DEPARTMENT OF PUBLIC SAFETY

Division of Police

Middletown Division of Police Reserve Unit

Officers of The Middletown Division of Police Reserve Force are expected to perform in a manner that augments the regular police force. The expectation of how officers will achieve that performance is communicated to each member on a regular basis. This is a non-paid position. The following are the minimum monthly requirements of a Reserve officer:

1. The minimum number of hours to be worked each month is eighteen (18).
2. Each officer is expected to work at least one Jail Visitation each month (3 hour minimum)
3. Each officer is expected to attend the monthly meeting of the unit. (2 hour)
4. Each officer is expected to work as needed on Junk Motor Vehicles
5. Each officer is expected to work one Vacation Check each month (3 hour minimum)
6. Each officer is expected to work (2) hours a month at the Desk.
7. Each officer is expected to complete all roll-call and in-service training.
8. Each officer is expected to assist with at least one parade event during the year.
9. Completion of the annual mandatory Continuing Professional Training requirements set by the Ohio Attorney General.

In exchange for your service we offer you valuable experience in your career development as a police officer. During your pursuit for full time status you get to hold your commission.

The Middletown Division of Police supplies you with all your needed equipment including Uniforms, Bullet Proof Vest and Duty Weapon. When full time positions become available officers on the Reserve Unit are looked at for these positions.

If you are interested in joining our team please fill out the attached application and return it to the Middletown Division of Police “Attention: Sgt. Cris Kelly”. If you would like further information you can email me at crisk@cityofmiddletown.org or call 513-425-7760.
Department of Public Safety

Division of Police

Middletown is 26.43 square miles with a population of around 48,000.

Starting salary is $51,743 (does not include shift differential, overtime or uniform allowance)

Middletown has its own full service jail and Communications Center

9 Detectives including 2 Juvenile Detectives

Special Operations – 7 Narcotic Detectives

5 K9 Officers

3 School Resource Officers

10 member SRT Team

Task Force

Honor Guard

Bike Patrol – 4 electronically powered Stromer bicycles

Outdoor Firing Range

Middletown Division of Police

MPDOhio

City of Middletown

cityofmiddletownohio

www.cityofmiddletown.org/police

http://cityofmiddletown.org/jobs/interestcard.aspx
COMMUNICATIONS

THERE ARE CURRENTLY 12 DISPATCHERS. THEY DISPATCH FOR POLICE, FIRE AND EMS.

MIDDLETOWN COMMUNICATIONS ANSWERS 911 CALLS FOR THE CITIES OF MIDDLETOWN, MONROE AND TRENTON.

911 CALLS RECEIVED IN 2017: 47,664

INCOMING ADMIN CALLS IN 2017: 109,501

OUTGOING ADMIN CALLS MADE IN 2017: 38,393

TOTAL CALLS FOR 2017: 195,558

FIRE/EMS CALLS FOR SERVICE IN 2017: 11,920
POLICE

• POLICE CALLS FOR SERVICE IN 2017: 40,602

• SWORN OFFICERS IN 2017: 69

• TRAFFIC CRASHES IN 2017: 1,094

• TRAFFIC CITATIONS ISSUED IN 2017: 4,159

• TOTAL ARRESTS FOR 2017: 6,150

• WARRANTS WERE SERVED IN 2017: 4,901
JAIL

- CORRECTION OFFICERS IN 2017: 10
- TOTAL ARRESTS IN 2017: 6,150
- DOMESTIC VIOLENCE ARRESTS IN 2017: 200
- DRUG ARRESTS IN 2017: 887
- DUI ARRESTS IN 2017: 169
Application for Employment
CITY OF MIDDLETOWN One Donham Plaza Middletown, Ohio 45042
Tel: (513) 425-7934 24-Hour Job Line (513) 425-1822 Fax: (513) 425-7929

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position applied for __________________________________ Date of application __/__/____

Referral Source ___ Advertisement ___ Job Line ___ Relative ___ Employment Agency

___ Walk-in ___ Employee ___ Friend ___ Other

Name of source (if applicable) _______________________________________________________

Do you have any relatives currently employed by the City of Middletown? Yes ___ No ___ (Must answer)

If yes, who is employee? __________________________________________ What is your relationship to employee? ________________________________

Name ______________________________________________________________

LAST FIRST MIDDLE

Address ________________________________________________________________

STREET CITY STATE ZIP CODE

Telephone # (___) __________________________ Mobile/Other Phone # (___) ________________

Social Security # __________________________ E-Mail __________________________

SEE ATTACHED JOB ANNOUNCEMENT. Please indicate if you qualify, with respect to age, for the position for which you are applying. Yes, I do qualify ____; No, I do not qualify ____.

Have you worked for the City of Middletown before? Yes ___ No ____

Are you legally eligible for employment in the U.S.A.? Yes ___ No ____

(Proof of citizenship or immigration status will be required upon employment.)

Type of employment desired ___ Full-Time ___ Part-time ___ Temporary ___ Seasonal ___ Educational Co-Op

On what date would you be available for work? ________________________________

Have you been convicted of a felony? Yes ___ No ___ If yes, describe conditions: __________________________________________________________

________________________________________________________

MILITARY SERVICE RECORD

Have you served on active duty in the U.S. Armed Forces? Yes ___ No

Dates of Duty ________ / _______ to ________ / _______

Mo. Yr. Mo. Yr.

Have you served in combat? Yes ___ No Dates of Duty ________ / _______ to ________ / _______

Mo. Yr. Mo. Yr.

Please attach copy 4 of Form DD214
Employment History
Provide the following information from your past and current employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in the comments section below.

<table>
<thead>
<tr>
<th>PRESENT/MOST RECENT EMPLOYER</th>
<th>TELEPHONE</th>
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<tbody>
<tr>
<td>ADDRESS</td>
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| DATES EMPLOYED               |           |
| FROM_________________ TO____________ |

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<tr>
<th>JOB TITLE</th>
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<th>IMMEDIATE SUPERVISOR AND TITLE</th>
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<th>NO (If selected)</th>
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**COMMENTS** including explanation of any gaps in employment.

