



Lakemore Police Department

1400 Main Street, Suite B

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Lakemore, Ohio 44250

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[policerecords@lakemoreohio.org](mailto:policerecords@lakemoreohio.org)

## Lakemore Police Department Qualifications for Employment Police Officer

1. Must be OPOTA certified.
2. Must be at least 21 years of age upon appointment.
3. Must possess a valid Ohio Driver's License
4. No OVI convictions within the past four (4) years
5. No domestic violence convictions
6. No felony convictions
7. College preferred (not mandatory).
8. Must pass a psychological evaluation
9. Must pass an OPOTA certified firearms qualification.
10. Must pass a thorough background investigation, including polygraph.
11. Applicants cannot have been convicted of any crimes relative to honesty, truthfulness or moral turpitude.

The Village of Lakemore Police Department reserves the right to use information obtained through the background check and the rest of the candidate evaluation process to determine that a particular candidate does not meet the qualifications requisite to be hired as a police officer.

The list is not a comprehensive list. The Village of Lakemore reserves the right to disqualify any applicant for any reason whatsoever.

The Village of Lakemore is an Equal Opportunity Employer.



# Village of Lakemore Police Department

## Applicant Questionnaire Instructions

(Read Completely before beginning page one)

This applicant questionnaire is intended to help gather information as we investigate you for possible appointment to the Village of Lakemore Police Department. You must complete all parts of this questionnaire. If any part does not apply to you, mark the part with "N/A".

You must also sign the release forms at the end of the questionnaire. We will use these waivers as we request information or confirmation of facts from various sources given by you throughout this questionnaire.

If you do not have enough room in the spaces provide, use the back of each page and mark OVER at the bottom of the front of the page.

### Attach a copy of the following:

1. Driver's license
2. Social Security Card
3. DD-214 (if applicable)
4. Selective Service Registration Card
5. Birth Certificate
6. College Transcripts
7. High School Transcript
8. Income Tax Forms for previous year (City, State, and Federal)
9. Name Change Documents

### Instructions to Applicant

The information provided in this questionnaire will be used to assist the Lakemore Police Department in determining your qualifications. All information will be considered strictly confidential and will not be disclosed to any unauthorized personnel.

Interviews and a complete background investigation will verify the answers. *The intentional omission or falsification of any material fact will give just cause for disqualification of your application from the selection process.*

If this box is checked, you are required to make known to us any criminal record(s) you have that have been expunged or legally sealed, consistent with Ohio Revised Code 2953.33

If this box is checked, you will undergo drug testing as part of the pre-employment evaluation process

**I have read the above instructions and fully understand them.**

Name (Print and sign) \_\_\_\_\_

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

\_\_\_\_\_  
initials

# VILLAGE OF LAKEMORE POLICE DEPARTMENT

## APPLICANT QUESTIONNAIRE

**\*\*PLEASE PRINT LEGIBLY\*\***

Position applied for: \_\_\_\_\_

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

### Applicant Identification

Legal Name: \_\_\_\_\_

Last

First

Middle

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Place of Birth (City, State and County): \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

By what other names have you been known? \_\_\_\_\_

Have you ever used any other Social Security Number?  Yes \_\_\_\_\_  No

Address (including apartment number, post office box number, city, state, and zip code):

\_\_\_\_\_

Telephone number: Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_ Hours/Days you work: \_\_\_\_\_

Email: \_\_\_\_\_

### PREVIOUS ADDRESSES

Please list addresses where you have lived for the past ten (10) years. Account for all ten years, beginning with your PRESENT address. List dates you lived there and with whom if anyone. Do not include Armed Forces addresses or P.O. Boxes.

