

# Central Joint Fire- EMS District

## Employment Application and

## Personal History Questionnaire

### Instructions;

All questions must be answered. If a question does not apply to your particular circumstances, insert "NA" (Not Applicable) in the proper blank. You may add additional sheets if more space is required for you answers. Each page must be signed and dated where applicable.

Please be advised that all information is subject to verification via criminal history check, background investigation, voice stress analysis or polygraph. Be fully truthful and do not evade questions. The Ohio Revised Code (ORC) provided penalties for making false statements of a material fact or for practicing fraud or deception in obtaining or attempting to obtain employment. Such penalties include rejection for appointment, discharge after appointment, and/or prosecution under Ohio Revised Code Section 2921.13.

If you have any questions in reference to this employment application and personal history questionnaire please contact Chief Kevin L. Riley at (513) 732-3876.

# APPLICATION FOR EMPLOYMENT

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Driver's License # \_\_\_\_\_

Name Last	First	M.I.	Social Security #
Present Address	City	State	Zip Code
How long have you lived at your present address? _____ Yrs. _____ Mos.		Home Phone Number	Alternate Phone Number
Are You a U.S. Citizen? Yes: _____ No: _____			
Are You 18 Years of Age or older? Yes: _____ No: _____			
Are You legally eligible for employment in the U.S.? Yes: _____ No: _____			
Position applying for: _____ Full-Time _____ Part-Time _____ Volunteer			

## EDUCATION

Type of School	Name & Address Of School	Last Grade Completed	Course of Study	Dates	Degree or Diploma
Elementary					
High School					
College					
Fire - EMS Certifications (Please include copies of your cards) _____					
Are you continuing your education? Yes: _____ No: _____					
If Yes, please indicate how: _____					
Scholastic honors or scholarships received: _____					

**A COPY OF YOUR HIGH SCHOOL DIPLOMA OR G.E.D. TRANSCRIPTS MUST BE TURNED IN WITH THIS APPLICATION/QUESTIONNAIRE.**

# EMPLOYMENT HISTORY

**1**

Please list all employment, starting with present or most recent employer.

Account for all periods, including all unemployment or time not spent in school or military service.

Name and Address of Employer

Dates of Employment

Phone Number

Supervisor Name and Title

Annual Salary \$

Job Title

Reason for Leaving

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Describe type of business and duties:

**2**

Name and Address of Employer

Dates of Employment

Phone Number

Supervisor Name and Title

Annual Salary \$

Job Title

Reason for Leaving

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Describe type of business and duties:

**3**

Name and Address of Employer

Dates of Employment

Phone Number

Supervisor Name and Title

Annual Salary \$

Job Title

Reason for Leaving

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Describe type of business and duties:

**4**

Name and Address of Employer

Dates of Employment

Phone Number

Supervisor Name and Title

Annual Salary \$

Job Title

Reason for Leaving

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Describe type of business and duties:

**5**

Name and Address of Employer

Dates of Employment

Phone Number

Supervisor Name and Title

Annual Salary \$

Job Title

Reason for Leaving

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Describe type of business and duties:

**6**

Name and Address of Employer

Dates of Employment

Phone Number

Supervisor Name and Title

Annual Salary \$

Job Title

Reason for Leaving

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Describe type of business and duties:

- USE ADDITIONAL SHEET OF PAPER IF NEEDED.

I hereby give my permission to contact the employers I have listed concerning my present and prior work experience. If there is a particular employer(s) you do not wish us to contact, please indicate which one(s) and explain.

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

**REFERENCES - DO NOT INCLUDE FAMILY MEMBERS/RELATIVES**  
**MUST HAVE 5 REFERENCES**

<b>1</b> Name	Phone Number	
Address	City	State/Zip
Relationship		

<b>2</b> Name	Phone Number	
Address	City	State/Zip
Relationship		

<b>3</b> Name	Phone Number	
Address	City	State/Zip
Relationship		

<b>4</b> Name	Phone Number	
Address	City	State/Zip
Relationship		

<b>5</b> Name	Phone Number	
Address	City	State/Zip
Relationship		

I certify that the above information is true to the best of my knowledge.