**SKILLS AND QUALIFICATIONS** - Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.
Educational Background

1) List last three (3) schools attended, starting with most recent. 2) List number of years completed. 3) Indicate degree or diploma earned, if any. 4) List Major field of study. 5) List Minor field of study (if applicable).

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<tr>
<th>SCHOOL</th>
<th>YEARS COMPLETED</th>
<th>DEGREE DIPLOMA</th>
<th>MAJOR</th>
<th>MINOR</th>
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References

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three personal references who are not related to you.

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<tr>
<th>NAME</th>
<th>TELEPHONE</th>
<th>YEARS KNOWN</th>
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Additional information

List professional, trade, business, or civic associations and any offices held. Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.

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<tr>
<th>ORGANIZATION</th>
<th>OFFICES HELD</th>
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List special accomplishments, publications, awards, etc. Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.

List any additional information that you would like for us to consider.
APPLICATION'S CERTIFICATION AND AGREEMENT

I certify the facts set forth in the Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. The City of Middletown is hereby authorized to make any investigation of the information provided in this application.

I hereby authorize the City of Middletown to investigate my personal history and financial and credit record through any investigative or credit agency of its choice. I further understand that the City of Middletown intends to use this information for employment purposes only and will keep it confidential.

I hereby authorize any reference, school, former employer or other person to disclose to the City of Middletown upon request any and all records, documents, or other information that they may possess and I release them all from liability for disclosing such information to the City of Middletown. This authorization shall remain in effect for a period of ninety (90) days from the date below.

I understand that, if employed, I may be required to work additional or less hours at other than my current assignment as the needs of the organization require, and that my employment is subject to complying with those rules, regulations, and conditions as established by management.

I understand that a physical examination, including drug screening, may be required for some positions and may be required during my employment to assure my physical ability to perform the essential job duties associated with my job. The cost of such an examination will be borne by the City.

I agree to conform to all existing and future policies and procedures of the City of Middletown, and that the City reserves the right to change wages, hours, and working conditions as deemed necessary. I understand that the Policy and Procedures Manual is available to me to read before I am employed.

I understand that if I am employed I must provide, by my first day of employment, appropriate documentation of my eligibility to work in the United States, in compliance with the Immigration Reform and Control Act. I also understand that if I fail to provide the documentation required by this law by my first day of employment, I will not be allowed to begin work, and the offer of employment may be rescinded.

I understand that no employee is authorized to offer me employment, promise me salary increases, change of position, advancement, or any other advantages except those officially announced by the City of Middletown.

Applicant's Signature_________________________________________ Date _____/_____/____
Affirmative Action/Equal Employment Opportunity
Voluntary Information

CITY OF MIDDLETOWN
ONE DONHAM PLAZA
MIDDLETOWN, OHIO 45042

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

In complying with the provisions of Federal Anti-Discrimination Laws, the City of Middletown seeks qualified applicants regardless of race, age, color, sex, religion, disability national origin, marital status, veteran status, sexual orientation, or other legally protected status.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

This survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position(s) applied for ______________________ Date ______ / ______ /

Referral Source

__ Advertisement   __ Job Line   __ Relative   __ Employment Agency

__ Walk-in   __ Employee   __ Friend   __ Other

Name of source (if applicable) ______________________

Applicant Information

Name ______________________ LAST          FIRST          MIDDLE

Address ______________________ STREET          CITY          STATE          ZIP CODE

Telephone # (____) ______________________ Mobile/Other Phone # (____) ______________________

E-Mail ______________________

MALE ______  FEMALE ______

Please check one of the following Equal Employment Opportunity categories as applicable:

Hispanic or Latino ______  White ______  American Indian or Alaska Native ______  Asian ______

Black or African American ______  Native Hawaiian or Other Pacific Islander ______  Two or More Races ______

Vietnam Era Veteran ______  Veteran other than Vietnam Era ______

Do you have a disability? Yes ______  No ______
FULL NAME: ________________________________________________________________

ALIASES OR MAIDEN NAMES: __________________________________________________

SOCIAL SECURITY NUMBER: ________________________________________________

POSITION APPLYING FOR: _________________________________________________

DATE OF RECEIPT: _______________

DATE OF RETURN: _______________
AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I have applied to the City of Middletown for employment. The city has requested the Middletown Police Department thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public’s interest that all relevant information concerning my personal and employment history be disclosed to the above department. I therefore authorize any reference, school, hospital, doctor, former employer or other person to disclose upon request any information they have about me.

I also authorize any representative of the Middletown Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof concerning myself, by and to any duly authorized agent of the Middletown Police Department, whether said records are public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Middletown to consider in determining my suitability for employment by the city. It is my specific intent to provide access to all available information, however personal or confidential it may appear to be.

I consent to your release of any and all information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I have personally have, or have had an interest, attendance records, polygraph examinations and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all other organizations in which I’m pursuing employment with from liability or damage pursuant to any state or federal laws. I hereby release you, as custodian of such records of your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all 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. I direct you to release such information upon request to release information, upon request of the duly accredited representative of the Middletown Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.
For and in consideration of the City of Middletown’s acceptance and processing of my application for employment, I agree to hold the City of Middletown, the Middletown Police Department, its agents and employees harmless from any claims and liability with my application for employment or in any way connected with the decision whether or not to employ me. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a; the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Middletown in conjunction with employment procedures.

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

This authorization and waiver are valid for a period of six (6) months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agent and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney’s fees, arising out of or by reason of complying or attempting to comply with this request.

