

**CITY OF OAKWOOD, OHIO  
POLICE, FIRE & EMS  
LATERAL ENTRY HIRING PROGRAM**

The City of Oakwood, Montgomery County, Ohio (Pop. 9,572) a predominantly residential suburban community immediately south of Dayton, Ohio, is currently accepting applications from experienced candidates actively working in a full-time public safety capacity within the state of Ohio to create an eligibility list to fill future vacancies. Oakwood has a fully integrated public safety department in which employees, working a 24/48 schedule, perform police, fire and rescue duties.

**In order to be considered, candidates must have current Ohio Certification and have successfully completed at least twelve (12) months of full-time service and be currently employed as a full-time police officer, Level II Firefighter and/or paramedic with a state, county or municipal agency.** Applicants must be at least 21 years of age and possess a high school diploma. A college degree is preferred, but not required.

Top candidates will be required to participate in and successfully complete a series of oral interviews, a background check, polygraph exams, and a psychological assessment. The successful candidate will be required to undergo and successfully complete a comprehensive medical exam and drug screen.

The starting salary range for the position is \$37.96 to \$47.81 per hour, with the entry rate dependent upon experience and training. The current maximum salary for the classification is \$52.30/hr. The city also provides a comprehensive fringe benefit package.

Application materials **must** be submitted by mail, in City drop box, or in person. In order to be considered, all application information must be completed and received by no later than **5:00 P.M. on Friday, March 17, 2023**. As an Equal Opportunity Employer, we strongly encourage veterans, women, and all minorities to consider our employment opportunities.

**OAKWOOD PUBLIC SAFETY OFFICER  
WAGE AND FRINGE BENEFIT PACKAGE  
SUMMARY MARCH 2023**

**Current Wage Schedule** - \$37.96/hr - \$52.30/hr

<b><u>Vacation</u></b> -	1 – 59 Months	6-24 hr days
	60-119	7-24 hr days
	120-179	9-24 hr days
	180-239	10-24 hr days
	240-299	12-24 hr days
	300+	13-24 hr days

**Extra Days Off** - Employees working a 24/48 schedule receive 12-24 hour EDO's annually.

**Holidays** – In addition to the regular hourly pay, employees receive ninety-six (96) hours of holiday pay annually.

**Paramedic Pay** – Employees who hold and maintain a paramedic certification will receive an annual lump sum payment of \$1,631.76 in addition to the regular annual wage rate.

**Sick Leave** - Employees accrue 1¼ days of sick leave per month to a maximum of 150 days. New employees hired from another public sector agency will be permitted to transfer up to 150 days of unused sick leave benefits.

**Life Insurance** - Six months from the date of hire, employees are provided a \$90,000 term life insurance policy to be paid for by the city.

**Health, Dental and Vision Insurance** - The city provides group health, dental and vision benefits to all full-time employees. The city offers a High Deductible Health Plan and employees have access to individual Health Savings Accounts (HSA's). The city contributes \$3,900 to each family HSA and \$1,850 to a single HSA on a pro-rated basis, depending upon the employee's date of hire. Employees with a family plan currently pay \$230.53 towards the monthly premium for health insurance. There is also an optional dental program available which requires a 20% employee contribution towards the monthly premium. The city also has a self-insured vision plan which is provided to employees at no cost.

**Retirement Benefits** - By law, employees are required to be members of the Ohio Police and Fire Pension Fund and must contribute 12.25% of their wages to this system and 1.45% to Medicare.



**CITY OF OAKWOOD**

**APPLICATION FOR EMPLOYMENT  
(PLEASE TYPE OR PRINT PLAINLY)**

**DATE:** \_\_\_\_\_

**NAME** \_\_\_\_\_  
                    **Last**                                    **First**                                    **Middle**

**PHONE NUMBERS:** Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
                    **No. & Street**                                    **City, State**                                    **Zip**

**EMAIL ADDRESS** \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

If you are under the age of 18, please list age: \_\_\_\_\_

How were you referred to us?

