CITY OF OBETZ
4175 Alum Creek Dr. Obetz, OH 43207
P: (614) 491-3211
https://obetz.oh.us

Dear Applicant:

Thank you for your interest in becoming part of the Obetz Police Department. This packet contains the documents you will need to apply for a Police Officer position with Obetz Police Department. These documents include: a job description; a copy of the Potential Disqualifiers; Personal History Questionnaire; and Authorization for Release of Records

To be considered for an open position, you must return, in person, to the Obetz Police Department the following documents:

- A fully completed Personal History Questionnaire;
- A signed Authorization for Release of Records;
- A copy of your Driver's Abstract (https://www.oplates.com/AbstractRequest.aspx);
- A copy of your high school diploma or GED;
- A copy of your birth certificate;
- A valid form of photo identification;
- A copy of your OPOTA Certificate; and
- A copy of any college diploma (if applicable)

The Obetz Police Department is open to the public Monday through Friday, 8:30 a.m. until 5:00 p.m. At the time you return the completed documents, we will take your fingerprints. This process should take no longer than thirty minutes. Please be sure to allow yourself enough time to complete this process because we will not consider your application until we have taken your fingerprints for the background check.

If you have any questions regarding the application process or the materials contained in this packet, please contact Chief J. Michael Confer at (614) 409-4411 or mconfer@obetz.oh.us.

Sincerely,

E. Rod Davisson
Village Administrator/Safety Director

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AUTHORIZATION TO RELEASE RECORDS

Name: _____ *Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ Number of years in Ohio: _____

If you have lived in Ohio for less than 10 years, list all previous residence(s) outside of Ohio:

a. _____ _____ _____ _____ _____
Street City State Zip County

b. _____ _____ _____ _____ _____
Street City State Zip County

Position(s) you are seeking: _____

Driver's License #: _____ State: _____ *Race: _____

*Sex: ☐ Male ☐ Female

Authorization:
I understand that investigative inquiries into my background are to be made to assess whether any reason exists that would suggest that I not be accepted for the position(s) stated above. These inquiries will be made according to the Village of Obetz' policies and will consist of a criminal history background check and/or driving record check and/or confirmation of past education and employment. The information received will be kept confidential and will be used only to determine my suitability for the above noted position(s).

I authorize without reservation, any party contacted to furnish any or all information related to my criminal history, driving record history, and past education and employment records. Further, I will allow a photocopy of this authorization to be as valid as the original for purposes of conducting the necessary investigation.

_____ _____
(Signature of Applicant) (Date)

*NOTE: Date of birth, sex, and race are being requested only for purposes of identification in obtaining accurate retrieval of records.

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POLICE DEPARTMENT

POTENTIAL DISQUALIFERS FOR POLICE OFFICER APPLICANTS

The following occurrences, incidents, events, conduct, or behaviors in a candidate's background may result in disqualification from the selection process:

- Felony convictions
- Admission of an adult offense defined as a felony in the Ohio Revised Code (ORC)
- Admission or conviction of juvenile offense for aggravated felony as defined by the ORC
- Fraudulent activity (i.e. filing fraudulent insurance claims or fraudulent applications for Worker's Compensation, welfare, unemployment compensation, or other public assistance programs)
- Convictions as an adult for M-1 or M-2 misdemeanors as listed in the ORC
- Conviction as a juvenile for M-1 or M-2 misdemeanors as listed in the ORC (does not include traffic of minor misdemeanors)
- Conviction of any article of the Uniform Code of Military Justice that would be equivalent to a felony under the ORC
- A pattern of theft offenses or admission of such pattern
- Conviction of gambling offense, as defined by federal, state, or local law
- Engaged in the promotion of illegal gambling activity wherein the applicant gains a financial benefit
- Illegal use or sale of controlled substances and/or conviction for controlled substance violations
- Abuse of alcohol and/or chemical agents/solvent-based substances
- Verified or admitted physical or emotional abuse of one's spouse, ex-spouse, child, stepchild, parent, or any other relative or person with whom one has lived or has had a relationship
- Non-compliance with a court order or legal contract to provide child support, alimony or other financial responsibility determined by a finding of any court of law
- Intentional violation of any protective or temporary restraining order as determined by a court of law
- Verified or admitted sexual abuse of one's spouse, ex-spouse, child, stepchild, parent, or any other relative or person with whom one has lived or has had a relationship
- Poor work record, especially a discharge or resignation in lieu of discipline from a criminal justice occupation
- Poor driving record (i.e. numerous accidents or numerous conviction for moving traffic violations, suspension of driver's license)
- Numerous debts which are not being regularly paid-off
- Other related and/or similar occurrences, incidents, events, contact or behaviors that would be unacceptable or undesirable in a Police Department given the power and responsibilities incumbent to the position
- Tattoos are not permitted on the face, head, neck or hands. Visible tattoos cannot be offensive in nature and must be approved by the Chief of Police

