

Butler Township Police Department

Background Investigation Questionnaire

The purpose of this background investigation questionnaire is to help us determine your suitability for employment. It is a detailed extension of the employment process and is used to give us a more detailed and accurate image of a prospective employee. We will use this questionnaire to conduct your background investigation if you progress to that point in the selection process.

It is imperative that you be thorough and accurate when you complete this questionnaire. Intent to deceive, falsify, mislead, or withhold information on this form may be grounds for disqualification or termination from employment. We want you to think carefully and answer accurately and thoroughly. Do not guess at information. If you do not know an answer and you do not know where/how to find it, indicate that on the form.

Before you complete this form, read the following instructions:

1. Everything you write is important and may be considered later.
2. This is not a draft and you have only one opportunity to complete this form, so think about what you want to write.
3. Use only blue or black ink pen to complete the form. No typing or pencils are allowed.
4. Do not use correction fluid, erase, or blackout errors. If you need to make a correction, do so on the page provided or cross out your error and continue. Example: *My boss's name was ~~Bill Smith~~ Harry Black.* Your correction will be considered.
5. If you run out of spaces to write your information, you may continue on the backside of the page. Number each response to match the number of the question.
6. Incomplete, inaccurate or untruthful information may be grounds for disqualification from consideration, or termination of employment by this Department. Neatness and accuracy count. Answer every question. If it does not apply, write N/A.

Print your name _____

Background Investigation Questionnaire

Personal

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

1. Please print your full legal name			
Last	First	Middle	Age
Other names (including nicknames) you have used or been known by:		Maiden name	
2. Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with parent(s)/relative			
Number	Street	City	State Zip Code
3. Please list your primary phone and any alternate number		() Home/Cell/Primary	() <input type="checkbox"/> Work <input type="checkbox"/> Other
4. Birth Date		5. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Month	Day Year		
		Place of Birth:	
6. 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.)	
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Relatives

During the course of the background investigation, persons who know you may be asked to comment upon your suitability for the position.

7. Please provide the appropriate information in the spaces provided below. If a category is not applicable, write in "N/A".				
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	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()		
		Work ()		
Mother	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()		
		Work ()		
Father-in-law	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()		
		Work ()		
Mother-in-law	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()		
		Work ()		
Spouse/Significant Other	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()		
		Work ()		
Spouse's maiden name	Spouse's date of birth	Date of marriage	Place of marriage	Other names spouse has used
Spouse's employer (name and address)			Occupation	How long
			()	

Background Investigation Questionnaire

Relatives

Continued

8. 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)		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	Date of Marriage	Date of Divorce	City, State of Divorce
Amount of alimony or child support received or paid		Have you ever been delinquent in payment? <input type="checkbox"/> Yes <input type="checkbox"/> No Approx. Times:	
Present address of former spouse			Telephone ()

9. 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)		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	Date of Marriage	Date of Divorce	City, State of Divorce
Amount of alimony or child support received or paid		Have you ever been delinquent in payment? <input type="checkbox"/> Yes <input type="checkbox"/> No Approx. Times:	
Present address of former spouse			Telephone ()

10. 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)		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	Date of Marriage	Date of Divorce	City, State of Divorce
Amount of alimony or child support received or paid		Have you ever been delinquent in payment? <input type="checkbox"/> Yes <input type="checkbox"/> No Approx. Times:	
Present address of former spouse			Telephone ()

****Please list any additional former spouses/parents of mutual children on the back.**

Background Investigation Questionnaire

Education

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

Yes No

If "yes", please explain (include school, date, and circumstances). _____

Residence

Individuals who have become acquainted with you by reason of your residing in different locations are often helpful in providing useful information for a background investigation.

12. Please list all of your residences back 10 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.	
With whom do you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		
With whom did you live (include relationship)		Reason for moving		

Background Investigation Questionnaire

Experience and Employment

13. Would any problem result if your present employer were contacted during the course of the background investigation?

Yes No

If "yes", please explain below

14. Have you ever held employment under another name? Yes No

If "yes", please give details (include when, name of employer(s)).

15. Have you had any extended work absences for reasons other than earned vacations? Yes No

If "yes", please explain (include when, name of employer(s) and why).

