

City of Circleville



Department of Human Resources

City Administration Building
104 E. Franklin Street
Circleville, OH 43113
740-474-9601
Fax: 740-477-5829

Lateral Transfer Request, Requirements and Procedure

Police Officer

Communications Officer

Date

Applicant's Printed Name

Applicant's Signature

General Requirements for Lateral Transfer Applicants

Lateral transfer applicants are not required to take the entry-level National Testing Network examination. All lateral transfer applicants shall successfully complete the background investigation prior to being considered for a lateral transfer.

Lateral transfer applicants shall successfully complete the required FTO program, including a comprehensive review and understanding of Circleville Police Department standard operating policies and procedures and City of Circleville policies and procedures in addition to successful completion of a 12-month probationary period. Seniority is determined by date of hire with the City of Circleville. Wages and vacation accrual are determined by the collective bargaining agreement.

Police Officer

1. Each applicant must be 21 years of age.
2. Each applicant must be currently Ohio Peace Officer Training Academy (OPOTA) certified as an Ohio Peace Officer as defined in Chapter 109 of the Ohio Administrative Code.
3. Each applicant must be currently working or have worked within the past twelve (12) months, as a full-time OPOTA certified Ohio Peace Officer in a jurisdiction in the State of Ohio as defined in Section 109.71 of the Ohio Revised Code. *(Duties not considered for lateral transfer purposes: volunteer reserve or auxiliary police officer, military police officer, district attorney investigator, part-time employment, time spent in the police academy)*

Communication Officer

1. Each applicant must be 18 years of age.
2. Each applicant must be currently working or have worked within the past twelve (12) months, as a full-time Communications Officer/911 Dispatcher, a Deputy/Officer in a jail/prison setting, or as a full-time police officer.

Procedure for Lateral Transfer Applicants

Those interested in being considered for lateral transfers into the Circleville Police Department shall print, complete and return the lateral transfer packet, available on the City of Circleville's website. When completing the packet, please remember to **SAVE** your document before printing or emailing the documents.

Lateral Transfer Packets can be returned in one of 3 ways:

1. By completing, scanning and emailing the entire completed packet, in one document, found on the City's website to vdilley@circlevilleoh.gov with "**Lateral Transfer Packet**" in the subject line.
2. By mailing the packet in a full size (10x13) envelope to: City of Circleville, Department of Human Resources, 104 E. Franklin Street, Circleville, OH 43113
3. By dropping off the packet in a full size (10x13) envelope to: City of Circleville, Department of Human Resources, 104 E. Franklin Street, Circleville, OH 43113
 - Disqualifying factors (background standards) for lateral transfer candidates shall cause removal of the applicant's name from consideration. Background standards are included in the lateral transfer packet.
 - Any material omission, false statement or misrepresentation by an applicant in the application packets is sufficient cause for the exclusion of such applicant from consideration as well as discharge if employed at any time.
 - The following items shall be included with the submission of the lateral transfer packet, none will be accepted at later date.
 - Copy of a valid State of Ohio Driver's License
 - OPOTA certification and any applicable training certificates
 - Completed Employment Application
 - Completed Personal History Questionnaire, including the signed, witnessed release.
 - Completed Lateral Transfer Request Form
 - All forms must be properly completed in English before submission. Note: The City/Department does not furnish photocopies.
 - This list may not include all requirements in accordance with the Rules and Regulations of the Circleville Civil Service Commission, Circleville, Ohio. Other requirements, if any, will be listed in the information packet or on the application forms.

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Lateral Transfer Request

Applicant's Printed Name _____

List your previous law enforcement experience

Police Officer lateral transfer applicants: Duties not considered for lateral transfer purposes: Deputy/Officer in a jail/prison setting, volunteer reserve or auxiliary police officer, military police officer, district attorney investigator, part-time employment, time spent in the police academy

Current or Previous Agency	Position	<u>Exact</u> Dates of Employment	Number of Years of Employment

I certify that all of the information furnished in this request is true and accurate and complete to the best of my knowledge.

 Signature

 Date

Human Resources Review and Assignment

Wage Schedule Assignment

Entry \$ _____

Level I \$ _____

Level II \$ _____

Level III \$ _____

Vacation Accrual Assignment

- 1- 4 years of service - 3.1 hours per 80 hours worked
- 5 - 9 years of service - 4.6 hours per 80 hours worked
- 10 - 14 years of service - 6.2 hours per 80 hours worked
- 15 - 19 years of service - 6.92 hours per 80 hours worked
- 20 years and over of service - 7.7 hours per 80 hours worked

Vacation Accrual Service Date

 Human Resources Director or Designee

 Date

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The original application must be returned to the Human Resources for date/time-stamped filing.

Applications are only accepted when a position is available. Unsolicited applications will be returned to the applicant.

DATE OF APPLICATION: _____ **POSITION:** _____

Full Legal Name _____ Email Address _____
(Please print clearly. This is used for notification purposes)

Street Address _____ City, State, Zip _____

Home Telephone Number _____ Preferred Contact Number _____

Have you applied with the City previously? _____ If yes, list the position/date _____

Section I. Education

Institution	Institution Name	Years Completed	Field of Study	Graduate or Degree
High School				
College/Business/ Trade School				

Section II. Certifications/Professional Licenses Held

Certification or License Name	Number	Expiration Date

Driver's License Number _____ State Issued _____ Expiration Date _____ Restrictions _____

Do you hold a valid CDL? _____ Endorsements _____

Section III. Military Service

Applicants participating in a civil service examination receive military service credit when a copy of the DD214 stating honorable discharge is attached prior to the examination.

