

CITY OF TROY FIRE OR POLICE DEPARTMENT

THE CITY OF TROY IS AN EQUAL OPPORTUNITY EMPLOYER

**PERSONAL HISTORY QUESTIONNAIRE**

Personal History of: \_\_\_\_\_  
(last name) (first) (middle)

Position Applied for: \_\_\_\_\_ Fire Fighter/Paramedic  
\_\_\_\_\_ Police Officer  
\_\_\_\_\_ Other – specify \_\_\_\_\_

Date of Written Examination: \_\_\_\_\_ Date This Questionnaire Completed: \_\_\_\_\_

**INSTRUCTIONS**

This personal history questionnaire is intended for the use of the City of Troy Personnel Administration section. 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 and screening procedures. Information contained herein will be considered to be strictly confidential and will not be disclosed to any unauthorized persons(s).

The answer 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.

**WARNING**

Applicants are cautioned to answer every question truthfully and without evasion Both the Ohio Revised Code and Rules and Regulations of the Troy, Ohio Municipal 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.



## PERSONAL & MARITAL RECORD (continued)

|  |  |  |
|--|--|--|
| 1. Are you now supporting all dependents that you are required to support?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | 2. Are you paying alimony or child support? <input type="checkbox"/> YES <input type="checkbox"/> NO | Amount per month<br>\$   |
| 3. 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 number of the lawsuit or date<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |
| 4. Previous Marriages: If previously married, provide the following  |  |  |
| Date Married   | Where Married (City, County & State)   | Name of Ex-spouse (maiden name)  |
|  |  |  |
|  |  |  |
|  |  |  |
| 5. Are you a US citizen?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | If yes?<br><input type="checkbox"/> Native Born<br><input type="checkbox"/> Naturalized              | 6. Are you a permanent resident alien?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| If a naturalized citizen, list city & state where naturalized  |  | Date naturalized   |
|  |  | Certificate number   |

## PREVIOUS RESIDENCES RECORD – SECTION II

Address since age 15. Account for all times 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. If renting or leasing, include the agent or management company to whom you pay rent.

| From (month – year) TO (month – year) | Address (street, city, state & zip code) | With whom did you live | Relationship |
|---------------------------------------|--|------------------------|--------------|
|                                       |  |                        |              |
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|                                       |  |                        |              |

References: Fill in below the names of two adults not related to you, not former employers, who have known you for a period of preferably five years or more.

|             |                                       |   |
|-------------|---------------------------------------|---|
| Name        | Home address (city, state & zip code) | Home phone (area code & number)           |
| Years known | Business, occupation or profession    | Business address (city, state & zip code) |
|             |                                       | Business phone (area code & number)       |
| Name        | Home address (city, state & zip code) | Home phone (area code & number)           |
| Years known | Business, occupation or profession    | Business address (city, state & zip code) |
|             |                                       | Business phone (area code & number)       |



# 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 name and address of immediate supervisor, the name, address and rank of the last commissioned officer who was your immediate commissioned superior and substitute for the name and address of co-worker, the name and address of a non-commissioned officer with whom you 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, apt., or suite, city, state and zip code.**

May we contact your employer?    Yes    No   If no, explain on last page

Have you ever been discharged or asked to resign from a job?    Yes    No   If yes, explain full on last page

If presently unemployed, indicate so in first block.

|                 |                                   |                                 |                                     |
|-----------------|-----------------------------------|---------------------------------|-------------------------------------|
| From Date       | Name of Employer                  | Job Title                       | List Hours Worked & Days Off on Job |
| To Date         | Address of Employer               | Description of Duties           |                                     |
| Total Time Exp. | Full Name of Immediate Supervisor | Address of Immediate Supervisor | Telephone of Business               |
| Salary          | Full Name of Co-Worker            | Address of Co-Worker            | Telephone # of Co-Worker            |
| From Date       | Name of Employer                  | Job Title                       | List Hours Worked & Days Off on Job |
| To Date         | Address of Employer               | Description of Duties           |                                     |
| Total Time Exp. | Full Name of Immediate Supervisor | Address of Immediate Supervisor | Telephone of Business               |
| Salary          | Full Name of Co-Worker            | Address of Co-Worker            | Telephone # of Co-Worker            |
| From Date       | Name of Employer                  | Job Title                       | List Hours Worked & Days Off on Job |
| To Date         | Address of Employer               | Description of Duties           |                                     |
| Total Time Exp. | Full Name of Immediate Supervisor | Address of Immediate Supervisor | Telephone of Business               |
| Salary          | Full Name of Co-Worker            | Address of Co-Worker            | Telephone # of Co-Worker            |
| From Date       | Name of Employer                  | Job Title                       | List Hours Worked & Days Off on Job |
| To Date         | Address of Employer               | Description of Duties           |                                     |
| Total Time Exp. | Full Name of Immediate Supervisor | Address of Immediate Supervisor | Telephone of Business               |
| Salary          | Full Name of Co-Worker            | Address of Co-Worker            | Telephone # of Co-Worker            |

