

Minerva Park Police Department

2829 Minerva Lake Road • Minerva Park, Ohio 43231

www.minervapark.org

Kim Nuesse
Chief of Police

Office (614) 882-1408
Fax (614) 899-1296

It is imperative that you fully complete this application and the background questionnaire in its entirety and answer all questions truthfully to avoid being removed for falsification during any stage of the testing and selection process, and being precluded from taking the examination. Mark answers that do not apply with "n/a".

I warrant that I am a United States citizen and OPOTA-Certified (required).

Position: **POLICE OFFICER**

Date: _____

Last Name:	First Name:	Initial	
Maiden name:			
Street Address:	City:	State:	Zip:
County:	Police Jurisdiction:	Years at current address:	
Home Phone # ()	Cell # ()	Work # ()	
Home e-mail:	Work e-mail:		
Social Security #	Date of birth:		

Minimum requirements: a copy of a high school diploma or GED, a valid driver's license with a good driving record, an excellent background and 21 years of age at time of appointment. Candidates that possess one of the following will have points added and is shown to the right of each item. **These are not required, but preferred.** Check any that apply.

() **Military credit (5 points):**

A minimum of at least three (3) years of active duty, reserve service or reserves without three years of service, that have at least 180 continuous days of active duty (attach copy of your DD214 showing honorable discharge or your LES, whichever is applicable).

() **OPOTA certifications (4 points):**

Current certification with the Ohio Peace officers Training Council (attach copy of the certificate).

() **Bachelor's degree (4 points):**

From an accredited college or university (attach a copy of your diploma and/or transcript).

() **Associate's degree (2 points):**

From an accredited college or university (attach a copy of your diploma and/or transcript).

() **Years of full-time law enforcement experience (Maximum of 5 points):**

One (1) point for each year of experience.

() **Years of part-time law enforcement experience (Maximum of 2.5 points):**

A half (1/2) point for each year of experience.

Date & Time
stamp here.

ADDRESS INFORMATION: List your previous addresses going back 5 years. Provide full addresses including the county and police jurisdiction. Use the continuation page for additional space.

Street Address:	City:	State:	Zip:
County:	Police Jurisdiction:	Dates: from	to

Street Address:	City:	State:	Zip:
County:	Police Jurisdiction:	Dates: from	to

Street Address:	City:	State:	Zip:
County:	Police Jurisdiction:	Dates: from	to

Street Address:	City:	State:	Zip:
County:	Police Jurisdiction:	Dates: from	to

Street Address:	City:	State:	Zip:
County:	Police Jurisdiction:	Dates: from	to

Street Address:	City:	State:	Zip:
County:	Police Jurisdiction:	Dates: from	to

REFERENCES: List three (3) adult references that are not relatives or former employers that you have known for at least three years. **Provide full addresses, including zip codes (a form will be mailed to each). Failure to provide information can lead to your removal from the eligible list.**

Full Name:	Phone # []
Street Address:	
City:	State: Zip Code:
Length of years you have known this reference:	

Full Name:	Phone # []
Street Address:	
City:	State: Zip Code:
Length of years you have known this reference:	

Full Name:	Phone # []
Street Address:	
City:	State: Zip Code:
Length of years you have known this reference:	

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Application Waiver & Release of Information for Background Questionnaire

To Whom It May Concern:

I have made application for employment with the Village of Minerva Park and hereby give permission to said Village to conduct an investigation for the purpose of determining my eligibility for employment. I hereby give permission to the Village and/or agencies contacted by the Village, to make an investigation concerning my employment records, school records and arrest records, and to interview any person that the Village believes to have information concerning my character.

I request and authorize the Village, County, State or Federal agency, to furnish any information contained in their files under my name. I agree to hold any source of information blameless for any error in reporting this information, and I release all persons whomsoever from any damage as a result of furnishing said information.

I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me or who may hereafter attend or examine me, from disclosing any knowledge or information which he or she thereby acquired relevant to my employment, and I hereby consent that he or she may disclose such knowledge or information to the Village of Minerva Park.

This investigation is for the purpose of determining eligibility for employment with the Village of Minerva Park and information will be held in strict confidence.

