

**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? <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, FIANCEE)				
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 (MAIDEN)			
STEPMOTHER OR FATHER FULL NAME	<u>HOME ADDRESS, CITY, STATE, ZIP CODE</u>	<u>PHONE NUMBER</u>	<u>OCCUPATION</u>
BROTHERS/ SISTERS FULL NAME:			
NAME:			
NAME:			
NAME:			
NAME:			
NAME:			

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

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

TYPE	NAME OF SCHOOL CITY & STATE			GRADUATE		TOTAL CREDIT HOURS	DEGREE OR CERTIFICATE RECEIVED
				YES	NO		
ELEMENTARY SCHOOL							
JUNIOR HIGH							
HIGH SCHOOL							
JUNIOR COLLEGE							
COLLEGE/ UNIVERSITY							
OTHER TRAINING SCHOOLS							

WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? YES 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/ 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 I REALIZE THAT BECAUSE OF THIS, MY BACKGROUND INVESTIGATION MAY BE DELAYED. REASON:			<input type="checkbox"/> YES <input type="checkbox"/> NO
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/ 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 checked="" type="checkbox"/> FULL-TIME
			<input checked="" type="checkbox"/> PART-TIME
TO DATE	ADDRESS	NAME OF SUPERVISOR	NAME OF CO-WORKER
SALARY/ 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/ 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 checked="" type="checkbox"/> FULL-TIME
			<input checked="" type="checkbox"/> PART-TIME
TO DATE	ADDRESS	NAME OF SUPERVISOR	NAME OF CO-WORKER
SALARY/ 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/ 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/ 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:

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

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

IF YES, STATE REASONS WHY, IF KNOWN:

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:

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:

HAVE YOU EVER BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
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 <input type="checkbox"/> NO	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY			
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY			
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY			
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY			
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY			
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY			
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INJURY <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

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:

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 (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 (WHERE REPORTED)	DISPOSITION OF CASE

HAVE YOU EVER BEEN FINGERPRINTED BY A LAW ENFORCEMENT AGENCY OTHER THAN FOR AN ARREST? YES NO
 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? YES NO
 IF YES, GIVE DETAILS

HAVE YOU, YOUR SPOUSE OR EX-SPOUSE EVER FILED FOR BANKRUPTCY UNDER STATE OR FEDERAL LAW? YES NO

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? YES NO
 IF YES, GIVE DETAILS:

HAVE YOU, YOUR SPOUSE OR EX-SPOUSE EVER BEEN SUED BY ANYONE (CIVIL COURT DEFENDANT) IN ANY COMMON PLEAS, COUNTY, MUNICIPAL OR SMALL CLAIMS COURT? YES NO
 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? YES NO
 IF YES, GIVE DETAILS:

44. AS A RESULT OF A COURT ORDER, ARE YOU REQUIRED TO PAY CHILD SUPPORT <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, GIVE DETAILS:					
DATE OF COURT ORDER	ARE YOU CURRENT?	ARE YOU IN ARREARS?	AMOUNT OF ARREARAGES	DATE OF LAST PAYMENT	AMOUNT OF LAST PAYMENT
45. IS THERE A LIEN AGAINST ANY OF YOUR PERSONAL PROPERTY OR REAL ESTATE NOT COVERED ON THIS PAGE OR FOLLOWING PAGE (E.G. TAX LIENS, MECHANICS LIENS, ETC.)? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, GIVE DETAILS:					
NAME OF LIEN HOLDER		DESCRIPTION OF PROPERTY			

46. FINANCIAL HISTORY:

LIST ALL FINANCIAL OBLIGATIONS FOR WHICH YOU ARE RESPONSIBLE. IF YOU HAVE NO CURRENT DEBTS, LIST PAID-UP ACCOUNTS, LIST ALL CREDIT CARDS PAST & PRESENT

TO WHOM OWED (CREDITOR)	TYPE OF BUSINESS	DATE INCURRED	ORIGINAL AMT.
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)	LATE PAYMENTS <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 <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 <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 <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 <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 <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

YES 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 _____