, offenses involving immoral or indecent conduct, fraud, trespassing, conversion of trust, offenses involving military justice, or any other criminal offenses</i> )   | <b>Yes</b> | <b>No</b> |
| 7. Have you ever been convicted of any traffic offense? ( <i>i.e., operating a motor vehicle while under the influence of alcohol or drugs, reckless operation, hit skip, vehicular homicide, speeding, drag racing, willfully eluding a police officer, 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</i> ). | <b>Yes</b> | <b>No</b> |
| 8. As a adult, have you ever stolen anything?   | <b>Yes</b> | <b>No</b> |
| 9. Have you ever bought or sold any property that you knew was stolen?  | <b>Yes</b> | <b>No</b> |
| 10. Has your driver's license ever been suspended or revoked?   | <b>Yes</b> | <b>No</b> |
| 11. Have you ever been committed to any penal institution as a result of either a felony or misdemeanor conviction?   | <b>Yes</b> | <b>No</b> |
| 12. Are you presently under an indictment or a defendant in any pending criminal, traffic, or civil actions?  | <b>Yes</b> | <b>No</b> |
| 13. Have you ever used any hallucinogens such as marijuana, hashish, mescaline, PCP, THC, Peyote, PCE, TCP, Angel Dust, or any of their derivatives, etc? ( <i>If yes, age first used, age last used, &amp; total number of uses</i> ).   | <b>Yes</b> | <b>No</b> |
| 14. Have you ever used any narcotics such as opium, morphine, codeine, Meperidine, methadone, or any of their derivatives such as Darvon, Lomotil, etc.? ( <i>If yes, age first used, age last used, &amp; total number of uses</i> ).  | <b>Yes</b> | <b>No</b> |
| 15. Have you ever used cocaine, heroin, LSD? ( <i>If yes, age first used, age last used, &amp; total number of uses</i> ).  | <b>Yes</b> | <b>No</b> |
| 16. Have you ever used any prescription drugs, such as barbiturates, amphetamines, Valium, Librium, Sopors, uppers / downers, etc., without the benefit of a prescription? ( <i>If yes, age first used, age last used, &amp; total number of uses</i> ).  | <b>Yes</b> | <b>No</b> |
| 17. Have you ever used any prescribed medications for purposes other than that for which they were originally prescribed or intended? ( <i>If yes, type and use</i> ).  | <b>Yes</b> | <b>No</b> |
| 18. 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.?  | <b>Yes</b> | <b>No</b> |
| 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?   | <b>Yes</b> | <b>No</b> |
| 20. Have you ever been involved in glue sniffing or used any other such chemical agents for the purpose of obtaining a state of intoxication?   | <b>Yes</b> | <b>No</b> |
| 21. Are you addicted to or use alcohol excessively or suffer from any alcohol related problems or received any related treatments?  | <b>Yes</b> | <b>No</b> |
| 22. Have you ever filed for, or received, compensation from any industrial compensation claim?  | <b>Yes</b> | <b>No</b> |

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|--|---------------------------|
| 23. Have you ever applied for and received unemployment compensation, the amount of which you were not eligible to receive?  | <b>Yes</b> <b>No</b>      |
| 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? | <b>Yes</b> <b>No</b>      |
| 25. 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 functioning as a police officer or firefighter?   | <b>Yes</b> <b>No</b>      |
| 26. Do you have any problems because of gambling?  | <b>Yes</b> <b>No</b>      |
| 27. Do you have any problem controlling your temper?   | <b>Yes</b> <b>No</b>      |
| 28. Have you ever been involved in an automobile accident?   | <b>Yes</b> <b>No</b>      |
| 29. Have you ever engaged in any grossly unnatural sexual acts?  | <b>Yes</b> <b>No</b>      |
| 30. Have you ever engaged in any illicit sexual activities?  | <b>Yes</b> <b>No</b>      |
| 31. Have you ever travelled outside the United States?   | <b>Yes</b> <b>No</b>      |
| 32. Is there anything in your medical or psychological history that you are aware of that could disqualify you from this position?   | <b>Yes</b> <b>No</b>      |
| 33. Have you ever received any psychiatric or psychological evaluations, treatments, or examinations?  | <b>Yes</b> <b>No</b>      |
| 34. Have you ever been a patient in any state or private mental institution?   | <b>Yes</b> <b>No</b>      |
| 35. Do you wear prescription lenses ( <i>eyeglasses</i> ) for any vision defect?   | <b>Yes</b> <b>No</b>      |
| 36. Do you wear hard or soft contact lenses?   | <b>Yes</b> <b>No</b>      |
| 37. Have you ever undergone any type of eye surgery, i.e., radial, keratotomy, etc.?   | <b>Yes</b> <b>No</b>      |
| 38. Do you know what your vision standard is at present?<br>If yes, what is it?  | <b>Yes</b> <b>No</b>      |
|  | Right_____      Left_____ |





## Authorization for Release of Information

I, the undersigned, hereby authorize this release, to the *Willowick Police Department*, or the *Willowick Fire Department*, or the *Willowick Civil Service Commission*, for any information relative to my military service, medical history, employment, education, character, and criminal record, with the understanding that the *Willowick Police Department*, or the *Willowick Fire Department*, or the *Willowick Civil Service Commission* will treat as confidential any information thus obtained, and that it will be used only in connection with evaluating my application for appointment to the *Willowick Police Department*, or the *Willowick Fire Department*.

Signature: \_\_\_\_\_

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

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Before signing this application, please read over your answers to each question to determine the accuracy and completeness of your responses. This Application **MUST BE NOTARIZED PRIOR** to filing it with Fire Department Administration.

**"MY SIGNATURE BELOW WILL SIGNIFY THAT I SWEAR/AFFIRM THAT ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT ANY FALSE STATEMENTS MADE BY ME WILL BE SUFFICIENT CAUSE FOR EXCLUDING ME FROM CONSIDERATION OF EMPLOYMENT AND/OR REMOVING MY NAME FROM ANY ELIGIBILITY LIST ESTABLISHED BY THE CIVIL SERVICE COMMISSION AS A RESULT OF THIS APPLICATION."**

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

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

**SWORN TO BEFORE ME** and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 2014.

(SEAL)

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

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