THE VILLAGE OF BETHEL POLICE DEPARTMENT

PRE-EMPLOYMENT

Personal Questionnaire Packet

APPLICANT NAME: _____

Date Completed: _____

Please fill out & return to:

Bethel Police Department
120 N. Main Street
Bethel, Ohio 45106
Attn: Hiring/Recruitment Sergeant

INSTRUCTIONS TO JOB APPLICANT

Before completing the following questionnaire, it is important for you to understand the purpose of the Personal Questionnaire Packet (PQP). Law enforcement officials are expected to have a high degree of honesty and integrity. If law enforcement agencies only hired people who had never made a mistake, done anything wrong, never committed a crime, there would be no one in law enforcement positions. No one is perfect.

The purpose of this questionnaire is not to find the perfect person. This questionnaire has been designed to assist in identifying an honest person. Agencies seek people they can trust.

No law enforcement agency should hire someone that cannot be trusted. Your word is your bond. The law enforcement community, the court systems, and society must be able to trust their law enforcement officials. As you fill out this questionnaire, above all – be honest.

- While completing the questionnaire, answer all questions to the best of your ability. It is understood that no one can remember every detail or every exact date, but again, aim to answer to the best of your ability.

- If you do not understand a question, do not answer it. Put an asterisk (*) with the question number. The background investigator will contact you.

- Do not lie in this questionnaire. Lying will result in disqualification from our process.

- Lying is an intentional act. Do not intentionally leave out information. Do not intentionally misrepresent information.

Write in black ink or you may type your answers, but my sign all areas in ink. Make comments as needed and write on the backside of these pages when necessary.

Upon completion, please return along with the following:

- Copy of driver's license
- Copy of DD214 or Current Military ID
- Copy of OPOTA Certificate
- Copy of High School/GED diploma
- Copy of Transcripts from College or University
- Copy of any certifications Law Enforcement related
- Any letters of recommendation

PERSONAL INFORMATION:

Full Legal Name: _____
(Last) (First) (Middle)

Date of Birth: _____/_____/_____ Age: _____

Soc. Security #: _____-_____-_____

Place of Birth: _____
(City/State/County)

Cell phone number: (_____)_____-_____

Alternate phone number: (_____)_____-_____

Email Address: _____

List all other states and/or countries in which you have lived: _____

Have you ever used a different name? Yes No

Have you ever used a different social security number? Yes No

Have you ever used a different date of birth? Yes No

Are you a U.S. citizen? Yes No
If yes, please check one: ☐ U.S. born
☐ U.S. naturalized
☐ Other: _____

Marital Status: ☐ Single
☐ Married
☐ Divorced
☐ Separated
☐ Other: _____

Date of Marriage: _____

Maiden Name: _____

Date of Divorce: _____

Spouses name: _____

Starting with your most current address, list the last (10) ten years of all the places you have lived. If you need more space, fill it out on a separate sheet.

Address	City	State	Zip	Start mm/yy	End Mm/yy

EDUCATION:

High School/GED	**Location**	**Years attended**	**Degree obtained**
College	**Location**	**Years attended**	**Degree obtained**
Trade School	**Location**	**Years attended**	**Degree obtained**
Graduate School	**Location**	**Years attended**	**Degree obtained**
Additional College	**Location**	**Years attended**	**Degree obtained**
OPOTA Police Academy	**Location**	**Dates attended**	**Class #**

Any additional education or certifications please list below:

_____

_____

_____

EMPLOYMENT HISTORY - MILITARY:

Are you currently or have you ever served in the military? Yes No
If no, please go to the next section.