Print Full Name: _____ **Date:** _____

Maiden name or alias (designate): _____ **Social Security #** _____

Current Full Address: _____

Signature of Applicant: _____

Village of Minerva Park
Kim Nuesse, Chief
chief@minervapark.org

The Village of Minerva Park is an equal opportunity employer.

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Background Questionnaire

~NOTICE~

Please be advised the background questionnaire must be completed in it's entirety before any employment application will be considered. This questionnaire is intended for the use of the Minerva Park Police Department background investigation section. Any failure to provide truthful information will result in rejection for appointment and/or discharge after employment. The use of attempted use of any political influence to change employment standards will result in rejection for employment of discharge after appointment. All 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 space 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.

~ADDITIONAL INSTRUCTIONS~

- Go online and request a current credit history report and provide us with a copy.
- Take the provided form to the BMV and get a copy of your driving record.
- Take the provided form to Franklin County Records, 370 S. Front Street to have your record check performed and stamped.
- Take the provided form to 410 S. High Street around to the left of the building (use the CCW permit entrance) to the Sheriff's Office Photo Lab to get fingerprinted. This is a thirty (30) dollar fee that is non-refundable. They will send the results directly to us.

PERSONAL INFORMATION:

- 1. Print your legal full name: _____
Provide a copy of your birth certificate. It does not have to be a certified copy.
- 2. Other names you have had (i.e. maiden, nicknames, aliases): _____
- 3. List any identifying scars, birthmarks, tattoos, etc.: _____
- 4. Your father’s name and address: _____ DOB: _____
- 5. Your mother’s name and address: _____ DOB: _____
- 6. Do you operate a website or web page (including My Space, Face Book, etc.)? [] Yes [] No
If so, provide detailed information on page 8.

MARITAL STATUS:

- 7. Single [] Separated [] Married [] if so, date: _____ Divorced [] if so, date: _____
- 8. Spouse’s full name: _____ Maiden name: _____ DOB: _____
- 9. Name/Address of spouse’s employer: _____

CHILD/CHILDREN INFORMATION: Include biological, step-children, adopted, etc., whether or not they live with you. If you have no children, write “none” on the first line. For additional space use page 8.

Name	Full Address (if different from yours)	DOB	Birthplace

10. If applicable, are you current on spousal support and/or child support payments? [] Yes [] No [] n/a

11. If applicable, are you supporting all dependents you are required to support? [] Yes [] No [] n/a

Note: if you answered “no” to the above two questions, explain in detail on the continuation page.

12. Have you **ever** been in non-compliance of child support or spousal support? [] Yes [] No [] n/a

13. Have you **ever** been sued for child support or spousal support payments? [] Yes [] No [] n/a

14. Has your driver’s license been suspended for non-payment of child support? [] Yes [] No [] n/a

If you answered “yes” to the above three questions, explain in detail on the continuation page.

EDUCATION AND TRAINING:

Name and address of high school: _____

Graduation date: _____ or last grade attained: _____ GED cert. # and date: _____

Attach a copy of your diploma and/or transcript or GED certificate. If you do not have the copy you may contact the school board office of the high school you attended for a copy of your transcript or contact the State Department of Education to order a copy of your GED certificate. You may apply in the meantime, but must provide the copy upon receipt via the mail or in person to the Chief’s attention. **Make notation on the copy of your current last name, if it has changed.** Mark one of the following:

- ____ I have the necessary copy and it is attached to this application.
- ____ I do not have a copy of my diploma but ordered a copy of my transcript.
- ____ I do not have a copy of my GED certificate but ordered a copy.

Post high school education (including technical and business schools):

Name/Location of College/University	Date of graduation	Degree, Certificate or credit hours

Attach a copy of your diploma or transcript. If you do not have a degree, include your accumulated credit hours and provide a current transcript.

List below the specific course work areas at high school or post high school relevant to the position for which you are applying and indicate the number of courses you have successfully completed in each area.

