

**CITY OF BOWLING GREEN  
PERSONAL HISTORY QUESTIONNAIRE  
POLICE DISPATCHER**

|                                     |                    |          |                           |
|-------------------------------------|--------------------|----------|---------------------------|
| 1. POSITION APPLIED FOR:            |                    | 2. DATE  | 3. APPLICANT NUMBER       |
| 4. LAST NAME                        | FIRST NAME         | MIDDLE   | 5. MAIDEN (IF APPLICABLE) |
| 6. HOME ADDRESS (STREET No. & NAME) |                    | APT. No. | COUNTY                    |
| CITY                                |                    | STATE    | ZIP CODE                  |
| 7. HOME PHONE                       | 8. ALTERNATE PHONE |          | 9. SOCIAL SECURITY NO.    |
| 10. FAX NUMBER                      | 11. E-MAIL         |          |                           |

**INSTRUCTIONS  
(PRINT IN INK OR TYPE ALL ANSWERS)**

IT IS IMPORTANT TO READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS QUESTIONNAIRE

You must be complete and truthful in ALL your answers. All answers that you give in this application are subject to verification. Any failure to report completely or any untruthful answers may subject you to rejection as a candidate. All information will be considered strictly confidential and will not be disclosed to any unauthorized person. You may be offered a polygraph (lie detector) examination to determine the authenticity of the information provided by you.

Hand print in ink or type you answers. DO NOT leave any question blank. If a question does not apply to you, write "NA" (abbreviation for NOT APPLICABLE). Your answer must be legible. If additional space is needed to explain an answer, please use the Continuation Page Opposite the question page. Be sure to include the reference letter and number of the item being explained in the left-hand column.

It is your responsibility to report any change of address you may have during the selection process or for the next two-year period (approximate life of Civil Service eligibility list). Be sure to include zip codes with every address entered throughout this questionnaire.

HAVE YOU READ AND DO YOU UNDERSTAND ALL THE ABOVE INSTRUCTIONS?

YES       NO

13.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

TURN THE PAGE

|   |            |            |   |          |
|---|------------|------------|---|----------|
| 14. LIST ANY OTHER NAMES YOU HAVE USED, OR HAVE BEEN KNOWN BY, INCLUDING ALIASES, NICKNAMES, ETC. |            |            |   |          |
| 15.   | 16. HEIGHT | 17. WEIGHT | 18. EYES  | 19. HAIR |
| 20. LIST ANY SCARS, TATTOOS, DISTINGUISHING MARKS   |            |            | 21. U.S. CITIZEN?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |          |

MARITAL STATUS IS NOT A CONSIDERATION OF WHETHER TO EMPLOY A CANDIDATE, BUT WILL BE USED FOR CHARACTER REFERENCE.

| 22. MARITAL STATUS    MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> |               |                                       |                            |
|--|---------------|---------------------------------------|----------------------------|
| LIST ALL MARRIAGES, DIVORCES, SEPARATIONS:   |               |                                       |                            |
| DATE MARRIED   | WHERE MARRIED | NAME OF SPOUSE (MAIDEN NAME, IF WIFE) | IF DISSOLVED, WHERE & DATE |
|  |               |                                       |                            |
|  |               |                                       |                            |
|  |               |                                       |                            |

| 23. LIST PERSONS WITH WHOM YOU CURRENTLY RESIDE                  | DATE OF BIRTH | RELATIONSHIP                           | PHONE No. | OCCUPATION |
|--|---------------|--|-----------|------------|
| NAME:  |               |  |           |            |
| 24. LIST PERSON(S) WITH WHOM YOU HAVE RESIDED IN THE PAST        | RELATIONSHIP  | PRESENT ADDRESS, CITY, STATE, ZIP CODE | PHONE No. | OCCUPATION |
| NAME:  |               |  |           |            |
| NAME:  |               |  |           |            |
| NAME:  |               |  |           |            |
| 25. LIST ANY CLOSE RELATIONSHIP (BOYFRIEND, GIRLFRIEND, FLANCEE) |               |  |           |            |
| NAME:  |               |  |           |            |