PERSONAL HISTORY QUESTIONNAIRE

Obetz Police Department

Personal History Questionnaire

Personal History of: _____

Last Name First Middle

_____

Date of Birth Social Security Number

Position Applied for: _____

Date this questionnaire completed: _____

-Notice-

This personal history questionnaire is intended for the use of the Obetz Police Department background investigation section. Any failure to provide truthful information will result in rejection for appointment and/or discharge after employment. The use or attempted use of any political influence to change employment standards will result in rejection for employment or discharge after appointment. All of the information contained herein will be subject to verification, for example by source documentation and screening procedures.

-Instructions-

The answers to questions contained in this questionnaire must be printed in your own hand legibly and in black ink only. Each individual question must be answered. There can be no blanks. Unless otherwise indicated, explain all yes responses on the continuation sheets. If a question does not apply to your particular circumstance, insert DNA in the blank section. If the space provided is insufficient for you to answer questions, use the continuation sheets. When you're answering questions that require dates, insert the entire date. You are required to provide complete addresses including the zip codes.

-Warning-

Applicants are cautioned to answer every question truthfully and without evasion. The Ohio Revised Code provides 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.

SECTION I — PERSONAL AND MARITAL RECORD

Applicant

Legal Name (First)	Full Middle Name	Last Name

By what other names have you been known (maiden, former married name(s), aliases, nicknames, etc.)?

Residence Address (Number, Street)	Apt. or Lot #	City	State	Zip Code

Residence Phone No.	Cellular Phone No.	Email Address
( )	( )	

Social Security No.	Driver's License No.	State of Issuance	Type	Expiration

Are you a U.S. Citizen?	Yes ☐	No ☐
Are you at least 18 years of age?	Yes ☐	No ☐
Are you legally authorized to work in the United States? (Proof will be required upon employment)	Yes ☐	No ☐

Height	Weight	Hair Color	Eye Color

List any identifying scars, birthmarks, blemishes, tattoos, etc. that you have

Spouse

Present Marital Status		Date of Marriage	

City, County and State Where Marriage Performed

Spouse's Name (First)	Full Middle Name	Last Name	Maiden Name (if applicable)

Spouse Date of Birth	Spouse Social Security No.	Name of Spouse's Employer

Employer Address (Number, Street)	City	State	Zip Code

Parents

Natural Father First Name	Full Middle Name	Last Name

Father Date of Birth		If deceased, Date of Death	

Father Address (Number, Street)	Apt. or Lot #	City	State	Zip Code

Natural Mother First Name	Full Middle Name	Last Name

Mother Date of Birth		If deceased, Date of Death	

Mother Address (Number, Street)	Apt. or Lot #	City	State	Zip Code

Children

First Name	Middle Name	Last Name

(Circle One)	Relationship to You (Circle One)	Relationship to Spouse (Circle One)
Son ☐ Daughter ☐	Natural ☐ Step ☐ Foster ☐ Adoptive ☐	Natural ☐ Step ☐ Foster ☐ Adoptive ☐

Date of Birth	Address (if different than yours)

First Name	Middle Name	Last Name

(Circle One)	Relationship to You (Circle One)	Relationship to Spouse (Circle One)
Son ☐ Daughter ☐	Natural ☐ Step ☐ Foster ☐ Adoptive ☐	Natural ☐ Step ☐ Foster ☐ Adoptive ☐

Date of Birth	Address (if different than yours)

First Name	Middle Name	Last Name

(Circle One)	Relationship to You (Circle One)	Relationship to Spouse (Circle One)
Son ☐ Daughter ☐	Natural ☐ Step ☐ Foster ☐ Adoptive ☐	Natural ☐ Step ☐ Foster ☐ Adoptive ☐

Address (If different from yours)