NAME: _________________________________ SIGNATURE: _________________________

DATE OF BIRTH: ________________________ CURRENT ADDRESS:__________________
____________________________________________________________________________

TELEPHONE NUMBER: ____________________

CITY OF MIDDLETOWN
BUTLER COUNTY, OHIO

SWORN TO AND SUBSCRIBED IN MY PRESENCE THIS _____DAY OF________, ______

____________________________
NOTARY PUBLIC
SOCIAL MEDIA RELEASE

Please identify your usernames for any social media you have:

Instagram: _______________________

Twitter: _________________________

Facebook: _______________________

Other: __________________________

__________________________________________
Applicant’s signature

__________________________________________
Date
MIDDLETOWN POLICE DEPARTMENT
REQUEST FOR RELEASE OF EMPLOYMENT/PROFESSIONAL INFORMATION

TO: ____________________________ FROM: Middletown Police Department
Investigator __________________
One Donham Plaza
Middletown, OH 45042

The individual, who release and personal data are attached, has applied for a position with the
Middletown Police Department and provided us with the following information regarding their
contact with you/your company.

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Is this information correct? Yes ____ No____
____Still Employed  ____Reserve Officer  ____Resigned or otherwise terminated in good
Standing

____Asked to resign Why? _____________________________

____Discharged Why? _____________________________

____Laid off/other Why? _____________________________

Eligible for rehire? ____Yes ____No  If no, please explain: _____________________________

___________________________________________________________________________

___________________________________________________________________________

Residence address while in your employ: _____________________________

Name and address of previous employers:

_________________________  ___________________________  ___________________________
Company/Agency Address Dates

_________________________  ___________________________  ___________________________
Company/Agency Address Dates
EMPLOYEE PERFORMANCE

Please provide any copies of formal evaluations. Or please rate:

Quality of work:

Dependability:

Initiative:

Ability to follow orders:

Judgement/decisions/planning:

Sociability with attendance:

Problems with attendance:

Disciplinary actions on file:  ____Yes  ____No (If yes, please attach a copy of results)
   If yes, why? ______________________________________________________

Polygraph administered  ____Yes  ____No (If yes, please attach a copy of results)

Additional comments: _________________________________________________

Name of company/agency                  Business type                  Telephone number

Your name (print)                           Signature   Title                  Date

Investigator notes comments:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
INSTRUCTIONS TO APPLICANT

1. You are hereby advised the content of this questionnaire is held strictly CONFIDENTIAL. No information will be disseminated to any person except when essential to the conduct of proper official business. Any false, misleading or incomplete information will be grounds to disqualify you for employment with the Middletown Police/Fire Department, or if employed, grounds for dismissal. The answers to this questionnaire will be verified by a polygraph (lie detector), interviews, and a complete background investigation.

2. All questions in the questionnaire must be answered. None may be left blank. If you desire to make an explanation in your reply, answer the question briefly as best you can, then put a check mark next to the question number and continue your answer on the Remarks Section/Continuation Sheets (pages 23, 24, and 25).

3. If a question does not apply to you, insert a “DNA” (Does not apply).

4. Your answers must be completed in ink in your own handwriting or printing. Write or print legibly.

When returning this packet, please include the following information:

1) Citizenship (Copy of Birth Certificate of Naturalization)
2) Copy of High School Diploma or Equivalency
3) Copy of any College Transcripts/Degrees
4) Copy of Police Certification
5) Military, Copy of DD214
6) Any other special training certificates
7) Any Letters of Recommendation

I voluntarily withdraw from the selection process: ____________________________

Signature

I understand and will comply with the selection process and will complete the Questionnaire:

_______________________________
Signature
PERSONAL HISTORY

1. NAME  First ________________  Middle _____________ Last _______________

ADDRESS: Street_____________________________  Apt #______________
          City _____________________ State _______ Zip Code _____

TELEPHONE:   Home:  _______________________________________________
               Work:  _______________________________________________
               Cell:     _______________________________________________

SOCIAL SECURITY NUMBER:  _______________________________________

2. If you name has been legally changed, give the following information
   (include maiden name):
   A. Former Name: _________________  Date of Change: _________
      Court of Record:  ________________  City/State:  ______________
   B. Former Name: _________________  Date of Change: _________
      Court of Record:  ________________  City/State:  ______________
   C. Former Name: _________________  Date of Change: _________
      Court of Record:  ________________  City/State:  ______________
   D. Former Name: _________________  Date of Change: _________
      Court of Record:  ________________  City/State:  ______________

3. List any aliases:  _______________________________________________

4. List any nicknames:  ____________________________________________

5. Place of Birth:  ________________________________________________

6. Are you a United States Citizen?  ___________If naturalized, give the following
   information:
   Date of Naturalization:  ___________________  Certificate #:  ___________
   Alien Registration #:  _____________________ Petition #:  _______________

7. If you are not a United States Citizen, are you legally eligible for employment in the United
   States?  ________________
RESIDENCES

LIST RESIDENCES FOR THE PAST TEN YEARS (BEGIN WITH CURRENT ADDRESS)

1. From (Month/Year) ______/_______ to (Month/Year) ______/_______
   Street __________________________ Apt # ______
   City ______________ State _____ Zip Code ______
   Landlord/Owner __________________ Evicted? ______
   Landlord/Owner’s Phone # ______________________

2. From (Month/Year) ______/_______ to (Month/Year) ______/_______
   Street __________________________ Apt # ______
   City ______________ State _____ Zip Code ______
   Landlord/Owner __________________ Evicted? ______
   Landlord/Owner’s Phone # ______________________

3. From (Month/Year) ______/_______ to (Month/Year) ______/_______
   Street __________________________ Apt # ______
   City ______________ State _____ Zip Code ______
   Landlord/Owner __________________ Evicted? ______
   Landlord/Owner’s Phone # ______________________

4. From (Month/Year) ______/_______ to (Month/Year) ______/_______
   Street __________________________ Apt # ______
   City ______________ State _____ Zip Code ______
   Landlord/Owner __________________ Evicted? ______
   Landlord/Owner’s Phone # ______________________
RESIDENCES (Continued)

5. From (Month/Year) ____/______ to (Month/Year) ____/______
   Street _____________________________ Apt # _________
   City ________________________ State ________ Zip Code ________
   Landlord/Owner _____________________________ Evicted? ________
   Landlord/Owner’s Phone # _____________________________

