



MIAMI TOWNSHIP POLICE

Miami Township is an Equal Opportunity Employer

PERSONAL HISTORY QUESTIONNAIRE

Personal History of: _____
Last Name First Middle

Date of Birth Social Security Number

Position Applied for: Police Officer

Date This Questionnaire Completed: _____

Instructions:

This Personal History Questionnaire is intended for use by Miami Township for employment consideration. Failure to provide truthful information will result in rejection for appointment, and/or discharge after appointment. All information contained herein will be subject to verification, i.e., source documentation, polygraph and screening procedures.

The answers to questions contained in this questionnaire must be printed, *in your own hand*, legibly **in blue 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 the space available is insufficient for you to respond, use the continuation sheets located on the back of this questionnaire. If a question does not apply to your particular circumstance, insert "DNA" in the blank/section. When answering questions that require dates, insert the full date; partial month year responses are unacceptable. You must provide complete address information including zip code; partial address responses are unacceptable.

Section 1 – Personal & Family History

Height	Weight	Hair Color	Eye Color	Age	Sex
Place of Birth		City	County	State	
Residence Address (Number, Street, Apartment, City, County, State, Zip Code)					
E-Mail Address		Residence Phone & Area Code		Cell Phone & Area Code	
By What Other Names Have You Been Known? (Maiden Name, Former Married Name(s), Aliases, Nicknames, Etc.)					
Driver's License No.		Type	Date Issued	State of Issue	Expiration Date
Present Marital Status	City, County, State – Present Marriage Performed			Date Present Marriage Performed	
Name of Current Spouse (First, Middle, Last)		Maiden Name (Spouse, If Applicable)		Spouse's Social Security Number	
Age (Spouse)	Date of Birth Spouse		Birth Place of Spouse		
Name & Address of Spouse's Employer				Phone Number & Area Code	
Complete for each category that applies:					
Father: <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adoptive <input type="checkbox"/> Guardian	Last, First, Middle Name		Address (No., Street, City, State, Zip)		Age (If Deceased, Date of Death)
Father: <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adoptive <input type="checkbox"/> Guardian	Last, First, Middle Name		Address (No., Street, City, State, Zip)		Age (If Deceased, Date of Death)
Father: <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adoptive <input type="checkbox"/> Guardian	Last, First, Middle Name		Address (No., Street, City, State, Zip)		Age (If Deceased, Date of Death)

Personal & Family History - *Continued*

Mother: <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adoptive <input type="checkbox"/> Guardian	Last, First, Middle Name	Address (No., Street, City, State, Zip)	Age (If Deceased, Date of Death)
Mother: <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adoptive <input type="checkbox"/> Guardian	Last, First, Middle Name	Address (No., Street, City, State, Zip)	Age (If Deceased, Date of Death)
Mother: <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adoptive <input type="checkbox"/> Guardian	Last, First, Middle Name	Address (No., Street, City, State, Zip)	Age (If Deceased, Date of Death)

List Any Identifying Scars, Birthmarks, Blemishes, Tattoos, etc. That You May Have

List Your Children:

<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Last Name	First	Middle	Date of Birth	Place of Birth (City & State)
Address (If Different From Yours)			Relationship to You <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adopted		Relationship to Your Spouse <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adopted
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Last Name	First	Middle	Date of Birth	Place of Birth (City & State)
Address (If Different From Yours)			Relationship to You <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adopted		Relationship to Your Spouse <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adopted
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Last Name	First	Middle	Date of Birth	Place of Birth (City & State)
Address (If Different From Yours)			Relationship to You <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adopted		Relationship to Your Spouse <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adopted

List your relatives in the following order: 1. Brothers 2. Sisters 3. Step Brothers 4. Step Sisters 5. Father-in-Law
6. Mother-in-Law 7. Sister-in-Law 8. Brother-in-Law

Relationship	Last Name	First	Middle	Address (Number, Street, City, State, Zip Code)	Age

Personal & Family History - *Continued*

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

Court	Case Number	Date of Disposition
a. _____		
b. _____		
c. _____		
4. Have you ever been convicted or accused of, or engaged in, physical, emotional, or sexual abuse of a spouse, ex-spouse, child, step-child, parent or any other relative or person? Yes No If yes, explain in detail on continuation sheets.
5. Have you ever had a protection or temporary restraining order, including Stalking and/or Telephone Harassment filed against you? Yes No If yes, explain in detail on continuation sheets.
- 5b. Have you ever violated it? Yes No
6. Have you ever had a social media account (facebook, twitter, instagram etc) ? Yes No If yes, what is the name of the account?

