

# Akron Police Division

## Personal History Statement (PHS)

Today's Date:	Position Applied for: <input type="checkbox"/> Police Officer <input type="checkbox"/> Reserve	
1. Have you ever applied to the Akron Police Division before? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , did you submit a questionnaire? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes</b> , see below		Year of most recent exam for Police Officer:
2. List the date you last applied to the Akron Police Division:		

### Personal

*The following information is requested of you for verification and contact purposes:*

3. Please print or type your full legal name				
Last	First	Middle	Maiden Name	Age
Other names (including Maiden or nicknames) you have used:		Name	Years Used	
Name		Name	Years Used	
4. Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with relative/or others				
Number Street		City	State	Zip Code
5. Please list your residence phone and an alternate number for messages		( ) Residence	( ) <input type="checkbox"/> Cell <input type="checkbox"/> Other	
Please list your mailing address if it is different from your residence address				
Number Street		City	State	Zip Code
6. Birth Date Month Day Year		7. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide documentation to confirm this? Place of Birth: <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Social Security Number  -- --				
(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)				

### Marital Status

9. <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Divorced				
Spouse		Age	Address (include City, State, Zip Code)	
			Home ( )	
			Work ( )	
Spouse's maiden name		Spouse's date of birth	Date of marriage	Place of marriage
Spouse's employer (name and address)		Occupation	How Long	Telephone ( )
Name of former spouse/parent of mutual children		Date of Marriage	Date of Divorce	City, State of Divorce
Amount of alimony or child support received or paid (circle one) <u>Alimony</u> <input type="checkbox"/> Paid <input type="checkbox"/> Received <u>Child Support</u> <input type="checkbox"/> Paid <input type="checkbox"/> Received			Have you ever been delinquent in making required payment(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Approx. Times:	
Present address of former spouse/parent of mutual children			Telephone ( )	
Name of former spouse/parent of mutual children		Date of Marriage	Date of Divorce	City/State of Divorce
Amount of alimony or child support received or paid (circle one) <u>Alimony</u> <input type="checkbox"/> Paid <input type="checkbox"/> Received <u>Child Support</u> <input type="checkbox"/> Paid <input type="checkbox"/> Received			Have you ever been delinquent in making required payment(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Approx. Times:	
Present address of former spouse/parent of mutual children			Telephone ( )	

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**Relatives**

*During the course of the background investigation, persons who know you will be asked to comment about your suitability for the position of peace officer. Inquiries will be confined to job relevant matters.*

Name of your:		Address where person can be contacted (Include City, State and Zip code)	Telephone number at which person can be contacted (include area code)
Father	Age		Home (       )
Occupation:			Cell (       )
		Home <input type="checkbox"/>	
Mother	Age		Home (       )
Occupation:			Cell (       )
		Home <input type="checkbox"/>	
Father-in-law	Age		Home (       )
Occupation:			Cell (       )
		Home <input type="checkbox"/>	
Mother-in-law	Age		Home (       )
Occupation:			Cell (       )
		Home <input type="checkbox"/>	
Brother(s) and Sister(s)	Age		Home (       )
Occupation:			Cell (       )
		Home <input type="checkbox"/>	
	Age		Home (       )
Occupation:			Cell (       )
		Home <input type="checkbox"/>	
	Age		Home (       )
Occupation:			Cell (       )
		Home <input type="checkbox"/>	
	Age		Home (       )
Occupation:			Cell (       )
		Home <input type="checkbox"/>	
Step-Father	Age		Home (       )
Occupation:			Cell (       )
		Home <input type="checkbox"/>	
Step-Mother	Age		Home (       )
Occupation:			Cell (       )
		Home <input type="checkbox"/>	
Step-Brother(s) and Step-Sister(s)	Age		Home (       )
Occupation:			Cell (       )
		Home <input type="checkbox"/>	
	Age		Home (       )
Occupation:			Cell (       )
		Home <input type="checkbox"/>	

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List all children and other minors you are legally responsible for, including those which you have guardianship or legal custody. Minors will not be contacted.