First Name	Middle Name	Last Name

(Circle One)	Relationship to You (Circle One)	Relationship to Spouse (Circle One)
Son ☐ Daughter ☐	Natural ☐ Step ☐ Foster ☐ Adoptive ☐	Natural ☐ Step ☐ Foster ☐ Adoptive ☐

Date of Birth	Address (if different than yours)

Other Relatives

List your relatives in the following order: 1-brother, 2-sister, 3-step mother, 4-step father, 5-step brother, 6-step sister, 7-father-in-law, 8-mother-in-law, 9-sister-in-law, 10-brother-in-law, 11-ex spouse

First Name	Middle Name	Last Name	Date of Birth

Address (If different from yours)			
Relationship to You		Phone Number	( )

First Name	Middle Name	Last Name	Date of Birth

Address (If different from yours)			
Relationship to You		Phone Number	( )

Other Relatives (Continued)

First Name	Middle Name	Last Name	Date of Birth
Address (If different from yours)			
Relationship to You		Phone Number	( )
First Name	Middle Name	Last Name	Date of Birth
Address (If different from yours)			
Relationship to You		Phone Number	( )
First Name	Middle Name	Last Name	Date of Birth
Address (If different from yours)			
Relationship to You		Phone Number	( )
First Name	Middle Name	Last Name	Date of Birth
Address (If different from yours)			
Relationship to You		Phone Number	( )
First Name	Middle Name	Last Name	Date of Birth
Address (If different from yours)			
Relationship to You		Phone Number	( )
First Name	Middle Name	Last Name	Date of Birth
Address (If different from yours)			
Relationship to You		Phone Number	( )
First Name	Middle Name	Last Name	Date of Birth
Address (If different from yours)			
Relationship to You		Phone Number	( )

SECTION II — Previous Residences and References

Residences

Indicate all residential addresses chronologically for the past 20 years, account for all time spans with the most recent address first. Include all military addresses, listing the nearest city in proximity to the base if you resided on base. If renting or leasing, include the agent or management company to whom you paid rent.

From (month/year)	To (month/year)	Address	With Whom Did You Live?	Relationship

References

References: Indicate the names, addresses and phone numbers of three adults not related to you and who are not former employers who have known you for a period of preferably more than five years.

1. Name (First, Middle, Last)		Home Address Number, Street, City, State, and Zip Code	Home Phone Number
Years Known	Occupation	Business Address Number, Street, City, State, and Zip Code	Business Phone Number
Email:			

2. Name (First, Middle, Last)		Home Address Number, Street, City, State, and Zip Code	Home Phone Number
Years Known	Occupation	Business Address Number, Street, City, State, and Zip Code	Business Phone Number
Email:			

3. Name (First, Middle, Last)		Home Address Number, Street, City, State, and Zip Code	Home Phone Number
Years Known	Occupation	Business Address Number, Street, City, State, and Zip Code	Business Phone Number
Email:			

SECTION III — Financial Record

Financial Record

1. Are you now supporting all dependents that you are required to support?			Yes ☐ No ☐
2. Are you paying alimony or child support?	Yes ☐ No ☐	3. Amount per Month?	$
4. Is the amount you pay in child support/alimony in compliance with the court order or an order from a support agency? If no, explain in detail on continuation sheets.			Yes ☐ No ☐
5. Have you ever been sued for alimony payments, child support, nonpayment of debt or fraud? If yes, explain in detail below.			Yes ☐ No ☐

Court	Case No.	Date of Disposition
a.		
b.		
c.		
d.		

6. Are you now delinquent, past due, in receipt of late notice, or collections notifications in any financial obligation?	Yes ☐ No ☐
7. Do you, your spouse or ex-spouses have immediate civil action pending against you?	Yes ☐ No ☐
8. If employed by the police department, do you anticipate any income other than your police salary?	Yes ☐ No ☐

SECTION IV — Work History

Law Enforcement and Government Applications

Have you ever applied for a position with any law enforcement or other government agency?		Yes ☐ No ☐
Nave of Department or Agency	Date Applied	Accepted
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐

Employment

1. May we contact your present employer? If no, please explain on the continuation sheet.	Yes ☐ No ☐
2. Have you ever been discharged or asked to resign from any job? If yes, make sure the job is listed below.	Yes ☐ No ☐
3. Have you ever been discharged or asked to resign from a Criminal Justice occupation?	Yes ☐ No ☐

Employment (Continued)

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 the name and address of immediate supervisor, the name, address, and rank of the last commissioned officer who was your immediate commissioned superior. When listing periods of unemployment, indicate dates in space provided and in the block designated "Name of Employer" write in "unemployed". In the block designated "Reason for Leaving" indicate from what source you received income during that period of unemployment. Address information must be complete – Street, Apt. or suite, City, State, and Zip Code. If presently unemployed, indicate so in first block.