**26. RELATIVES:** LIST BELOW ALL PARENTS, STEPPARENTS, BROTHERS/ SISTERS, STEP BROTHERS/ SISTERS, CHILDREN, STEPCHILDREN AND ADOPTED CHILDREN. IF DECEASED, PLEASE INDICATE.

|                                   |  |                     |                   |
|-----------------------------------|--|---------------------|-------------------|
| FATHER'S FULL NAME                | <u>HOME ADDRESS, CITY, STATE, ZIP CODE</u> | <u>PHONE NUMBER</u> | <u>OCCUPATION</u> |
| MOTHER'S FULL NAME<br>(MAIDEN)    |  |                     |                   |
| STEPMOTHER OR FATHER<br>FULL NAME | <u>HOME ADDRESS, CITY, STATE, ZIP CODE</u> | <u>PHONE NUMBER</u> | <u>OCCUPATION</u> |
| BROTHERS/ SISTERS FULL<br>NAME:   |  |                     |                   |
| NAME:                             |  |                     |                   |
| NAME:                             |  |                     |                   |
| NAME:                             |  |                     |                   |
| NAME:                             |  |                     |                   |
| NAME:                             |  |                     |                   |

| CHILDREN'S FULL NAMES | A<br>G<br>E | ADDRESS, CITY,<br>STATE, ZIP CODE | RESIDES WITH<br>WHOM | PARENTS' NAMES | SUPPORTED<br>BY |
|-----------------------|-------------|-----------------------------------|----------------------|----------------|-----------------|
|                       |             |                                   |                      |                |                 |
|                       |             |                                   |                      |                |                 |
|                       |             |                                   |                      |                |                 |
|                       |             |                                   |                      |                |                 |
|                       |             |                                   |                      |                |                 |
|                       |             |                                   |                      |                |                 |



29. EDUCATION: LIST ALL ELEMENTARY, JR. HIGH, HIGH SCHOOL, COLLEGES, UNIVERSITIES, AND ANY OTHER TRAINING SCHOOLS ATTENDED:

| TYPE   | NAME OF SCHOOL<br>CITY & STATE |  |  | GRADUATE |    | TOTAL<br>CREDIT<br>HOURS | DEGREE OR<br>CERTIFICATE<br>RECEIVED |
|--|--------------------------------|--|--|----------|----|--------------------------|--------------------------------------|
|  |                                |  |  | YES      | NO |                          |                                      |
| ELEMENTARY<br>SCHOOL   |                                |  |  |          |    |                          |                                      |
| JUNIOR HIGH  |                                |  |  |          |    |                          |                                      |
| HIGH SCHOOL  |                                |  |  |          |    |                          |                                      |
| JUNIOR<br>COLLEGE  |                                |  |  |          |    |                          |                                      |
| COLLEGE/<br>UNIVERSITY   |                                |  |  |          |    |                          |                                      |
| OTHER<br>TRAINING<br>SCHOOLS   |                                |  |  |          |    |                          |                                      |
| WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: |                                |  |  |          |    |                          |                                      |

30. EMPLOYMENT: LIST BELOW ALL JOBS (FULL-TIME, TEMPORARY, AND PART-TIME) YOU HAVE EVER HELD, PUT YOUR PRESENT OR MOST RECENT JOB FIRST, INCLUDE MILITARY SERVICE IN PROPER TIME SEQUENCE, AND ALSO ALL PERIODS OF UNEMPLOYMENT.