Are you a veteran? _____ Dates of service: _____ to _____ Rank Upon Honorable Discharge _____

Technical Specialization _____

Section IV. Skills and Qualifications

Other qualifications, special skills, abilities or honors that should be considered: _____

List any supervisory skills you possess: _____

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Section V. Previous Work Experience

List most recent employment first and include summer or temporary jobs. Be sure all your experience and employment related to this job are listed. No more than 10 years history is recommended. Do not substitute a resume for this section but you may attach a resume to this application.

1. Is your present employer aware of your interest in employment with the City of Circleville? Yes No

2. If yes, may we contact your present employer? Yes No

Present Employer _____ Address _____

Phone # _____ Dates of Employment - From: _____ To: _____

Position Title _____ Starting Salary _____ End Salary _____

Position Duties _____ Reason for Leaving _____

Employer _____ Address _____

Phone # _____ Dates of Employment - From: _____ To: _____

Position Title _____ Starting Salary _____ End Salary _____

Position Duties _____ Reason for Leaving _____

Employer _____ Address _____

Phone # _____ Dates of Employment - From: _____ To: _____

Position Title _____ Starting Salary _____ End Salary _____

Position Duties _____ Reason for Leaving _____

Section VI. References

List three references who have known you for at least five years, do not include relatives or former supervisors .

Name _____ Address (Include City/State/Zip) _____ Telephone _____

Name _____ Address (Include City/State/Zip) _____ Telephone _____

Name _____ Address (Include City/State/Zip) _____ Telephone _____

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Section VII. Certification, Understanding, Acknowledgement, Release and Consent

I certify that all of the information furnished in this employment application is true and complete to the best of my knowledge. I understand that the City of Circleville may conduct an extensive background investigation of, including but not limited to, driving records, criminal records, alcohol and drug use, financial responsibility records, voice stress analysis, psychological exam, and physical exam. I realize that any misrepresentation or false information in this application may lead to withdrawal of any employment offer or termination after employment.

Acknowledgement and Release

I hereby acknowledge that I, voluntarily and of my own free will, have applied for employment with the City of Circleville with the understanding that the City may use a variety of screening procedures to evaluate my qualifications and suitability for appointment. I have been advised that these screening procedures may include, but are not limited to, interviews, criminal record checks, driving record checks, true detection examinations, written testing, reference checks, background investigations, psychological evaluations, medical examinations, and drug testing. I hereby understand that I would not be required to actually participate in a psychological evaluation, medical examination, or drug test until after I have received a conditional offer of employment. I acknowledge that I may also be subject to other screening procedures, not specifically listed above. I further acknowledge that any such screening procedures, as reasonably required by the City of Circleville, are a prerequisite to my employment with the City of Circleville.

In addition, I hereby understand that the City of Circleville cannot guarantee the confidentiality of the results of, or information obtained through, the aforementioned screening procedures. Rulings of the Ohio Supreme Court relative to the Public Records Act indicate that, with certain enumerated exceptions, records maintained by a governmental entity are a matter of public record and, should a proper request be made by a member of the public for such records, the governmental entity would be required to make such records available to that member of the public within a reasonable period of time. Employment-related documents, with the exception of medical records, maintained by the City relative to the aforementioned screening procedures do not appear to fall within any of the enumerated exceptions.

Therefore, in consideration of my employment application being reviewed and considered by the City of Circleville I, being at least 18 years of age and under no legal disability on behalf of my heirs and assigns, hereby release and agree to hold harmless, the City of Circleville and any of its agents, employees, or related officials from any and all liability, whatever the type and nature, resulting from the administration of any such screening procedures and/or the release of the results therefrom.

Pre-Employment Drug Testing Consent

I understand that, as a candidate for employment with the City of Circleville, I must, in order to be appointed to a position with the City of Circleville, voluntarily consent to, and pass, a urinalysis to detect the presence of drugs in my system. I also understand that I will not actually be administered such a test until I have received a conditional offer of employment. I hereby knowingly and voluntarily consent to participate in a substance abuse urinalysis and authorize the City of Circleville to conduct, through its designated testing laboratory or other licensed/certified medical professionals/technicians, said urinalysis. In addition, I authorize the designated testing laboratory or other licensed/certified medical professionals/technicians to release any and all information regarding the test(s), including results, to the City of Circleville and its representative. I further release the City of Circleville, its officers, directors, employees, agents, representatives from any and all claims, suits, causes of action, liability, and damages arising from my submitting to the test(s) and from the information obtained from the test(s).

Signature of Applicant/Employee _____

Full Legal Name of Applicant (printed) _____

Social Security Number _____

Date _____

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Section VIII. EEO Information (Completion of this section is voluntary)

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, national origin, marital status, veteran status or disability.

To help us comply with Federal Laws regarding Equal Employment Opportunity record keeping, please answer the following questions as they apply.

