

## **The Village of Kelleys Island Police Officer Application**

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

Legal Name: \_\_\_\_\_

Last

First

Full Middle Name

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver license number and state: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Expiration:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Present Address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Instructions**

This police application questionnaire is intended for the use of the Village of Kelley's Island. You must be truthful and complete all answers requested on this form. It is imperative that you answer questions completely and accurately. If a question does not apply to you particular circumstance, insert "DNA" in that blank. All information contained herein will be subject to verification via source documentation, polygraph, psychological exam, employer interviews, etc.. When filled out completely return with all required documentation to the following email: [policechief@kelleysisland.us](mailto:policechief@kelleysisland.us).

### **Warning**

Applicants are cautioned to answer every question truthfully and without evasion. Both the Ohio Revised Code and the rules and regulations of Village of Kelley's Island provide penalties for making a false statement of a material fact, or for practicing any fraud or deception in obtaining or attempting to obtain village employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code Section 2921.13.

I have read and understand the above instructions and warning.

Signature of applicant:

\_\_\_\_\_

## Residence - Section I

**Legal Name:** \_\_\_\_\_

Are you a U.S. citizen?  Yes  No  Native Born  Naturalized

By what other names have you been known? (Maiden, Married, Aliases, etc.) \_\_\_\_\_

\_\_\_\_\_

**Current Address:**

\_\_\_\_\_

Street / Apt. number

\_\_\_\_\_

City

State

Zip Code

Own? \_\_\_\_\_ Rent? \_\_\_\_\_ Name on lease \_\_\_\_\_

With whom do you live? Family \_\_\_\_\_ Friend(s) \_\_\_\_\_ Other \_\_\_\_\_

List Name/Relationship:

\_\_\_\_\_

\_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

If renting: Landlord \_\_\_\_\_ Phone number: \_\_\_\_\_

Previous Address (es):

Address: \_\_\_\_\_

Dates of residency: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of residency: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of residency: \_\_\_\_\_

## Education - Section II

### High School

Name of High School: \_\_\_\_\_

City / State: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

GPA: \_\_\_\_\_

Other High Schools Attended:

Name of High School: \_\_\_\_\_

City / State: \_\_\_\_\_

Years Attended: \_\_\_\_\_

GPA: \_\_\_\_\_

Achievements/Awards/Honors/Organizations/Sports/Offices Held:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### College / Trade Schools

Name of College / Trade School: \_\_\_\_\_

Address: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Number of Hours Completed: \_\_\_\_\_

Degree(s) \_\_\_\_\_ Major: \_\_\_\_\_

GPA: \_\_\_\_\_

Have you attended any other colleges / trade schools / Police Academy?  Yes  No

Name of College / Trade School: \_\_\_\_\_

Address: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Number of Hours Completed: \_\_\_\_\_

Degree(s) \_\_\_\_\_ Major: \_\_\_\_\_

GPA: \_\_\_\_\_

Name of Police Academy \_\_\_\_\_

Address: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Number of Hours Completed: \_\_\_\_\_

When does your Academy Certification Expire? \_\_\_\_\_

Activities/Organizations/Offices Held:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Applicable Training: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Employment - Section III

Are you presently unemployed?  Yes  No If yes, how long? \_\_\_\_\_

May we contact your present employer?  Yes  No If No, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been fired, terminated, or asked to resign from a job?  Yes  No

If Yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been reprimanded or disciplined on the job?  Yes  No If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What would your past employers say about your attendance at work?

\_\_\_\_\_  
\_\_\_\_\_

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Salary or wage: \_\_\_\_\_

Job Title: \_\_\_\_\_ Description of Duties: \_\_\_\_\_

\_\_\_\_\_

**Previous Places of Employment:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

## Military Service - Section IV

Where you ever in the U.S. Military?  Yes  No

Branch: \_\_\_\_\_

Type of Job: \_\_\_\_\_

Highest Rank: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Were you ever disciplined while in the military?

Yes  No

Did you receive any Article 15's?

Yes  No

Did you receive any Captain's Mast?

Yes  No

Explain any "yes" answers: \_\_\_\_\_

While in the military, did you have any problems with the authorities?  Yes  No

Explain: \_\_\_\_\_

Did you receive any commendation, awards, or citations?  Yes  No

Explain: \_\_\_\_\_

Military Reserve Status:  Active  Inactive  Reserve  National Guard

Type of Discharge: \_\_\_\_\_

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

## Financial Record - Section V

Do you or your spouse have any immediate civil action pending against you?