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

# PERSONAL HISTORY QUESTIONNAIRE

## Purpose and Use;

Thank you for taking the time and effort to complete this Personal History Questionnaire. We want you to understand the purpose of this form and its objective, along with the professional manner in which we will treat the information you provide.

We want you to consider the Personal History Questionnaire as an opportunity to organize and present relevant information about yourself. This information will assist us in gaining an accurate picture of your background to be used as one of the bases in our assessment process. Other assessments you may be subject to are physical ability testing, written testing, a personal interview, background investigation, polygraph examination or voice stress analysis, psychological examination, and medical examination.

Additionally, we want you to know that we not only consider the facts presented, but we also consider your explanations surrounding the facts. That is why it is so critically important that you make a special effort to answer all questions completely, truthfully, and thoughtfully. There are many opportunities for you to offer a thorough explanation of facts, and/or circumstances.

We will take an overview of the information you provide and treat it in a "profile" manner which enables us to assess your background as well as analyze specific areas. Using a full scope of information, we can evaluate the overall balance of your strengths and limitations so that our conclusions about your eligibility are not unduly influenced by narrow isolated bits of information.

Our "profile" approach to your background leads us to look at a balance of factors in the following areas:

1. Financial Status
2. Moving Traffic Violations
3. Memberships in Organizations Conspiring and/or Advocating the Use of Violence or Illegal Activity
4. Use of Narcotics, Alcohol, Gambling Habits
5. Sexual Behavior Patterns
6. Criminal History
7. Prior Applications for a Position with any Fire Department or EMS Service (Public or Private)

In analyzing your background in the various profiled areas we are looking for evidence of your sense of responsibility, self-discipline, emotional maturity, and the ability to exercise good judgment.

Please acknowledge your reading and full understanding of the Employment Application and Personal History Questionnaire by signing the space below.

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

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

**I. FINANCIAL STATUS**

Indebtedness (check as many as apply today)

\_\_\_\_\_ Own                      \_\_\_\_\_ Rent/lease                      \_\_\_\_\_ Living with parents

\_\_\_\_\_ Living with other                      \_\_\_\_\_ Other    Explain: \_\_\_\_\_  
\_\_\_\_\_

All YES answers require an explanation and date of occurrence (use additional sheet if necessary)

YES                      NO  
\_\_\_\_\_                      \_\_\_\_\_  
Have you ever had your wages attached or garnished?  
If YES, when \_\_\_\_\_

YES                      NO  
\_\_\_\_\_                      \_\_\_\_\_  
Have you ever been a defendant in small claims court?  
If YES, explain \_\_\_\_\_

YES                      NO  
\_\_\_\_\_                      \_\_\_\_\_  
Have you ever had any civil action (lawsuit) filed against you?  
If YES, explain \_\_\_\_\_

YES                      NO  
\_\_\_\_\_                      \_\_\_\_\_  
Have you ever filed bankruptcy or been declared bankrupt?  
If YES, when \_\_\_\_\_

YES                      NO  
\_\_\_\_\_                      \_\_\_\_\_  
Have you ever been declared delinquent in child support payments?  
If YES, explain \_\_\_\_\_

YES                      NO  
\_\_\_\_\_                      \_\_\_\_\_  
Have you ever been refused credit?  
If YES, explain \_\_\_\_\_

YES                      NO  
\_\_\_\_\_                      \_\_\_\_\_  
Have you ever had property repossessed?  
If YES, explain \_\_\_\_\_

YES                      NO  
\_\_\_\_\_                      \_\_\_\_\_  
Do you owe past taxes?  
If YES, explain \_\_\_\_\_

YES                      NO  
\_\_\_\_\_                      \_\_\_\_\_  
Have you written checks within the last twelve (12) months that you  
knew would be returned for insufficient funds, but wrote them anyway?  
If YES, how many \_\_\_\_\_

YES                      NO  
\_\_\_\_\_                      \_\_\_\_\_  
Have you ever skipped paying bills or debts on time?  
If YES, explain all occurrences \_\_\_\_\_

YES                      NO  
\_\_\_\_\_                      \_\_\_\_\_  
Are any of your bills in the hands of a bill collection agency?  
If YES, explain \_\_\_\_\_

I certify that the above information is true to the best of my knowledge.