Name	Relationship	Address where person can be contacted (Include City, State and Zip code)	Telephone number at which person can be contacted (include area code)
			Home (      )
		Home <input type="checkbox"/>	Cell (      )
			Home (      )
		Home <input type="checkbox"/>	Cell (      )
			Home (      )
		Home <input type="checkbox"/>	Cell (      )
			Home (      )
		Home <input type="checkbox"/>	Cell (      )
			Home (      )
		Home <input type="checkbox"/>	Cell (      )

**References, Acquaintances**

11. Please list those individuals with whom you have resided during the last 20 years, (i.e. roommates, friends, etc). Exclude your spouse, children, or parents. Start with most recent. Provide us with their most current address. If current address is unknown, indicate "unknown". Do not include Military personnel if you lived on a military base.

Name	Address where person can be contacted (Include City, State and Zip code)	Telephone number at which person can be contacted (include area code)
		Home (      )
Date: From:                      To:	Home <input type="checkbox"/>	Cell (      )
		Home (      )
Date: From                      To:	Home <input type="checkbox"/>	Cell (      )
		Home (      )
Date: From                      To:	Home <input type="checkbox"/>	Cell (      )
		Home (      )
Date: From                      To:	Home <input type="checkbox"/>	Cell (      )
		Home (      )
Date: From                      To:	Home <input type="checkbox"/>	Cell (      )
		Home (      )
Date: From                      To:	Home <input type="checkbox"/>	Cell (      )

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**12.** Please list as references five (5) individuals you have known for at least two (2) years who have knowledge of you and your qualifications. Examples include personal friends, fiancée, boyfriends, girlfriends, friends of the family, roommates, teachers, neighbors, classmates, co-workers, past supervisors or acquaintances. **DO NOT** include relatives or family members.

Name	Address where person can be contacted (Include City, State and Zip code)	Telephone number at which person can be contacted (include area code)
How Known?      How Long?:	Home <input type="checkbox"/>	Home (      )
		Cell (      )
How Known?      How Long?:	Home <input type="checkbox"/>	Home (      )
		Cell (      )
How Known?      How Long?:	Home <input type="checkbox"/>	Home (      )
		Cell (      )
How Known?      How Long?:	Home <input type="checkbox"/>	Home (      )
		Cell (      )
How Known?      How Long?:	Home <input type="checkbox"/>	Home (      )
		Cell (      )
How Known?      How Long?:	Home <input type="checkbox"/>	Home (      )
		Cell (      )

**13.** Please list any individuals that you are acquainted with who are members of safety forces. Exclude individuals who are listed in question #11 and #12.

Name and Rank:	Address where person can be contacted (Include City, State and Zip code)	Telephone number at which person can be contacted (include area code)
Department:	Home <input type="checkbox"/>	Home (      )
		Cell (      )
Department:	Home <input type="checkbox"/>	Home (      )
		Cell (      )
Department:	Home <input type="checkbox"/>	Home (      )
		Cell (      )
Department:	Home <input type="checkbox"/>	Home (      )
		Cell (      )
Department:	Home <input type="checkbox"/>	Home (      )
		Cell (      )
Department:	Home <input type="checkbox"/>	Home (      )
		Cell (      )

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**Education**

**14.** The Ohio Peace Officer Training Academy and the City of Akron requires a peace officer to possess a high school diploma or equivalent. Please indicate below how you satisfy this requirement.

☐ I possess a high school diploma

Date

Location

☐ I passed the G.E.D. (General Educational Development) test

Date

Location

☐ I possess a two-year college degree.

Date

Location

☐ I possess a four-year college or university degree.

Date

Location

**15.** Please indicate below all the schools you have attended beginning with high school, including trade, business, college or vocational schools. During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records will be made.

Name of School	Location of School (City and State)	Dates Attended		Major	Did you finish the course?	Units Earned	Type of Degree
		From Mo./Yr.	To Mo./Yr.				
					<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		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		

**16.** Have you ever been placed on academic probation, suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two and four year colleges, universities, business and vocational schools – any formal education beyond the high school level.)