Full Legal Name _____

Position of Interest _____ Sex: _____ Male _____ Female

Date of Birth (MM/DD/YEAR) _____

Source from which you were referred (website, newspaper, agency, friend, etc.) _____

Race/Ethnic Group

_____ White: Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

_____ Black: Persons having origins in any of the black racial groups of Africa.

_____ Hispanic: Persons of Mexican, Puerto Rican, Cuban, Central or South American origins or other Spanish culture or origin, regardless of race.

_____ American Indian or Alaskan Native: Persons having origins in any of the original people of North American and who maintain cultural identification through tribal affiliation or community recognition.

_____ Asian/Pacific Islanders: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands and Samoa.

Veteran and Disability Status

_____ Vietnam-Era Veteran: Any veteran of the armed forces who, between August 5, 1964 and May 7, 1975, served on active duty for at 181 consecutive days.

_____ Disabled Veteran: Any veteran entitled to disability compensation through the Veterans Administration for a disability rated at 30% or more; or any veteran discharged or released from active duty for a disability incurred or aggravated in the line of duty.

_____ Disabled: Any individual with a physical or mental impairment which substantially limits one or more of the major life activities of the individual.

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A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "Consumer Reporting Agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681 *et seq.*, at the Federal Trade Commission's Internet web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within sixty days of receiving notice of the action. Where applicable, you also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within sixty days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within thirty days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and reports its findings to the CRA. (The source must also advise national CRAs – to which it has provided the date – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within thirty days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone – such a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; then years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you must be taken off the lists immediately.

You may seek damages from violators. If a CRA or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

You may keep this page if you desire.



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Background Removal Standards

Reviewed by: Circleville Civil Service Commission

Effective: **October 23, 2015**

Revision Date: **January 1, 2024**

City of Circleville

Background Removal Standards



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The following criteria are considered in disqualifying candidates from being appointed as an employee for the City of Circleville. They are applicable for all candidates, done so in a fair, equitable and consistent manner. Applicants are provided a copy of these standards with the employment application. A copy is also readily available on the City's website www.circlevilleoh.gov

BACKGROUND REMOVAL STANDARDS

A. Honesty/Falsification – Applicants are removed from the selection process and Civil Service Commission employment eligibility list for any of the following reasons:

1. At any stage of the selection process, the applicant provides false, incorrect or inconsistent information.
2. At any stage of the selection process, the applicant fails to disclose or acknowledge any disqualifying behavior or activity on the part of the applicant, relative to, and governed by, any of the background removal standards.
3. The applicant's failure or refusal to answer or respond to oral and/or written questions during any phase of the selection process.
4. Any attempt by the applicant to distort the truth verification exam results.
5. The applicants use or attempted use of political influence to secure employment.

B. Family/Sexual History – Applicants are removed from the selection process and Civil Service Commission employment eligibility list for any of the following reasons:

1. A conviction of a misdemeanor crime of domestic violence involving use of force or threatened use of a deadly weapon is a permanent disqualifier under federal laws for police officer applicants.
2. Verified or admitted physical or emotional abuse of one's spouse, ex-spouse, child, stepchild, and parent or any other relative or person with whom one lives, has a relationship or has had a relationship within ten (10) years of the date of application.
3. Intentional non-compliance with a court order or legal contract to provide child support, alimony or other financial responsibility as determined by the appropriate support enforcement bureau or a court of law within five (5) years of the date of application.
4. Intentional violation of any protective or temporary restraining order as determined by a court of law within five (5) years of the date of application.
5. Verified or admission to displaying, disseminating or pandering obscenity, sexually oriented material or other matter harmful to children.
6. Verified or admission to incest, sexual activity with animals, voyeurism, public indecency, importuning, molestation, or any other perverse sexual conduct as defined in the Ohio Revised Code.

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- C. **Employment** – Applicants are removed from the process and Civil Service Commission employment eligibility list for any of the following reasons:
1. Two or more involuntary terminations and/or discharges from employment within the last five (5) years. This shall not include terminations resulting from a business ceasing operation, or resulting from being laid off from a position of employment.
 2. Post-probationary termination or resignation in lieu of discipline from any criminal justice related employment.
 3. If, during the post-conditional offer pre-employment process, the applicant's degree of fit is deemed **poor** based on the psychological assessment. A psychological assessment deeming the applicant as a **marginal** degree of fit will be reviewed for suitability by the Human Resources Director and Appointing Authority.
- D. **Military History** – Applicants are removed from the selection process and Civil Service Commission employment eligibility list for any of the following reasons:
1. Dishonorable or less than honorable discharge from military service.
 2. Conviction of any article of the Uniform Code of Military Justice that is equivalent to a felony or other listed disqualifying misdemeanor in this standard under the Ohio Revised Code (ORC).
- E. **Traffic** – Applicants are removed from the selection process and Civil Service Commission employment eligibility list for any of the following:
1. Any conviction of aggravated vehicular homicide or related offense(s).
 2. OVI/DUI:
 - a. Conviction within the past five (5) years, or
 - b. More than one (1) OVI/DUI conviction as an adult, or
 - c. More than two (2) OVI/DUI convictions, if one of the convictions was as a juvenile.
 3. Four (4) moving violations in the past three years as an adult.
 4. At the time of application or anytime during the selection process, the applicant does not possess a valid driver's license and auto insurance as required by resident state if the applicant owns a motor vehicle.
 5. One (1) or more revocation or suspension of a driver's license as an adult, in effect during the past five (5) years (unless applicant can show that the suspension was the result of an error by the BMV, random selection, or administrative overlap).
 6. If the applicant is deemed uninsurable by the City's insurance carrier during the selection process.