6. From (Month/Year) ____/______ to (Month/Year) ____/______
   Street _____________________________ Apt # _________
   City ________________________ State ________ Zip Code ________
   Landlord/Owner _____________________________ Evicted? ________
   Landlord/Owner’s Phone # _____________________________

7. From (Month/Year) ____/______ to (Month/Year) ____/______
   Street _____________________________ Apt # _________
   City ________________________ State ________ Zip Code ________
   Landlord/Owner _____________________________ Evicted? ________
   Landlord/Owner’s Phone # _____________________________

8. From (Month/Year) ____/______ to (Month/Year) ____/______
   Street _____________________________ Apt # _________
   City ________________________ State ________ Zip Code ________
   Landlord/Owner _____________________________ Evicted? ________
   Landlord/Owner’s Phone # _____________________________
DEPENDENTS

LIST SPOUSE, FIANCE, SIGNIFICANT OTHER, (if applicable, include maiden name), CHILDREN AND ALL OTHER DEPENDENTS (use pages 23, 24, and 25 if necessary)

Name (Spouse, Fiancé, Significant Other) ______________________________________
Maiden Name ______________________________________________________________

Date of Birth ______________________ Place of Birth ____________________________

Address __________________________ Zip Code ______________

Occupation _________________________ Relationship ______________

1. Name ___________________________ Relationship ______________
   DOB ___________________________ Place of Birth ____________________________
   Address __________________________ Zip Code ______________

2. Name ___________________________ Relationship ______________
   DOB ___________________________ Place of Birth ____________________________
   Address __________________________ Zip Code ______________

3. Name ___________________________ Relationship ______________
   DOB ___________________________ Place of Birth ____________________________
   Address __________________________ Zip Code ______________

4. Name ___________________________ Relationship ______________
   DOB ___________________________ Place of Birth ____________________________
   Address __________________________ Zip Code ______________

5. Name ___________________________ Relationship ______________
   DOB ___________________________ Place of Birth ____________________________
   Address __________________________ Zip Code ______________
FAMILY ASSOCIATES

List Mother, Father, Step Parents, Adopted Parents, Brothers, Sisters, Step Brothers/Sisters, and Former Spouses (Use pages 23, 24, and 25 if necessary)

1. Name ___________________________ Relationship _________________
   Address _______________________ Phone # ___________________
   Employer ____________________________________________________

2. Name ___________________________ Relationship _________________
   Address _______________________ Phone # ___________________
   Employer ____________________________________________________

3. Name ___________________________ Relationship _________________
   Address _______________________ Phone # ___________________
   Employer ____________________________________________________

4. Name ___________________________ Relationship _________________
   Address _______________________ Phone # ___________________
   Employer ____________________________________________________

5. Name ___________________________ Relationship _________________
   Address _______________________ Phone # ___________________
   Employer ____________________________________________________

6. Name ___________________________ Relationship _________________
   Address _______________________ Phone # ___________________
   Employer ____________________________________________________

7. Name ___________________________ Relationship _________________
   Address _______________________ Phone # ___________________
   Employer ____________________________________________________
REFERENCES

LIST 5 PERSONS AS REFERENCES  (Do not include relatives or former employers)

1. Name ________________________________ Occupation ______________
   Street ______________________________ A pt # ______________
   City ______________________ State __________ Zip Code __________
   Home # ____________ Work # _____________ Cell # _______________

2. Name ________________________________ Occupation ______________
   Street ______________________________ A pt # ______________
   City ______________________ State __________ Zip Code __________
   Home # ____________ Work # _____________ Cell # _______________

3. Name ________________________________ Occupation ______________
   Street ______________________________ A pt # ______________
   City ______________________ State __________ Zip Code __________
   Home # ____________ Work # _____________ Cell # _______________

4. Name ________________________________ Occupation ______________
   Street ______________________________ A pt # ______________
   City ______________________ State __________ Zip Code __________
   Home # ____________ Work # _____________ Cell # _______________

5. Name ________________________________ Occupation ______________
   Street ______________________________ A pt # ______________
   City ______________________ State __________ Zip Code __________
   Home # ____________ Work # _____________ Cell # _______________
EDUCATION/TRAINING

High School ____________________________________________________
Street _________________________________  City ___________________
State ___________ Zip Code ___________  Phone # ________________
Highest Grade Completed ____________  Date of Graduation _________
Other Equivalency Completed ___________  Date Obtained ____________
Place where Equivalency Certificate test was taken ___________________

College/Training _________________________________________________
Street _________________________________  City ________________
State ___________ Zip Code ___________  Phone # ________________
Dates of Attendance: From (Mo/Yr) _______/_________  To (Mo/Yr) ____/____
Number of Credit Hours ____________  Date of Graduation ____________
Type of Degree Obtained ____________  Field of Study ________________

College/Training _________________________________________________
Street _________________________________  City ________________
State ___________ Zip Code ___________  Phone # ________________
Dates of Attendance: From (Mo/Yr) _______/_________  To (Mo/Yr) ____/____
Number of Credit Hours ____________  Date of Graduation ____________
Type of Degree Obtained ____________  Field of Study ________________

List Dates, Name of School, and Address of any other types of schools attended.
(Example: Vocational, Trade or Business Schools)
EDUCATION/TRAINING

1. Were you ever dismissed from any school or was any disciplinary action ever taken against you during your scholastic career? _______________________

If Yes, List Dates, Name of School(s) Attended and Explain: ____________
______________________________________________________________
______________________________________________________________
______________________________________________________________

2. List any extracurricular activities and awards during high school, college, etc.: ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. List all organizations (except Labor Unions) to which you now belong or previously belonged:

   A. Name _____________________ From _____/_____ To _____/_____
      Address _____________________________________ Zip __________

   B. Name _____________________ From _____/_____ To _____/_____
      Address _____________________________________ Zip __________

   C. Name _____________________ From _____/_____ To _____/_____
      Address _____________________________________ Zip __________