☐ Yes

☐ No

If "Yes", please explain (include school, date, and circumstances)

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**Residence**

17. Please list all of your residences going back at least 20 years. There should be no gaps in residence dates. Begin with your current residence and list backward in chronological order.

	Address	City, State, Zip Code	Dates		If rented, give name, address and telephone of the Person responsible for the collection of the rent
			From Mo / Yr	To Mo/Yr	
<b>A</b>	Current				
	With whom do you live? (include relationship)				
<b>B</b>					
	With whom did you live? (include relationship)		Reason for moving		
<b>C</b>					
	With whom did you live? (include relationship)		Reason for moving		
<b>D</b>					
	With whom did you live? (include relationship)		Reason for moving		
<b>E</b>					
	With whom did you live? (include relationship)		Reason for moving		
<b>F</b>					
	With whom did you live? (include relationship)		Reason for moving		
<b>G</b>					
	With whom did you live? (include relationship)		Reason for moving		
<b>H</b>					
	With whom did you live? (include relationship)		Reason for moving		
<b>I</b>					
	With whom did you live? (include relationship)		Reason for moving		

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	Address	City, State, Zip Code	Dates		If rented, give name, address and telephone of the Person responsible for the collection of the rent
			From Mo / Yr	To Mo/Yr	
<b>J</b>					
	With whom did you live? (include relationship)		Reason for moving		
<b>K</b>					
	With whom did you live? (include relationship)		Reason for moving		
<b>L</b>					
	With whom did you live? (include relationship)		Reason for moving		

### Experience and Employment

**18.** Beginning with your most current employment, please list every job you have held in the last 20 years. All time periods must be accounted for. Jobs include self-employment, part-time jobs, temporary work, volunteer work and internships. You must list all employment regardless of the length of employment. Addresses must be complete, current and accurate. Zip codes are required. If you have had intervening periods of unemployment, please list those periods in sequence in the spaces specifically provided. Start with your most current employment.

Dates of employment	Name and complete address of employer, include zip code		Telephone No.		Name and Title of Supervisor
From      To Mo. Yr.    Mo. Yr. ____ / ____ / ____ <input type="checkbox"/> Present <input type="checkbox"/> Full-Time _____ Yrs. <input type="checkbox"/> Part-time _____ <input type="checkbox"/> Voluntary _____ Mo.					
Job title and duties (for identification purposes)				<b>Co-Workers</b>	
				Name: _____	
				Ph. No.: _____	
				Name: _____	
Reason for leaving.					
<input type="checkbox"/> Not employed <div style="float: right; text-align: right;">             From    Mo.   Yr.    To    Mo.   Yr.                        /       /       /       /           </div>					
Dates of employment	Name and complete address of employer, include zip code		Telephone No.		Name and Title of Supervisor
From      To Mo. Yr.    Mo. Yr. ____ / ____ / ____ <input type="checkbox"/> Present <input type="checkbox"/> Full-Time _____ Yrs. <input type="checkbox"/> Part-time _____ <input type="checkbox"/> Voluntary _____ Mo.					
Job title and duties (for identification purposes)				<b>Co-Workers</b>	
				Name: _____	
				Ph. No.: _____	
				Name: _____	
Reason for leaving.					
<input type="checkbox"/> Not employed <div style="float: right; text-align: right;">             From    Mo.   Yr.    To    Mo.   Yr.                        /       /       /       /           </div>					

Dates of employment From                  To Mo. Yr.      Mo. Yr. ____ / ____    ____ / ____ <input type="checkbox"/> Present <input type="checkbox"/> Full-Time _____ Yrs. <input type="checkbox"/> Part-time _____ <input type="checkbox"/> Voluntary _____ Mo.	Name and complete address of employer, include zip code	Telephone No.	Name and Title of Supervisor					
Job title and duties (for identification purposes)			Co-Workers					
			Name:					
			Ph. No.:					
			Name:					
Reason for leaving.								
<input type="checkbox"/> Not employed			From	Mo.	Yr.	To	Mo.	Yr.
			/			/		