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- F. Gambling** – The term “gambling offense” includes any activity defined as gambling by a federal, state, local statute or ordinance in the jurisdiction where the activity occurred. Applicants are removed from the selection process and Civil Service Commission employment eligibility list for any of the following reasons:
1. Conviction of a gambling offense, within the last five (5) years.
 2. Admission to gambling that has resulted in an unstable financial or credit history within the last seven (7) years.
 3. Conviction of or admission to engaging in the promotion of illegal gambling activity wherein the applicant gains a financial benefit.
- G. Criminal Activity (other than drug-related activity)** – Applicants are removed from the selection process and Civil Service Commission employment eligibility list for any of the following reasons:
1. Any theft offense(s) as an adult, within the last five (5) years, which (a) singularly or cumulatively exceeds \$1,000.00; or (b) establishes a pattern of theft offenses from an employer during the course of employment.
 2. Any fraudulent insurance claims or fraudulent applications for welfare, workers compensation, unemployment compensation or other public assistance benefit program.
 3. Any admission or conviction of an offense, as an adult, defined as a felony by the federal, state, or local law of the jurisdiction where the offense occurred.
 4. Any admission or conviction of an offense, as a juvenile of one (1) violent felony as defined by the federal, state or local law of the jurisdiction where the offense occurred.
 5. Any admission or conviction of a misdemeanor offense as defined by the federal, state or local law of the jurisdiction where the offense occurred as an adult in the past five (5) years will be reviewed in determining suitability for appointment (unless otherwise addressed in these standards).
- H. Illegal Substances** – Applicants are removed from the selection process and Civil Service Commission employment eligibility list for any of the following:
1. Any use or purchase of drugs of abuse within three (3) years of the date of the application. Drugs of abuse include chemical agents/solvent-based substances and prescription drugs taken other than intended use, in more than one incident and without a prescription, especially Schedule I, II and III drugs as defined by the Ohio Revised Code.
 2. Any use or purchase of marijuana within one (1) year before application.
 3. Any pattern of use of drugs of abuse, including marijuana or prescriptive drugs, within the past five (5) years.
 4. Any pattern of illegal sale of drugs of abuse, marijuana or prescriptive drugs.
 5. Any pattern of abuse of alcohol, chemical agents/solvent-based substances or prescriptive drugs.
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I. Applicant Non-Responsiveness – Applicants are removed from the selection process and Civil Service Commission employment eligibility list for any of the following reasons:

1. Failure to appear on time or complete any scheduled pre-interview/interview, physical fitness testing, truth verification examination, medical/stress test and/or psychological examination.
2. Failure to return a Personal History Questionnaire, an employment application or to respond to phone calls, emails, or correspondence from Background Personnel within six (6) days (not including Saturdays, Sundays and holidays).
3. Failure to notify Background Personnel of a change of address or telephone number (i.e., unable to locate at address/phone number on file).
4. Applicant is no longer interested in employment with the City of Circleville and completes a Request for Removal from Eligible List form.

J. Age Requirements for Applicants or Examinees

1. The minimum age for applicants, except police officers, shall be 18 years. The minimum age for police officers shall be 21 years of age. There shall be no age limitations required of applicants for Civil Service examination or employment except as established by state or federal law.

K. Minimum Requirements for Applicants or Examinees

1. Applicants are removed from the selection process and Civil Service Commission employment eligibility list for failure to meet the minimum requirements as listed in the employment notice.

L. Previous Disqualifications and Future Consideration

1. When an applicant is disqualified on two or more occasions for any reason listed in the Background Removal Standards, the Appointing Authority may request permanent removal of the applicant from consideration for future employment.



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PRE-EMPLOYMENT PERSONAL HISTORY QUESTIONNAIRE

You are encouraged to **thoroughly** review the City of Circleville Background Standards (provided with this document and located on the employment application) and answer all questions in a **TRUTHFUL** manner, even though some answers may be embarrassing. Full disclosure is extremely important during the pre-employment process and failure to provide all relevant information to questions asked may be in violation of the Background Standards and cause for removal from the process.

Your Printed Name: _____ Signature: _____

Date Completed: _____ Position Applied for: _____

As an applicant for employment with a public safety agency for the City of Circleville, you are required to complete this questionnaire. All information contained herein is subject to verification via source information and Polygraph or Voice Stress Examination.

Each question must be answered. There can be no blanks. If a question does not apply to your particular circumstance, insert "DNA" in the space provided. When answering questions that require dates, insert the full date(s). You must provide the complete address information when requested.

NOTE

Candidates for positions with the City of Circleville are cautioned to answer every question truthfully and without evasion. The Ohio Revised Code provided penalties for making a false statement of a material fact or for practicing any fraud or deception in obtaining or attempting to obtain employment. Such penalties include disqualification from employment consideration, discharge after appointment and/or prosecution under ORC Section 2921.13

FAMILY INFORMATION

Document the following. Include complete address: Street, City, State, Zip Code and telephone numbers. Leave blank if these questions do not apply to you.