From Date	To Date	Total Time Employed	Reason for Leaving

Name of Employer	Address of Employer

Salary	Name of Immediate Supervisor	Job Title	Business Telephone

Email:	
Description of Duties	

From Date	To Date	Total Time Employed	Reason for Leaving

Name of Employer	Address of Employer

Salary	Name of Immediate Supervisor	Job Title	Business Telephone

Email:	
Description of Duties	

From Date	To Date	Total Time Employed	Reason for Leaving

Name of Employer	Address of Employer

Salary	Name of Immediate Supervisor	Job Title	Business Telephone

Email:	
Description of Duties	

From Date	To Date	Total Time Employed	Reason for Leaving

Name of Employer	Address of Employer

Salary	Name of Immediate Supervisor	Job Title	Business Telephone

Email:	
Description of Duties	

Employment (Continued)

From Date	To Date	Total Time Employed	Reason for Leaving

Name of Employer	Address of Employer

Salary	Name of Immediate Supervisor	Job Title	Business Telephone

Email:	
Description of Duties	

From Date	To Date	Total Time Employed	Reason for Leaving

Name of Employer	Address of Employer

Salary	Name of Immediate Supervisor	Job Title	Business Telephone

Email:	
Description of Duties	

From Date	To Date	Total Time Employed	Reason for Leaving

Name of Employer	Address of Employer

Salary	Name of Immediate Supervisor	Job Title	Business Telephone

Email:	
Description of Duties	

From Date	To Date	Total Time Employed	Reason for Leaving

Name of Employer	Address of Employer

Salary	Name of Immediate Supervisor	Job Title	Business Telephone

Email:	
Description of Duties	

From Date	To Date	Total Time Employed	Reason for Leaving

Name of Employer	Address of Employer

Salary	Name of Immediate Supervisor	Job Title	Business Telephone

Email:	
Description of Duties	

SECTION V — Military and Educational Record

Military Record

1. Have you ever served in any Branch of the Military?			Ye	No
2. Active or Reserve?		Active		Reserve
3. Are you registered with Selective Service System?			Ye	No
Draft Board Address (Street, City , State, Zip Code)			Selective Service Board #	

Branch of Service (Army, Navy, etc.)	Job Title (MOS, Rate, etc.)	Military Serial Number (If Applicable)	Total Years of Service	Highest Rank Achieved

4. Have you ever been dishonorably discharged?	Ye	No
5. Have you ever asked for or received deferment from military service? If yes, please give Board number, dates and full details on continuation page.	Ye	No
6. Have you ever been convicted of any article of uniform code of military justice? If yes, explain on continuation page.	Ye	No

Education

Have you ever taken a General Education Development (GED) Test?	Ye	No
Circle Highest Grade Completed	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Other	

List each elementary, grammar, junior high, intermediate, high school, business, trade school, college or university that you have attended, start with most recent school attended.

Name of School	School Address	Dates Attended	Graduate	Degree type or credits earned
			Ye No	
			Ye No	
			Ye No	
			Ye No	
			Ye No	
			Ye No	
			Ye No	
			Ye No	
			Ye No	
			Ye No	
			Ye No	
			Ye No	

SECTION VI — Traffic and Miscellaneous

Traffic

1. Have you ever been convicted of an OMVI, as an adult or a juvenile? If yes, explain on continuation page. Ye☐ No☐

2. List all moving violations you have received

Date	Offense	Convicted	Location of Citing Agency	Age at time of violation
		Y☐ No☐		
		Y☐ N☐		
		Y☐ N☐		
		Y☐ No☐		
		Y☐ N☐		
		Y☐ No☐		
		Y☐ N☐		

Miscellaneous

You may list any memberships in organized groups or associations that you feel may have a relevant bearing on your ability to perform as a public safety employee, excluding any organization for which the name or character of which indicates the race, color, religion, sex, national origin, handicap, disability, age, or ancestry of its members.