Dates of employment From                  To Mo. Yr.      Mo. Yr. ____ / ____    ____ / ____ <input type="checkbox"/> Present <input type="checkbox"/> Full-Time _____ Yrs. <input type="checkbox"/> Part-time _____ <input type="checkbox"/> Voluntary _____ Mo.	Name and complete address of employer, include zip code	Telephone No.	Name and Title of Supervisor					
Job title and duties (for identification purposes)			Co-Workers					
			Name:					
			Ph. No.:					
			Name:					
Reason for leaving.								
<input type="checkbox"/> Not employed			From	Mo.	Yr.	To	Mo.	Yr.
			/			/		

Dates of employment From                  To Mo. Yr.      Mo. Yr. ____ / ____    ____ / ____ <input type="checkbox"/> Present <input type="checkbox"/> Full-Time _____ Yrs. <input type="checkbox"/> Part-time _____ <input type="checkbox"/> Voluntary _____ Mo.	Name and complete address of employer, include zip code	Telephone No.	Name and Title of Supervisor					
Job title and duties (for identification purposes)			Co-Workers					
			Name:					
			Ph. No.:					
			Name:					
Reason for leaving.								
<input type="checkbox"/> Not employed			From	Mo.	Yr.	To	Mo.	Yr.
			/			/		

Dates of employment From                  To Mo. Yr.      Mo. Yr. ____ / ____    ____ / ____ <input type="checkbox"/> Present <input type="checkbox"/> Full-Time _____ Yrs. <input type="checkbox"/> Part-time _____ <input type="checkbox"/> Voluntary _____ Mo.	Name and complete address of employer, include zip code	Telephone No.	Name and Title of Supervisor					
Job title and duties (for identification purposes)			Co-Workers					
			Name:					
			Ph. No.:					
			Name:					
Reason for leaving.								
<input type="checkbox"/> Not employed			From	Mo.	Yr.	To	Mo.	Yr.
			/			/		

Dates of employment From                  To Mo. Yr.      Mo. Yr. ____ / ____    ____ / ____ <input type="checkbox"/> Present <input type="checkbox"/> Full-Time _____ Yrs. <input type="checkbox"/> Part-time _____ <input type="checkbox"/> Voluntary _____ Mo.	Name and complete address of employer, include zip code	Telephone No.	Name and Title of Supervisor					
Job title and duties (for identification purposes)			Co-Workers					
			Name:					
			Ph. No.:					
			Name:					
Reason for leaving.								
<input type="checkbox"/> Not employed			From	Mo.	Yr.	To	Mo.	Yr.
			/			/		

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Dates of employment	Name and complete address of employer, include zip code		Name and Title of Supervisor			
From                  To Mo. Yr.        Mo. Yr. ____ / ____ / ____ <input type="checkbox"/> Present <input type="checkbox"/> Full-Time _____ Yrs. <input type="checkbox"/> Part-time _____ Yrs. <input type="checkbox"/> Voluntary _____ Mo.	Telephone No.  		 			
Job title and duties (for identification purposes)			<b>Co-Workers</b>			
			Name: _____			
			Ph. No.: _____			
			Name: _____			
Reason for leaving.						
<input type="checkbox"/> Not employed			From	Mo. Yr. /	To	Mo. Yr. /

  

Dates of employment	Name and complete address of employer, include zip code		Name and Title of Supervisor			
From                  To Mo. Yr.        Mo. Yr. ____ / ____ / ____ <input type="checkbox"/> Present <input type="checkbox"/> Full-Time _____ Yrs. <input type="checkbox"/> Part-time _____ Yrs. <input type="checkbox"/> Voluntary _____ Mo.	Telephone No.  		 			
Job title and duties (for identification purposes)			<b>Co-Workers</b>			
			Name: _____			
			Ph. No.: _____			
			Name: _____			
Reason for leaving.						
<input type="checkbox"/> Not employed			From	Mo. Yr. /	To	Mo. Yr. /

  