If you are married:

City, State Marriage Performed: _____ Date Performed: _____

Name of Present Spouse (include Maiden Name): _____ Date of Birth: _____

Spouse's Occupation: _____

If your marriage(s) ended in divorce or annulment, list prior marriage(s):

City, State Marriage(s) Performed: _____ Date(s) Performed: _____

Court(s) issuing Divorce or Annulment _____ Date(s) Finalized _____

Name of Former Spouse (include Maiden Name): _____ Date of Birth: _____ Occupation: _____

Document the name and relationship of your dependents in the following order: Spouse, Children, Step-Children or Foster Children

Name	Address	Date of Birth	Place of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Document the name, address and telephone number of your Father and Mother (include Stepfather and Stepmother). If deceased, indicate so.

Name	Address	Phone Number	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

Document the names of five (5) persons who have known you for at least five (5) years; do not include family members. List COMPLETE address: street, city, state, zip code and telephone number.

Name	Address	Phone Number	Association
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY

Begin with your most recent job and list your complete employment history in chronological order. Include in sequence, periods of unemployment and military service, if any. If documenting unemployment, indicate “unemployed” under “employer” and lists dates in space provided.

Is your present employer aware of your candidacy for a position with the City of Circleville? _____ May we contact? _____

Employer _____ Address _____
Phone # _____ Dates of Employment - From: _____ To: _____
Position Title _____ Starting Salary _____ End Salary _____
Position Duties _____ Reason for Leaving _____

Employer _____ Address _____
Phone # _____ Dates of Employment - From: _____ To: _____
Position Title _____ Starting Salary _____ End Salary _____
Position Duties _____ Reason for Leaving _____

Employer _____ Address _____
Phone # _____ Dates of Employment - From: _____ To: _____
Position Title _____ Starting Salary _____ End Salary _____
Position Duties _____ Reason for Leaving _____

Employer _____ Address _____
Phone # _____ Dates of Employment - From: _____ To: _____
Position Title _____ Starting Salary _____ End Salary _____
Position Duties _____ Reason for Leaving _____

Employer _____ Address _____
Phone # _____ Dates of Employment - From: _____ To: _____
Position Title _____ Starting Salary _____ End Salary _____
Position Duties _____ Reason for Leaving _____

Employer _____ Address _____
Phone # _____ Dates of Employment - From: _____ To: _____
Position Title _____ Starting Salary _____ End Salary _____
Position Duties _____ Reason for Leaving _____

Employer _____ Address _____
Phone # _____ Dates of Employment - From: _____ To: _____
Position Title _____ Starting Salary _____ End Salary _____
Position Duties _____ Reason for Leaving _____

Do you have the legal right to work in the United States? Yes No

Have you ever used a Social Security Number (SSN) other than your own? Yes No

Have you ever been employed under someone else's Social Security Number? Yes No

Have you ever been employed outside the United States? Yes No

Many employees have taken something from an employer that they did really not have permission to take. This includes the actual taking, illegally giving away merchandise to friends, relatives or co-workers, borrowing without permission and failing to return **merchandise, company property or equipment**. Please estimate the total dollar value of all such merchandise, company property or equipment you may have taken, if any, and write that amount here: \$ _____.

Many people who have held jobs in which they handled money or had expense accounts have probably taken some cash without the permission of their employer. This includes the direct taking of cash, borrowing and not returning money or padding expense accounts. Please estimate the total amount of **cash** you may have taken from all employers and write that amount here: \$ _____.

Occasionally peer groups will force an employee to help another employee take things from an employer. Please estimate **the total dollar amount of cash and merchandise** you may have received from such acts and write that amount here: \$ _____.

Will any prior employer tell your background investigator you have stolen cash, merchandise or company property? _____

If yes, which employer(s): _____

Answer all of the following questions by writing “Yes” or “No”. If the answer is “Yes”, please provide an full, detailed explanation in the space provided. Use the clarification sheet if needed.

Have you ever been accused of on-the-job misconduct? If yes, please explain:
Have you ever been fired from a job? If yes, please explain:
Have you ever left a job to avoid being fired? If yes, please explain:
Within the past year, have you called in sick when in fact you were not sick? If yes, please explain:
Other than for medical reasons , have you been absent from work more than 3 times in the past year? If yes, please explain:
Other than for medical reasons , have you ever been disciplined for violation of any employer’s attendance policy? If yes, please explain:
Will any employer or supervisor say you have lied to get out of trouble? If yes, please explain:
Will any of your references tell us you frequently lied to get out of trouble? If yes, please explain:
Will any prior employer give you a poor recommendation? If yes, please explain:
Will any previous employer not hire you back? If so, which employer?

EDUCATIONAL BACKGROUND

Do you have a GED?

Have you graduated from any high school with a high school diploma? If yes, please provide the name, address, city, state and county of the school below.

Have you ever been expelled from any high school, community college, college or university for violation of the law or school rules? If yes, please explain:

CRIMINAL HISTORY

Most people have committed “crimes” at some time in their life. Such behavior must be judged within the total circumstances that they occurred. It is important that you answer all of the following questions truthfully. You will be given the opportunity to explain any answer you may feel is a problem.

Have you committed any of the following incidents by yourself or with another? If yes, please explain in detail and indicate your age at the time of the incident.

Arson (Burning the property of another for money, sexual gratification, spite or malice)

Assaulted the person of another with any weapon or physical object

Turned in a false fire alarm.

Vandalism (destroying the property of another)

Watched others undress or commit physical sex acts without their knowledge or consent.