From:	To:	Address:	With Whom & Relationship
Mth/yr	mth/yr		

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

\_\_\_\_\_  
initials

DRIVING RECORD

Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Have you held a driver's license in any other state in the last (10) ten years?  Yes  No

If yes, When? \_\_\_\_\_ How long? \_\_\_\_\_

Have you ever been convicted of driving under the influence of DUI, DWI, OMVI?  Yes  No

If yes, explain: \_\_\_\_\_

Below, list all traffic violations (other than parking) for which you have been CONVICTED (fined/jailed) in the last five years:

Date of violation: \_\_\_\_\_ Type of Violation: \_\_\_\_\_

Name and location of court: \_\_\_\_\_

Date of conviction: \_\_\_\_\_ Disposition & Fine: \_\_\_\_\_

Date of violation: \_\_\_\_\_ Type of Violation: \_\_\_\_\_

Name and location of court: \_\_\_\_\_

Date of conviction: \_\_\_\_\_ Disposition & Fine: \_\_\_\_\_

Date of violation: \_\_\_\_\_ Type of Violation: \_\_\_\_\_

Name and location of court: \_\_\_\_\_

Date of conviction: \_\_\_\_\_ Disposition & Fine: \_\_\_\_\_

Date of violation: \_\_\_\_\_ Type of Violation: \_\_\_\_\_

Name and location of court: \_\_\_\_\_

Date of conviction: \_\_\_\_\_ Disposition & Fine: \_\_\_\_\_

If any of the violations resulted in an accident, please provide a brief description:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DRIVING RECORD (CONTINUED)

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you required to carry High Risk Insurance (SR22), to comply with the State of Ohio?  Yes  No

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

Were you the driver or passenger in a vehicle when someone was killed or injured?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been involved in a motor vehicle accident that was not reported?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Do you currently have automobile insurance?  Yes  No

Full Coverage  Liability

Name of Carrier: \_\_\_\_\_

How many points are currently assessed to your driver's license(s)? \_\_\_\_\_

How many parking tickets have you received in the past year? \_\_\_\_\_

**FINANCIAL RECORD**

The following questions regard your finances. All "YES" answers MUST be explained on the back of this page. Circle either YES or NO.

Have you, your spouse, or ex-spouse ever had wages attached or garnished? YES NO

Have you, your spouse, or ex-spouse ever been a party to a small claim or court action? YES NO

Do you, your spouse, or ex-spouse have any immediate civil action pending against you? YES NO

Have you, your spouse, or ex-spouse ever had a judgment rendered against you? YES NO

Have you, your spouse, or ex-spouse ever filed bankruptcy or been declared bankrupt? YES NO

Have you ever been refused an automobile or homeowner's insurance policy? YES NO

Have you ever had an insurance policy cancelled? YES NO

Have you ever been refused credit? YES NO

Have you ever had any property repossessed? YES NO

Have you ever been in court reference any debt? YES NO

Have you ever been bonded? YES NO

Have you ever had a bond refused? YES NO

Are there any creditors currently looking for you? YES NO

If yes, specify: \_\_\_\_\_

\_\_\_\_\_

FINANCIAL RECORD (CONTINUED)

Are you a co-signer on any loans at this time? YES NO

If yes, specify: \_\_\_\_\_  
\_\_\_\_\_

Have you ever written a bad check (NSF, Closed Account, Stolen Instrument)? YES NO

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Please present indebtedness, involving you, your spouse, ex-spouse(s).

Debtor: \_\_\_\_\_ Reason: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Incurred: \_\_\_\_\_ Original amount: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Debtor: \_\_\_\_\_ Reason: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Incurred: \_\_\_\_\_ Original amount: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Debtor: \_\_\_\_\_ Reason: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Incurred: \_\_\_\_\_ Original amount: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Debtor: \_\_\_\_\_ Reason: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Incurred: \_\_\_\_\_ Original amount: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Debtor: \_\_\_\_\_ Reason: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Incurred: \_\_\_\_\_ Original amount: \_\_\_\_\_ Amount Due: \_\_\_\_\_

FINANCIAL RECORD (CONTINUED)