   D. Name _____________________ From _____/_____ To _____/_____
      Address _____________________________________ Zip __________

   E. Name _____________________ From _____/_____ To _____/_____
      Address _____________________________________ Zip __________

   F. Name _____________________ From _____/_____ To _____/_____
      Address _____________________________________ Zip __________
MILITARY

Have you ever served in the Military? _________ If YES, complete the following and attach copy of DD FORM 214:

1. Branch of Service ____________________________
   Type of Service: Active? ______ Reserve? ______ Other? _______
   Dates of Service: From (Mo/Day/Yr) ________ To (Mo/Day/Yr) ________
   Where were you stationed? ________________________________
   Specialty __________________________ Supervisor’s Name ____________
   Highest Rank Held _________________ Ever Reduced in Rank? ________
   Type of Discharge _________________ Rank at Discharge ____________

2. Branch of Service ____________________________
   Type of Service: Active? ______ Reserve? ______ Other? _______
   Dates of Service: From (Mo/Day/Yr) ________ To (Mo/Day/Yr) ________
   Where were you stationed? ________________________________
   Specialty __________________________ Supervisor’s Name ____________
   Highest Rank Held _________________ Ever Reduced in Rank? ________
   Type of Discharge _________________ Rank at Discharge ____________

3. Present Status: Active ___ Reserve ___ Inactive Reserve ___ Other _____

4. Were you ever stationed overseas? _________ If Yes, Where? ______________

5. Were you ever AWOL? ________ If Yes, how many times? ________

6. Were you ever disciplined for any reason? ______ If yes, how many times? ______
   What type of discipline was received? (oral/written/etc.) ______
   Explain: ________________________________________________
   _______________________________________________________

7. Did you ever receive Non-Jurisdictional Punishment? (Article 15, etc.) ______
   If yes, explain: _________________________________________

8. Did you ever receive a court martial? ______ If Yes, Explain __________
   _______________________________________________________

9. Did you ever spend time in a Brig or Stockade? _________ If Yes, explain __________

10. Did you ever convert or sell any government property? ______ If Yes, explain __________

11. Have you ever been discharged from the Armed Forces under other than honorable conditions? ______________
    If yes, explain ________________________________________
    ________________________________________________________________________________
EMPLOYMENT HISTORY

List all present and prior employment. (Include self-employment, part-time, and/or unemployment). List all employment in chronological order beginning with your present employer. If you were dismissed from a job or forced to resign, give details. (Continue on pages 23, 24 and 25 if needed).

1. Employed: From (Mo & Yr) _____/_____ To (Mo & Yr) _____/_____
   Employer _________________________ Title/Position Held ____________
   Employer’s Address _________________________ Zip Code _____________
   Telephone _______________ Supervisor ___________________
   Starting Salary _______________ Ending Salary _______________
   Were you ever disciplined for any reason? ____ If Yes, how many times? ____
   Type of Discipline (verbal/written/days off/etc.) __________________________
   Explain ___________________________________________________________________
   Reason for Leaving ___________________________________________________________________

2. Employed: From (Mo & Yr) _____/_____ To (Mo & Yr) _____/_____
   Employer _________________________ Title/Position Held ____________
   Employer’s Address _________________________ Zip Code _____________
   Telephone _______________ Supervisor ___________________
   Starting Salary _______________ Ending Salary _______________
   Were you ever disciplined for any reason? ____ If Yes, how many times? ____
   Type of Discipline (verbal/written/days off/etc.) __________________________
   Explain ___________________________________________________________________
   Reason for Leaving ___________________________________________________________________
EMPLOYMENT HISTORY (Continued)

3. Employed: From (Mo & Yr) ______/______ To (Mo & Yr) ______/______
   Employer _________________________ Title/Position Held ____________
   Employer’s Address ________________ Zip Code ______________
   Telephone _______________________ Supervisor ________________
   Starting Salary _________________ Ending Salary ________________
   Were you ever disciplined for any reason? ____ If Yes, how many times? ____
   Type of Discipline (verbal/written/days off/etc.) _________________________
   Explain __________________________________________________________________
   Reason for Leaving ______________________________________________________

4. Employed: From (Mo & Yr) ______/______ To (Mo & Yr) ______/______
   Employer _________________________ Title/Position Held ____________
   Employer’s Address ________________ Zip Code ______________
   Telephone _______________________ Supervisor ________________
   Starting Salary _________________ Ending Salary ________________
   Were you ever disciplined for any reason? ____ If Yes, how many times? ____
   Type of Discipline (verbal/written/days off/etc.) _________________________
   Explain __________________________________________________________________
   Reason for Leaving ______________________________________________________
EMPLOYMENT HISTORY (Continued)

5. Employed: From (Mo & Yr) _____/____ To (Mo & Yr) _____/____
   Employer _________________________ Title/Position Held ____________ 
   Employer’s Address ________________ Zip Code _____________
   Telephone _______________________ Supervisor ___________________
   Starting Salary ______________ Ending Salary ___________________
   Were you ever disciplined for any reason? ____ If Yes, how many times? ____ 
   Type of Discipline (verbal/written/days off/etc.) _________________________
   Explain ____________________________
       ________________________________________________________________
   Reason for Leaving ________________________________

6. Employed: From (Mo & Yr) _____/____ To (Mo & Yr) _____/____
   Employer _________________________ Title/Position Held ____________ 
   Employer’s Address ________________ Zip Code _____________
   Telephone _______________________ Supervisor ___________________
   Starting Salary ______________ Ending Salary ___________________
   Were you ever disciplined for any reason? ____ If Yes, how many times? ____ 
   Type of Discipline (verbal/written/days off/etc.) _________________________
   Explain ____________________________
       ________________________________________________________________
   Reason for Leaving ________________________________
EMployment History (Contd)