Other illegal activity, criminal or traffic. (Provide details and you age at the time of the incident)

Since your 18th birthday, have you been arrested for any of the prior incidents questions answered above?

Since your 18th birthday, has a warrant been issued for your arrest?

Are there any warrants out for your arrest at the present time?
Since your 18 th birthday, have you been named a suspect in any police report?
Since your 18 th birthday, have you pled guilty to, been convicted of or pled "No Contest" to any felony crime?
Have you ever been convicted, fined or has an expungement or case sealed for any criminal offense? If yes, please provide the charge, year and court.
Have you ever engaged in sexual harassment, or adjudicated, civilly or administratively as a harasser?
Have you been involved in anything that may embarrass you or the City of Circleville in the future? If yes, please explain.

MILITARY HISTORY

Are you required to register for the draft (Selective Service)?			
If yes, are you now registered for the draft?			
Other than for medical reasons , have you ever applied for military service and had your application rejected?			
Have you ever served in any branch of the armed forces or national guard in either active or reserve status? If yes, please complete the information below.			
Branch:	From:	To:	ID #:
What was the highest rank you attained?	Rank:		E/O:
Were you ever reduced in rate / rank? If yes, please explain:			
Were you ever AWOL or did you miss a movement? If yes, please explain:			

Have you been the subject of any non-judicial disciplinary actions? If yes, please explain:			
Have you been the subject of any court marital? If yes, please explain:			
What was your rate / rank upon discharge?		Rank:	E/O:
Branch:	From:	To:	ID#:
Have you ever served in any other branch(s) of the armed forces or national guard in either active or reserve status? If yes, list below.			
Branch:	From:	To:	ID#:
Branch:	From:	To:	ID#:
Branch:	From:	To:	ID#:

PUBLIC SAFETY HISTORY

Have you ever completed any training academy or academies? If yes, state if it was Fire, EMS, or Police under "Academy".			
Academy:	From:	To:	Location:
Academy:	From:	To:	Location:
Academy:	From:	To:	Location:
Have you ever been terminated, resigned from or failed to complete any academy? If yes, state if it was Fire, EMS, or Police under "Academy".			
Academy:	From:	To:	Location:
Academy:	From:	To:	Location:
Academy:	From:	To:	Location:

Have you ever been employed as a police officer, EMT or fire fighter in Ohio, any other state or territory of the United States by an agency of the federal government. (You may attach a sheet of paper listing additional employment if needed) If yes, please complete:			YES	NO
Department:	From:	To:	Full Time, Part Time or Vol.	
Department:	From:	To:	Full Time, Part Time or Vol.	
Department:	From:	To:	Full Time, Part Time or Vol.	
Has your employment or appointment as a police officer, fire fighter or EMT ever been terminated by an agency or have you been asked to resign in lieu of termination? If yes, please complete:			YES	NO
Department:	From:	To:	Reason:	
Department:	From:	To:	Reason:	
Department:	From:	To:	Reason:	
Other than for medical or psychological reasons , have you ever been rejected for employment by any public safety agency?			YES	NO
Department:	Date:	Reason:		
Department:	Date:	Reason:		
Department:	Date:	Reason:		

Other Public Safety Applications

Have you ever applied for other city, county, state or federal public safety positions, including police or fire?

___ Yes ___ No If yes, list every agency to which you have applied. Be sure to list the agency's telephone number. List a contact person, if known. All agencies must be listed regardless of the outcome or current status of the application. Check all boxes that apply for each agency. Start with the most recent.

Name of Agency	Phone	Date Applied
Position Applied For	Contact Person's Name	
Check all that apply		
<input type="checkbox"/>	Submitted application only	<input type="checkbox"/>
<input type="checkbox"/>	Testing in process	Failed written, oral or physical agility
<input type="checkbox"/>	Failed polygraph	Background investigation in process
<input type="checkbox"/>	Failed background investigation	Failed psychological exam
<input type="checkbox"/>	Completed background investigation, not hired	Hired
<input type="checkbox"/>	Disqualified – state reason:	Took polygraph
<input type="checkbox"/>	Other:	

Name of Agency	Phone	Date Applied
Position Applied For	Contact Person's Name	
Check all that apply		
<input type="checkbox"/>	Submitted application only	<input type="checkbox"/> Failed written, oral or physical agility
<input type="checkbox"/>	Testing in process	<input type="checkbox"/> Background investigation in process
<input type="checkbox"/>	Failed polygraph	<input type="checkbox"/> Failed psychological exam
<input type="checkbox"/>	Failed background investigation	<input type="checkbox"/> Hired
<input type="checkbox"/>	Completed background investigation, not hired	<input type="checkbox"/> Took polygraph
Disqualified – state reason:		
Other:		

Name of Agency	Phone	Date Applied
Position Applied For	Contact Person's Name	
Check all that apply		
<input type="checkbox"/>	Submitted application only	<input type="checkbox"/> Failed written, oral or physical agility
<input type="checkbox"/>	Testing in process	<input type="checkbox"/> Background investigation in process
<input type="checkbox"/>	Failed polygraph	<input type="checkbox"/> Failed psychological exam
<input type="checkbox"/>	Failed background investigation	<input type="checkbox"/> Hired
<input type="checkbox"/>	Completed background investigation, not hired	<input type="checkbox"/> Took polygraph
Disqualified – state reason:		
Other:		