Debtor: \_\_\_\_\_ Reason: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Incurred: \_\_\_\_\_ Original amount: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Debtor: \_\_\_\_\_ Reason: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Incurred: \_\_\_\_\_ Original amount: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Debtor: \_\_\_\_\_ Reason: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Incurred: \_\_\_\_\_ Original amount: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Debtor: \_\_\_\_\_ Reason: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Incurred: \_\_\_\_\_ Original amount: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Debtor: \_\_\_\_\_ Reason: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Incurred: \_\_\_\_\_ Original amount: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Debtor: \_\_\_\_\_ Reason: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Incurred: \_\_\_\_\_ Original amount: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Debtor: \_\_\_\_\_ Reason: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Incurred: \_\_\_\_\_ Original amount: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Debtor: \_\_\_\_\_ Reason: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Incurred: \_\_\_\_\_ Original amount: \_\_\_\_\_ Amount Due: \_\_\_\_\_



MILITARY RECORD

1. Have you ever served in any branch of the military for this or any other county?  Yes  No  
Branch \_\_\_\_\_

2. Military Serial Number \_\_\_\_\_ Highest Rank \_\_\_\_\_

3. Reserve Status:  Ready  Stand By  None

4. Military Active-Duty Dates: From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

5. Type of Discharge Received:  Honorable  Dishonorable  General

Bad Conduct  Honorable Conditions  Undesirable  Other

(if other, explain): \_\_\_\_\_

6. Are you eligible to reenlist?  Yes  No

7. Were you released from service as "Unsuitable"?  Yes  No

8. Were you ever  Court Martialed  Tried on charges  Subject of a Summary Court  
 Deck Court  Captain's Mast  Company Punishment  Any other disciplinary action  
while a member of the armed forces?

If yes, Explain: \_\_\_\_\_

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

9. Are you or have you ever been a member of the United States Military Reserves or National Guard?  
If yes, Unit and Location, please: \_\_\_\_\_

10. List any and all disciplinary action taken against you in the Reserves or National Guard.

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

EDUCATION

Highest Degree earned (circle one):  High School  Associate  Bachelor  Master's

High School Attended: \_\_\_\_\_ Did you graduate?  Yes, Year \_\_\_\_\_  No  
If no, did you complete a G.E.D.?  Yes When? \_\_\_\_\_  No

Colleges/Universities/Trade Schools

1. \_\_\_\_\_  
School Name                      Location                      Years Attended                      Degree
2. \_\_\_\_\_  
School Name                      Location                      Years Attended                      Degree
3. \_\_\_\_\_  
School Name                      Location                      Years Attended                      Degree

EMPLOYMENT RECORD

May we contact your present employer without jeopardizing your employment?  Yes  No  
If no, may we contact your employer at a later date to verify your employment?  Yes  No

Present Employer: \_\_\_\_\_ Dates Employed \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
Name of Immediate Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Dates Employed \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
Name of Immediate Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

VILLAGE OF LAKEMORE POLICE DEPARTMENT APPLICANT QUESTIONNAIRE CONTINUED

EMPLOYMENT RECORD (CONTINUED)

Previous Employer: \_\_\_\_\_ Dates Employed \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
Name of Immediate Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Dates Employed \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
Name of Immediate Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Dates Employed \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
Name of Immediate Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Dates Employed \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
Name of Immediate Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Dates Employed \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
Name of Immediate Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**EMPLOYMENT RECORD (CONTINUED)**

Have you ever submitted an employment application with any other government agency?  Yes  No  
If yes; where, when, and where are you in the process? \_\_\_\_\_  
\_\_\_\_\_

If previously employed by any other police department(s) or law enforcement agency(s), why did you leave?  
\_\_\_\_\_  
\_\_\_\_\_

In the last 12 months, how many times did you come to work more than 15 minutes late without authorizaton? \_\_\_\_\_

In the last 12 months, how may days of work did you miss, not including paid time off? \_\_\_\_\_

When was the last time a supervisor had to talk to you about your tardiness, absenteeism, or job performance?  
\_\_\_\_\_

In the last 3 years, did you receive any written warnings or disciplinary action(s) from any of your employers?  
If yes, list employer name and explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been fired, terminated, or forced to resign from any job for any reason?  Yes  No  
If yes, Explain giving name and address of employer with date and reason:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

What is the most serious trouble you have had at any place of employment?

