



OHIO DEPARTMENT OF PUBLIC SAFETY
INVESTIGATIVE UNIT

EMPLOYMENT QUESTIONNAIRE

APPLICANT NAME	SOCIAL SECURITY NUMBER
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The information provided by you will be considered confidential to the extent that this information is excluded from disclosure under the state and federal law. This information will be used to assist the Ohio Investigative Unit in determining your qualifications for the position of Enforcement Agent.

Each question must be answered as completely as possible. If a question does not apply to your particular circumstance, insert "DNA" (Does Not Apply). Should there be insufficient space to answer a question, use the back of the page.

The answers to this questionnaire will be verified by polygraph (lie detector), interviews and a complete background investigation.

Ohio Investigative Unit
Philip Langston, Recruitment and Hiring
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Columbus, Ohio 43223

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PERSONAL HISTORY				
FIRST NAME		LAST NAME		MI
ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE NUMBER	CELL PHONE NUMBER		WORK PHONE NUMBER	
HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?				
SECOND ADDRESS, IF APPLICABLE (e.g., COLLEGE, MILITARY, ECT.)		CITY	STATE	ZIP CODE
HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?				
PREVIOUS ADDRESS	CITY	STATE	FROM MO./YR.	TO MO./YR.

EDUCATION				
NAME OF HIGH SCHOOL(S) ATTENDED		ADDRESS OF HIGH SCHOOL		
HIGHEST GRADE COMPLETED		GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE GRADUATED		
OTHER EQUIVALENCY CERTIFICATE		YEAR OBTAINED		
COLLEGE/UNIVERSITY	ADDRESS		DATES ATTENDED	
YEAR GRADUATED	CREDIT HOURS	DEGREE(S)		
MAJOR SUBJECT(S)				
OTHER EDUCATION: LIST THE NAME AND ADDRESS OF ANY OTHER TYPE OF SCHOOL(S) ATTENDED (e.g., VOCATIONAL SCHOOL, TRADE SCHOOL, BUSINESS SCHOOL, ETC.)				
NAME	ADDRESS	CITY	STATE	ZIP CODE
DATES ATTENDED	COURSE TYPE	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE GRADUATED		
NAME	ADDRESS	CITY	STATE	ZIP CODE
DATES ATTENDED	COURSE TYPE	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE GRADUATED		
ANY OTHER EDUCATION OR SPECIAL SCHOOLING RECEIVED (EXCLUDING MILITARY)				

FAMILY HISTORY			
FATHER			<input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
ADDRESS	CITY	STATE	ZIP CODE
OCCUPATION			
MOTHER			<input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
ADDRESS	CITY	STATE	ZIP CODE
OCCUPATION			
SPOUSE		DATE OF BIRTH	
ADDRESS	CITY	STATE	ZIP CODE
OCCUPATION			
LIST THE NAMES OF ALL CHILDREN, BROTHERS AND SISTERS			

REFERENCES			
NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
OCCUPATION			
NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
OCCUPATION			
NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
OCCUPATION			
NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
OCCUPATION			
NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
OCCUPATION			

EMPLOYMENT—Begin with your present or last employment and list in order your complete work history in chronological order back to the age of 18. Include all full-time, part-time employment(s), military services, auxiliary and volunteer. Use additional paper if necessary.

EMPLOYER NAME				
ADDRESS		CITY	STATE	ZIP CODE
DATE HIRED	DATE LEFT	REASON FOR LEAVING		
IMMEDIATE SUPERVISOR		LAST SALARY	TITLE OR POSITION HELD	
EVER DISCIPLINED FOR ANY REASON?			HOW MANY TIMES?	
IF YES, TYPE OF DISCIPLINE				
EXPLAIN				
LATE FOR WORK?			HOW MANY TIMES?	

EMPLOYER NAME				
ADDRESS		CITY	STATE	ZIP CODE
DATE HIRED	DATE LEFT	REASON FOR LEAVING		
IMMEDIATE SUPERVISOR		LAST SALARY	TITLE OR POSITION HELD	
EVER DISCIPLINED FOR ANY REASON?			HOW MANY TIMES?	
IF YES, TYPE OF DISCIPLINE				
EXPLAIN				
LATE FOR WORK?			HOW MANY TIMES?	