Yes  No

Have you wages ever been garnished or filed for bankruptcy?  Yes  No

Are any of your bills in the hands of a bill collection agency?  Yes  No

Do you owe past taxes?  Yes  No

Explain any "yes" answers:

\_\_\_\_\_  
\_\_\_\_\_

## Family - Section VI

Married  Single

Name of Current Spouse \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Children? (Names and Ages) \_\_\_\_\_

\_\_\_\_\_

Have you ever been divorced?  Yes  No

How many times? \_\_\_\_\_

Date of Divorce \_\_\_\_\_ County/State \_\_\_\_\_

Ex-Spouse's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Children (Name and Ages) \_\_\_\_\_

Child Support?  Yes  No Spousal Support?  Yes  No

Are you current in all support payments and obligations?  Yes  No

Do you have any other children?  Yes  No

If Yes (Name and Ages): \_\_\_\_\_

## Criminal History - Section VII

Were you ever arrested as a juvenile?  Yes  No

When? \_\_\_\_\_

Where? \_\_\_\_\_

What for? \_\_\_\_\_

Disposition? \_\_\_\_\_

Additional Explanation: \_\_\_\_\_

\_\_\_\_\_

Were you ever arrested as an adult?  Yes  No

When? \_\_\_\_\_

Where? \_\_\_\_\_

What for? \_\_\_\_\_

Disposition? \_\_\_\_\_

Additional Explanation: \_\_\_\_\_

\_\_\_\_\_

**Please read the following:**

An **Expungement** is the court ordered sealing of records relating to criminal convictions. If you have received any expungement, you may have been told that it is not necessary to report the conviction or expungement to anyone who may inquire about either. The Ohio Revised Code Section 2953.32(D)(6) states that sealed convictions (expungement) may be inspected by any law enforcement agency as part of a background investigation of a person who applies for employment with the agency as a law enforcement officer. For the purpose of this background investigation, you are required to report any criminal conviction or any expungement.

Have you had your record expunged as an adult?  Yes  No

Have you had your record expunged as a juvenile?  Yes  No

If yes, explain the expungement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all traffic offenses for which you received a citation (include out of state and location on all citations):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever stolen anything and were not caught? Include both as a juvenile and as an adult. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Court Action(s)**

Have you ever been a defendant in a court case?  Yes  No

What for? \_\_\_\_\_

When? \_\_\_\_\_

What Court? \_\_\_\_\_

Disposition? \_\_\_\_\_

Have you ever been a plaintiff in a court case?  Yes  No

What for? \_\_\_\_\_

When? \_\_\_\_\_

What Court? \_\_\_\_\_

Disposition? \_\_\_\_\_

**Drugs and Alcohol**

Have you ever **tried** an illicit drug?  Yes  No

Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Cocaine		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Heroin		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Crack		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
LSD		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

What? \_\_\_\_\_

If you have answered "Yes" to any of the above, answer the following:

How old were you when you first tried the drug? \_\_\_\_\_

Describe the circumstances and amount used: \_\_\_\_\_

\_\_\_\_\_

When (month/year) was the last time you used the drug? \_\_\_\_\_

How many times have you used the drug in your life (estimate)? \_\_\_\_\_

How many times have you used the drug in the: last year \_\_\_\_\_

last 2 years \_\_\_\_\_

last 5 years \_\_\_\_\_

Have you ever sold any drug(s)?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you associate with people who use illicit drugs?  Yes  No

Do you consume any alcoholic beverage(s)?  Yes  No

What beverage(s)? \_\_\_\_\_

How much? \_\_\_\_\_

How often? \_\_\_\_\_

How many times have you been drunk?

In the last month? \_\_\_\_\_ In the last 6 months? \_\_\_\_\_

In the last year? \_\_\_\_\_ Month/Year of last time? \_\_\_\_\_

### **Essay - Section VIII**

Why do you want to become a police officer with the The Village of Kelley's  
Police Department?

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**ALL APPLICANTS MUST SIGN THE FOLLOWING CERTIFICATE**

I certify and affirm that answers and statements contained in this application and questionnaire are true to the best of my knowledge and that I have provided complete disclosure of all information requested.

Signature of Application: \_\_\_\_\_ Date: \_\_\_\_\_

**Please provide a copy of the following documents:**

- Driver's License
- High School Diploma
- Birth Certificate
- College Diploma
- Ohio Peace Officer Basic Police Academy Training Certificate

**THE VILLAGE OF KELLEY'S ISLAND POLICE DEPARTMENT  
AUTHORIZATION TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize any Police Officer or authorized representative of the Kelley's Island Police Department bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records or educational records including, but not limited to, achievement, attendance, personal history, and disciplinary records; medical records; credit records; and criminal history records. I hereby direct you to release such information upon the request the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Kelley's Island Police Department. Consent is granted for the Kelley's Island Police Department, Erie County, Ohio, to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, or related personal, 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. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name: \_\_\_\_\_  
(Signature)

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

Full Name: \_\_\_\_\_  
(Print Name)

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_