7. Employed: From (Mo & Yr) ______/______ To (Mo & Yr) ______/_____
Employer _________________________ Title/Position Held ____________
Employer’s Address _______________________ Zip Code _____________
Telephone _______________________ Supervisor ___________________
Starting Salary _________________ Ending Salary _________________
Were you ever disciplined for any reason? ____ If Yes, how many times? ____
Type of Discipline (verbal/written/days off/etc.) _________________________
Explain _________________________________________________________
________________________________________________________________
Reason for Leaving ________________________________________________

8. Employed: From (Mo & Yr) ______/______ To (Mo & Yr) ______/_____
Employer _________________________ Title/Position Held ____________
Employer’s Address _______________________ Zip Code _____________
Telephone _______________________ Supervisor ___________________
Starting Salary _________________ Ending Salary _________________
Were you ever disciplined for any reason? ____ If Yes, how many times? ____
Type of Discipline (verbal/written/days off/etc.) _________________________
Explain _________________________________________________________
________________________________________________________________
Reason for Leaving ________________________________________________
EMPLOYMENT HISTORY (Continued)

9. Employed: From (Mo & Yr) _____/______ To (Mo & Yr) _____/______

Employer _________________________ Title/Position Held ____________

Employer’s Address _______________ Zip Code _____________

Telephone _______________________ Supervisor _______________

Starting Salary _______________ Ending Salary _______________

Were you ever disciplined for any reason? ____ If Yes, how many times? ____

Type of Discipline (verbal/written/days off/etc.) _________________________

Explain _________________________________________________________

________________________________________________________________

Reason for Leaving ________________________________________________

10. Employed: From (Mo & Yr) _____/______ To (Mo & Yr) _____/______

Employer _________________________ Title/Position Held ____________

Employer’s Address _______________ Zip Code _____________

Telephone _______________________ Supervisor _______________

Starting Salary _______________ Ending Salary _______________

Were you ever disciplined for any reason? ____ If Yes, how many times? ____

Type of Discipline (verbal/written/days off/etc.) _________________________

Explain _________________________________________________________

________________________________________________________________

Reason for Leaving ________________________________________________
EMPLOYMENT HISTORY

1. Have you ever been terminated from your employment? ____________________
   If Yes, Explain _____________________________________________________

2. Have you ever been asked to take a polygraph examination? ______________
   If yes, Advise reason and where _______________________________________

3. Have you ever been rejected for a security clearance?_____________________
   1. If Yes, Explain _____________________________________________________
   2. Have you ever been rejected for bonding? _____________________________
      If Yes, Explain _____________________________________________________
   3. At all the places you have worked, what is the most serious trouble you have ever got into?
      ________________________________________________________________
      ________________________________________________________________
      ________________________________________________________________

7. Have you ever applied for work elsewhere? Please list below:

<table>
<thead>
<tr>
<th>Department</th>
<th>Position Applied For</th>
<th>Hired?</th>
<th>Month/Year Applied</th>
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8. Why do you wish to be employed by the Middletown Police or Fire Department?
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
DRIVING RECORD

1. Do you have a valid driver’s license? ______ If Yes, in what state? ______
2. License Number: __________ Restrictions: ____________________
3. How long have you been a licensed driver? ________________
4. Have you ever had a license in another state? ______ If yes, List state and license number ________________
5. Have you ever had your license suspended or revoked in this state or any other state? ______ If yes, explain ______________________
6. Lists all accidents that you were involved in as a driver. Include dates, investigating agency, if you were issued a citation, and if there were injuries. (List unreported accidents also)

<table>
<thead>
<tr>
<th>Date</th>
<th>Investigating Agency/State</th>
<th>Citation</th>
<th>Injuries?</th>
<th>Reported?</th>
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<tbody>
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</table>

7. Have you ever received a traffic citation/ticket? __________ If yes, complete the following:

<table>
<thead>
<tr>
<th>Date</th>
<th>Investigating Agency/State</th>
<th>Location</th>
<th>Violation</th>
<th>Disposition</th>
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</table>

8. Do you have any pending parking tickets? ______ If yes, how many? ____ Have you ever had automobile insurance denied or canceled? ______ If yes, advise reason and name of insurance company ______________________
9. Do you currently have automobile insurance? ______ If yes, what is the name of your insurance company? ______________________
10. Have you ever been placed on assigned risk or high risk insurance? ______
CRIMINAL HISTORY

1. As a juvenile, did you ever report to a juvenile officer? __________________________ If yes, explain __________________________

2. Were you ever expelled or suspended from school? ____________________________ If yes, Explain __________________________

3. Have you ever been summoned or ordered to appear in any court as a witness accused?___________ If yes, explain __________________________

4. Have you ever been involved in any civil action, in or out of court, as a plaintiff or defendant, as a result of a criminal traffic or other incident for any reason? ______ If yes, explain __________________________

5. Have you ever been involved as a complainant or defendant in a court proceeding? __________ If yes, explain __________________________

6. Have you ever committed, participated or conspired to commit any of the following serious crimes?
   - Arson __________
   - Burglary _________
   - Larceny __________
   - Manslaughter _____
   - Murder _________
   - Robbery __________
   - Sex Crime _______
   - Sodomy __________
   If yes to any of the above, explain __________________________
   _____________________________________________

7. Have you ever been convicted of a criminal offense? (Include misdemeanors/felonies & military) __________ If yes, complete the following:

<table>
<thead>
<tr>
<th>Nature of Offense</th>
<th>Date of Offense</th>
<th>Location of Offense</th>
<th>Final Disposition</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

8. Have you ever been convicted of Domestic Violence? __________________________ If yes, explain and advise date and location __________________________

9. Have you ever been convicted of any stalking offense? _______ If yes, explain and advise date and location __________________________

10. Have you ever had been convicted of any offense involving a family member? _______ If yes, explain and give date and location __________________________

11. Have you ever been fingerprinted? ________ If yes, advise where and reason
CRIMINAL HISTORY (CONT'D)

12. Have you ever had sex with anyone under 18 years of age? ______________
    If yes, explain ______________________________________________________

13. Have you ever paid anyone to engage in sexual activity? ________ If yes, explain
    ____________________________________________________________________