EMPLOYER NAME				
ADDRESS		CITY	STATE	ZIP CODE
DATE HIRED	DATE LEFT	REASON FOR LEAVING		
IMMEDIATE SUPERVISOR		LAST SALARY	TITLE OR POSITION HELD	
EVER DISCIPLINED FOR ANY REASON?			HOW MANY TIMES?	
IF YES, TYPE OF DISCIPLINE				
EXPLAIN				
LATE FOR WORK?			HOW MANY TIMES?	

EMPLOYER NAME				
ADDRESS		CITY	STATE	ZIP CODE
DATE HIRED	DATE LEFT	REASON FOR LEAVING		
IMMEDIATE SUPERVISOR		LAST SALARY	TITLE OR POSITION HELD	
EVER DISCIPLINED FOR ANY REASON?			HOW MANY TIMES?	
IF YES, TYPE OF DISCIPLINE				
EXPLAIN				
LATE FOR WORK?			HOW MANY TIMES?	

EMPLOYER NAME				
ADDRESS		CITY	STATE	ZIP CODE
DATE HIRED	DATE LEFT	REASON FOR LEAVING		
IMMEDIATE SUPERVISOR	LAST SALARY	TITLE OR POSITION HELD		
EVER DISCIPLINED FOR ANY REASON?		HOW MANY TIMES?		
IF YES, TYPE OF DISCIPLINE				
EXPLAIN				
LATE FOR WORK?		HOW MANY TIMES?		
EMPLOYER NAME				
ADDRESS		CITY	STATE	ZIP CODE
DATE HIRED	DATE LEFT	REASON FOR LEAVING		
IMMEDIATE SUPERVISOR	LAST SALARY	TITLE OR POSITION HELD		
EVER DISCIPLINED FOR ANY REASON?		HOW MANY TIMES?		
IF YES, TYPE OF DISCIPLINE				
EXPLAIN				
LATE FOR WORK?		HOW MANY TIMES?		
EMPLOYER NAME				
ADDRESS		CITY	STATE	ZIP CODE
DATE HIRED	DATE LEFT	REASON FOR LEAVING		
IMMEDIATE SUPERVISOR	LAST SALARY	TITLE OR POSITION HELD		
EVER DISCIPLINED FOR ANY REASON?		HOW MANY TIMES?		
IF YES, TYPE OF DISCIPLINE				
EXPLAIN				
LATE FOR WORK?		HOW MANY TIMES?		
DO YOU OR ANY OF YOUR IMMEDIATE FAMILY MEMBERS HAVE A FINANCIAL INTEREST OR WORK IN EITHER A LIQUOR OR FOOD STAMP PERMIT PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, EXPLAIN:				

LIST ALL TRAFFIC VIOLATIONS, CONVICTIONS AND BOND FORFEITURES			
DATE	PLACE OF ARREST OR CITATION	OFFENSE	ISSUING AGENCY
			AMOUNT OWED OR PAID
DO YOU HAVE ANY PENDING PARKING TICKETS? HOW MANY?			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER HAD AN AUTOMOBILE INSURANCE DENIED OR CANCELLED? REASON:			<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU CURRENTLY HAVE AUTOMOBILE INSURANCE? COMPANY:			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN PLACED ON ASSIGNED RISK OR HIGH RISK INSURANCE? IF YES, EXPLAIN:			<input type="checkbox"/> YES <input type="checkbox"/> NO