|  |                       |                         |                                    |
|--|-----------------------|-------------------------|------------------------------------|
| FROM DATE  | NAME OF EMPLOYER      | JOB TITLE/ POSITION     | <input type="checkbox"/> FULL-TIME |
|  |                       |                         | <input type="checkbox"/> PART-TIME |
| TO DATE  | ADDRESS               | NAME OF SUPERVISOR      | NAME OF CO-WORKER                  |
| SALARY/<br>MO.   | CITY, STATE, ZIP CODE | PHONE NUMBER/ AREA CODE | REASON FOR LEAVING                 |
| LIST ANY DISCIPLINARY ACTIONS TAKEN AGAINST YOU.   |                       |                         |                                    |
| I HAVE OBJECTIONS TO YOUR MAKING INQUIRIES OF MY PRESENT EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO |                       |                         |                                    |
| I REALIZE THAT BECAUSE OF THIS, MY BACKGROUND INVESTIGATION MAY BE DELAYED.  |                       |                         |                                    |
| REASON:  |                       |                         |                                    |
| FROM DATE  | NAME OF EMPLOYER      | JOB TITLE/ POSITION     | <input type="checkbox"/> FULL-TIME |
|  |                       |                         | <input type="checkbox"/> PART-TIME |
| TO DATE  | ADDRESS               | NAME OF SUPERVISOR      | NAME OF CO-WORKER                  |
| SALARY/<br>MO.   | CITY, STATE, ZIP CODE | PHONE NUMBER/ AREA CODE | REASON FOR LEAVING                 |
| LIST ANY DISCIPLINARY ACTIONS TAKEN AGAINST YOU.   |                       |                         |                                    |

|  |                       |                         |                                    |
|--|-----------------------|-------------------------|------------------------------------|
| FROM DATE  | NAME OF EMPLOYER      | JOB TITLE/ POSITION     | <input type="checkbox"/> FULL-TIME |
|  |                       |                         | <input type="checkbox"/> PART-TIME |
| TO DATE  | ADDRESS               | NAME OF SUPERVISOR      | NAME OF CO-WORKER                  |
| SALARY/<br>MO.                                   | CITY, STATE, ZIP CODE | PHONE NUMBER/ AREA CODE | REASON FOR LEAVING                 |
| LIST ANY DISCIPLINARY ACTIONS TAKEN AGAINST YOU. |                       |                         |                                    |
| FROM DATE  | NAME OF EMPLOYER      | JOB TITLE/ POSITION     | <input type="checkbox"/> FULL-TIME |
|  |                       |                         | <input type="checkbox"/> PART-TIME |
| TO DATE  | ADDRESS               | NAME OF SUPERVISOR      | NAME OF CO-WORKER                  |
| SALARY/<br>MO.                                   | CITY, STATE, ZIP CODE | PHONE NUMBER/ AREA CODE | REASON FOR LEAVING                 |
| LIST ANY DISCIPLINARY ACTIONS TAKEN AGAINST YOU. |                       |                         |                                    |
| FROM DATE  | NAME OF EMPLOYER      | JOB TITLE/ POSITION     | <input type="checkbox"/> FULL-TIME |
|  |                       |                         | <input type="checkbox"/> PART-TIME |
| TO DATE  | ADDRESS               | NAME OF SUPERVISOR      | NAME OF CO-WORKER                  |
| SALARY/<br>MO.                                   | CITY, STATE, ZIP CODE | PHONE NUMBER/ AREA CODE | REASON FOR LEAVING                 |
| LIST ANY DISCIPLINARY ACTIONS TAKEN AGAINST YOU. |                       |                         |                                    |

|  |                       |                         |                                    |
|--|-----------------------|-------------------------|------------------------------------|
| FROM DATE  | NAME OF EMPLOYER      | JOB TITLE/ POSITION     | <input type="checkbox"/> FULL-TIME |
|  |                       |                         | <input type="checkbox"/> PART-TIME |
| TO DATE  | ADDRESS               | NAME OF SUPERVISOR      | NAME OF CO-WORKER                  |
| SALARY/<br>MO.                                   | CITY, STATE, ZIP CODE | PHONE NUMBER/ AREA CODE | REASON FOR LEAVING                 |
| LIST ANY DISCIPLINARY ACTIONS TAKEN AGAINST YOU. |                       |                         |                                    |
| FROM DATE  | NAME OF EMPLOYER      | JOB TITLE/ POSITION     | <input type="checkbox"/> FULL-TIME |
|  |                       |                         | <input type="checkbox"/> PART-TIME |
| TO DATE  | ADDRESS               | NAME OF SUPERVISOR      | NAME OF CO-WORKER                  |
| SALARY/<br>MO.                                   | CITY, STATE, ZIP CODE | PHONE NUMBER/ AREA CODE | REASON FOR LEAVING                 |
| LIST ANY DISCIPLINARY ACTIONS TAKEN AGAINST YOU. |                       |                         |                                    |