Name of Agency	Phone	Date Applied
Position Applied For	Contact Person's Name	
Check all that apply		
<input type="checkbox"/>	Submitted application only	<input type="checkbox"/> Failed written, oral or physical agility
<input type="checkbox"/>	Testing in process	<input type="checkbox"/> Background investigation in process
<input type="checkbox"/>	Failed polygraph	<input type="checkbox"/> Failed psychological exam
<input type="checkbox"/>	Failed background investigation	<input type="checkbox"/> Hired
<input type="checkbox"/>	Completed background investigation, not hired	<input type="checkbox"/> Took polygraph
Disqualified – state reason:		
Other:		

Name of Agency	Phone	Date Applied
Position Applied For	Contact Person's Name	
Check all that apply		
<input type="checkbox"/>	Submitted application only	<input type="checkbox"/> Failed written, oral or physical agility
<input type="checkbox"/>	Testing in process	<input type="checkbox"/> Background investigation in process
<input type="checkbox"/>	Failed polygraph	<input type="checkbox"/> Failed psychological exam
<input type="checkbox"/>	Failed background investigation	<input type="checkbox"/> Hired
<input type="checkbox"/>	Completed background investigation, not hired	<input type="checkbox"/> Took polygraph
Disqualified – state reason:		
Other:		

TRAINING: Document training or education courses applicable to the position applied for.

Specialized Training/Education	Institution	Date

SUBSTANCE EXPERIMENTATION HISTORY

Many people have experimented with marijuana and/or controlled substances in their early life. Such experimentation is generally not a problem. However, any use or experimentation with marijuana and/or controlled substances within the past 5 years must be fully disclosed. Note: Experimentation includes the ingestion into your body in any manner, including taste, swallowing, inhaling or injecting. Indicate the month and year within the past 5 years that you have experimented with or used any of the following.

Month/Year	Drug Type	Month/Year	Drug Type	Month/Year	Drug Type
	Acid		Amphetamines		Angel Dust
	Barbiturates		Bennies		Black Beauties
	Bombers		Cocaine		Crack
	Crank		Crosstops		Crystals
	Downers		Ecstasy		Glue
	Hashish		Hashish Oil		Heroin
	Ice		LSD		Marijuana
	Mescaline		Methamphetamine		Mopers
	Mushrooms		Opium		PCP
	Peyote		Quaaludes		Reds
	Rock		Rush		Sherm
	Speed		Steroids/Illegal		Thai Stick
	Uppers		Whites		Xenos

Within the last 3 years, have you experimented with or used any illegal drugs or controlled substances not mentioned above? If yes, please explain:		
Have you ever cultivated or manufactured any illegal hard drug or controlled substance?		
Have you ever sold, traded or transported for sale any illegal hard drug or controlled substance?		
During your background investigation is anyone likely to report that you have ever been involved in the following?		
	YES	NO
The cultivation of Marijuana for any purpose? If yes, whom?		
The manufacture of illegal hard drugs? If yes, whom?		
The sale of marijuana or illegal hard drugs? If yes, whom?		
The transportation of marijuana or illegal hard drugs? If yes, whom?		
Have you missed work because of drugs (illegal or prescription) or alcohol?		
Do you have friends that use illegal drugs?		
Have you ever used any prescription drug, which was not prescribed for you? If yes, what drugs?		
Have you been stopped (not arrested) by a police officer, either as a pedestrian or the driver of a vehicle, when the officer felt you were under the influence of alcohol, prescription drugs or a controlled substance?		
Have you ever been adjudged by any court to be in danger or being addicted to dangerous drugs?		
How many times in your life have you used illegal drugs? _____ Which drugs? (list below)		

Domestic Conduct History

YES NO

During your background investigation, is anyone likely to report that you have been involved in family fights?		
Have the police ever been called to your home to settle a domestic problem between you and any member of your family? If yes, please explain when and what agency responded.		
Have you ever caused physical injury to a spouse, ex-spouse, significant other, live-in relative or any family member?		
Have you ever caused physical injury to a child family member, which required medical attention for the child?		
Have you ever caused physical injury to an adult family member, which required medical attention for the adult?		
Has any court ever issued a restraining order against you for any reason?		
Are you now required to make child support payment?		
If “yes” to the above question and you are required to make child support payments, are you current on those payments?		o

FINANCIAL HISTORY

YES NO

Have you ever been more than thirty (30) days late in making a mortgage payment? If yes, please explain:		
Have you ever been more than thirty (30) days late in making any installment payment? If yes, please explain:		
Have you ever been more than thirty (30) days late in making any income tax payment? If yes, please explain:		
Have you ever had debt(s) turned over to a collection agency? If yes, please explain:		
Have you filed for protection under the bankruptcy laws: If yes, please explain:		
Have you ever had your wages attached by a judgment? If yes, please explain:		

	YES	NO
Have you ever had anything purchased on credit repossessed? If yes, please explain:		
Have you ever failed to make child support payments on time (if applicable)? If yes, please explain:		
Have you ever failed to make alimony payments on time? If yes, please explain:		
Have you ever used another person's social security number to pay a debt? If yes, please explain:		
Have you ever lied to a credit agency for the purpose of obtaining credit? If yes, please explain:		
Have you ever failed to return a credit card after it was recalled? If yes, please explain:		
Have anyone ever sued you in small claims court? If yes, please explain:		
Are there any judgments against you? If yes, please explain:		
During your background investigation, is anyone likely to report you have financial problems? If so, who?		
During your background investigation, will any credit reporting agency report you have poor credit? If so, who?		