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

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



**FINANCIAL STATUS (cont)**

Obligation	Company (Name, City, State)	Amount Owed/Overdue/Past Due
Home Loan		
Personal Loan		
Auto Loan #1		
Auto Loan #2		
Finance Co.		
Finance Co.		
Credit Card		
Credit Card		
Department Store		
Department Store		
Credit Union		
Obligation	Court of Jurisdiction	
Child Support		
Child Support		
Chapter 13		
Bankruptcy		
Small Claims		
FRA (traffic)		
Civil Suits		
Alimony		

YES	NO	Do you have a personal checking account?
_____	_____	If YES, institution name _____
_____	_____	Do you have a personal savings account?
_____	_____	If YES, institution name _____

I certify that the above information is true to the best of my knowledge.

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

**II. GAMBLING**

Within the past five (5) years, have you gambled or participated in any games of chance for financial rewards?

YES  NO

If YES, check all that apply:

- Bingo
- State Lottery
- Horse Racing
- Sports
- Cards, Poker, etc.
- Casino
- Other; specify: \_\_\_\_\_

How frequently do you engage in the above activities? \_\_\_\_\_  
\_\_\_\_\_

Do you currently have any outstanding gambling debts or obligations?

YES  NO

If YES, provide specifics regarding the outstanding debt/obligation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is true to the best of my knowledge.

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

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

### III. MOVING TRAFFIC VIOLATIONS

List the number of Moving Traffic Violations you have had since age 16.

Offense	Number	Date(s)	Ohio	Non-Ohio
D.U.I.				
Speed				
Driving w/o License				
Reckless Driving				
Driving Under Suspension				
Other				

Do you currently have a valid Ohio Driver's License?       YES     NO

Has your Driver's License ever been suspended or revoked?       YES     NO

If YES, explain: \_\_\_\_\_  
 \_\_\_\_\_

### IV. MEMBERSHIP IN ORGANIZATIONS

Are you now or have you ever been a member of an organization that advocates or practices violence and/or unlawful acts (including, but not limited to, bombing or burning structures, murder, mayhem, rioting, kidnaping, extortion, or terrorism) to effect political or social change?       YES     NO

If YES, give names and dates of memberships:

Organization	Dates of Membership

I certify that the above information is true to the best of my knowledge.

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

**V. NARCOTICS**

**YES**

**NO**

\_\_\_\_\_      \_\_\_\_\_      Have you ever used illegal narcotics?  
If so, when (month/year) \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Have you ever used marijuana?  
If so, when (month/year) \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Have you ever sold illegal narcotics?  
If so, when (month/year) \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Have you ever sold marijuana?  
If so, when (month/year) \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Have you ever transported illegal narcotics?  
If so, when (month/year) \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Have you ever transported marijuana?  
If so, when (month/year) \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Have you ever used any narcotics or prescription drugs, not including marijuana  
without a doctor's prescription?  
If so, when (month/year) \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Have you ever purchased any narcotics or prescription drugs, not including marijuana  
without a doctor's prescription?  
If so, when (month/year) \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Have you ever sold narcotics or prescription drugs, not including marijuana to  
anyone else?  
If so, when (month/year) \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Have you ever possessed narcotics or prescription drugs not including marijuana that  
you obtained without a prescription?  
If so, when (month/year) \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Have you ever operated a motor vehicle while under the influence of drugs, narcotics or  
marijuana?  
If so, when (month/year) \_\_\_\_\_

**I certify that the above information is true to the best of my knowledge.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NARCOTICS (Cont)**

For each of the following narcotics listed, fill in the appropriate column(s) to reflect any activity you may have had with that particular drug.