36. CIVIL SERVICE- LIST BELOW EVERY CIVIL SERVICE EXAMINATION YOU HAVE TAKEN

| AGENCY (CITY & STATE) | APPROX. DATE | POSITION APPLIED FOR | POSITION ON LIST | PRESENT STATUS |
|-----------------------|--------------|----------------------|------------------|----------------|
|                       |              |                      |                  |                |
|                       |              |                      |                  |                |
|                       |              |                      |                  |                |
|                       |              |                      |                  |                |
|                       |              |                      |                  |                |
|                       |              |                      |                  |                |
|                       |              |                      |                  |                |

37. ARE YOU CURRENTLY ON A CIVIL SERVICE ELIGIBILITY LIST?  YES  NO

IF YES, GIVE DETAILS:

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|  |

38. IF YOU WERE ON AN ELIGIBILITY LIST AND WERE NOT HIRED, STATE WHY, IF KNOWN?

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|  |
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39. WERE YOU EVER REJECTED FOR ANY CIVIL SERVICE POSITION?  YES  NO

IF YES, STATE REASONS WHY, IF KNOWN:

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|  |

40. HAVE YOU EVER SUBMITTED AN APPLICATION WITH ANY OTHER LAW ENFORCEMENT AGENCY?

YES  NO

IF YES, LIST BELOW:

| NAME OF AGENCY | ADDRESS, CITY & STATE | APPROX. DATE |
|----------------|-----------------------|--------------|
|                |                       |              |
|                |                       |              |
|                |                       |              |

**41. TRAFFIC HISTORY:**

CAN YOU OPERATE A MOTOR VEHICLE?

YES  NO

DO YOU POSSESS A VALID DRIVER'S LICENSE FROM THE STATE OF OHIO?

YES  NO

IF YES, GIVE:

| DRIVER'S LICENSE NO. | RESTRICTIONS | CLASS NO. | DATE ISSUED | YEAR EXPIRES |
|----------------------|--------------|-----------|-------------|--------------|
|                      |              |           |             |              |

DO YOU OR DID YOU EVER POSSESS A DRIVER'S LICENSE ISSUED BY ANY OTHER STATE OTHER THAN OHIO

YES  NO IF YES, GIVE:

| STATE | DRIVER'S LICENSE NO. | DATE ISSUED | DATE EXPIRES | TYPE | RESTRICTIONS |
|-------|----------------------|-------------|--------------|------|--------------|
|       |                      |             |              |      |              |
|       |                      |             |              |      |              |
|       |                      |             |              |      |              |

AT ANY TIME WAS YOUR DRIVER'S LICENSE EVER SUSPENDED OR REVOKED?

YES  NO

IF YES, GIVE:

| STATE WHERE SUSPENDED OR REVOKED | DATE OF SUSPENSION OR REVOCATION | LENGTH OF SUSPENSION OR REVOCATION | REASON(S) |
|----------------------------------|----------------------------------|------------------------------------|-----------|
|                                  |                                  |                                    |           |
|                                  |                                  |                                    |           |
|                                  |                                  |                                    |           |
|                                  |                                  |                                    |           |

HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE BY ANY STATE?

YES  NO

IF YES, GIVE DETAILS:

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|--|

AT ANY TIME, HAS YOUR DRIVER'S LICENSE EVER BEEN RESTRICTED DUE TO TRAFFIC OFFENSE CONVICTIONS OR PLACED ON NEGLIGENT OPERATOR'S PROBATION?