CRIMINAL HISTORY			
HAVE YOU EVER COMMITTED, PARTICIPATED IN OR CONSPIRED TO COMMIT ANY OF THE FOLLOWING SERIOUS CRIMES?			
MURDER	<input type="checkbox"/> YES <input type="checkbox"/> NO	ROBBERY	<input type="checkbox"/> YES <input type="checkbox"/> NO
RAPE	<input type="checkbox"/> YES <input type="checkbox"/> NO	ASSAULT	<input type="checkbox"/> YES <input type="checkbox"/> NO
THEFT/LARCENY	<input type="checkbox"/> YES <input type="checkbox"/> NO	ARSON	<input type="checkbox"/> YES <input type="checkbox"/> NO
SODOMY	<input type="checkbox"/> YES <input type="checkbox"/> NO	PROSTITUTION	<input type="checkbox"/> YES <input type="checkbox"/> NO
		MANSLAUGHTER	<input type="checkbox"/> YES <input type="checkbox"/> NO
		PANDERING OBSCENITY	<input type="checkbox"/> YES <input type="checkbox"/> NO
		BURGLARY	<input type="checkbox"/> YES <input type="checkbox"/> NO
		DRUG TRAFFICKING	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN:			
HAVE YOU EVER BEEN ARRESTED OR SENT TO JUVENILE COURT? IF YES, EXPLAIN:			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER HAD AN ALIAS AND/OR USED OTHER NAMES FOR IDENTIFICATION? IF YES, EXPLAIN:			<input type="checkbox"/> YES <input type="checkbox"/> NO
AS A JUVENILE, DID YOU EVER REPORT TO A JUVENILE OFFICER? IF YES, EXPLAIN:			<input type="checkbox"/> YES <input type="checkbox"/> NO
WERE YOU EVER EXPELLED OR SUSPENDED FROM SCHOOL? REASON:			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN SUMMONED OR ORDERED TO APPEAR IN ANY COURT AS A WITNESS OR ACCUSED? IF YES, EXPLAIN:			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER PAID ANYONE TO ENGAGE IN SEXUAL ACTIVITY? IF YES, EXPLAIN:			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS ANYONE EVER PAID YOU TO ENGAGE IN SEXUAL ACTIVITY? IF YES, EXPLAIN:			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN ARRESTED AND/OR CONVICTED OF A CRIMINAL OFFENSE TO INCLUDE MISDEMEANORS OR FELONIES? INCLUDE ANY U.S. MILITARY CHARGES. IF YES, PROVIDE THE REQUESTED INFORMATION BELOW. <input type="checkbox"/> YES <input type="checkbox"/> NO			
NATURE OF OFFENSE	MONTH/YEAR	LOCATION	DISPOSITION
HAVE YOU EVER WORKED FOR AN ILLEGAL GAMBLING OPERATION? IF YES, EXPLAIN:			<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE ANY GAMBLING DEBTS AT THIS TIME? HOW MUCH?			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BORROWED MONEY TO GAMBLE? HOW MUCH?			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN FINGERPRINTED? BY WHOM & REASON:			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN INVOLVED IN ANY TYPE OF SITUATION FOR WHICH SOMEONE COULD BLACKMAIL YOU? IF YES, EXPLAIN:			<input type="checkbox"/> YES <input type="checkbox"/> NO

I certify that the statements contained in this questionnaire are true to the best of my knowledge. I understand that any purposeful omissions of false statements made on this questionnaire may be cause for rejection of my selection or for discharge after appointment. I further realize that any falsehoods may subject me to prosecution under Ohio revised code section 2921.13.

X _____
SIGNATURE OF APPLICANT

DATE

Subscribed and duty sworn before me according to law, by the above-named applicant this _____ day of _____, 20_____, County of _____, State of _____.

(Seal)

X _____
NOTARY



OHIO DEPARTMENT OF PUBLIC SAFETY
INVESTIGATIVE UNIT

APPLICANT PRE-POLYGRAPH EXAMINATION RELEASE

Before an applicant can be considered for employment as a member of the Ohio Investigative Unit, he/she must first undergo a polygraph examination. The polygraph measures cardiovascular activity, respiration and galvanic skin response. While there is no medical evidence that a polygraph examination affects a person's health, you may wish to discuss this with your physician. If an accommodation is needed, you must discuss this with your physician. If an accommodation is needed, you must discuss that with the polygraphist at the time your examination is scheduled.

I, voluntarily—without threat, duress, coercion, undue influence, force, promises of immunity or reward—agree and submit to a polygraph (truth verification) examination.

I attest that I am in good mental and physical condition and that I know of no mental or physical ailment or treatment plan that may impair or be impaired by the polygraph examination.

X _____
SIGNATURE OF APPLICANT

DATE

X _____
WITNESS

DATE