Previous Marriages: If previously married, provide the following:

Date Married	Where Married (City, State, County)	Name of Ex-Spouse (Maiden Name)	If Dissolved or Divorced (City, State, County)	Date Finalized
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Date Married	Where Married (City, State, County)	Name of Ex-Spouse (Maiden Name)	If Dissolved or Divorced (City, State, County)	Date Finalized
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Are you a U.S. Citizen Yes No

Are you a permanent alien? Yes No If yes, give port of entry to U.S.A. & Date _____

List any public safety sector employees with whom you are acquainted including any employee of the Miami Township:

Name	Department	How Acquainted
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Name	Department	How Acquainted
------	------------	----------------

Name	Department	How Acquainted
------	------------	----------------

List any additional information on the continuation sheets

Section 2 – Previous Residence Record

List last 10 addresses, excluding current address. List most recent, etc. 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 pay rent.

From (Month –Year) To (Month – Year)	Address (Number, Street, City, State, Zip Code)	With Whom Did You Live?	Relationship

Section 3 – Employment History

1. May we contact your current employer? Yes No N/A If no, explain why on continuation page and be prepared to bring in copies of performance evaluations or other documentation.
2. Have you ever been discharged or asked to resign from any job? Yes No If yes, make sure job is listed on the continuation page.
3. Have you ever been discharged or asked to resign from a criminal justice occupation? Yes No

Section 3 – Employment History - *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 supervisor. Substitute for the name and address of co-worker, the name and address of a non-commissioned officer with whom you served. When listing periods of unemployment, indicate dates in space provided. In the box designated as "Name of Employer" write in unemployed. In the block designated as "Reason for Leaving" indicate from what source you received income during that period of unemployment. Address information must be complete – street, apartment or suite, city, state and zip code. If more than eleven places of employment, add to continuation sheet.

From Date	Name of Employer	Job Title	Average # Hours Worked Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker
From Date	Name of Employer	Job Title	Average # Hours Worked Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker
From Date	Name of Employer	Job Title	Average # Hours Worked Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker

Section 3 – Employment History - *Continued*

From Date	Name of Employer	Job Title	Average # Hours Worked Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker
From Date	Name of Employer	Job Title	Average # Hours Worked Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker
From Date	Name of Employer	Job Title	Average # Hours Worked Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker
From Date	Name of Employer	Job Title	Average # Hours Worked Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker

Section 3 – Employment History - *Continued*

From Date	Name of Employer	Job Title	Average # Hours Worked Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker
From Date	Name of Employer	Job Title	Average # Hours Worked Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker
From Date	Name of Employer	Job Title	Average # Hours Worked Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker
From Date	Name of Employer	Job Title	Average # Hours Worked Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker

List additional full time employers in continuation section.

Section 3 – Employment History – *Continued*

4. Have you ever applied for a position with any law enforcement or other government agency? Yes No

Name of Department or Agency, Complete Address	Position Applied For	Date Applied	Steps	Status Completed
			<input type="checkbox"/> Written Test <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Background <input type="checkbox"/> Polygraph <input type="checkbox"/> Interview	<input type="checkbox"/> Active <input type="checkbox"/> Eliminated
			<input type="checkbox"/> Written Test <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Background <input type="checkbox"/> Polygraph <input type="checkbox"/> Interview	<input type="checkbox"/> Active <input type="checkbox"/> Eliminated
			<input type="checkbox"/> Written Test <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Background <input type="checkbox"/> Polygraph <input type="checkbox"/> Interview	<input type="checkbox"/> Active <input type="checkbox"/> Eliminated
			<input type="checkbox"/> Written Test <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Background <input type="checkbox"/> Polygraph <input type="checkbox"/> Interview	<input type="checkbox"/> Active <input type="checkbox"/> Eliminated
			<input type="checkbox"/> Written Test <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Background <input type="checkbox"/> Polygraph <input type="checkbox"/> Interview	<input type="checkbox"/> Active <input type="checkbox"/> Eliminated

