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**CITY OF MACEDONIA
CIVIL SERVICE COMMISSION**

THE CITY OF MACEDONIA
IS AN EQUAL OPPORTUNITY EMPLOYER
AND DOES NOT DISCRIMINATE ON THE BASIS
OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION
AGE OR DISABILITY IN EMPLOYMENT.

Time.....a.m.....p.m.....
Mo.....Day.....Yr.....

Do Not Write in Space Above

PERSONAL HISTORY QUESTIONNAIRE

PERSONAL HISTORY OF: _____
(LAST) (FIRST) MIDDLE)

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE #: HOME _____ BUSINESS _____ MOBILE _____

EMAIL _____

SOCIAL SECURITY #: _____ DRIVER'S LICENSE # _____

POSITION APPLIED FOR: POLICE OFFICER _____ FIREFIGHTER _____ DISPATCH _____

DATE THIS INFORMATION COMPLETED _____

PLEASE READ INSTRUCTIONS CAREFULLY

This personal history questionnaire is intended for the use of the Macedonia Civil Service Commission and the City of Macedonia Department of Public Safety. You must be truthful and complete all answers requested on this form. All information contained herein will be subject to verification, i.e., source documentation, polygraph and screening procedures. Information contained herein will be considered to be strictly confidential and will not be disclosed to any unauthorized person(s).

The answers to questions contained in this questionnaire must be printed, in your own hand, legible in ink only. Each individual question must be answered, there can be no blanks. If a question does not apply to your particular circumstance, insert, "DNA" in that blank. When answering questions that require dates, insert the full date, partial month-year responses are unacceptable. You must provide complete address information when requested. Partial address responses are unacceptable.

WARNING

Applicants are cautioned to answer every question truthfully and without evasion. Both the Ohio Revised Code and the Codified Ordinances of the City of Macedonia provide penalties for making a false statement of a material fact, or for practicing any fraud or deception in obtaining or attempting to obtain municipal employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code Section 2921.13.

APPLICATION WAIVER

Testing conducted by the Macedonia Civil Service Commission is considered a very sensitive process. the Commission takes all steps necessary to ensure that the test used are kept completely confidential. All applicants are advised it is strictly forbidden for any applicant to remove questions from the test furnished by the Commission. Questions may not be copied by any method of duplication, electric recording or other methods during this testing process or the review period. Any applicant caught cheating, copying or removing test questions will be disqualified from the certification process.

I have read the above statement.

Signed _____ Date _____

In witness thereof, I have hereunto set my hand and seal this _____ day of _____
20_____.

Notary

WAIVER

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any investigator or other authorized representative of the City of Macedonia Civil Service Commission or member of the City of Macedonia Department of Public Safety bearing this release, or copy thereof, to obtain any information in your files pertaining to arrest with conviction records or anything else which may pertain to my person.

This release is executed with full knowledge and understanding that the information is for the official use of the City of Macedonia. I hereby release any custodian, officer or other employees, both individually and collectively, from any and all liability because of compliance with this authorization and request to release information, or any attempt to comply with it.

Should there be any questions as to the validity of the release, you may contact me as indicated below:

Signature: _____

Full Name - Typed or Printed: _____

Date: _____

Current Address: _____

Telephone Number: _____

.....
STATE OF OHIO:

COUNTY OF _____

_____ being first duly sworn on his/her oath
says that the

statements made and subscribed by him/her in the foregoing application are true.

Signature of Applicant

Subscribed in my presence by the said affiant and by him/her sworn to before me this _____
day of _____, 20_____

Notary

1. ARE YOU A U.S. CITIZEN? YES () NO ()

2. HAVE YOU REACHED THE AGE OF 18 YEARS? (Firefighter requirement) YES () NO ()

3. HAVE YOUR REACHED THE AGE OF 21 YEARS? (Police Officer requirement) YES () NO ()

4. WHO SHOULD BE NOTIFIED IN CASE OF AN EMERGENCY?

Name _____

Address _____

Telephone Number(s) _____

5. LIST ALL PREVIOUS ADDRESSES: From (Mo. - Yr.) To (Mo. Yr)

6. EDUCATION:

Did you graduate from high school? YES () NO ()

If no, circle the highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12.

Name of high school attended _____ Location _____

College, Universities or Trade Schools Attended

Include dates attended, degree, and total credit hours achieved and major subjects/area of concentration

7. WORK EXPERIENCE: List all jobs you have had in the last ten years, listing your most recent job first. If you need more space, you may attach additional sheets.

From	Month	Year	To	Month	Year	Exact Title of Position:
Name, Address and Telephone Number of Your Employer						Salary Per Month:
						Your Duties Were:

Name, Title and Telephone Number of your Supervisor

Reason for leaving?

From	Month	Year	To	Month	Year	Exact Title of Position:
Name, Address and Telephone Number of Your Employer						Salary Per Month:
						Your Duties Were:

Name, Title and Telephone Number of your Supervisor

Reason for leaving?

From	Month	Year	To	Month	Year	Exact Title of Position
Name, Address and Telephone Number of Your Employer						Salary Per Month:
						Your Duties Were:

Name, Title and Telephone Number of your Supervisor

Reason for leaving?

From	Month	Year	To	Month	Year	Exact Title of Position
Name, Address and Telephone Number of Your Employer						Salary Per Month:
						Your Duties Were:

Name and Title of your Supervisor

Reason for leaving?

From	Month	Year	To	Month	Year	Exact Title of Position
Name, Address and Telephone Number of Your Employer						Salary Per Month:
						Your Duties Were:

Name , Title and Telephone Number of your Supervisor

Reason for leaving?

8. MILITARY SERVICE

Date of Service _____ BRANCH _____

From _____ To _____

Rank at Discharge _____

9. ANY SPECIAL QUALIFICATIONS?

Special training, experience or abilities that you have which would be of value in the position for which you are applying.

10. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE:

YES () NO ()

If yes, state circumstances and addresses of employers.

11. WERE YOU EVER CONVICTED FOR ANY MOVING TRAFFIC VIOLATIONS? YES () NO ()

If yes, list violation, date, city and disposition.

Location	Date	Nature of Violation	Disposition
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12. HAVE YOU EVER BEEN IN A TRAFFIC ACCIDENT REGARDLESS OF WHETHER OR NOT THE ACCIDENT WAS YOUR FAULT? YES () NO () If yes, list below:

Date _____
Police Investigation? _____

YES () NO ()

Location _____ Cause of Accident: _____

Injury or Non-Injury _____ Who Legally at Fault: _____

Date _____
Police Investigation? _____

YES () NO ()

Location _____ Cause of Accident: _____

Injury or Non-Injury _____ Who Legally at Fault: _____

13. HAVE YOU EVER TAKEN A CIVIL SERVICE EXAMINATION BEFORE? YES () NO ()
If yes, list city, date and position applied for.

Agency or City	Exam date	Position Applied for	Status

14. HAVE YOU EVER BEEN BONDED? YES () NO ()
If yes, give name of bonding company or employer and amount of bond.

16. DO YOU UNDERSTAND THAT SUCCESSFUL APPLICANT IS REQUIRED TO BE A NON-SMOKER AND REMAIN A NON-SMOKER FOR THE DURATION OF EMPLOYMENT? YES () NO ()

Name: _____

Position Sought: _____

Waivers: Application: _____
Information: _____

TESTS RESULTS:

Agility Test Date: _____

Pass.....Fail.....

Written Exam Date: _____

Score.....Percentage.....

Extra Credit Points.....

Total Score.....

Rank Order:..... Total List #:.....