14. Has anyone ever paid you to engage in sexual activity? ________ If yes, explain
    ____________________________________________________________________

15. Have you ever worked for an illegal gambling operation? ________ If yes, explain
    ____________________________________________________________________

16. Have you ever used another person’s money to gamble without their knowledge?
    _____ If yes, how much? ________ When? ____________________________

17. Do you have any gambling debts at this time? ____________ If yes, how much?
    ____________________________________________________________________

18. Have you ever borrowed money to gamble? ____________ If yes, how much?
    ____________________________________________________________________

19. Have you ever been involved in any type of situation for which some could blackmail you?
    ____________ If yes, explain ____________________________________________________________________

20. Are you now or have you ever been affiliated with any organization, association,
    movement, group or combinations of persons which advocated the overthrow of our
    constitutional form of government, or which has adopted the policy of advocating or
    approving the commission of acts of force or violence to deny other persons their rights
    under the Constitution of the United States or which seeks to alter the form of government
    of the United States by unconstitutional means? ____________ If yes, explain
    ____________________________________________________________________
    ____________________________________________________________________
    ____________________________________________________________________
INDEBTEDNESS AND FINANCIAL STATUS

Are you: Buying a home? __________ Renting? ______________

Living with another? ____________Living with parents? ____________

Other? __________________________________________________________________________________

1. Are you the co-maker on a loan for another person? __________
   If yes, explain ________________________________________________________________________

2. Have you ever been taken to court over a debt? _______ If yes, explain and advise dates,
   locations and final dispositions? __________________________________________________________________

3. Have you ever been the defendant in a small claims or other court? __________
   If yes, explain and advise dates, locations and final dispositions? __________________________________________________________________

4. Do you have any civil action pending? __________ If yes, explain __________________________________________________________________

5. Have you ever had a debt turned over to a collection agency? _______ If yes, Explain __________________________________________________________________

6. Are any creditors pressing you for a payment? _______ If yes, explain __________________________________________________________________

7. Have you ever had anything repossessed? ________ If yes, explain and advise date, item
   and who repossessed item __________________________________________________________________

8. Have your wages ever been attached or garnished? ________ If yes, explain and advise dates and what for __________________________________________________________________

9. Are you responsible for paying any court ordered child support? _______
   If yes, explain __________________________________________________________________________

10. Have you ever been declared delinquent in child support payments? _______ If yes, explain
    ______________________________________________________________________________________

11. Have you ever been refused credit? ________ If yes, explain and advise why __________________________________________________________________

12. Do you presently have any credit problems? __________ If yes, explain ____________________________________________________________________

13. Do you have a checking account? __________ If yes, list accounts and institutions
    ______________________________________________________________________________________

14. Have you ever knowingly written a check with insufficient funds? ____________
    If yes, how many times? __________________________________________________________________

15. Have you ever written a check that bounced? ____ If yes, how many times? ____________

16. Do you have a savings account? _______ If yes, list accounts and institutions

17. Have you ever been found delinquent on income or other tax payments? _______ If yes, explain
    and give full details ______________________________________________________________________

18. Have you ever declared or filed bankruptcy? ______ If yes, explain and advise dates
    and locations ____________________________________________________________________________
INDEBTEDNESS AND FINANCIAL STATUS (CONTD)

1. Do you owe money to any of the following? ______ If yes, advise amount owed and how many times late:

<table>
<thead>
<tr>
<th></th>
<th>Yes/No</th>
<th>Amount Owed</th>
<th>Times Late</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
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<td></td>
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<tr>
<td>Dentist</td>
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<td>Auto Loan</td>
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<td>Home Loan</td>
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<td>Personal Loan</td>
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<td>Student Loan</td>
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<td>Credit Union</td>
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<td>Financial Institution</td>
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<td>Rent</td>
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<td>Household</td>
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<td>Furnishings</td>
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<td>Clothing</td>
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<td>Gasoline Credit Card</td>
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<td>Union Dues</td>
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<td>Charge Accounts</td>
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<tr>
<td>Employment Agency</td>
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<tr>
<td>Past/Present Workers</td>
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<td>Back Taxes (Anyone)</td>
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<td>Parents</td>
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<td>In-Laws</td>
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<tr>
<td>Court Judgments</td>
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<td>Child Support</td>
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<tr>
<td>Alimony</td>
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<tr>
<td>Any Other Debts Not Listed Above:</td>
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</tbody>
</table>
ILLEGAL NARCOTICS & DRUGS

1. Are you in possession of any illegal narcotic or drug at the present time, including marijuana? _________________________________

2. Have you ever used or purchased an illegal narcotic or drug, including marijuana? _________________________________

3. Have you ever sold any illegal narcotic or drug, including marijuana? _________________________________

4. Have you ever sniffed a chemical agent for the purpose of getting “high”? _________________________________

5. Do you regularly associate with anyone who you know uses an illegal narcotic or drug, including marijuana? _________________________________

6. Have you ever provided any illegal narcotic, drug, or marijuana to another person? _________________________________

7. Have you ever used a prescription drug considered to be in abuse of its purpose? _________________________________
1. Are you a member or have you ever been a member of any of the following organizations?