## WORK HISTORY – SECTION IV (contd.)

|                 |                                   |                                 |                                     |
|-----------------|-----------------------------------|---------------------------------|-------------------------------------|
| From Date       | Name of Employer                  | Job Title                       | List Hours Worked & Days Off on Job |
| To Date         | Address of Employer               | Description of Duties           |                                     |
| Total Time Exp. | Full Name of Immediate Supervisor | Address of Immediate Supervisor | Telephone of Business               |
| Salary          | Full Name of Co-Worker            | Address of Co-Worker            | Telephone # of Co-Worker            |
| From Date       | Name of Employer                  | Job Title                       | List Hours Worked & Days Off on Job |
| To Date         | Address of Employer               | Description of Duties           |                                     |
| Total Time Exp. | Full Name of Immediate Supervisor | Address of Immediate Supervisor | Telephone of Business               |
| Salary          | Full Name of Co-Worker            | Address of Co-Worker            | Telephone # of Co-Worker            |
| From Date       | Name of Employer                  | Job Title                       | List Hours Worked & Days Off on Job |
| To Date         | Address of Employer               | Description of Duties           |                                     |
| Total Time Exp. | Full Name of Immediate Supervisor | Address of Immediate Supervisor | Telephone of Business               |
| Salary          | Full Name of Co-Worker            | Address of Co-Worker            | Telephone # of Co-Worker            |
| From Date       | Name of Employer                  | Job Title                       | List Hours Worked & Days Off on Job |
| To Date         | Address of Employer               | Description of Duties           |                                     |
| Total Time Exp. | Full Name of Immediate Supervisor | Address of Immediate Supervisor | Telephone of Business               |
| Salary          | Full Name of Co-Worker            | Address of Co-Worker            | Telephone # of Co-Worker            |
| From Date       | Name of Employer                  | Job Title                       | List Hours Worked & Days Off on Job |
| To Date         | Address of Employer               | Description of Duties           |                                     |
| Total Time Exp. | Full Name of Immediate Supervisor | Address of Immediate Supervisor | Telephone of Business               |
| 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 the Computer Voice Stress Analyzer. 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.

|  |     |    |
|--|-----|----|
| 1. If it became necessary in the course of your 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 answer this question.</b>   | YES | NO |
| 2. Have you ever committed a felony for which you were never arrested or convicted?  | YES | NO |
| 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?   | YES | NO |
| 4. Have you ever been convicted of a felony?   | YES | NO |
| 5. Have you ever been convicted of a misdemeanor that had been reduced from original felony charges?   | YES | NO |
| 6. Have you ever been convicted of any criminal offense? I.E., theft offenses, assault & battery, wrongful influence of a minor, disorderly conduct, gambling, drug offenses, sex offenses, offenses involving immoral or indecent conduct, fraud, trespassing, conversion of trust, offense involving military justice, or any other criminal offenses?   | YES | NO |
| 7. Have you ever been convicted of any traffic offense? I.E., operating a motor vehicle while under the influence of alcohol or drugs, reckless operation, hit/skip, vehicular homicide, speeding, drag racing, willfully fleeing or eluding police, 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? | YES | NO |
| 8. As an adult, have you ever stolen anything?   | YES | NO |
| 9. Have you ever bought or sold any property that you knew was stolen?   | YES | NO |
| 10. Has your driver's license ever been suspended or revoked?  | YES | NO |
| 11. Have you ever been committed to any penal institution as a result of either a felony or misdemeanor conviction?  | YES | NO |
| 12. Are you presently under indictment or a defendant in any pending criminal traffic or civil actions?  | YES | NO |
| 13. Have you ever used any hallucinogens such as marijuana, hashish, mescaline, P.C.P., T.H.C., peyote, P.C.E., T.C.P., angel dust or any of their derivatives, etc.? (In the past 3 years.)   | YES | NO |
| 14. Have you ever used any narcotics such as opium, morphine, codeine, meperidene, methadone or any of their derivatives such as darvon, lomitol, etc.? (In the past 3 years.)   | YES | NO |
| 15. Have you ever used cocaine, heroin or L.S.D.? (In the past 3 years.)   | YES | NO |
| 16. Have you ever used any prescription drugs such as barbiturates, amphetamines, valium, librium, sopors, uppers, downers, etc., without the benefit of a prescription? (In the past 3 years.)  | YES | NO |
| 17. Have you ever used any prescribed medications for purposes other than that for which they were originally prescribed or intended? (In the past 3 years.)   | YES | NO |
| 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.? (In the past 3 years.)   | YES | NO |
| 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?  | YES | NO |
| 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? (In the past 3 years.)   | YES | NO |
| 21. Are you presently addicted to or use alcohol excessively or suffer from any alcohol-related problems?  | YES | NO |
| 22. Have you ever engaged in any illicit sexual activities?  | YES | NO |
| 23. Have you ever applied for and received unemployment compensation, the amounts of which you were not eligible to receive?   | YES | NO |
| 24. Are you now, or have you ever received any type of governmental support such as welfare, A.D.C., housing subsidy payments, educational loans or grants that you were not eligible for, received in a fraudulent manner or after receiving became ineligible for but continued receiving?   | YES | NO |
| 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 functions as a city employee?   | YES | NO |
| 26. Do you have any problems because of gambling?  | YES | NO |
| 27. Do you have any problem controlling your temper?   | YES | NO |
| 28. Have you ever been involved in an automobile accident?   | YES | NO |
| 29. Have you ever engaged in any grossly unnatural sexual acts?  | YES | NO |

### All Applicants Must Sign The Following Certificate

I CERTIFY THAT THE STATEMENTS CONTAINED IN THE QUESTIONNAIRE ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MADE IN THE QUESTIONNAIRE MAY BE CAUSE FOR DISAPPROVAL OF MY APPOINTMENT, OR FOR DISCHARGE AFTER APPOINTMENT. I FURTHER REALIZE THAT ANY FALSEHOODS MAY SUBJECT ME TO PROSECUTION UNDER OHIO REVISED CODE SECTION 2921.13.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_