Do you object to working afternoons or night shift?  Yes  No

Do you object to working frequent weekends or holidays?  Yes  No

Can you, in your view, both physically and mentally perform the duties of a law enforcement officer without any accommodations?  Yes  No  
\_\_\_\_\_

EMPLOYMENT RECORD (CONTINUED)

List any Civil Service examinations you have taken:

Date	Agency	City and State	Disposition

Are you currently on an eligibility list?     Yes     No  
If you were on an eligibility list and not hired, state reasons why: \_\_\_\_\_  
\_\_\_\_\_

Were you ever rejected for any Civil Service position?     Yes     No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever quit a job due to personal conflicts with management     Yes     No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been accused of sexual harassment?     Yes     No  
Have you ever filed a sexual harassment claim?     Yes     No  
Have you ever applied for Workman's Compensation?     Yes     No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

VILLAGE OF LAKEMORE POLICE DEPARTMENT APPLICANT QUESTIONNAIRE CONTINUED

**CRIMINAL HISTORY**

Are you currently under indictment for a criminal offense?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been placed on or served in a criminal diversion program that led to the dismissal of charges?

Yes  No If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been placed on Probation or Parole?  Yes  No If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you or a member of your family or anyone else you have lived with, ever been the victim of a crime?

Yes  No If yes, list Date, Name and Relationship to Applicant, Type of Crime and  
Police Agency Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has any member of your immediate family (spouse, children, parents, brother, sister) ever been convicted of a  
felony?  Yes  No If yes, list Date, Name and Relationship to Applicant, Type of Crime and  
Police Agency Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a Misdemeanor or Felony?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever committed a Felony or Misdemeanor?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a Misdemeanor which had been reduced from an original Felony?

Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

CRIMINAL HISTORY(CONTINUED)

Have you ever been reported as a missing person or runaway?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever entered or gained control over another person's property without their knowledge or permission?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever shoplifted?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever stolen in circumstances other than shoplifting?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever bought or sold anything knowing it to have been stolen?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever given away or sold merchandise without paperwork or ringing it up through a cash register?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever given unauthorized discounts at a place of employment? Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever stolen from an employer or co-worker?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

CRIMINAL HISTORY(CONTINUED)

Have you ever been questioned about missing money or merchandise?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been specifically accused of stealing?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

What is the most valuable item of merchandise you have taken from a place of employment?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever borrowed money from an employer without his knowledge and then failed to pay it back?

Yes  No If yes, Explain:

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

What is the most serious thing you have done, which would be considered illegal for which you were not caught? \_\_\_\_\_

Have you ever carried a concealed weapon?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever falsified an insurance claim for personal gain?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_



CIVIL HISTORY

Have you ever been sued by anyone in Common Pleas, Municipal or Small Claims Court?  Yes  No

Date \_\_\_\_\_ Other Party Involved \_\_\_\_\_ Amount \_\_\_\_\_

Reason: \_\_\_\_\_ Who Lost \_\_\_\_\_

Do you have any civil actions pending against you?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever failed to file or pay required Municipal, State or Federal Income Tax or any other taxes?

Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever had your wages garnished?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Is there a lien against any personal property or real estate that you own?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

DRUG HISTORY

What is the largest amount of money you have spent on drugs at any one time? \_\_\_\_\_

Have you ever misused any prescription drug?  Yes  No

If yes, when was the last time and what drug? \_\_\_\_\_

Have you ever used Marijuana?  Yes  No

If yes, When 1<sup>st</sup> time-age? \_\_\_\_\_ When was last time-age? \_\_\_\_\_

Total number of times used? \_\_\_\_\_

Have you ever used any other drugs? (LSD, Cocaine, Crack, Heroin, Meth, Mushrooms, Oxycontin, Ecstasy, Bath Salts, Performance Enhancing Drugs, or any Synthetic drug deemed to be illegal when misused under State of Federal Law).