Branch of Service: _____ Highest Rank: _____

Enlistment Date: _____/_____/_____ (Anticipated) Discharge Date:_____/_____/_____

Type of Discharge: _____

Have you ever received any form of disciplinary action (court martial, article 15, demotions, violations of uniform code, etc.) while in the military? Yes No
If yes, please explain: _____

_____

What is the most serious infraction you committed in the military, whether detected or undetected? _____

_____

Locations and commands you were assigned:

Unit	Commanding Officer	Location	From/To

EMPLOYMENT HISTORY:

Have you previously submitted an application for employment with our agency? Yes No

If yes, list the approximate date(s): _____

List of all law enforcement agencies you have submitted an application with in the past 3 years

1.) _____ Year submitted: _____

2.) _____ Year submitted: _____

3.) _____ Year submitted: _____

4.) _____ Year submitted: _____

Previous Employers: Start ***with the most recent. Use the reverse side of this sheet if more space is needed.***

Employer	**Address**	**Phone #**
Supervisor	**Job Title**	**From/To**

Reason for Leaving:

Employer	**Address**	**Phone #**
Supervisor	**Job Title**	**From/To**

Reason for Leaving:

Employer	**Address**	**Phone #**
Supervisor	**Job Title**	**From/To**

Reason for Leaving:

Employer	Address	Phone #
Supervisor	Job Title	From/To

Reason for Leaving:

Employer	Address	Phone #
Supervisor	Job Title	From/To

Reason for Leaving:

Employer	Address	Phone #
Supervisor	Job Title	From/To

Reason for Leaving:

Employer	Address	Phone #
Supervisor	Job Title	From/To

Reason for Leaving:

Employer	Address	Phone #
Supervisor	Job Title	From/To

Reason for Leaving:

Employer	Address	Phone #
Supervisor	Job Title	From/To

Reason for Leaving:

Employer	Address	Phone #
Supervisor	Job Title	From/To

Reason for Leaving:

1. List all times you have been disciplined, suspended, reprimanded, etc. by any employer:

a._____

b._____

c._____

d._____

e._____

2. Are you currently having problems with any co-worker or supervisor?	**Yes**	**No**
3. Have you ever received a poor work performance evaluation at any job?	**Yes**	**No**
4. Have you ever been accused of racial /ethnic bias or sexual harassment?	**Yes**	**No**
5. Have you ever received unemployment compensation?	**Yes**	**No**
6. Have you ever received worker's compensation or unemployment compensation that you were not entitled to?	**Yes**	**No**
7. Did you ever work and get paid under the table or off the books?	**Yes**	**No**
8. Have you ever consumed alcohol while working?	**Yes**	**No**
9. Have you ever used an illegal drug while working?	**Yes**	**No**
10. Have you ever had sexual contact / relations while at work?	**Yes**	**No**
11. Have you ever falsified your time sheet/card?	**Yes**	**No**

12. How many times in a normal work month are you late? _____

13. What is the most valuable thing you ever took from an employer? _____

Many people have taken things from the place where they work which they did not have permission to take. The items taken may have been cash, merchandise or property. You may have simply borrowed one of these items and forgotten to return it, given merchandise to another person, or padded your expense account. ***In the space provided below, list <u>every item</u> that you have ever taken from any employer. Use the back of this sheet if more space is needed.***

Item Taken	Approximate Value	Month/Year	Employer
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

THEFT OF PROPERTY:

In the previous section, you documented all thefts from a place of employment. This section is to include **all the other thefts** of property that you have been involved in from other sources **at any time in your life**. This could include, but is not limited to taking cash, shoplifting, switching price tags, giving /receiving unauthorized discounts, receiving stolen property, etc.

1. Have you ever taken anything from a purse/wallet?	**Yes**	**No**
2. Taken anything by force?	**Yes**	**No**
3. Taken a motor vehicle?	**Yes**	**No**
4. Taken something from within or off a motor vehicle?	**Yes**	**No**
5. Received or distributed any items you knew or suspected were stolen?	**Yes**	**No**

6. What is the most valuable item you have ever taken? _____

In the space provided below, please list EVERYTHING you have ever taken which you did not have permission to take. This does <u>not</u> include previously mentioned thefts from employers.