Dates of employment	Name and complete address of employer, include zip code		Name of Supervisor			
From                  To Mo. Yr.        Mo. Yr. ____ / ____ / ____ <input type="checkbox"/> Present <input type="checkbox"/> Full-Time _____ Yrs. <input type="checkbox"/> Part-time _____ Yrs. <input type="checkbox"/> Voluntary _____ Mo.	Telephone No.  		 			
Job title and duties (for identification purposes)			<b>Co-Workers</b>			
			Name: _____			
			Ph. No.: _____			
			Name: _____			
Reason for leaving.						
<input type="checkbox"/> Not employed			From	Mo. Yr. /	To	Mo. Yr. /

  

Dates of employment	Name and complete address of employer, include zip code		Name of Supervisor			
From                  To Mo. Yr.        Mo. Yr. ____ / ____ / ____ <input type="checkbox"/> Present <input type="checkbox"/> Full-Time _____ Yrs. <input type="checkbox"/> Part-time _____ Yrs. <input type="checkbox"/> Voluntary _____ Mo.	Telephone No.  		 			
Job title and duties (for identification purposes)			<b>Co-Workers</b>			
			Name: _____			
			Ph. No.: _____			
			Name: _____			
Reason for leaving.						
<input type="checkbox"/> Not employed			From	Mo. Yr. /	To	Mo. Yr. /

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**19.** Have you ever been investigated by any employer or supervisor for improper conduct or illegal activities which resulted in your being found in violation of any policies, regulations, rules, or any State or Federal laws?  
☐ Yes ☐ No If **"Yes"**, please provide the following information.

Date:	Employer:
-------	-----------

Details and results of investigation (Continue this response on a separate page if necessary)

Would any problem result if your present employer was contacted during the course of the background investigation?  
☐ Yes ☐ No If **"Yes"**, please explain below. (Continue this response on a separate page if necessary)

**20.** Have you ever held employment under another name? Including maiden name, nickname or aliases.  
☐ Yes ☐ No If **"Yes"**, please give details (include when, employer(s)). (Continue this response on a separate page if necessary)

Name Used:	Employer:	Dates:
Name Used:	Employer:	Dates:
Name Used:	Employer:	Dates:
Name Used:	Employer:	Dates:

**21.** Have you had any extended work absences for reasons other than earned vacation, suspension, lay-offs, or other non-medical leave  
☐ Yes ☐ No If **"Yes"**, please explain (include when, employer(s) and why). (Continue this response on a separate page if necessary)

Date:	Employer:
-------	-----------

Details:

Date:	Employer:
-------	-----------

Details:

**22.** Have you ever been fired, suspended, asked to resign, disciplined or received a formal reprimand from any place of employment?  
☐ Yes ☐ No If **"Yes"**, please give details (include when, employer(s), why). (Continue this response on a separate page if necessary)

Date:	Employer:
-------	-----------

Details:

Date:	Employer:
-------	-----------

Details:

**23.** If you have never held employment, please explain why. (Continue this response on a separate page if necessary)

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**Military Service**

**The City of Akron grants preference points to veterans of the Armed Forces of the United States of America who served on active duty for more than 180 days upon proof of honorable discharge.**

**24.** Have you ever served in the U.S. armed forces, National Guard or military reserves?    Yes    No    If "No", go to Question #29

Branch of Service	Service Number	Date of Service (MM/YYYY) __ / ____ to __ / ____	Type of Discharge
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**25.** Starting with the most recent, list all duty stations (include basic training, tours overseas, etc.) while in the military.

Month & Year	Locations	Duties / Purpose (approximate length of your tour)

**26.** Were you ever investigated for any criminal activity while in the military?    ☐ Yes    ☐ No

If "**Yes**", explain on separate page

**27.** Are you *currently* participating in any military reserve or National Guard program?    ☐ Yes    ☐ No

**28.** Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves?    ☐ Yes    ☐ No    If "**Yes**", explain below, be specific and detailed. (Continue this response on a separate page if necessary)

Date	Violation(s)	Describe Incident and Penalty Received

**29.** Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your suitability to be a police officer, if not listed as a reference above. Please list those individuals who you still know well enough to provide accurate information about you.

Name	Contact Address	Contact Telephone	Years Known	
			From	To

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**Financial**

**30.** The management of personal finances is relevant to an individual's qualifications for the position of Peace Officer. Therefore, please fill in the financial statement below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluation of your qualifications, but rather the behavior exhibited in meeting your financial obligations.

