

Rec'd by:.....

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

*Do Not Write in Space Above*

**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.

**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.

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

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Reason for leaving?

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

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Reason for leaving?

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

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Reason for leaving?

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

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Reason for leaving?

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

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Reason for leaving?

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**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 ( )