YES  NO

IF YES, GIVE DETAILS:

|  |
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|--|

| HAVE YOU EVER BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> |   |  |                      |                           |                  |
|--|---|--|----------------------|---------------------------|------------------|
| IF YES, LIST BELOW:  |   |  |                      |                           |                  |
| DATE OF ACCIDENT   | POLICE REPORT MADE  | POLICE AGENCY  | LOCATION OF ACCIDENT | WHO CHARGED WITH ACCIDENT | COURT DEPOSITION |
|  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> INJURY<br><input type="checkbox"/> NON-INJURY |                      |                           |                  |
|  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> INJURY<br><input type="checkbox"/> NON-INJURY |                      |                           |                  |
|  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> INJURY<br><input type="checkbox"/> NON-INJURY |                      |                           |                  |
|  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> INJURY<br><input type="checkbox"/> NON-INJURY |                      |                           |                  |
|  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> INJURY<br><input type="checkbox"/> NON-INJURY |                      |                           |                  |
|  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> INJURY<br><input type="checkbox"/> NON-INJURY |                      |                           |                  |
|  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> INJURY<br><input type="checkbox"/> NON-INJURY |                      |                           |                  |

LIST BELOW ALL TRAFFIC CITATIONS YOU HAVE EVER RECEIVED (EXCLUDE PARKING TICKETS):

| MONTH & YEAR | LOCATION CITY & STATE | NATURE OF VIOLATION | PENALTY/ DISPOSITION |
|--------------|-----------------------|---------------------|----------------------|
|              |                       |                     |                      |
|              |                       |                     |                      |
|              |                       |                     |                      |
|              |                       |                     |                      |
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|              |                       |                     |                      |
|              |                       |                     |                      |
|              |                       |                     |                      |
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|              |                       |                     |                      |

LIST ALL VEHICLES REGISTERED TO YOU, YOUR SPOUSE, AND ANY VEHICLE REGISTERED TO ANY OCCUPANTS OF YOUR RESIDENCE OR VEHICLES THAT YOU REGULARLY USE:

| MAKE | YEAR | MODEL | LICENSE NUMBER/ STATE | REGISTERED OWNER |
|------|------|-------|-----------------------|------------------|
|      |      |       |                       |                  |
|      |      |       |                       |                  |
|      |      |       |                       |                  |
|      |      |       |                       |                  |

DO YOU HAVE ANY OUTSTANDING OR DELINQUENT PARKING TICKETS?  YES  NO  
 IF YES, LIST BELOW:

| MONTH & YEAR | LOCATION | CITY & STATE | NATURE OF VIOLATION | PENALTY/ DISPOSITION |
|--------------|----------|--------------|---------------------|----------------------|
|              |          |              |                     |                      |
|              |          |              |                     |                      |
|              |          |              |                     |                      |
|              |          |              |                     |                      |

**42. CRIMINAL/ CIVIL HISTORY:**

HAVE YOU EVER BEEN CONVICTED FOR ANY VIOLATION?  YES  NO  
 (INCLUDE ALL JUVENILE AND TRAFFIC CONVICTIONS).

LIST ALL SUCH MATTERS EVEN IF SETTLED BY PAYMENT OF A FINE.

| DATE | LOCATION & POLICE AGENCY | CHARGE | PENALTY/ DISPOSITION | DETAILS |
|------|--------------------------|--------|----------------------|---------|
|      |                          |        |                      |         |
|      |                          |        |                      |         |
|      |                          |        |                      |         |
|      |                          |        |                      |         |
|      |                          |        |                      |         |
|      |                          |        |                      |         |
|      |                          |        |                      |         |

HAVE YOU EVER BEEN PLACED ON PROBATION?  YES  NO  
 IF YES, GIVE DETAILS:

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|--|
|  |
|  |

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|--|
|  |
|  |

HAVE YOU EVER BEEN REQUIRED TO PAY A FINE OTHER THAN THOSE PREVIOUSLY MENTIONED (E.G. HEALTH DEPT. , DOG WARDEN, ETC.)?  YES  NO  
 IF YES, GIVE DETAILS:

|  |
|--|
|  |
|  |

HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY?  YES  NO  
 IF YES, LIST BELOW:

| DATE | LOCATION CITY & STATE | POLICE AGENCY<br>(WHERE REPORTED) | DETAILS AND OUTCOME OF INCIDENT |
|------|-----------------------|-----------------------------------|---------------------------------|
|      |                       |                                   |                                 |
|      |                       |                                   |                                 |
|      |                       |                                   |                                 |