Drug	Largest Amount Bought	Largest Amount Used	Largest Amount Sold	How Often	Date Most Recent Occurrence
Marijuana					
Hashish or any derivative thereof					
Amphetamines or Methamphetamines					
Power Cocaine					
Crack Cocaine					
Lysergic Acid Diethylamide (L.S.D.) Regardless of Form					
Phencyclidine (P.C.P.)					
Illegal designer or synthetic drugs					
Hallucinogenic Mushrooms					
Heroin					
Morphine					
Others (s)					

YES      NO

\_\_\_\_    \_\_\_\_

Any misuse of prescription drugs?

\_\_\_\_    \_\_\_\_

Have you ever obtained prescription medication through theft or by deceptive means?  
If YES explain: \_\_\_\_\_

I certify that the above information is true to the best of my knowledge.

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

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

**VI. ALCOHOL**

Do you consume alcoholic beverages?

YES  NO

What type?

Beer  Wine  Liquor

Approximately how many drinks do you have per week?

\_\_\_\_\_

Where do you consume alcoholic beverages?

Own Home

Friends' Home

Bars / Restaurants

In Vehicles

Other (please explain) \_\_\_\_\_

Within the past year have you operated a motor vehicle while under the influence of alcohol?

YES  NO

If YES, approximately how many times: \_\_\_\_\_

Have you ever violated any laws concerning the following?

Public Intoxication

Underage Purchase or Consumption of Alcohol

Purchasing or Providing Alcohol to Minors

If YES to any of the above, provide specifics: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you characterize your alcohol consumption?

Light  Moderate  Heavy

I certify that the above information is true to the best of my knowledge.

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

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

**VII. SEXUAL BEHAVIOR PATTERNS**

Have you ever participated in a sexual act in a public place? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, give the circumstances and dates: \_\_\_\_\_

Have you ever participated in the following:

Act	Yes	No	Date
Sex with Animals			
Soliciting for Prostitution			
"Peeping Tom"			
Exposing Yourself "Mooning"			

YES NO

\_\_\_\_\_ \_\_\_\_\_ Have you ever had sexual contact with another person who was twelve (12) years of age or younger at the time?  
 If YES, your age at the time \_\_\_\_\_  
 Partner's age at the time \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_ Have you ever had sexual contact with another person who was a juvenile and four (4) or more years younger than yourself?  
 If YES, your age at the time \_\_\_\_\_  
 Partner's age at the time \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_ After reaching your eighteenth (18<sup>th</sup>) birthday, have you ever had sexual contact with another person who was fifteen (15) years of age or younger at the time?  
 If YES, your age at the time \_\_\_\_\_  
 Partner's age at the time \_\_\_\_\_

I certify that the above information is true to the best of my knowledge.

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

**VIII. CRIMINAL HISTORY**

Have you ever been convicted of a criminal offense (misdemeanors and felonies) as a juvenile?  YES  NO

Date	Nature of Offense	Where	Disposition

Have you ever been convicted of a criminal offense (misdemeanors and felonies) as an adult?  
(Include military criminal offenses if applicable)

YES  NO

Date	Nature of Offense	Where	Disposition

I certify that the above information is true to the best of my knowledge.

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



**CRIMINAL HISTORY (Cont)**

**YES**                      **NO**  
 \_\_\_\_\_                      \_\_\_\_\_

Are you currently wanted by the police or courts? (This includes traffic and parking capiases)  
 If YES, explain: \_\_\_\_\_

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

Have you been convicted of a crime and been placed on one of the following?

Case Disposition	Yes	No	Nature of Offense	Date(s)
House Arrest				
Probation				
Parole				
Community Service				
Work				
Weekend Detention				
Other				

**YES**                      **NO**  
 \_\_\_\_\_                      \_\_\_\_\_

Have you ever been convicted of the following crimes?

Crime	Yes	No	Nature of Offense	Date(s)
Felony				
Misdemeanor				
Military Charge				
Drug Related				
Non-Traffic Payout				

**YES**                      **NO**  
 \_\_\_\_\_                      \_\_\_\_\_

Have you ever committed or been an accomplice to an undetected/non-prosecuted crime?

Date	Nature of Offense	Where	Why

I certify that the above information is true to the best of my knowledge.