Current Monthly Income		Current Monthly Expenditures	
Monthly salary .....	\$	Real estate (mortgage) payment(s) .....	\$
Spouse's monthly salary .....		Rent .....	
Other monthly income – describe:		Other monthly payments – describe:	
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>	<b>TOTAL MONTHLY EXPENDITURES</b>	<b>\$</b>

Current Assets		Current Liabilities	
Savings .....	\$	Real Estate indebtedness .....	\$
Checking .....		Long-term Loans .....	
Real Estate .....		Charge Accounts .....	
Stocks & Bonds .....		Student Loans	
Autos		Other Liabilities – describe:	
Other Assets – describe:			
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>

**31.** Please list all banks or savings institutions where you have accounts, indicating whether accounts are savings or checking, IRA, etc.

Institution	Branch	Address	Type of Account	How Long

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**32.** Please supply more detailed information for ALL charge accounts, leases, contracts and other financial liabilities.

	Name of Firm	Address, City State & Zip Code	Account Number	
<b>A</b>	Reason for Debt	Monthly Payments	Original amount owed	Current Balance
<b>B</b>	Reason for Debt	Monthly Payments	Original amount owed	Current Balance
<b>C</b>	Reason for Debt	Monthly Payments	Original amount owed	Current Balance
<b>D</b>	Reason for Debt	Monthly Payments	Original amount owed	Current Balance
<b>E</b>	Reason for Debt	Monthly Payments	Original amount owed	Current Balance
<b>F</b>	Reason for Debt	Monthly Payments	Original amount owed	Current Balance
<b>G</b>	Reason for Debt	Monthly Payments	Original amount owed	Current Balance
<b>H</b>	Reason for Debt	Monthly Payments	Original amount owed	Current Balance
<b>I</b>	Reason for Debt	Monthly Payments	Original amount owed	Current Balance
<b>J</b>	Reason for Debt	Monthly Payments	Original amount owed	Current Balance

**33.** Have you ever filed for bankruptcy; been refused credit; or filed for the wage earner's plan? ☐ Yes ☐ No  
 If **"Yes"**, please give details (include when, where, why). (Continue this response on a separate page if necessary)

Date:	
Reasons:	

**34.** Have any of your bills ever been turned over to a collection agency ☐ Yes ☐ No  
 If **"Yes"**, please give details (include when, firms involved, circumstances). (Continue this response on a separate page if necessary)

Date:	Account / Current Status
Date:	Account / Current Status
Date:	Account / Current Status
Date:	Account / Current Status

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**35.** Have you ever had any merchandise you've purchased, repossessed? ☐ Yes ☐ No  
If "Yes", please give details (include when, firms involved, circumstances). (Continue this response on a separate page if necessary)

Date:

Reasons:

**Legal**

**36.** Have you ever been charged, arrested or convicted for any criminal offense (including misdemeanor citations)? (Do not include traffic tickets unless you were taken into custody). ☐ Yes ☐ No If "Yes", provide the following information, starting with the most recent event. Explain in more detail on the back of the page

Date	Charge(s)	Police Agency/City or Locality	Penalty

**37.** Have you ever been placed on court probation as an adult? ☐ Yes ☐ No  
Are you currently on probation: ☐ Yes ☐ No  
If "Yes" to either, please give details (include when, where, why). Give dates of probation starting with the most recent.

**38.** Have you ever been detained, questioned, held on suspicion or fingerprinted, although not arrested, during the course of a criminal investigation conducted by a law enforcement agency? ☐ Yes ☐ No If "Yes", explain in detail on a separate page.

**39.** Have you ever collected unemployment or welfare benefits (including food stamps) when you were not entitled to them, or received an "overpayment" which you were required to repay? ☐ Yes ☐ No If "Yes", explain in detail on a separate page.

**40.** Have you complied with the draft registration laws? ☐ Yes ☐ No If "No", please explain in detail on a separate page.