Item Taken	Approximate Value	Month/Year (or approx. age)	Property Name/State

CRIMINAL ACTIVITY:

Circle the appropriate answer. EXPLAIN ANY 'YES' ANSWERS AT THE END OF THIS SECTION in the explanation area. <u>Be sure to reference your explanation with the corresponding question number</u>.

1. Unlawfully cause a person's death / person to be hospitalized?	**Yes**	**No**
2. Falsely report a fire or other emergency.	**Yes**	**No**
3. Falsely report a crime?	**Yes**	**No**
4. Use phony or false identification?	**Yes**	**No**
5. Use another person's identity to obtain items?	**Yes**	**No**
6. Use a credit card or ATM card illegally?	**Yes**	**No**
7. Issue a check knowing you did not have the funds to cover it?	**Yes**	**No**
8. Commit a "hate crime" (racial, ethnic or religious motive)?	**Yes**	**No**
9. Engage in a physical altercation/fight?	**Yes**	**No**
10. Use or show a weapon during an altercation?	**Yes**	**No**
11. Make a threatening or obscene communication anonymously?	**Yes**	**No**
12. Intentionally damage another's property by any means?	**Yes**	**No**
13. Carry any type of unauthorized weapon?	**Yes**	**No**
14. Carry a weapon illegally?	**Yes**	**No**
15. Been denied a permit to carry a handgun?	**Yes**	**No**
16. Manufacture or utilize an explosive or incendiary device?	**Yes**	**No**
17. Make a phony or inflated insurance claim?	**Yes**	**No**
18. Knowingly make a false statement on any official document?	**Yes**	**No**
19. Knowingly make a false statement in a judicial proceeding?	**Yes**	**No**
20. Take something from someone by force?	**Yes**	**No**
21. Use someone else's checks or credit cards without their permission?	**Yes**	**No**
22. Break into a motor vehicle?	**Yes**	**No**
23. Break into a building (home / business / etc.)?	**Yes**	**No**
24. Set fire to anything?	**Yes**	**No**
25. Kidnap someone or otherwise keep someone against his or her will?	**Yes**	**No**
26. Have sexual contact with someone without their consent, (using force or when they were impaired or otherwise not mentally competent)?	**Yes**	**No**
27. Force someone to have sexual relations/contact with you?	**Yes**	**No**
28. Have sexual relations/contact with a family member other than your spouse?	**Yes**	**No**
29. Have sexual relations/contact with an animal?	**Yes**	**No**

30. Been sexually aroused by a fire? **Yes** **No**
31. Paid for sex or been paid for sex? **Yes** **No**
32. Expose yourself in public? **Yes** **No**
33. Been married to more than one person at a time? **Yes** **No**
34. Possess, sell, produce or distribute any child pornographic material? **Yes** **No**
35. View/download child pornography? **Yes** **No**
36. Physically or sexually abuse a child? **Yes** **No**
37. Been involved in any illegal sexual activity? **Yes** **No**
38. Harass or stalk someone? **Yes** **No**
39. Counterfeit anything? **Yes** **No**
40. Commit blackmail / any form of extortion? **Yes** **No**
41. Forgery? **Yes** **No**
42. Bribery? **Yes** **No**
43. Tamper with a witness or evidence? **Yes** **No**
44. Fail to appear in court? **Yes** **No**
45. Use a computer to commit a crime? **Yes** **No**
46. Deliberately hurt an animal (other than legally hunting/fishing)? **Yes** **No**
47. Make an illegal bet / take an illegal bet? **Yes** **No**
48. Impersonate a police officer? **Yes** **No**
49. Run or evade a police officer? **Yes** **No**
50. Use physical force with your spouse or significant other? (striking, pushing, slapping, etc.) **Yes** **No**
51. Use physical force with a parent? (striking, pushing, slapping, etc.) **Yes** **No**
52. Use physical force with your child or anyone else's? **Yes** **No**
53. Been the subject of a restraining order or a protective order? **Yes** **No**
54. Use a weapon against someone? **Yes** **No**
55. Been involved in a police investigation as a suspect or witness? **Yes** **No**
56. Convicted of a criminal offense? **Yes** **No**
57. Had a criminal charge reduced in court? **Yes** **No**
58. Had a criminal charge expunged or sealed? **Yes** **No**
59. Have the police ever been contacted because of something you did or assisted someone in doing? **Yes** **No**
60. Been involved in organized crime? **Yes** **No**