Type or title of training	Organization obtained from	Length of training/ # of courses

MILITARY RECORD:

1. **Male candidates only:** have you registered with the Selective Service? [] Yes [] No
If not, provide explanation here: _____

2. Have you ever served in the military? [] Yes [] No **If yes, answer the following:**

a. Branch of Service: _____ Unit: _____

b. Highest military rank: _____ Total months in a combat zone: _____

c. Active duty dates: from _____ to _____ Reserve duty dates: from: _____ to _____

d. Military reserve status: [] Ready [] Standby [] none

e. Have you ever been court-martialed, tried on charges or subject of: a summary court martial, Captain’s Mast, Article 15, company punishment or any other disciplinary action? [] Yes [] No
If so, provide detailed information on the continuation page.

EMPLOYMENT RECORD:

Begin with your most recent job and descend from there, going back 15 years minimum (applicants 25 and under must include employment during high school). Note periods of unemployment on the “employer name” line, including dates. For military, provide name and rank of your last commanding officer. Make notation of any employer no longer in business. **You are required to provide full addresses with zip codes, as well as phone numbers. Failure to provide complete and truthful information can lead to removal from the list.** For additional space use the continuation page.

Current Employer:	Supervisor:
Street Address:	Phone Number: []
City:	Fax Number: []
State/Zip:	Job Title
May contact be made at this time? [] Yes [] No	Dates: from to

Note: contact with this employer is mandatory if you enter the background stage and pass the truth verification test.

Current Employer:	Supervisor:
Street Address:	Phone Number: []
City:	Fax Number: []
State/Zip:	Job Title
May contact be made at this time? [] Yes [] No	Dates: from to

Current Employer:	Supervisor:
Street Address:	Phone Number: []
City:	Fax Number: []
State/Zip:	Job Title
May contact be made at this time? [] Yes [] No	Dates: from to

Current Employer:	Supervisor:
Street Address:	Phone Number: []
City:	Fax Number: []
State/Zip:	Job Title
May contact be made at this time? [] Yes [] No	Dates: from to

Current Employer:	Supervisor:
Street Address:	Phone Number: []
City:	Fax Number: []
State/Zip:	Job Title
May contact be made at this time? [] Yes [] No	Dates: from to

Current Employer:	Supervisor:
Street Address:	Phone Number: []
City:	Fax Number: []
State/Zip:	Job Title
May contact be made at this time? [] Yes [] No	Dates: from to

WORK HISTORY AND VEHICLE INFORMATION

1. Have you **ever** applied with other law enforcement or other government agencies? Yes No
 If so, fully complete the following section. Use the continuation page for additional space.

Name of Department/Agency and Position	Date applied	yes or no	yes or no
		Interviewed?	Hired?
		Interviewed?	Hired?
		Interviewed?	Hired?
		Interviewed?	Hired?
		Interviewed?	Hired?
		Interviewed?	Hired?

List any of the above that completed a background: _____

2. Have you ever worked for the Village of Minerva Park? Yes No
 If so, what dates: _____ Position held: _____

3. Have you ever been laid off, terminated or asked to resign in lieu of termination from a job?
 If so, explain in detail on the continuation page and include employer information). Yes No
A “yes” response does not normally lead to removal, but a response found to be untruthful will.

VEHICLE OPERATION INFORMATION:

4. Have you ever been convicted of vehicular assault, manslaughter or homicide? Yes No

5. Have you been issued more than 2 moving violations in the past 3 years? This includes at-fault accidents. Yes No

6. Have you been convicted of an OVI (operating a vehicle under the influence) or a reduced charge, or a Reckless Operation within the last 5 years? Yes No

7. Have you ever had the following on your driving record: (a) leaving the scene of an accident, (b) hit and run or (c) eluding the police. Yes No

Note: if you answer yes to questions 4-7, call before applying.

8. Has your driver’s license ever been revoked or suspended? Yes No
If you answered “yes”, explain on page 8 and include the date(s).

9. Do you currently have a valid driver’s license? **If not, explain on page 8.** Yes No

10. Are you currently insured? **If not, explain on page 8.** Yes No

11. Name of insurance company: _____ Policy #: _____

12. Agency’s name (if applicable) _____ Phone #: [] _____

General Information Inquiry: If you answer “yes” to any of the following, provide detailed explanation on the following page. It is imperative that you answer questions truthfully (a “yes” response on many of these will not necessarily lead to removal, but any answer found to be untruthful during the background stage will). Disclosure on criminal records must be made even if they have been expunged or sealed.