16. Have you, regardless of whether the matter is or was appealed, regardless of whether the matter is part of your official record, regardless of whether you believe or think that it might not still be in your file:

A. Ever been discharged from employment (fired) for any reason? Yes No

B. Ever resigned (quit) after being told that your employer intended to discharge (fire) you for any reason? Yes No

C. Ever resigned (quit) after being told that your employer intended to take disciplinary action against you? Yes No

D. Ever resigned (quit) because you suspected your employer intended to discharge (fire) you for any reason? Yes No

E. Ever resigned (quit) because you suspected your employer intended to take disciplinary action against you? Yes No

F. Ever been reprimanded, counseled, or otherwise been put on notice by any employer? Yes No

If you answered "yes" to any question, give all details, including name and address of employer, date(s) and circumstances.

17. If you have never held employment, please explain why.

Background Investigation Questionnaire

Military Service

18. Have you ever served in the armed forces, National Guard or military reserves? Yes No (if no, skip to next section)
****Please attach a copy of your DD-214****

Branch of Service	Service Number	Dates of Service ____/____ to ____/____	Type of Discharge
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19. Were you ever investigated for any criminal activity while in the military? Yes No N/A If yes, explain on back of page.

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

21. 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 N/A If "yes", explain below. Please be specific and continue on the back of the page if needed.

Date	Violation(s)	Describe Incident and Penalty Received

22. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who you still know well enough to provide accurate information about you, if applicable.

Name	Contact Address	Contact Telephone	Years Known	
			From	To

Background Investigation Questionnaire

Financial

The management of personal finances is relevant to an individual's qualifications for employment. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

23. Have you ever filed for or declared bankruptcy; or filed for the wage earner's plan? Yes No

If "yes", please give details (include when, where, why).

24. 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).

25. Have you ever had purchased goods repossessed? Yes No

If "yes", please give details (include when, firms involved, circumstances).

26. Are your monthly bills/obligations greater than your monthly income? Yes No

If "yes", please explain.

27. If employed by this Department, do you expect to have any additional sources of income? Yes No

If "yes", please explain.

Background Investigation Questionnaire

Legal

28. Have you ever been charged, arrested or convicted for any criminal offense? (Do not include traffic tickets unless you were taken into custody) <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", provide the following information, starting with the most recent event.			
Date	Charge(s)	Police agency, city, or locality	Penalty
Details of incident			
Date	Charge(s)	Police agency, city, or locality	Penalty
Details of incident			
Date	Charge(s)	Police agency, city, or locality	Penalty
Details of incident			
Date	Charge(s)	Police agency, city, or locality	Penalty
Details of incident			
29. Have you ever been placed on court probation as an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, where, why). Give dates of probation starting with the most recent.			
30. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain in detail.			
31. Have you ever collected unemployment or welfare benefits (including food stamps) when you were not entitled to them, or received a "overpayment" which you were required to repay? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain in detail.			

(Continued)

Background Investigation Questionnaire

Legal Continued

32. Have you complied with the draft registration laws? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", please explain.		
33. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain below and include dates.		
34. Have you ever been reported to a law enforcement agency as a missing person or a runaway? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details including date, law enforcement agency and circumstances.		
35. Have you ever applied for a permit to carry a concealed weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please provide the following information:		
Permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Name of law enforcement agency granting the permit
Purpose		
36. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details including when, where, name and location of court, and circumstances.		
37. Has any member of your immediate family (spouse, parent, brother, sister or child), OR any person residing in your home, whether related to you or not, ever been arrested for a felony? If yes, explain relationship, date and type of offense, etc.:		

Background Investigation Questionnaire

Drug Use

38. Have you experimented with, or tried, any type of an illegal drug or narcotic? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", indicate with an "X" 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"/> Whites	<input type="checkbox"/> Downers	<input type="checkbox"/> Peyote
<input type="checkbox"/> Hashish	<input type="checkbox"/> Bennies	<input type="checkbox"/> Reds	<input type="checkbox"/> Mushrooms
<input type="checkbox"/> Hashish oil	<input type="checkbox"/> Uppers	<input type="checkbox"/> Quaaludes	<input type="checkbox"/> Glue
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Methamphetamines	<input type="checkbox"/> PCP	<input type="checkbox"/> Opium
<input type="checkbox"/> Crack	<input type="checkbox"/> Speed	<input type="checkbox"/> Sherms	<input type="checkbox"/> Heroin and/or Fentanyl
<input type="checkbox"/> Rock	<input type="checkbox"/> Crank	<input type="checkbox"/> Angel Dust	<input type="checkbox"/> Steroids
<input type="checkbox"/> Ice	<input type="checkbox"/> Crystal	<input type="checkbox"/> LSD	Others (list)
<input type="checkbox"/> Amphetamines	<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Acid	<input type="checkbox"/> _____
<input type="checkbox"/> Crosstops	<input type="checkbox"/> Black Beauties	<input type="checkbox"/> Mescaline	<input type="checkbox"/> _____
39. Have you ever used a prescription drug not prescribed for you? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain in detail. _____ _____			
40. Have you ever sold, provided or given illegal drugs or narcotics to anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain in detail. _____ _____			
41. Have you ever grown marijuana or manufactured any type of drug or narcotic? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain in detail. _____ _____			
42. Have you or anyone else ever injected an illegal drug or narcotic into your body? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain in detail. _____ _____			
43. Do you associate with any person who you suspect uses illegal drugs or narcotics? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain in detail. _____ _____			
44. Are you now, or have you ever been, addicted to any drugs (including prescription drugs) or alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain in detail. _____ _____			
45. When was the last time you were present where illegal drugs, narcotics, or other illegal substances were being used? Month _____ Year _____ Type of location: _____ Circumstances: _____			