Section 4 – Military and Educational Record

Military Record

1. Have you registered with the selective service? Yes No N/A

If no, why? _____

2. Have you ever been in a Military Service? Yes No

3. If so current status _____

Branch of Service (Army, Navy, Etc.)		Unit (Tank Corps, Engineers, Medic, Etc.)	Selective Service Number
Active Duty Dates (Do not include short reserve tours of 90 days or less)		Highest Military Rank or Rate Held	Type of Separation
From	To		
Total Months of Combat Duty	Total Months of Overseas Duty	Name & Address of Guard/Reserve Unit	

Section 4 - Military and Educational Record – *Continued*

4. Have you ever asked for or received deferment from military service? Yes No If yes, give board number, dates and full details on continuation page.
5. Have you ever received anything other than an honorable discharge? Yes No If yes, explain on continuation sheet.
6. Have you ever been convicted of any article of the uniform code of military justice? Yes No If yes, explain on continuation sheet.

Educational Record

1. Have you graduated from high school? Yes No If no, what was the highest grade level completed _____
2. Do you have a General Educational Development “GED” certificate? Yes No
3. Have you attended any post high school educational institutions? Yes No
4. If so, what level have you completed? _____

List each high school, trade, part time, night school, business college and university that you have attended. Start with the most recent school.

Name of School	Location of School (City and State)	From Date to Date	Graduation <input type="checkbox"/> Yes <input type="checkbox"/> No	Degrees or # Units
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 5 – Traffic Record

1. Have you ever been convicted of an OVI, as an adult? Yes No If yes, explain on continuation sheet.

2. List all moving violations you have received.

Date Offense Convicted –Yes/No Location or citing agency Age at time of violation

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Section 5 - Traffic Record - *Continued*

3. List all traffic accidents you have been involved in.

Date	Location	Agency of Traffic Citation
------	----------	----------------------------

- a. _____
b. _____
c. _____
d. _____
e. _____

4. Do you have automobile insurance? Yes No If no, explain on continuation sheet.

Insurance Agency	Name of Agent	Phone Number
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5. Has your driver's license ever been revoked or suspended? Yes No If yes, explain on continuation sheet.

6. List all out-of-state driver's licenses you have held and whether they are currently valid.

State	Valid (yes or no)	Dates Valid
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- a. _____
b. _____
c. _____
d. _____

Section 6 – General Information Inquiry

1. Other than from your employer, have you ever stolen anything (value more than \$50) ? Yes No

If yes, list items in detail below.

Date	Item	Value	From Whom	Age at Time
------	------	-------	-----------	-------------

- a. _____
b. _____
c. _____
d. _____

2. Have you ever stolen anything from your employer (value more than \$50) ? Yes No

If yes, list items in detail below.

Date	Item	Value	From Whom	Age at Time
------	------	-------	-----------	-------------

- a. _____
b. _____
c. _____
d. _____

3. Have you ever been contacted by the Police regarding a complaint made against you? Yes No If yes, explain on continuation sheet.

General Information Inquiry - *Continued*

4. Have you ever received Welfare, Workers Compensation, Unemployment Compensation, other public assistance illegally, or above the amount you were entitled? Yes No

Type of Benefit	Date Received	Amount Received
-----------------	---------------	-----------------

- a. _____
- b. _____
- c. _____
- d. _____

5. Have you ever used/tried or purchased marijuana? Yes No If yes, describe below.

Date Used	# of Times Used/Tried	Date Purchased
-----------	-----------------------	----------------

- a. _____
- b. _____
- c. _____
- d. _____

6. Have you ever used/tried or purchased illegal drugs to include non-prescribed prescription drugs other than marijuana? Yes No If yes, describe below.