61. Been involved in any group (gang, KKK, militia, etc.) that advocated violence, racial prejudice, terrorist or subversive activity? *Involved means being a member, associate member, volunteering for, being associated with, attending meetings, providing financial support or any other type of assistance.* **Yes** **No**

62. What is the most serious criminal act you ever committed, whether detected or undetected? (Use the back of this page if more space is needed.) _____

_____

_____

ARREST HISTORY:

Please list both Juvenile and Adult arrests: (Even if chargers were expunged)

(Criminal Charge)	(County)	(Date)	(Disposition)
(Criminal Charge)	(County)	(Date)	(Disposition)
(Criminal Charge)	(County)	(Date)	(Disposition)
(Criminal Charge)	(County)	(Date)	(Disposition)

EXPLANATION AREA:

In the space provided below, explain any 'yes' answer that you have given to the previous questions. Give the date of the incident and describe circumstances. (Use the back of this page if more space is needed):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

ILLEGAL DRUGS:

In the chart below, write the dates of your first and last use for each illegal drug. The dates should be as exact as possible. Remember, lying is an <u>intentional</u> act, not an honest error.

When asked to give the maximum number of times used for an illegal drug, you must give the ABSOLUTE MAXIMUM number of times. If you are not sure how many times you used an illegal drug, then state the MAXIMUM number of times you COULD have used.

In the "How drug used" column, write if the drug was injected, snorted, smoked, ingested, etc.

If you have never used one of the listed illegal drugs, put a checkmark in the "NEVER" column.

DRUG USED	FIRST TIME USED	LAST TIME USED	MAXIMUM TIMES USED	HOW DRUG USED	NEVER
Marijuana					
Hashish					
PCP					
THC					
LSD / Acid					
Heroin					
Cocaine					
Tranquilizers					
Steroids					
Ecstasy/XTC					
Speed					
Inhalants					
Meth-amphetamine					
Psilocybin (Mushrooms)					
Others: (Please list type) _____					
_____					

ILLEGAL DRUGS, CONTINUED:

Circle the appropriate answer. EXPLAIN ANY 'YES' ANSWERS AT THE END OF THIS SECTION in the explanation area. <u>Be sure to reference your explanation with the corresponding question number</u>.

1. Have you used any other illegal substance that has not been mentioned?	**Yes**	**No**
2. Ever used another person's prescription medication for recreational purposes?	**Yes**	**No**
3. Ever misuse or abuse your own prescription medication?	**Yes**	**No**
4. Ever give or sell your own prescription medication?	**Yes**	**No**
5. Have you ever purchased any illegal drug?	**Yes**	**No**
6. Have you ever sold any illegal drug?	**Yes**	**No**
7. Have you ever manufactured, grown, or harvested an illegal drug?	**Yes**	**No**
8. Ever delivered / distributed an illegal drug?	**Yes**	**No**
9. Held or stored any illegal drug for someone else?	**Yes**	**No**
10. Operated a motor vehicle while under the influence of an illegal drug?	**Yes**	**No**

11. Have you been present when someone: **Yes** **No**

- ☐ Used illegal drugs
- ☐ Sold illegal drugs
- ☐ Cooked illegal drugs
- ☐ Packaged illegal drugs
- ☐ Transported illegal drugs

12. When is the last time you've been in the presence of an illegal drug? (Do not include circumstances while serving in a sworn law enforcement / official capacity.)