**Signature:** \_\_\_\_\_                      **Date:** \_\_\_\_\_

**CRIMINAL HISTORY (Cont)**

YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever committed a crime of violence (assault, assault and battery, rape, criminal damaging, acts involving use of a weapon) for which you were never caught or prosecuted?

Date	Nature of Offense	Where	Why

Have you ever stolen from:

YES	NO	If YES, explain and give the dates:
_____	_____	Employer (past) _____ _____
_____	_____	Employer (present) _____ _____
_____	_____	Relatives _____ _____
_____	_____	Co-workers _____ _____
_____	_____	Customers _____ _____
_____	_____	Strangers _____ _____
_____	_____	Neighbors _____ _____
_____	_____	Government _____ _____
_____	_____	Military _____ _____
_____	_____	Friends _____ _____
_____	_____	Businesses _____ _____
_____	_____	Other _____ _____

\_\_\_\_\_ I certify that the above information is true to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CRIMINAL HISTORY (Cont)**

YES

NO

\_\_\_\_\_

\_\_\_\_\_

Have you ever committed arson?

If YES, explain and give date(s): \_\_\_\_\_

Have you ever set or attempted to set a fire with the intent to destroy property or cause injury to another person?

If YES, explain and give date(s): \_\_\_\_\_

Have you ever intentionally turned in a false alarm or caused one to be transmitted?

If YES, explain and give date(s): \_\_\_\_\_

Have you ever worked an illegal gambling operation or booked any bets?

If YES, explain and give date(s): \_\_\_\_\_

Have you ever used another person's money (money you were not entitled to) to gamble without their knowledge?

If YES, explain and give date(s): \_\_\_\_\_

Have you ever had a criminal conviction sealed or expunged?

If YES, explain and give date(s): \_\_\_\_\_

**GENERAL QUESTIONS**

YES

NO

\_\_\_\_\_

\_\_\_\_\_

Have you ever taken an employment related polygraph/voice stress analysis exam?

If YES, explain and give date(s): \_\_\_\_\_

Have you ever been dismissed from or asked to resign from any position for any non-health related reason?

If YES, explain and give date(s): \_\_\_\_\_

If hired, a segment of the training required involves mace being dabbed near your eye. Is there a medical or other reason(s) why you would not be able to participate in this training?

If YES, explain and give date(s): \_\_\_\_\_

I certify that the above information is true to the best of my knowledge.

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

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



## WAIVER

I, \_\_\_\_\_ do hereby authorize the Central Joint Fire- EMS District to conduct a full background investigation of my past activities. This investigation will include but not be limited to checking my fingerprints and any previous criminal records with the Federal Bureau of Investigation, Ohio Bureau of Criminal Identification and Investigations, and other law enforcement agencies. I also authorize the Fire District to interview my family members including parents, spouse, former spouses, children, other relatives, as well as my associates, employers, former employers, acquaintances, neighbors, teachers or other officials of any educational institution I have attended. I specifically authorize any of these persons to allow the Fire Chief or his agents to inspect any and all records in their possession that pertain to my employment record and other records they may request, including birth certificate, operator's license, diplomas, transcripts, or certificates that verify educational achievements, and any documents pertaining to a dishonorable discharge from military service. I also permit the Fire Chief or his agents to obtain financial credit information pertaining to me as stipulated under the Federal Fair Credit Reporting Act.

It is also understood and agreed that I completely release and absolve the Central Joint Fire - EMS District and his agents of any liability, which may arise from the conduct of this investigation.

The determination of my suitability for employment will be at the discretion of the Fire Chief, with approval of the District Board and I will accept his decision without reservation and with the full knowledge that it is final.

I solemnly swear or affirm that all of the information I have provided in this application/questionnaire is complete and true to the best of my knowledge and belief. I further understand that my providing any false, misleading or incorrect information will render this application/questionnaire void and may be cause for immediate dismissal and possible criminal charges under Ohio Revised Code 2921.13.

Applicants Printed Name: \_\_\_\_\_

Maiden or Other Name: \_\_\_\_\_

Current Address and How Long: \_\_\_\_\_

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

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

(This form is to be pulled from the application packet and placed with the medical information)