- Newspaper Ad
- City's Website
- Other Employment Website \_\_\_\_\_
- Current Employee
- Other \_\_\_\_\_

Are you related to any City employee?  Yes If yes, name & relationship \_\_\_\_\_  
 No

**POSITION(S) APPLIED FOR** \_\_\_\_\_

**EDUCATION AND TRAINING**

**In the blanks below, please give a detailed statement of your education & job-related or vocational training.  
Attach additional sheet of paper if necessary.**

	<b>Name &amp; Location</b>	<b>Highest Grade Completed</b>	<b>Degree, Major or Type of Courses</b>
High School			
College			
Graduate School			
Other (Specify)			

**PERSONAL REFERENCES**

Give the names of three persons who are not relatives or employers who have known you for at least six months and have a knowledge of your character, experience, and ability.

FULL NAME	HOME ADDRESS	HOME PHONE NO.	OCCUPATION/ BUSINESS ADDRESS

**WORK EXPERIENCE**

Beginning with your most recent employment, give the name of your employers, your position, & the reason for leaving the employ, including military service. Attach additional sheet of paper if necessary.

DATES EMPLOYED	NAME OF EMPLOYER	PHONE NO. & ADDRESS	POSITION	PAY	REASON FOR LEAVING

May we contact these employers?  Yes  No \_\_\_\_\_

Describe in detail your duties at your last two places of employment, and the name of your immediate supervisor:

(a) Most Recent Employment: \_\_\_\_\_

(b) Previous Employment: \_\_\_\_\_

List any special skills you may have: \_\_\_\_\_

What are your goals, aspirations, objectives relating to your employment? \_\_\_\_\_

Do you currently have a valid driver's license?  Yes  No

Driver's License Number \_\_\_\_\_

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

State of Issue: \_\_\_\_\_

Operator  CDL

**Please read carefully, initial each paragraph, and sign below:**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld or misrepresented any information pertaining to my application for employment and that the answers given are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the city of Oakwood to thoroughly investigate any references, work record, education and other matters related to my suitability for employment.

\_\_\_\_\_ I understand and agree that as part of the pre-employment process I may be asked to sign a form authorizing the city of Oakwood to obtain a Consumer Report. I further understand that any offer of employment may be contingent upon the successful completion of a background check and physical exam as to my fitness for employment.

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Signature

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Date

EQUAL OPPORTUNITY EMPLOYER

## MEMORANDUM

**TO: ALL CITY OF OAKWOOD JOB APPLICANTS**

**FROM: JENNIFER WILDER, DIRECTOR OF PERSONNEL AND PROPERTIES**

**SUBJECT: EQUAL OPPORTUNITY FOR PERSONS WITH DISABILITIES**

The city of Oakwood is committed to fair and equal treatment of individuals with disabilities. Employment decisions will be made without regard to race, color, gender, religion, age, national origin or disability. Reasonable accommodations will be made for qualified individuals as long as the accommodation does not impose an undue hardship on the city or its operations.

Any applicant who feels he or she has been discriminated against or harassed due to a disability and wishes to make a complaint, should contact the city's Personnel Director, Jennifer Wilder.

JSW:sl

## **INSTRUCTIONS TO LATERAL ENTRY APPLICANTS**

Your application for lateral entry to the Oakwood Public Safety Department consists of the following steps:

1. Completion of an Oakwood Application for Employment.
2. Completion of the Personal Questionnaire.
3. Submission of copies of all related professional certifications.
4. Response to these three questions – each response to be between 250 - 400 words.
  - A. Write a brief auto-biographical sketch.
  - B. Explain why you are applying for this position. What specific assets would you bring to our community?
  - C. Discuss three (3) people/events which have had the greatest influence on your life.
5. All application materials must be received by the Oakwood Personnel Office by 5:00 P.M., on Friday, March 17, 2023.