Carefully answer these by writing a “yes” or “no” in the box to the right of each question. Yes or No

1. If it became necessary in the course of your duties to take a human life, would you have reluctance to do so? This question is for police officer candidates only.	
2. With the exception of marijuana, have you used any illegal drugs in the last 5 years of application? This is an automatic removal.	
3. Have you used marijuana in the last 2 years prior to this application? This is an automatic removal.	
4. As an adult have you used any prescriptive drug, including narcotics, without a prescription?	
5. As an adult, have you had a past pattern of continual use of any illegal drug, including prescriptive drugs without a prescription?	
6. Do you drink alcohol or use tobacco?	
7. Have you ever used alcohol to a level of abuse, dependence or the inability to function without it? If so, one must show a recovering history of non-use for at least 2 years.	
8. Do you have trouble controlling your temper?	
9. Do you have prejudices toward others because of their race, sex, national origin or religion, that would be detrimental to your employment?	
10. Have you ever attempted suicide?	
11. Have you traveled outside the United States?	
12. As an adult, have you engaged in any illegal sexual activities (incest, prostitution, etc.)	
13. Have you ever been accused or convicted of physical, emotional or sexual abuse?	
14. Has a CPO (civil protection order) or TPO (temporary protection order) ever been filed against you?	
15. Have you violated a CPO or TPO filed against you?	
16. Have you received any public assistance illegally? (i.e. welfare, unemployment compensation)	
17. Have you ever been convicted of or engaged in illegal gambling for a profit, as a prime source of income?	
18. Have you ever committed, admitted to, been arrested for or convicted of a felony or violent misdemeanor level crime? A felony conviction is an automatic removal.	
19. As an adult have you admitted to, been arrested, incarcerated or convicted of a misdemeanor (including traffic offenses such as OVI, etc.)?	
20. As an adult, have you ever been convicted of, pled to or found guilty of possession of a drug of abuse to include the minor misdemeanor charge of possession of marijuana? Automatic removal.	
21. Have you ever knowingly bought, sold or received stolen property?	
22. Have you ever committed, admitted to, been arrested for or convicted of drug trafficking?	
22. As an adult, have you intentionally stolen anything?	
23. Are you presently a defendant or under indictment for pending criminal or traffic charges? If so, include the court of jurisdiction and case number in your explanation.	
24. Have you ever committed, admitted to or convicted of a criminal sexual offense?	
25. Have you ever been affiliated with or participated in illegal gang activity?	
26. Are you currently not meeting financial obligations and/or not paying debts on time?	
27. Have you ever been or are you currently a defendant in a civil court proceeding (includes divorce, bankruptcy, etc.). If so, include the court of jurisdiction, date and case number.	
28. Do you regularly associate with persons who you know are convicted felons?	
29. If employed by the Village, do you anticipate any income other than your salary?	

*Note: Questions #18, #22 and #24 ask if you ever **committed** those acts. The intent is to find out if you did, regardless of whether or not you were **caught and/or arrested** for the crime.

I certify that the statements contained in this questionnaire and any pages I have attached are true to the best of my knowledge. I understand that **any false statements and/or omissions, intentional or not**, will cause removal from the eligible list, disapproval of my appointment, or discharge after my appointment.

Signature: _____ Date: _____

Signature of Notary Official: _____

My Commission expires on: _____

Seal/Stamp

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Record Request/Release

I give the Village of Minerva Park Police Department permission to see a copy of my arrest record from the Franklin County Sheriff's Office. I do hereby release the Franklin County Sheriff's Office and all individuals connected therewith from all liability.

Date: _____ Signature: _____

Name(Print): _____ Alias: _____

Date of Birth: _____ Sex: _____ Race: _____

Social Security Number: _____

Agency Requesting Record: _____

Signature of Agent Making Request: _____

This is a copy of the arrest record on file at the Franklin County Sheriff's Office on the above named subject. It is a check by name and not by fingerprints and is not verified as the true identity of the subject in question.

Date: _____ Charge: _____

Completed by: _____

Date: _____