**41.** Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? ☐ Yes ☐ No If "Yes", please explain below and include dates. (Continue this response on a separate page if necessary)

**42.** Have you ever been reported to a law enforcement agency as a missing person or a runaway? ☐ Yes ☐ No  
If "Yes", please give details including date, law enforcement agency and circumstances. (Continue this response on a separate page if necessary)

**43.** Have you ever applied for a permit to carry a concealed weapon? ☐ Yes ☐ No  
If "Yes", please provide the following information:

Permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Name of law enforcement agency
-----------------------------------------------------------------------------	-------	--------------------------------

**44.** Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? ☐ Yes ☐ No  
If "Yes", please explain in detail, include when, where, name and location of court, circumstances, and outcome.

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<b>45. Have you experimented with, or tried, any type of an illegal drug or narcotic?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If <b>"Yes"</b> , indicate with an <b>"X"</b> all drugs that you have experimented with, or tried, from the list below. Experimentation includes, but is not limited to smoking, swallowing, tasting, inhaling, or injecting.			
<input type="checkbox"/> Marijuana <input type="checkbox"/> Hashish <input type="checkbox"/> Hashish oil <input type="checkbox"/> Cocaine <input type="checkbox"/> Crack <input type="checkbox"/> Rock <input type="checkbox"/> Ice <input type="checkbox"/> Amphetamines <input type="checkbox"/> Crosstops	<input type="checkbox"/> Whites <input type="checkbox"/> Bennies <input type="checkbox"/> Uppers <input type="checkbox"/> Methamphetamines <input type="checkbox"/> Speed <input type="checkbox"/> Crank <input type="checkbox"/> Crystal <input type="checkbox"/> Barbiturates <input type="checkbox"/> Black Beauties	<input type="checkbox"/> Downers <input type="checkbox"/> Reds <input type="checkbox"/> Quaaludes <input type="checkbox"/> PCP <input type="checkbox"/> Sherms <input type="checkbox"/> Angel Dust <input type="checkbox"/> LSD <input type="checkbox"/> Acid <input type="checkbox"/> Mescaline	<input type="checkbox"/> Peyote <input type="checkbox"/> Mushrooms <input type="checkbox"/> Glue <input type="checkbox"/> Opium <input type="checkbox"/> Heroin <input type="checkbox"/> Steroids Others (list) <input type="checkbox"/> _____ <input type="checkbox"/> _____
If you checked any of the above drugs, give details below:			
Type of Drug or Narcotic	Month & Year First Used	Month & Year Last Used	Total time Used Last 2 years      Lifetime

<b>46. Have you ever used a prescription drug not prescribed for you?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If <b>"Yes"</b> , explain in detail on a separate page.	
<b>47. Have you ever sold, provided or given illegal drugs or narcotics to anyone?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If <b>"Yes"</b> , explain in detail on a separate page.	
<b>48. Have you ever grown marijuana or manufactured any type of drug or narcotic?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If <b>"Yes"</b> , explain in detail on a separate page.	
<b>49. Do you associate with any person who you suspect uses illegal drugs or narcotics?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If <b>"Yes"</b> , explain in detail on a separate page.	
<b>50. When was the last time you were present where illegal drugs, narcotics, or other illegal substances were being used?</b> Month _____ Year _____ Type of location: _____ Circumstances: _____	

## Motor Vehicle Operation

*Operation of a motor vehicle is an integral part of the position of peace officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:*

<b>51. Current Driver's License Number</b>	State:	Class (Type of License)	Expiration date
Name under which license was granted	Other Names Used		

<b>52. Please list other states where you have been licensed to operate a motor vehicle.</b>							
State	What Years?	State	What Years?	State	What Years?	State	What Years?
Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted
Number	Number	Number	Number	Number	Number	Number	Number

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**53.** Have you ever been refused a driver's license by any state? ☐ Yes ☐ No  
If "Yes", please explain including when, where and why. (Continue on a separate page if necessary)

**54.** Have you ever applied or obtained a driver's license or state identification card under a fictitious name? ☐ Yes ☐ No  
If "Yes", explain. (Continue this response on a separate page if necessary)

**55.** Ohio law requires that operators and owners of motor vehicles be covered by automobile liability insurance or bond or cash deposit with the Department of Motor Vehicles. Therefore, please list the current liability insurance you have with your motor vehicles.