Yes______ No_____

**OHIO DEPARTMENT OF PUBLIC SAFETY**
Division of Homeland Security

**Terrorist Exclusion List**
As of March 2009

**U.S. Department of State List of Designated Foreign Terrorist Organizations**

1. Abu Nidal Organization (ANO)
2. Abu Sayyaf Group
3. Al-Aqsa Martyrs Brigade
4. Ansar al-Islam
5. Armed Islamic Group (GIA)
6. Asbat al-Ansar
7. Aum Shinrikyo
8. Basque Fatherland and Liberty (ETA)
9. Communist Party of the Philippines/New People's Army (CPP/NPA)
10. Continuity Irish Republican Army
11. Gama’a al-Islamiyya (Islamic Group)
12. HAMAS (Islamic Resistance Movement)
13. Harakat ul-Mujahidin (HUM)
14. Hizballah (Party of God)
15. Islamic Jihad Group
16. Islamic Movement of Uzbekistan (IMU)
17. Jaish-e-Mohammed (JEM) (Army of Mohammed)
18. Jemaah Islamiya organization (JI)
19. al-Jihad (Egyptian Islamic Jihad)
20. Kahane Chai (Kach)
21. Kongra-Gel (KGK, formerly Kurdistan Workers' Party, PKK, KADEK)
22. Lashkar-e Tayyiba (LT) (Army of the Righteous)
23. Lashkar i Jhangvi
24. Liberation Tigers of Tamil Eelam (LTTE)
25. Libyan Islamic Fighting Group (LIFG)
26. Moroccan Islamic Combatant Group (GICM)
27. Mujahedin-e Khalq Organization (MEK)
28. National Liberation Army (ELN)
29. Palestine Liberation Front (PLF)
30. Palestinian Islamic Jihad (PIJ)
31. Popular Front for the Liberation of Palestine (PFLP)
32. PFLP-General Command (PFLP-GC)
33. al-Qa’ida
34. Real IRA
35. Revolutionary Armed Forces of Colombia (FARC)
36. Revolutionary Nuclei (formerly ELA)
37. Revolutionary Organization 17 November
38. Revolutionary People’s Liberation Party/Front (DHKP/C)
39. Salafist Group for Call and Combat (GSPC)
40. Shining Path (Sendero Luminoso, SL)
41. Tanzim Qa‘idat al-Jihad fi Bilad al-Rafidayn (QJBR) (al-Qaida in Iraq) (formerly Jama'at al-Tawhid wa'al-Jihad, JTJ, al-Zarqawi Network)
42. United Self-Defense Forces of Colombia (AUC)

OHIO DEPARTMENT OF PUBLIC SAFETY
Division of Homeland Security

U.S. Department of State Terrorist Exclusion List

3. Al-Hamati Sweets Bakeries
4. Al-Itihad al-Islami (AIAI)
5. Al-Manar
6. Al-Ma’unah
7. Al-Nur Honey Center
8. Al-Rashid Trust
9. Al-Shifa Honey Press for Industry and Commerce
11. Alex Boncayao Brigade (ABB)
12. Anarchist Faction for Overthrow
13. Army for the Liberation of Rwanda (ALIR) (a.k.a. Interahamwe, Former Armed Forces (EX-FAR))
14. Asbat al-Ansar
15. Babbar Khalsa International
17. Black Star
18. Communist Party of Nepal (Maoist) (a.k.a. CPN(M); a.k.a. the United Revolutionary People’s Council, a.k.a. the People’s Liberation Army of Nepal)
20. Darkazanli Company
22. Eastern Turkistan Islamic Movement (a.k.a. Eastern Turkistan Islamic Party; a.k.a. ETIM; a.k.a. ETIP)
23. First of October Antifascist Resistance Group (GRAPO) (a.k.a. Grupo de Resistencia Anti-Fascista Premero De Octubre)
24. Harakat ul Jihad i Islami (HUJI)
25. International Sikh Youth Federation
26. Islamic Army of Aden
27. Islamic Renewal and Reform Organization
28. Jamiat al-Ta’awun al-Islamiyya
29. Jamiat ul-Mujahideen (JUM)
30. Japanese Red Army (JRA)
31. Jaysh-e-Mohammed
32. Jayshullah
33. Jerusalem Warriors
34. Lashkar-e-Tayyiba (LET) (a.k.a. Army of the Righteous)
35. Libyan Islamic Fighting Group
36. Loyalist Volunteer Force (LVF)
37. Makhtab al-Khidmat
38. Moroccan Islamic Combatant Group (a.k.a. GICM; a.k.a. Groupe Islamique Combattant Marocain)
40. New People’s Army (NPA)
41. Orange Volunteers (OV)
42. People Against Gangsterism and Drugs (PAGAD)
43. Red Brigades-Combatant Communist Party (BR-PCC)
44. Red Hand Defenders (RHD)
46. Revolutionary Proletarian Nucleus
47. Revolutionary United Front (RUF)
48. Salafist Group for Call and Combat (GSPC)
49. The Allied Democratic Forces (ADF)
50. The Islamic International Brigade (a.k.a. International Battalion, a.k.a. Islamic Peacekeeping International Brigade, a.k.a. Peacekeeping Battalion, a.k.a. The International Brigade, a.k.a. The Islamic Peacekeeping Army, a.k.a. The Islamic Peacekeeping Brigade)
51. The Lord’s Resistance Army (LRA)
52. The Pentagon Gang
54. The Special Purpose Islamic Regiment (a.k.a. the Islamic Special Purpose Regiment, a.k.a. the al-Jihad-Fisi-Sabililah Special Islamic Regiment, a.k.a. Islamic Regiment of Special Meaning)
56. Turkish Hizballah
57. Ulster Defense Association (a.k.a. Ulster Freedom Fighters)
Do you have anything to add to the Questionnaire at this time? Something that has not been mentioned or something which you believe should be noted. (Job problems, disciplinary actions, ongoing internal investigation, domestic problems, etc.)

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Identify each question (to which response is being provided below) by the appropriate page and question number.

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REMARKS SECTION/CONTINUATION SHEETS

Identify each question (to which response is being provided below) by the appropriate page and question number.
I certify that the statements contained in this questionnaire are true to the best of my knowledge. I understand that any omissions or false statements made on this questionnaire may be cause for disapproval of my selection, or for discharge after appointment. I further realize that any falsehoods may subject me to prosecution under Ohio Revised Code Section 2921.13. The information contained in this packet will be subject to verification by polygraph, complete background investigation and any other means the department may feel necessary.

______________________________
Signature of Applicant

Subscribed and duly sworn before me according to law by the above named applicant this ______ day of ____________, 20 _____ at __________________.

County of _____________________, State of ________________

____________________________________
Notary

Notary Seal