LICENSING HISTORY

	YES	NO
Other than a driver's license , have you ever held or been issued any license or licenses from the Federal Government, State Agency or any political subdivision thereof? If yes, please explain:		
Other than a driver's license , has any license issued to you, including those mentioned above, ever been suspended or revoked for any reason(s)? If so, please explain.		

DRIVING HISTORY

	YES	NO
Do you have a current driver's license?		
Have you ever been issued a driver's license for any state or county other than your present drivers license? If yes, please provide the state, license number and expiration date if known:	s	

<p>Have you ever failed to carry automobile insurance as required by state law or had your insurance cancelled for reasons other than failure to pay the premium? If yes, please explain:</p>		
<p>Have you ever had your automobile placed with an assigned risk insurer? If yes, please explain:</p>		
<p>Have you ever been taken into custody or arrested after being stopped by a police officer while you were operating a motor vehicle? If yes, please explain:</p>		
<p>Have you ever had your driver's license suspended? If yes, please explain:</p>		
<p>Have you ever had your driver's license revoked? If yes, please explain:</p>		
<p>Have you ever driven a motor vehicle while under the influence of controlled substances or illegal hard drugs? If yes, please explain:</p>		
<p>Have you ever had your vehicle removed by a tow truck from the scene of a vehicle collision? If yes, please explain:</p>		
<p>Have you ever been the driver of a vehicle that caused personal injury to another person? If yes, please explain:</p>		
<p>Have you ever been the passenger of a vehicle that caused personal injury to another person? If yes, please explain:</p>		
<p>Will any of your references tell us you have driven a motor vehicle while under the influence of marijuana or any illegal hard drugs? If yes, which reference?</p>		
<p>Have you had any traffic citations for moving violations within the past three years? If yes, please explain:</p>		

YES NO

As of today, are there any traffic warrants out for your arrest? If yes, please explain:		
Will any law enforcement agency report you have been involved in a motor vehicle collision or received a traffic citation, which you have disclosed above: If yes, please explain:		

GROUP AFFILIATION HISTORY

YES NO

Have you ever belonged to any group or gang, which engages in unlawful activity? If yes, please explain:		
Have you ever belonged to a street gang or taken part in any street activities? If yes, please explain:		
Do you have any gang related tattoos on your body? If yes, please explain:		
Do you now or have you ever belonged to, worked with or for any group which advocates acts of violence against any persons because of their race, color religious creed, sex, age, national origin, physical handicap or sexual preference? If yes, please explain:		
Do you know or have you ever belonged to, worked with or for any group, which advocates the violent overthrow of the United States Government, any state government or political subdivision thereof? If yes, please explain:		
During the course of your background investigation, will anybody say you belong or have belonged to any such group(s)? If yes, please explain:		
During your background investigation, is anyone likely to report you have prejudices, which might affect either your on-the-job conduct or your off-the job conduct? If yes, please explain:		
During your background investigation, is anyone likely to report you have carried a concealed weapon without a permit? If yes, please explain:		
During your background investigation, is anyone likely to report you are unfit to the position for which you are applying? If yes, please explain:		

PERSONAL AREAS OF CONCERN

YES

NO

Is there anything in your background that you have not been asked in this questionnaire that might adversely affect your application for employment? If yes, please explain:		
Is there anything in your background that you have not been asked in this questionnaire that you would like to discuss with the polygraph examiner? If yes, please explain:		

ANY DELIBERATE INACCURACIES OR INCOMPLETE STATEMENTS ON THIS QUESTIONNAIRE MAY BAR YOU FROM EMPLOYMENT.

City of Circleville



Department of Human Resources

City Administration Building
104 E. Franklin Street
Circleville, OH 43113
740-474-9601
Fax: 740-477-5829
www.circleville.oh.us

Consent for Release of Information

I _____ residing at _____
(Print Full Name) *(Address, City, State, Zip Code)*

attest that I have completely and truthfully answered all the questions in this questionnaire to the best of my knowledge. I understand that any false answers or statements made by me may be cause for disqualification from the hiring process. I further understand that any falsehood on my part demonstrated in this questionnaire may subject me to prosecution under Ohio Revised Code Section 2921.13.

I hereby give my permission for authorized representatives of the City of Circleville to conduct an investigation of my background, including education, employment, credit history, military record, medical record, and any other factors which such representatives may deem proper and necessary subjects of investigation in order to properly assess my character, reputation and personal history in connection with my candidacy for employment with the City of Circleville.

I give my permission for any person, business, institution contacted in the course of this investigation to release any and all information properly requested and copies of the same if requested. I hereby release such person, business or institution for all liability for providing correct information.

Candidate's Full Signature

Date

Candidate's SSN

Candidate's DOB

Witness

City of Circleville



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Candidate Checklist for Pre-Employment Background Submission

The information listed below shall be submitted to the City of Circleville in order to continue the pre-employment process. Failure to submit the required information by the deadline provided by your background investigator will result in recommendation for removal from the hiring process.

Employment Application

Personal History Questionnaire

Professional Certification (Police Officer, Fire Fighter, EMT, Paramedic)

Military DD214

Non-Applicable