Following submission and review of your application materials, you may be contacted and scheduled for an oral interview. The top candidates identified during the oral interview process will be required to undergo a series of pre-employment evaluations including a background check, polygraph exam, psychological evaluation and additional oral interviews with selected members of the safety department, including the Public Safety Director. In addition to the pre-employment evaluations already outlined, the top candidate will be required to successfully complete a comprehensive medical exam, including a drug screen.

APPLICANT'S NAME \_\_\_\_\_

CERTIFICATIONS

POLICE      Current  
 Expired     \_\_\_\_\_  
   Year    Level    State    Location

FIRE          Current  
 Expired     \_\_\_\_\_  
   Year    Level    State    Location

EMS           Current  
 Expired     \_\_\_\_\_  
   Year    Level    State    Location



SECTION A - PERSONAL DATA

1. Full name: \_\_\_\_\_  
Last Name First Name Middle

2. Social Security Number: \_\_\_\_\_

3. Have you ever been known by any other name?  NO  YES  
If yes, give that name and the reason for using that name:

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

4. Present residence: \_\_\_\_\_  
Street

\_\_\_\_\_  
Town/City County

\_\_\_\_\_  
State Zip Code

\_\_\_\_\_  
Date Residence Commenced

5. Names of persons residing with you:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

APPLICANT'S NAME \_\_\_\_\_

6. Your telephone numbers Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Hours available Home: \_\_\_\_\_ Work: \_\_\_\_\_

NOTE: **ANY CHANGES IN ADDRESS OR TELEPHONE NUMBER MUST BE REPORTED TO THE OAKWOOD PUBLIC SAFETY DEPARTMENT.**

7. Physical characteristics: Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Sex: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

8. Date of Birth: \_\_\_\_\_

9. Residence at Birth: \_\_\_\_\_

10. Are you a United States Citizen? \_\_\_\_\_ If other than native-born, give details: \_\_\_\_\_

11. Past residence: List all places where you have resided; starting present residence, back to birthplace.

A) \_\_\_\_\_  
From To Street Town/City State Zip

\_\_\_\_\_  
Landlord's Name Phone

\_\_\_\_\_  
Address Town/City State Zip

B) \_\_\_\_\_  
From To Street Town/City State Zip

\_\_\_\_\_  
Landlord's Name Phone

\_\_\_\_\_  
Address Town/City State Zip

C) \_\_\_\_\_  
From To Street Town/City State Zip

\_\_\_\_\_  
Landlord's Name Phone

APPLICANT'S NAME \_\_\_\_\_

Address \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

D)

From \_\_\_\_\_ To \_\_\_\_\_ Street \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E)

From \_\_\_\_\_ To \_\_\_\_\_ Street \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

F)

From \_\_\_\_\_ To \_\_\_\_\_ Street \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

G)

From \_\_\_\_\_ To \_\_\_\_\_ Street \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

12. IMMEDIATE FAMILY INFORMATION: Information about your parents, brothers, and sisters.

A. \_\_\_\_\_  
Name and Date of Birth                      Relationship                                      Phone

\_\_\_\_\_  
Address                                      Town/City                      State                      Zip

B. \_\_\_\_\_  
Name and Date of Birth                      Relationship                                      Phone

\_\_\_\_\_  
Address                                      Town/City                      State                      Zip

C. \_\_\_\_\_  
Name and Date of Birth                      Relationship                                      Phone

\_\_\_\_\_  
Address                                      Town/City                      State                      Zip

D. \_\_\_\_\_  
Name and Date of Birth                      Relationship                                      Phone

\_\_\_\_\_  
Address                                      Town/City                      State                      Zip

E. \_\_\_\_\_  
Name and Date of Birth                      Relationship                                      Phone

\_\_\_\_\_  
Address                                      Town/City                      State                      Zip

F. \_\_\_\_\_  
Name and Date of Birth                      Relationship                                      Phone

\_\_\_\_\_  
Address                                      Town/City                      State                      Zip

G. \_\_\_\_\_  
Name and Date of Birth                      Relationship                                      Phone

\_\_\_\_\_  
Address                                      Town/City                      State                      Zip

APPLICANT'S NAME \_\_\_\_\_

H. \_\_\_\_\_  
Name and Date of Birth                      Relationship                      Phone  
\_\_\_\_\_  
Address                      Town/City                      State                      Zip

13. Present marital status: \_\_\_\_\_.  
(If divorced or separated, documentation MUST be provided.)

14. Marriage information, if applicable:

Date(s) and Place(s)                      Spouse(s) Maiden Name(s)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Family Information regarding your spouse, your children, and your spouse's family, as applicable.