HAS ANY MEMBER OF YOUR FAMILY, CLOSE RELATIVES, IN-LAWS, ANYONE ELSE YOU ARE CLOSELY ASSOCIATED WITH OR PEOPLE WITH WHOM YOU'VE LIVED, EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?  YES  NO  
 IF YES, LIST BELOW:

| DATE | NAME & RELATION | BIRTH DATE | WHERE ARRESTED | OFFENSE | DISPOSITION OF CASE |
|------|-----------------|------------|----------------|---------|---------------------|
|      |                 |            |                |         |                     |
|      |                 |            |                |         |                     |
|      |                 |            |                |         |                     |
|      |                 |            |                |         |                     |

HAVE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY ELSE WITH WHOM YOU LIVE EVER BEEN A VICTIM OF A CRIME?  YES  NO  
 IF YES, LIST BELOW:

| DATE | NAME & RELATION | NATURE OF CRIME & LOCATION | POLICE AGENCY<br>(WHERE REPORTED) | DISPOSITION OF CASE |
|------|-----------------|----------------------------|-----------------------------------|---------------------|
|      |                 |                            |                                   |                     |
|      |                 |                            |                                   |                     |
|      |                 |                            |                                   |                     |
|      |                 |                            |                                   |                     |

|  |                                   |                         |
|--|-----------------------------------|-------------------------|
| HAVE YOU EVER BEEN FINGERPRINTED BY A LAW ENFORCEMENT AGENCY OTHER THAN FOR AN ARREST? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span><br>IF YES, LIST BELOW: (YOUR ANSWERS WILL BE CHECKED WITH THE F.B.I. & OTHER AGENCIES). |                                   |                         |
| DATE   | LAW ENFORCEMENT AGENCY & LOCATION | PURPOSE OF FINGERPRINTS |
|  |                                   |                         |
|  |                                   |                         |
|  |                                   |                         |

43. THE FOLLOWING QUESTIONS WITH REFERENCES TO EX-SPOUSE APPLY ONLY TO THE PERIOD DURING WHICH HE/SHE WAS MARRIED TO YOU AND LIVING WITH YOU.

|   |                              |                                  |                          |                    |
|---|------------------------------|----------------------------------|--------------------------|--------------------|
| HAS YOU, YOUR SPOUSE, OR EX-SPOUSE EVER HAD YOUR WAGES GARNISHED? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span><br>IF YES, GIVE DETAILS   |                              |                                  |                          |                    |
|   |                              |                                  |                          |                    |
| HAVE YOU, YOUR SPOUSE OR EX-SPOUSE EVER FILED FOR BANKRUPTCY UNDER STATE OR FEDERAL LAW? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>  |                              |                                  |                          |                    |
| DATE  | LOCATION & COURT WHERE FILED | AMOUNT                           | DATE OF DISCHARGE        |                    |
|   |                              |                                  |                          |                    |
| HAVE YOU, YOUR SPOUSE, OR EX-SPOUSE EVER FAILED TO FILE OR PAY REQUIRED MUNICIPAL, STATE, OR FEDERAL INCOME TAX RETURNS AND/ OR TAXES? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span><br>IF YES, GIVE DETAILS:           |                              |                                  |                          |                    |
|   |                              |                                  |                          |                    |
|   |                              |                                  |                          |                    |
| HAVE YOU, YOUR SPOUSE OR EX-SPOUSE EVER BEEN SUED BY ANYONE (CIVIL COURT DEFENDANT) IN ANY COMMON PLEASE, COUNTY, MUNICIPAL OR SMALL CLAIMS COURT? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span><br>IF YES, LIST BELOW: |                              |                                  |                          |                    |
| DATE  | WHAT COURT & WHERE           | OTHER PARTY INVOLVED (PLAINTIFF) | WHO WAS JUDGMENT AGAINST | AMOUNT OF JUDGMENT |
|   |                              |                                  |                          |                    |
|   |                              |                                  |                          |                    |
|   |                              |                                  |                          |                    |
|   |                              |                                  |                          |                    |
|   |                              |                                  |                          |                    |
| DO YOU OR YOUR SPOUSE HAVE ANY IMMEDIATE CIVIL ACTION PENDING AGAINST YOU? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span><br>IF YES, GIVE DETAILS:   |                              |                                  |                          |                    |
|   |                              |                                  |                          |                    |