Company	Address	Policy Number	Date of Expiration

If you are bonded or have made a cash deposit to meet your motor vehicle financial responsibility, please indicate.

☐ Bond ☐ Cash Deposit \$ \_\_\_\_\_

**56.** Please list all traffic citations (excluding parking citations) you have received in the last 5 years, starting with the most recent.  
If additional room is needed, please continue on a separate page using the same format.

Nature of Violation	Location (City State)	Approximate Date	Indicate whether fined or action taken on driver's license

**57.** Have you ever failed to appear in court on a traffic or parking citation? ☐ Yes ☐ No  
If "Yes", was a warrant ever issued? ☐ Yes ☐ No If "Yes", please explain on a separate page.

Approx. Date	Violation	City / County / State	Penalty

**58.** Have you ever been involved in a motor vehicle accident as a driver? ☐ Yes ☐ No  
If "Yes", please give the following information.

Date	Location	Were you at fault?	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police Investigation?	Police Agency that took report		Were you cited or arrested?
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date	Location	Were you at fault?	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police Investigation?	Police Agency that took report		Were you cited or arrested?
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date	Location	Were you at fault?	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police Investigation?	Police Agency that took report		Were you cited or arrested?
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

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**59.** Have you ever been involved in an accident where you left the scene without identifying yourself? ☐ Yes ☐ No If **"Yes"**, please provide specifics. (Continue this response on a separate page if necessary)

**60.** List all vehicles you own, possess and/or that are registered to you.

Year	Make Model	Color	License Number & State	Is the vehicle currently registered?
				<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

**61.** Has your license ever been suspended, revoked, or canceled in any state? ☐ Yes ☐ No  
If **"Yes"**, please give details including what, when, where, why. (Continue this response on a separate page if necessary)

**62.** Have you ever been refused insurance for any reason other than failure to pay a premium? ☐ Yes ☐ No  
If **"Yes"**, please explain including company name and address, date, and reason. (Continue this response on a separate page if necessary)

Akron Police Division  
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**Law Enforcement Information**

<b>63. Have you ever been a successful or unsuccessful candidate for any safety forces agency, including this department?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   If <b>"Yes"</b> , list <b>ALL</b> agencies with which you have applied. Start with the most recent. Give complete, accurate addresses. (All agencies <b>MUST</b> be listed regardless of outcome or current status. Check all boxes that apply for each agency.)		
Name of Agency – Complete Address, Zip code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written Exam? <input type="checkbox"/> Yes <input type="checkbox"/> No Took Physical Fitness or Agility Test? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted Background Packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background Investigation Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Disqualified? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Withdrew Application? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>STATUS AND/OR RESULTS:</b>	
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**64.** Do you have any prior police experience? (Including police reserves.) ☐ Yes ☐ No.

<u>Agency</u>	<u>Rank, Title, Position</u>	<u>Date</u>

**65.** Have you ever attended any law enforcement training academy? ☐ Yes ☐ No

Academy Name:	Dates: _____ to _____ from _____ to _____	Did you complete the training? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	City:	State:
		Zip Code:

  

Academy Name:	Dates: _____ to _____ from _____ to _____	Did you complete the training? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	City:	State:
		Zip Code:

  

Academy Name:	Dates: _____ to _____ from _____ to _____	Did you complete the training? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	City:	State:
		Zip Code:

66. Please state your reasons for wanting to become an officer with the Akron Police Division. List any additional experience or qualifications you feel may be beneficial.

**COMPLETE THIS SECTION IN YOUR OWN PRINTING. DO NOT TYPE. DO NOT USE CURSIVE WRITING**

[illegible]

## This image shows a full page of white paper with horizontal dashed lines, typical of primary school writing paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**I hereby certify that all statements made in this Personal History Statement are true and complete and I understand that any discrepancies, misstatements, omissions, and/or falsifications will be cause for disqualification and for my name to be removed from the eligible list or may be cause for immediate dismissal if an appointment was made.**

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Akron Police Division  
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