A. \_\_\_\_\_  
Name and Date of Birth                      Relationship                      Phone  
\_\_\_\_\_  
Address                      Town/City                      State                      Zip

B. \_\_\_\_\_  
Name and Date of Birth                      Relationship                      Phone  
\_\_\_\_\_  
Address                      Town/City                      State                      Zip

C. \_\_\_\_\_  
Name and Date of Birth                      Relationship                      Phone  
\_\_\_\_\_  
Address                      Town/City                      State                      Zip

D. \_\_\_\_\_  
Name and Date of Birth                      Relationship                      Phone  
\_\_\_\_\_  
Address                      Town/City                      State                      Zip

APPLICANT'S NAME \_\_\_\_\_

E. \_\_\_\_\_  
Name and Date of Birth Relationship Phone

\_\_\_\_\_  
Address Town/City State Zip

F. \_\_\_\_\_  
Name and Date of Birth Relationship Phone

\_\_\_\_\_  
Address Town/City State Zip

**SECTION B - JUDICIAL PROCEEDINGS**

1. Have you ever been called, summoned, or subpoenaed to appear as a witness or in any other capacity before any grand jury, legislative committee, hearing board, referee or administrative agency in any jurisdiction?  NO  YES

If yes, give details: \_\_\_\_\_

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

2. Complete the information below concerning current driver's license and vehicle registrations issued to you:

A. \_\_\_\_\_  
Operator's License No. Class State Date Issued / Expired

B. \_\_\_\_\_  
Operator's License No. Class State Date Issued / Expired

C. \_\_\_\_\_  
Plate No. and State Vehicle Type and Make Date Expired

D. \_\_\_\_\_  
Plate No. and State Vehicle Type and Make Date Expired

E. \_\_\_\_\_  
Plate No. and State Vehicle Type and Make Date Expired

**SECTION C - EMPLOYMENT AND EXPERIENCE**

1. List ALL employers for whom you have worked starting with your present or most recent employer. Account for all periods of time including periods of unemployment. Include a short description of your duties and responsibilities for each job you list.

A. \_\_\_\_\_

From                      To                      Employer

Street    Town/City    State                      Zip

Supervisor    Phone    Reason for Leaving

Job Description

B. \_\_\_\_\_

From                      To                      Employer

Street    Town/City    State                      Zip

Supervisor    Phone    Reason for Leaving

Job Description

C. \_\_\_\_\_

From                      To                      Employer

Street    Town/City    State                      Zip

Supervisor    Phone    Reason for Leaving

Job Description

D. \_\_\_\_\_

From                  To                  Employer

\_\_\_\_\_  
Street    Town/City    State                                  Zip

\_\_\_\_\_  
Supervisor    Phone    Reason for Leaving

\_\_\_\_\_  
Job Description

E. \_\_\_\_\_

From                  To                  Employer

\_\_\_\_\_  
Street    Town/City    State                                  Zip

\_\_\_\_\_  
Supervisor    Phone    Reason for Leaving

\_\_\_\_\_  
Job Description

F. \_\_\_\_\_

From                  To                  Employer

\_\_\_\_\_  
Street    Town/City    State                                  Zip

\_\_\_\_\_  
Supervisor    Phone    Reason for Leaving

\_\_\_\_\_  
Job Description



2. Were you ever fired, terminated, discharged, or asked to resign from any of the aforementioned positions?  NO  YES If yes, give details:

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3. Has any disciplinary action (i.e., memorandum, suspension) other than referred to above been taken against you in connection with employment or any position that you have held?  NO  YES If yes, give details:

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4. Have you ever as a condition of appointment to or retention of a position been required to submit to a lie detector test or any other mechanical or electronic test designed to test your truthfulness?  NO  YES If yes, give details:

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5. Has any employer or agency ever conducted a background or character investigation concerning your fitness for a position?  NO  YES If yes, give details:

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6. Do you hold or have you ever held any professional licenses, permits, or certificates authorizing you to practice any occupation, profession, or calling?  NO  Yes If yes, give details:

<u>Date Issued</u>	<u>Profession</u>	<u>Issuing Authority</u>

7. Do you have, or have you ever had, any interest as an officer, partner, or shareholder in any business, partnership, or venture?  NO  YES If yes, give details:

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**SECTION D - EDUCATIONAL QUALIFICATIONS**

1. List the requested information concerning ALL schools, colleges, and universities which you have attended in chronological order, with the last institution attended listed first.

A. \_\_\_\_\_

From	To	Name of Educational Institution

Street	Town/City	State	Zip

Grades Attended	Type of Degree/Diploma	Date

Graduated?  No  Yes

B. \_\_\_\_\_

From	To	Name of Educational Institution

Street	Town/City	State	Zip

Grades Attended	Type of Degree/Diploma	Date
Graduated? <input type="checkbox"/> No <input type="checkbox"/> Yes		

C. \_\_\_\_\_

From	To	Name of Educational Institution
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Street	Town/City	State	Zip
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Grades Attended	Type of Degree/Diploma	Date
Graduated? <input type="checkbox"/> No <input type="checkbox"/> Yes		

2. Do you possess a high school equivalency or a G.E.D. diploma?  NO  YES If yes, give details:

<u>Date</u>	<u>Number</u>	<u>Issuing Agency</u>
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3. List the following information concerning former teachers, counselors, deans, instructors, or other persons who have personal knowledge of your educational qualifications:

<u>Name</u>	<u>Company/School</u>	<u>Title</u>	<u>Phone</u>
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4. Were you ever the subject of any disciplinary action or proceeding at any educational institution that you attended?  NO  YES If yes, give details:

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5. Do you possess a fluency in any foreign language?  NO  YES If yes, give details:

Language

Check Appropriate One:

\_\_\_\_\_

Speak [ ]    Read [ ]    Write [ ]

\_\_\_\_\_

Speak [ ]    Read [ ]    Write [ ]

\_\_\_\_\_

Speak [ ]    Read [ ]    Write [ ]

6. List any skills or training that are not listed in this section or the section concerning employment. (Include hobbies or other interests.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION E - GENERAL INFORMATION**

1. Credit history - loan information; List below the details concerning all loans currently outstanding in which you or your spouse are principal debtor, mortgagor, co-signer, guarantor, or survey (Mortgage, car loans, personal loan, etc.)

A. \_\_\_\_\_  
Creditor Account Number

\_\_\_\_\_  
Street Town/City State Zip

\_\_\_\_\_  
Loan Amount Present Balance

B. \_\_\_\_\_  
Creditor Account Number

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Street	Town/City	State	Zip
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Loan Amount	Present Balance
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C.

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Creditor	Account Number
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Street	Town/City	State	Zip
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Loan Amount	Present Balance
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D.

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Creditor	Account Number
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Street	Town/City	State	Zip
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Loan Amount	Present Balance
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2. Credit history - credit cards; List below the details concerning ALL credit cards held by you or your spouse, (ex: Visa, Mastercard, Exxon, Penny's, etc.)

A.

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Creditor	Account Number
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Street	Town/City	State	Zip
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Loan Amount	Present Balance
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B.

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Creditor	Account Number
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Street	Town/City	State	Zip
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Line of Credit	Present Balance
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C.

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Creditor	Account Number
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Street	Town/City	State	Zip
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Line of Credit	Present Balance
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D.