|  |   |                 |               |
|--|---|-----------------|---------------|
| TO WHOM OWED (CREDITOR)                    | TYPE OF BUSINESS  | DATE INCURRED   | ORIGINAL AMT. |
| ADDRESS (NUMBER, STREET, CITY, STATE, ZIP) | LATE PAYMENTS<br><input type="checkbox"/> YES <input type="checkbox"/> NO | REASON FOR DEBT | AMT. NOW OWED |

|  |   |                 |               |
|--|---|-----------------|---------------|
| TO WHOM OWED (CREDITOR)                    | TYPE OF BUSINESS  | DATE INCURRED   | ORIGINAL AMT. |
| ADDRESS (NUMBER, STREET, CITY, STATE, ZIP) | LATE PAYMENTS<br><input type="checkbox"/> YES <input type="checkbox"/> NO | REASON FOR DEBT | AMT. NOW OWED |

WHAT IS YOUR TOTAL INDEBTEDNESS AT THE PRESENT TIME? \$ \_\_\_\_\_

HAVE YOUR CREDITORS TREATED YOU FAIRLY?  YES  NO

IF NO, EXPLAIN:

**47. ALCOHOL AND DRUG USAGE HISTORY:**

DO YOU CURRENTLY DRINK ALCOHOLIC BEVERAGES?  YES  NO

DO YOU CURRENTLY USE MARIJUANA?  YES  NO

IF YES, EXPLAIN THE FREQUENCY OF USE (i.e. DAILY, WEEKLY)

DO YOU CURRENTLY USE ANY OTHER ILLEGAL DRUGS OF SUBSTANCES (i.e. MORPHINE, COCAINE, HEROIN, DILAUDID, QUALUDES, HASHISH, HASH OIL, LSD, STP, DMT, PCP, GLUE SNIFFING ETC.)

YES  NO

IF YES, GIVE DETAILS CONCERNING THE DRUG AND THE FREQUENCY OF USE

**48. CHARACTER REFERENCES:**

GIVE EIGHT (8) REFERENCES, NOT RELATED BY BLOOD OR MARRIAGE (NOT EMPLOYERS OR SUPERVISORS), WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITY, FIVE (5) OF WHOM HAVE KNOWN YOU FOR THE LAST THREE (3) YEARS. BE SURE TO INCLUDE ZIP CODES.

|                               |             |                       |                |
|-------------------------------|-------------|-----------------------|----------------|
| 1. COMPLETE NAME OF REFERENCE | YEARS KNOWN | PLACE OF EMPLOYMENT   |                |
| STREET ADDRESS                |             | EMPLOYMENT ADDRESS    |                |
| CITY, STATE, ZIP CODE         | HOME PHONE  | CITY, STATE, ZIP CODE | BUSINESS PHONE |

|                               |             |                       |                |
|-------------------------------|-------------|-----------------------|----------------|
| 2. COMPLETE NAME OF REFERENCE | YEARS KNOWN | PLACE OF EMPLOYMENT   |                |
| STREET ADDRESS                |             | EMPLOYMENT ADDRESS    |                |
| CITY, STATE, ZIP CODE         | HOME PHONE  | CITY, STATE, ZIP CODE | BUSINESS PHONE |

|                               |             |                       |                |
|-------------------------------|-------------|-----------------------|----------------|
| 3. COMPLETE NAME OF REFERENCE | YEARS KNOWN | PLACE OF EMPLOYMENT   |                |
| STREET ADDRESS                |             | EMPLOYMENT ADDRESS    |                |
| CITY, STATE, ZIP CODE         | HOME PHONE  | CITY, STATE, ZIP CODE | BUSINESS PHONE |