Drug Used	1 <sup>st</sup> Time/Age	Last Time/Age	Total Uses
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you know and/or associate with any drug users?  Yes  No

Who, and what relation? \_\_\_\_\_

Do you have any drugs in your possession at this time?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

When is the last time you operated a motor vehicle while using drugs? \_\_\_\_\_

Have you ever sold any type of narcotic or street drug?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

How many times have you sold? \_\_\_\_\_ How much profit did you make? \_\_\_\_\_

**ALCOHOL HISTORY**

What do you like to drink in the way of alcohol? \_\_\_\_\_

In an average 7-day week, how much do you drink? \_\_\_\_\_

When was the last time you drank on the job? \_\_\_\_\_

When was the last time you worked under the influence of alcohol? \_\_\_\_\_

How many days of work have you missed due to alcohol use? \_\_\_\_\_

How many times over the past two years, have you driven under the influence of alcohol?  
\_\_\_\_\_

**REFERENCES**

List persons that you have known for at least one year. Do not list relatives or former employers.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ How long known? \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ How long known? \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ How long known? \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ How long known? \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ How long known? \_\_\_\_\_

GENERAL INFORMATION

Have you ever been asked to take a polygraph test or voice analyzer test?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever taken a polygraph test or voice stress test?  Yes  No

If yes, Explain (Include where and when it was given):  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever contemplated or attempted suicide?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever seriously considered killing another person?  Yes  No

Have you ever caused the death of another person?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever seriously injured another person?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Have the police ever come to your home for any reason?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

When was the last time you were in a fight? \_\_\_\_\_ Reason for fight? \_\_\_\_\_

Any weapons involved? \_\_\_\_\_ Any injuries? \_\_\_\_\_

Have you ever sued anyone?  Yes  No

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been fingerprinted?  Yes  No

If yes, Where? \_\_\_\_\_ When? \_\_\_\_\_  
Why? \_\_\_\_\_

As a juvenile, what was the most serious thing you did, for which you were not caught?

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

GENERAL INFORMATION (CONTINUED)

As an adult, what was the most serious thing you did, for which you were not caught?

\_\_\_\_\_

Who raised you? \_\_\_\_\_

With whom have you lived in the past 12 months? \_\_\_\_\_

\_\_\_\_\_

What is the worst thing that ever happened to you:

\_\_\_\_\_

\_\_\_\_\_

Do you have any personal prejudices against any ethnic group, any religion, minority group, handicapped persons, or any institution? \_\_\_\_\_

How often do you lose your temper? \_\_\_\_\_

Have you ever been associated with or a member of any gang?  Yes  No

If yes, Explain: \_\_\_\_\_

\_\_\_\_\_

Other than a driver's license, do you possess any permit or license issued by a unit of the government?

Yes  No

If yes, Explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever participated in any form of gambling during your lifetime? (Track, casino, lottery, sports bets)?

Yes  No

If yes, Explain what form(s) of gambling do you enjoy:

\_\_\_\_\_

\_\_\_\_\_

When was the last time you did any gambling? \_\_\_\_\_

How often do you gamble? \_\_\_\_\_

What was the most amount of money you ever won gambling? \_\_\_\_\_

What was the most amount of money you ever lost gambling? \_\_\_\_\_

GENERAL INFORMATION (CONTINUED)

Have you ever missed work due to gambling?  Yes  NO  
If yes, for whom were you employed, and how much work did you miss?

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Have you ever taken bets on a regular basis?  Yes  No  
If yes, Explain: \_\_\_\_\_

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Have you ever been in trouble with the law due to gambling?  Yes  No  
If yes, Explain: \_\_\_\_\_

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Have you ever forced a male/female to have sex with you?  Yes  No  
If yes, Explain: \_\_\_\_\_

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Have you ever made been involved in any sexual communication on the Internet?  Yes  No  
If yes, Explain: \_\_\_\_\_

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Have you ever called a 900-sex telephone number?  Yes  No  
If yes, when was the last time? How many times?