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Creditor	Account Number
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Street	Town/City	State	Zip
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Line of Credit	Present Balance
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3. List below the information concerning any judgments, bad debts, arrearage, fines, or penalties outstanding against you or your spouse or any partnership or corporation in which you have a principal interest:

A.

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Creditor	Account Number	Amount
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Street	Town/City	State	Zip
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Give details:

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B.

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Creditor	Account Number	Amount
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Street	Town/City	State	Zip
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Give details:

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4. Have you or has any partnership or corporation in which you have a principal interest ever been adjudicated bankrupt, either voluntarily or involuntarily?  NO  Yes If yes, give details:

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5. List the information requested below concerning persons who may attest to your character, integrity, and fitness for the position of Public Safety Officer. List four (4) personal and three (3) business references (supervisors and co-workers). Do not include relatives for personal references.

Personal

A.

Name		Phone	
Street	Town/City	State	Zip

B.

Name		Phone	
Street	Town/City	State	Zip

C.

Name		Phone	
Street	Town/City	State	Zip

D.

Name		Phone	
Street	Town/City	State	Zip

Business

A. \_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Street Town/City State Zip

B. \_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Street Town/City State Zip

C. \_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Street Town/City State Zip

D. \_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Street Town/City State Zip

6. Do you own or have you ever owned any firearms?  NO  YES If yes, give details:

<u>From - To</u>	<u>Type</u>	<u>Serial Number</u>	<u>Make</u>
_____			
_____			
_____			

7. List any recreational activities, hobbies, and activities in which you engage.

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



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8. Do you have any knowledge or information of any circumstances, conditions, or qualifications other than what has been requested in the foregoing questions, which may affect or be relevant, directly or indirectly, to an assessment of your character, maturity, integrity, temperament, qualification, or eligibility to the position of Public Safety Officer?  NO  Yes If yes, give details:

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## GENERAL INFORMATION INQUIRY - SECTION G

Notice: The following questions and answers will be verified through the use of the polygraph (lie detector) test. If the answer to any of the following is yes, it will be necessary for you to explain in detail including specifics on the continuation sheets provided.

YES    NO

	YES	NO
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 due to religious or other beliefs?		
2. As an adult, have you ever stolen anything?		
3. Have you ever bought or sold any property that you knew was stolen?		
4. Has your driver's license ever been suspended or revoked?		
5. Have you ever used any hallucinogens such as marijuana, hashish, mescaline, PCP, THC, Peyote, PCE, TCP, angel dust, or any of their derivatives etc? (If yes, age first used, age last used, and total number of usages?)		
6. Have you ever used any narcotics such as opium, morphine, codeine, meperidine, methadone, or any of their derivatives such as Darvon, lomotil etc? (If yes, age first used, age last used, and total number of usages?)		
7. Have you ever used cocaine, heroin, or LSD? (If yes, age first used, age last used, and total number of usages?)		
8. Have you ever used any prescription drugs such as barbiturates, amphetamines, valium, librium, sopors, uppers/downers, etc. without the benefit of a prescription? (If yes, age first used, age last used, and total number of usages?)		
9. Have you ever used any prescribed medications for purposes other than that for which they were originally prescribed or intended? (If yes, type and use?)		
10. 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.? (If yes, type etc.?)		
11. 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?		
12. Have you ever been involved in glue sniffing or used any other such chemical agents for the purpose of obtaining a state of intoxication?		
13. Have you ever applied for and received unemployment compensation, the amounts of which you were not eligible to receive?		

**GENERAL INFORMATION INQUIRY (Continued)**

	YES	NO
14. Are you now, or have you ever, received any type of governmental support such as Welfare, A.D.C., housing subsidy payments, medical or educational loans or grants that you were not eligible for, received in a fraudulent manner or after receiving became ineligible for but continued receiving?		
15. Do you have any hatreds or prejudices toward others because of their race, sex, gender, national origin, religion or color that would be detrimental to your functioning as a police officer?		
16. Do you have any problems because of gambling?		
17. Do you have any problem controlling your temper?		
18. Have you ever been involved in an automobile accident?		
19. Have you ever engaged in any grossly unnatural sexual acts?		
20. Have you ever engaged in any illicit sexual activities?		
21. Have you ever traveled outside the United States? (If yes, what countries?)		