Organization (Chapter, Lodge, etc.)	Address (Number, Street, City, State Zip Code)	Relevant Activities

SECTION VII — General Information Inquiry

Notice:
The following questions and answers will be verified by the use of a polygraph or voice stress analysis. 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 our police duties to take a human life, would you have any reluctance to do so?	Yes ☐	No ☐
2.	Do you have any hatreds or prejudices towards others because of their race, sex, national origin, religion or color that would be detrimental to your ability to function as a public safety employee?	Yes ☐	No ☐
3.	Do you have any problem controlling your temper?	Yes ☐	No ☐
4.	Do you have any problems because of gambling?	Yes ☐	No ☐
5.	Have you ever been placed on or served in a criminal diversion type program that led to the eventual dismissal of any criminal charge?	Yes ☐	No ☐
6.	Have you ever been convicted of a felony?	Yes ☐	No ☐
7.	Have you ever been convicted of a misdemeanor that had been reduced from an original felony charge(s)?	Yes ☐	No ☐
8.	Have you ever been convicted of any criminal offense? i.e. theft, assault, wrongful influence of a minor, disorderly conduct, drug offense, sex offenses, fraud, trespassing or any other criminal offense?	Yes ☐	No ☐
9.	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, driving without a license or any other traffic offense? (other than parking or equipment violations)	Yes ☐	No ☐
10.	As an adult have you ever stolen anything?	Yes ☐	No ☐
11.	Have you ever bought or sold any property that you knew was stolen?	Yes ☐	No ☐
12.	Have you ever been involved in a traffic crash?	Yes ☐	No ☐
13.	Has your driver's license ever been suspended or revoked?	Yes ☐	No ☐
14.	Have you ever been committed to any penal institution as a result of either a felony or misdemeanor conviction?	Yes ☐	No ☐
15.	Have you ever used or purchased 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?	Yes ☐	No ☐
16.	Have you ever used or purchased narcotics such as opium, morphine, codeine, meperidine, methadone, or any of their derivatives such as Darvon, Lomotil, etc. other than for prescribed medical purposes?	Yes ☐	No ☐
17.	Have you ever used or purchased cocaine, heroin, or L.S.D.?	Yes ☐	No ☐
18.	Have you ever used or purchased any prescription drugs such as barbiturates, amphetamines, valium, Librium, spoors, speed, uppers/downers, etc. without the benefit of a prescription?	Yes ☐	No ☐
19.	Have you ever used or purchased any prescribed medications for purposes other than that for which they were originally prescribed or intended?	Yes ☐	No ☐
20.	Have you ever used or purchased what are described as designer drugs i.e. ecstasy, substances that are chemically altered in make-up but which give the same effect as illicit drugs?	Yes ☐	No ☐
21.	Have you ever sold, been party to the sale, or in any other way been financially rewarded due to the sale of any controlled substance?	Yes ☐	No ☐
22.	Have you ever been involved in the manufacturing, distilling, cultivation, or harvest of illegal or illicit drugs or alcohol?	Yes ☐	No ☐
23.	Have you ever been involved in glue, solvent, paint, refrigerant, or other vapor or chemical sniffing or inhaling for the purpose of obtaining a high or state of intoxication?	Yes ☐	No ☐
24.	Have you ever engaged in any grossly unnatural sex acts or illegal sexual activities?	Yes ☐	No ☐
25.	Have you ever been convicted of a sexual offense?	Yes ☐	No ☐
26.	Have you ever exposed your genitals in public?	Yes ☐	No ☐
27.	As an adult have you ever had sex with a minor under the age of 14 years of age?	Yes ☐	No ☐
28.	Have you ever received welfare, workers compensation, unemployment compensation, or other public assistance illegally, or above the amount you were entitled?	Yes ☐	No ☐

SECTION VIII — Continuation Sheet

Note: in using this section to explain or further add to answers, make reference to a particular Section Number, Question Number, and Page Number, in the column provided below before proceeding to answer. Your answers must be clear in meaning, explain all facets of the particular question.

Note: In signing the certificates you are attesting to the validity of all answers noted within this questionnaire and continuation. Should you require additional space attach an 8 ½ by 11" sheet of plain paper.

Section Number	Page #	Question #	Continuation

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 any appointment or for discharge after my appointment. I further realize that any falsehoods may result in prosecution under Ohio Revised Code Section 2921.13

Signature of Applicant: _____ **Date:** _____