_____/_____/_____

EXPLANATION AREA:

_____

_____

_____

_____

_____

_____

_____

_____

ALCOHOL USE:

Circle the appropriate answer. EXPLAIN ANY 'YES' ANSWERS AT THE END OF THIS SECTION in the explanation area. <u>Be sure to reference your explanation with the corresponding question number</u>.

1. Have you ever missed work because of alcohol consumption?	**Yes**	**No**
2. Has drinking ever caused a problem in your personal life or on the job?	**Yes**	**No**
3. Have you ever purchased alcohol for a minor? If yes, how many times? _____	**Yes**	**No**
4. Have you ever been arrested for an alcohol related crime?	**Yes**	**No**

5. What is your average consumption of alcohol during a typical week? _____

6. How many times have you been **intoxicated in public** in the last 2 years? _____

   When was the last time? Date: _____/_____/_____

7. How many times have you **operated a vehicle while intoxicated** in the past 5 years? _____

   When was the last time? Date: _____/_____/_____

EXPLANATION AREA:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

TRAFFIC VIOLATIONS:

Circle the appropriate answer. EXPLAIN ANY 'YES' ANSWERS AT THE END OF THIS SECTION in the explanation area. Be sure to reference your explanation with the corresponding question number.

1. Have you ever been refused a driver's license? **Yes** **No**
2. Have you altered a license or given false information to obtain a license? **Yes** **No**
3. Have you had driver's licenses from more than one state at the same time? **Yes** **No**
4. Have you ever had your license suspended or revoked? **Yes** **No**
5. Did you ever knowingly drive an unregistered motor vehicle? **Yes** **No**
6. Did you ever knowingly drive an uninsured motor vehicle? **Yes** **No**
7. Did you ever damage another's property with a vehicle and not report it? **Yes** **No**
8. Have you ever fled the scene of an accident? **Yes** **No**
9. Do you currently owe any fines for traffic or parking violations? **Yes** **No**
10. How many traffic citations have you received in your entire driving history? _____

List all traffic citations (tickets) received for moving or equipment violations:

(Use the back of this page if more space is needed)

VIOLATION	MO. / YR.	STATE	DISPOSITION

Do you currently have auto insurance? YES NO

Current insurance carrier: _____

Driver's License State: _____ Driver's License Number: _____

FINANCIAL HISTORY:

Rent: _____ Own _____ Live with another: _____ Live with Parent(s):_____

Current Rent/Mortgage payment per month: _____

Are you currently a Co-signer for any person: YES NO

If "yes" who: _____

Have you ever defaulted on a loan: YES NO

Have you ever been sued: YES NO

Have you filed for bankruptcy: YES NO

If "yes" Date: _____

Do you currently have any pending civil actions: YES NO

Do you pay child support: YES NO

How much per month: _____

Are you delinquent on child support: YES NO

Do you have a checking account: YES NO

Do you have a savings account: YES NO

Do you know your current credit score: YES NO

If "yes" what is your current score: _____

SOCIAL MEDIA/EMAIL ACCOUNTS:

Please list the information:

Do you have a Facebook account? **YES** **NO**

If "yes" please list username(s): _____

Do you have a X account? **YES** **NO**

If "yes" please list username(s): _____

Do you have an Instagram account? **YES** **NO**

If "yes" please list username(s): _____

Do you have a Snap Chat account? **YES** **NO**

If "yes" please list username(s): _____

Do you have a TikTok account? **YES** **NO**

If "yes" please list username(s): _____

Any website(s): _____

Are you on or have any accounts in which you share or upload pornographic material: **YES** **NO**

If "yes", which site(s): _____

PRIOR LAW ENFORCEMENT SERVICE:

Fill out the below section ONLY if you have had SWORN, prior law enforcement service.