**GENERAL INFORMATION INQUIRY (Continued)**

**ALL APPLICANTS MUST SIGN THE FOLLOWING CERTIFICATE**

I CERTIFY THAT THE STATEMENTS CONTAINED IN THIS QUESTIONNAIRE ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MADE IN THIS 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: \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

**CONTINUATION SHEET**

NOTE: In utilizing this section to explain or further add to answers, make reference to the particular SECTION #, PAGE #, and QUESTION #, IN THE COLUMN PROVIDED BELOW BEFORE PROCEEDING TO ANSWER. Your answers must be clear in meaning, explain all facets of the particular question. CAUTION: In signing the certificate (previous page), you are attesting to the validity of all answers noted within this continuation, as well as all areas of this QUESTIONNAIRE. Should you require further space, attach an 8½ x 11 inch sheet of plain paper.

<b>Section Number</b>	<b>Page Number</b>	<b>Question Number</b>	<b>Continuation</b>

APPLICANT'S NAME \_\_\_\_\_

Section Number	Page Number	Question Number	Continuation

APPLICANT'S NAME \_\_\_\_\_

<b>Section Number</b>	<b>Page Number</b>	<b>Question Number</b>	<b>Continuation</b>

I CERTIFY THAT THE STATEMENTS IN THESE CONTINUATION SHEETS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED COMPLETE DISCLOSURE OF ALL INFORMATION REQUESTED. I FURTHER REAFFIRM THAT I UNDERSTAND THAT ANY FALSE STATEMENTS MADE IN THESE CONTINUATION SHEETS MAY BE CAUSE FOR DISAPPROVAL OF MY APPOINTMENT, OR FOR DISCHARGE AFTER APPOINTMENT. I ALSO REALIZE THAT ANY FALSIFICATION MAY SUBJECT ME TO DISQUALIFICATION BY THE CIVIL SERVICE COMMISSION AND/OR PROSECUTION UNDER OHIO REVISED CODE SECTION 2921.13

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

**SECTION H – ESSAY**

A. Write a brief auto-biographical sketch (250-400 words).



APPLICANT'S NAME \_\_\_\_\_

B. Explain why you are applying for this position. What specific assets would you bring to our community? (250-400 words).

APPLICANT'S NAME \_\_\_\_\_

C. Discuss three (3) people/events which have had the greatest influence on your life. (250-400 words).

In your own handwriting, copy the following paragraph in the space provided. Then sign the form in the appropriate place, having your signature witnessed by a NOTARY PUBLIC OR COMMISSIONER OF DEEDS. Your signature affixed in the indicated location is an endorsement of your agreement with the contents of your handwritten paragraph.

**"I hereby acknowledge that I have read the instructions contained in the foregoing application, and have completed the application in accordance with the instructions. I affirm that I have completed the application fully, truthfully, and to the best of my knowledge. I am aware that any deception or any attempt to deceive by me in the completion of this application, or in the subsequent character investigation to be conducted by the Oakwood Public Safety Department, may result in a rejection of my application from consideration for the position of Public Safety Officer."**

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I, \_\_\_\_\_, being duly sworn, depose and say, that I am the person whom the foregoing application concerns; that I completed the application in my own hand; and that the answers I have given to each and every question therein are full, complete, true, and correct, to the best of my knowledge.

**NOTICE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A FIRST DEGREE MISDEMEANOR PURSUANT TO SECTION 2921.13(A) (8) OF THE STATE OF OHIO REVISED CRIMINAL CODE.**

Dated: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_

Sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public



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Dated: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**WRITTEN DISCLOSURE STATEMENT  
(INTENT TO OBTAIN CONSUMER REPORT AND/OR  
INVESTIGATIVE CONSUMER REPORT)**

In compliance with the Fair Credit Reporting Act, this document is being provided to notify you that the City of Oakwood may obtain consumer reports and/or investigative consumer reports (i.e. background checks) on you in considering your employment application, or if you are hired or are already employed by the City, for any permitted employment related purpose during your employment with the City.