Background Investigation Questionnaire

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:

46. Ohio driver's license number	Class	Expiration date
Name under which license was granted	Other Names Used	

47. Please list other states where you have been licensed to operate a motor vehicle.

State	What Yrs?	State	What Yrs?
Name under which license was granted			
NUMBER	NUMBER	NUMBER	NUMBER

48. Have you ever been refused a driver's license by any state? Yes No
If "yes", please explain including when, where and why.

49. Have you ever applied or obtained a driver's license under a fictitious name? Yes No
If "yes", explain.

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50. Ohio law requires that operators and owners of motor vehicles be covered by automobile liability insurance. Therefore, please list the current liability insurance you have with your motor vehicle(s).

Company	Policy Number	Date of Expiration

51. 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 the back of the page using the same format.

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

52. Have you ever failed to appear in court on a traffic citation? Yes No
If "yes", was a warrant ever issued? Yes No If "yes" to either, please explain.

53. Have you ever failed to pay a parking citation? Yes No If "yes", please explain.

Background Investigation Questionnaire

Motor Vehicle Operation

Continued

54. Have you ever been involved in a motor vehicle accident as a driver? Yes No

If "yes", please give the following information:

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

55. If there is anything else wish to provide about your driving record, please use the space below.

56. List all vehicles you currently own, possess and/or that are registered to you:

Year	Make	Color	Model & Body Style	License (Include State)

57. Has your license ever been suspended or revoked? Yes No If "yes", please explain (when, where, reason).

58. Have you ever received a warning letter from the BMV (or other state equivalent) regarding the number of points on your license?

Yes No If "yes", please explain (state, dates, number of points, etc).

59. Have you ever been refused automobile 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.

Background Investigation Questionnaire

Law Enforcement Information

60. What law enforcement academy did you attend?

Academy Name:

Year graduated:

61. Have you ever been removed from the hiring process of any law enforcement agency for failing to pass a background investigation, truth verification examination (polygraph, CVSA), psychological examination, or for providing false information?
 Yes No If "yes", please list the agencies and details below:

Name of Agency - Complete Address, Zip Code, Telephone

Position/Classification

Approximate Date
(Month/Year)

REASON FOR REMOVAL FROM PROCESS:

Name of Agency - Complete Address, Zip Code, Telephone

Position/Classification

Approximate Date
(Month/Year)

REASON FOR REMOVAL FROM PROCESS:

Name of Agency - Complete Address, Zip Code, Telephone

Position/Classification

Approximate Date
(Month/Year)

REASON FOR REMOVAL FROM PROCESS:

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Position/Classification

Approximate Date
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REASON FOR REMOVAL FROM PROCESS:

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Position/Classification

Approximate Date
(Month/Year)

REASON FOR REMOVAL FROM PROCESS:

Name of Agency - Complete Address, Zip Code, Telephone

Position/Classification

Approximate Date
(Month/Year)

REASON FOR REMOVAL FROM PROCESS:

Affirmation of Applicant

On this _____ day of _____, 20____, I,

Swear and affirm that the information contained herein is full, accurate and truthful. I understand that any misrepresentation or omission of fact shall be cause for my disqualification from consideration for, or dismissal from, employment, as applicable.

I further understand and acknowledge that I must notify the background investigator of any situation which alters the information contained herein. This includes any change of address or telephone number(s); change of employer(s); arrests; traffic citations; or any other material event(s). This notification must be immediate and must be in writing.

Signature _____
Date

STATE OF OHIO)
)§
COUNTY OF _____)

The foregoing Agreement was acknowledged before me this _____ day of _____, 20____ by _____

Witness my hand and official seal.

My commission expires _____

Notary Public

(Seal)