Please circle the appropriate answer. Explain any 'yes' answers on the back of this page. Be sure to reference your explanation with the corresponding question number.

While employed as a sworn law enforcement officer, did you ever engage in any of the following:

1. Take something that did not belong to you while on duty? **Yes** **No**

2. Keep anything you or anyone else removed from any: **Yes** **No**
   - ☐ Any building/residence ☐ Prisoner ☐ Crime scene
   - ☐ Citizen ☐ Accident scene ☐ Evidence room
   - ☐ Vehicle(s) including patrol units

3. Drink alcohol while on duty? **Yes** **No**
4. Have sexual relations while on duty? **Yes** **No**
5. Sleep on duty? **Yes** **No**
6. Commit any felony or misdemeanor while on duty? **Yes** **No**
7. Hit or strike a handcuffed person? **Yes** **No**
8. Use excessive force? **Yes** **No**
9. Use a controlled or illegal substance while on duty? **Yes** **No**
10. Smuggle contraband or unauthorized material? **Yes** **No**
11. Accept anything in exchange for performing or not performing your duties? **Yes** **No**
12. Remove, copy, or read a file or document when not authorized to do so? **Yes** **No**
13. Make a false report or alter a document? **Yes** **No**
14. Plant evidence or otherwise "frame" someone? **Yes** **No**
15. Lie in court, on a report, or on an affidavit? **Yes** **No**
16. Use your official capacity to extort or attempt to extort anyone? **Yes** **No**
17. Destroy property / evidence / contraband without booking it? **Yes** **No**
18. Been terminated or asked to resign as peace officer? **Yes** **No**
19. Been given the option to resign in lieu of termination? **Yes** **No**
19. Received a written reprimand? If yes, how many times? _____ **Yes** **No**
20. Received a suspension? If yes, how many times? _____ **Yes** **No**
21. Been formally investigated for misconduct? **Yes** **No**
22. Received any other type of disciplinary action? **Yes** **No**
23. Lied to anyone during an internal investigation? **Yes** **No**
24. How many excessive uses of force of complaints have you received? _____

25. How many citizens' complaints have you received? _____
26. Have you ever sent or received sexually explicit photos or videos while on duty? **YES NO**

OTHER / CONCERNS:

1. Is there anything in your history that you know your agency would want to know about, but has not been addressed in this questionnaire or anywhere else in the application process?

YES NO

If yes, please explain:

_____
_____
_____
_____

2. Are there any questions or concerns you would like your background investigator to address you?

YES NO

If yes, please explain:

_____
_____
_____
_____

REFERENCE:

Please list (3) Professional references:

Name	**Address**	**Phone**
Email	**Job Title**	**Last Contact with them**

Name	Address	Phone
Email	Job Title	Last Contact with them

Name	Address	Phone
Email	Job Title	Last Contact with them

Please list (3) Personal references:

Name	Address	Phone
Email	Relationship	How long have you known

Name	Address	Phone
Email	Relationship	How long have you known

Name	Address	Phone
Email	Relationship	How long have you known

EXPLANATION AREA:

Please use this space to explain any answers:

Section:	Question #	Comment/Explanation

Have you ever taken a polygraph or other type of truth verification test? Yes No

If "yes": 1.)_____
(Year) (Agency that administered test) (Purpose or Reason)

2.)_____
(Year) (Agency that administered test) (Purpose or Reason)

3.)_____
(Year) (Agency that administered test) (Purpose or Reason)

4.)_____
(Year) (Agency that administered test) (Purpose or Reason)

5.)_____
(Year) (Agency that administered test) (Purpose or Reason)

VERIFICATION OF TRUTHFULNESS:

All of the information I have revealed in this booklet is true, correct and complete. I have not intentionally withheld, falsified, or misrepresented any information in this booklet. By signing below, I give my word that I have been 100% truthful.

_____ _____/_____/_____

Applicant's Signature Date

_____ _____/_____/_____

Background Investigator Signature Date