The “investigative consumer report” that the City may obtain from a consumer reporting agency contains information which may be used to establish eligibility for employment, promotion, reassignment, or continued employment with the City and includes verification on your education , former employers, motor vehicle check, and felony and related misdemeanor record. It can also include information related to credit-worthiness, credit standing, credit capacity, general reputation, personal characteristics, or mode of living. This information may be obtained through personal interviews with former employers, acquaintances, co-workers, or others with whom you may be acquainted, which makes the report an “investigative” consumer report. This does not include information the City obtains on its own without the aid of a third party.

**AUTHORIZATION FOR OBTAINING  
CONSUMER AND INVESTIGATIVE CONSUMER REPORTS**

By signing below, I authorize the City of Oakwood and any consumer reporting agency acting on behalf of the City to investigate my employment history, educational history, criminal history, and other records necessary to aid in employment-related decisions. I understand that this is considered either a consumer report or an investigative consumer report as described above. I acknowledge that the City has provided me a copy of the written disclosure (this document), and **I have read this document before signing it.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**MILITARY SERVICE**

1. Do you have or have you ever had any selective service classification?  NO  YES If yes, give details:

<u>Date</u>	<u>Issuing</u>	<u>Authority</u>
_____		
_____		
_____		

2. Are you now or have you ever been a conscientious objector or otherwise opposed to the use of firearms for any reason?  NO  YES If yes, give details:

\_\_\_\_\_

\_\_\_\_\_

3. Have you ever served in the armed forces of the United States?  NO  YES If yes, give details:

<u>From</u>	<u>To</u>	<u>Branch</u>	<u>Serial Number</u>	<u>Type of Discharge</u>
_____				
_____				

4. If you had military service, what was your highest rank attained? \_\_\_\_\_. What was your last rank? \_\_\_\_\_.

5. Have you ever received a discharge or separation from the military service which was less than honorable?  NO  YES If yes, give details:

\_\_\_\_\_

\_\_\_\_\_

6. If you have received a discharge other than honorable conditions, have you ever made application for upgrading your discharge?  NO  YES If yes, give details:

\_\_\_\_\_

\_\_\_\_\_

7. Did you ever receive medical, psychiatric, psychoanalytic or psychological treatment for any injury or illness while in the military service?  NO  YES If yes, give details:

Date                      Type of Treatment                      Location

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8. Are you now serving or have you ever served in any Reserve National Guard Unit?  
 NO  YES If yes, give details:

From   To                      Name of Unit                      Location

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9. Did you receive any commendations, awards, or medals in connection with your military service?  NO  YES If yes, give details:

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10. Were you ever subjected to any disciplinary proceedings while in military service to include court martial (summary proceedings or Article 15 actions)?  NO  YES If yes, indicate below and use additional page for explanation.

Date      Charge                      Location or Unit                      Disposition

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11. What types of training or education did you complete while in military service?

From To                      Type of Training                      Location

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12. Was there ever conducted in connection with any employment or military service performed by you any character or background investigation of any type? [ ] NO [ ] YES If yes, give details:

Date

Type of Reason for Investigation

Employer/Agency

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**GENERAL INFORMATION**

YES      NO

1. Have you ever committed a felony for which you were never arrested or convicted?		
2. Have you ever been placed on or served in a criminal diversion type program that led to the eventual dismissal of any criminal charges?		
3. Have you ever been convicted of a felony?		
4. Have you ever been convicted of a misdemeanor that had been reduced from original felony charges?		
5. Have you ever been convicted of any criminal offense including serious traffic offenses?		
6. Have you ever been committed to any penal institution as a result of either a felony or misdemeanor conviction?		
7. Are you presently under indictment or a defendant in any pending criminal, traffic, or civil action?		