|                               |             |                       |                |
|-------------------------------|-------------|-----------------------|----------------|
| 4. COMPLETE NAME OF REFERENCE | YEARS KNOWN | PLACE OF EMPLOYMENT   |                |
| STREET ADDRESS                |             | EMPLOYMENT ADDRESS    |                |
| CITY, STATE, ZIP CODE         | HOME PHONE  | CITY, STATE, ZIP CODE | BUSINESS PHONE |

|                               |             |                       |                |
|-------------------------------|-------------|-----------------------|----------------|
| 5. COMPLETE NAME OF REFERENCE | YEARS KNOWN | PLACE OF EMPLOYMENT   |                |
| STREET ADDRESS                |             | EMPLOYMENT ADDRESS    |                |
| CITY, STATE, ZIP CODE         | HOME PHONE  | CITY, STATE, ZIP CODE | BUSINESS PHONE |

|                               |             |                       |                |
|-------------------------------|-------------|-----------------------|----------------|
| 6. COMPLETE NAME OF REFERENCE | YEARS KNOWN | PLACE OF EMPLOYMENT   |                |
| STREET ADDRESS                |             | EMPLOYMENT ADDRESS    |                |
| CITY, STATE, ZIP CODE         | HOME PHONE  | CITY, STATE, ZIP CODE | BUSINESS PHONE |

|                               |             |                       |                |
|-------------------------------|-------------|-----------------------|----------------|
| 7. COMPLETE NAME OF REFERENCE | YEARS KNOWN | PLACE OF EMPLOYMENT   |                |
| STREET ADDRESS                |             | EMPLOYMENT ADDRESS    |                |
| CITY, STATE, ZIP CODE         | HOME PHONE  | CITY, STATE, ZIP CODE | BUSINESS PHONE |

|                               |             |                       |                |
|-------------------------------|-------------|-----------------------|----------------|
| 8. COMPLETE NAME OF REFERENCE | YEARS KNOWN | PLACE OF EMPLOYMENT   |                |
| STREET ADDRESS                |             | EMPLOYMENT ADDRESS    |                |
| CITY, STATE, ZIP CODE         | HOME PHONE  | CITY, STATE, ZIP CODE | BUSINESS PHONE |

|   |  |
|---|--|
| 49. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH MAY BE REQUIRED OF YOU IN LAW ENFORCEMENT OR WHICH MIGHT REQUIRE FURTHER EXPLANATION? |  |
| IF YES, EXPLAIN   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|   |  |
|   |  |

|   |
|---|
| 50. REMARKS- ANY COMMENTS THAT YOU THINK ARE IMPORTANT? |
|   |
|   |
|   |

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS OR OMISSIONS IN, OR FALSIFICATIONS OF THE PROCEEDING STATEMENTS AND ANSWERS. I AM FULLY AWARE THAT SHOULD AN INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS, FALSIFICATIONS, OR OMISSIONS IN ANY DOCUMENTS I SUBMIT OR STATEMENTS I MAKE AS PART OF THE APPLICATION PROCESS, MY APPLICATION WILL BE REJECTED AND I WILL BE DISQUALIFIED FROM APPLYING FOR ANY FUTURE POSITION IN THE SERVICE OF THE CITY OF BOWLING GREEN. IF, AFTER MY ACCEPTANCE FOR EMPLOYMENT, A SUBSEQUENT INVESTIGATION SHOULD DISCLOSE A MISREPRESENTATION, FALSIFICATION, OR OMISSION, IT WILL BE JUST CAUSE FOR IMMEDIATE DISMISSAL. I UNDERSTAND THAT THIS IS A CONTINUING INVESTIGATION AND AGREE TO NOTIFY THE BOWLING GREEN PERSONNEL DEPARTMENT OF ANY ADDRESS, EMPLOYMENT, OR MARITAL STATUS CHANGES, OR ANY OTHER INFORMATION THAT MAY REFLECT CHANGES OR ADDITIONS IN THIS PERSONAL HISTORY QUESTIONNAIRE.

SIGNATURE IN FULL \_\_\_\_\_ DATE \_\_\_\_\_

WITNESSED BY \_\_\_\_\_ DATE \_\_\_\_\_