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Have you ever purposely exposed yourself to anyone? (Mooning, streaking, flashing)  Yes  No  
If yes, Explain: \_\_\_\_\_

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Have you ever had any sexual thoughts about children?  Yes  No  
If yes, Explain: \_\_\_\_\_

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Have you ever viewed Child Pornography on the internet, in magazines or on video recordings?  
 Yes  No

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Have you ever sexually molested a child?  Yes  No  
If yes, Explain: \_\_\_\_\_

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VILLAGE OF LAKEMORE POLICE DEPARTMENT APPLICANT QUESTIONNAIRE CONTINUED

ACTIVITIES, HOBBIES, SKILLS, FOREIGN LANGUAGES

List all organizations, societies, clubs, unions, and fraternities of which you are now or have been a member:

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Describe any specialized training, experience, qualifications, or skills (e.g. foreign languages, typing w.p.m., etc.), which you feel will enhance your suitability for the position applied:

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SOCIAL MEDIA

Do you have a Facebook Page?    Yes    No

If yes, Name on Page: \_\_\_\_\_

Do you have a Twitter Account?    Yes    No

If yes, Name on Page: \_\_\_\_\_

Do you have an Instagram Page?    Yes    No

If yes, Name on Page: \_\_\_\_\_

COMMENTS

Use this space to state any additional information or explanations which you would think may assist us in this investigation:

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\_\_\_\_\_  
initials

CERTIFICATION

By signing below, I certify that all my answers in this questionnaire are true and correct. I agree to the verification of all my statements and answers in this questionnaire before any hiring decision is made. I authorize investigation of my past employment history, as well as any investigation into my criminal history, credit, and character.

I understand that part of the hiring process may include additional questionnaires, interviews, a background check, physical examination, psychological, polygraph, and a drug screening test.

I understand and agree that any false, misleading, or incomplete information given in my questionnaire, interview(s), or other pre-employment questionnaires and procedures, regardless of when discovered by the Village of Lakemore Police Department, will be sufficient basis for my disqualification for employment, or if employed, the termination of my employment with the Village of Lakemore Police Department. I agree that the Village of Lakemore Police Department shall not be liable in any respect, if I am not hired or my employment is terminated as a result of providing such false, misleading, or incomplete information.

I hereby acknowledge that I have read and understand all the information above and agree to the terms therein.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
initials





**Lakemore Police Department**

1400 Main Street, Suite B

P.O. Box 888

Lakemore, Ohio 44250

(330) 733-6125, Ext. 6

Fax: (234)334-7651

policerecords@lakemoreohio.org

RELEASE AND AUTHORIZATION

In relation to my application for employment with the Village of Lakemore Police Department, Summit County, Ohio, I fully understand the sensitive nature of this position and I recognize the necessity for a thorough investigation into my background. It is my specific intent to provide access to information, however personal or confidential it may appear to be.

In view of this need, I hereby authorize and direct you to release all information as hereafter described by any individual, partnership, corporation, or any other entity, including governmental entities. I expressly waive any claim or right of action against any party because of the release of the information as hereafter described, regardless of any agreement I may have made with you previously to the contrary. The Village of Lakemore Police Department may discontinue processing my application if you refuse to disclose the information.

This release and authorization shall include all the following information:

1. Any information concerning my personal or employment history, to include, but not limited to, any background investigation information, psychological evaluation, or polygraph test results. Personal recollections and information about my character, personality, or suitability for the job for which I have applied that are written, oral or electronic.
2. Any information concerning criminal or traffic matters including, but not limited to, arrest, conviction, plea agreements, and reports where I may have been a suspect, but never formally had criminal charges brought against me.
3. Undeleted DD-Form 214, Certificate of Release or Discharge from Active Duty, including, but not limited to, the re-enlistment code (RE), the type and reason for release or discharge and any charges, arrests or convictions which arose through the military criminal justice system.

A photocopy or FAX of this release form will be valid, as the original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

\_\_\_\_\_  
 Print Name                                      Signature                                      Date

COUNTY OF \_\_\_\_\_  
 STATE OF \_\_\_\_\_

SWORN AND SUBSCRIBED IN MY PRESENCE BY \_\_\_\_\_  
 THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ initials