Date Used	Date Used/Tried	# of Times Used/Tried	Date Purchased	# or Times Purchased
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- a. _____
- b. _____
- c. _____
- d. _____

7. Have you ever sold illegal drugs, prescriptive drugs, or marijuana? Yes No If yes, describe below.

Drug	Date of Sale	Quantity	# or Times Sold
------	--------------	----------	-----------------

- a. _____
- b. _____
- c. _____
- d. _____

8. Have you ever abused alcohol, chemical agents/solvents, or prescriptive drugs (including steroids)? Yes No If yes, describe below.

Substance	Date Used	# or Times Used
-----------	-----------	-----------------

- a. _____
- b. _____
- c. _____
- d. _____

General Information Inquiry – *Continued*

9. As an adult or a juvenile, other than traffic offenses, have you ever committed, been arrested for or been convicted of a criminal offense? Yes No If yes, list items in detail below.

	Date	Offense	Location
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

10. In the last 7 years, have you had an unstable financial or credit history as a result of gambling? Yes No

11. Have you ever been convicted of, or engaged in, the promotion of illegal gambling where you gained a financial benefit?
 Yes No

12. If it became necessary in the course of your police duties to take a human life, would you be reluctant to do so? Only Police Officer Applicants need to answer this question. Yes No

13. Have you ever been placed on or served in a criminal diversion type program or applied for and had any charges/convictions sealed? Yes No

14. Have you ever been the subject of a protection order? Yes No

15. Are you presently under indictment or a defendant in any pending criminal, traffic, or civil actions? Yes No

16. Have you ever committed a felony for which you were never arrested for? Yes No

17. Do you have any hatreds or prejudices towards others because of race, sex, national origin, color, religion, or disability that would be detrimental to your functioning as a police officer? Yes No

18. Have you ever been a member or had any association with any group:
a. With the intent to overthrow the government? Yes No
b. Engaged in criminal activity? Yes No

List: _____

19. Have you ever engaged in any grossly unnatural sex acts? Yes No

20. Have you ever engaged in any illegal sexual activities? Yes No

Explain all yes answers on the continuation sheets

Section 7 – Financial Record

1. Are you now delinquent in any financial obligations? Yes No

2. Do your monthly bills exceed your take-home pay? Yes No

3. Do you, your spouse, or ex-spouses have any immediate civil action pending against you? Yes No

4. If employed by the Miami Township, do you anticipate any income other than your salary? Yes No

5. Have you ever been garnished, filed for bankruptcy, or been declared bankrupt? Yes No

6. Have you ever had check(s) returned for non-sufficient funds, account closed or turned over to collections? Yes No

Financial Record – *Continued*

7. Indebtedness: Involving you, your spouse, or your ex-spouses for which you are liable					
To Whom Owed	Address	Date Incurred	Original Amt.	Amount Due	Mo. Payment

Name and Location of Your Bank Checking Account
 Savings Account

Year, Make, Body Type, and License Number of Your Present Vehicle	Date Purchased	Name of Legal Owner

References: Fill in the names of three adults not related to you & not former employers, who have known you for a period of preferably more than five years.

Name	Complete Home Address	Home Phone (Area Code-Number)
Years Known	Business Occupation or Profession	Complete Business Address
		Business Phone (Area Code-Number)
Name	Complete Home Address	Home Phone (Area Code-Number)
Years Known	Business Occupation or Profession	Complete Business Address
		Business Phone (Area Code-Number)
Name	Complete Home Address	Home Phone (Area Code-Number)
Years Known	Business Occupation or Profession	Complete Business Address
		Business Phone (Area Code-Number)

All applicants must sign the following certificate

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 made in this questionnaire may be cause for disapproval of my appointment, or for discharge after appointment.

Applicant's Signature Date

