



LAKE COUNTY NARCOTICS AGENCY

P.O. Box 490, Painesville, Ohio 44077
(440) 350-3333 • (440) 918-3333 • Fax (440) 350-3313

FOR OFFICE USE ONLY

REC'D BY _____

DATE _____

APPLICATION FOR EMPLOYMENT

POSITION OF _____

APPLICANT – PLEASE READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS WITHIN THIS APPLICATION. Federal law prohibits discrimination in employment because of race, color, creed, religion, sex or national origin, age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of Ohio also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data. The Lake County Narcotics Agency is an equal opportunity employer and selects the best-matched individuals for the job based upon related qualification regardless of race, color, creed, sex, national origin, age, handicap, or other protected groups under state and federal equal opportunity laws. You can aid us in making a fair appraisal of those qualifications by answering each question accurately. We assure you this application will be handled as confidentially as possible; however, it may be discoverable for release under the state and federal freedom of information laws.

PLEASE PRINT

| | | | | | | | | |
|---------------------|--|--|------------|---------------|--|-------------|--|--|
| LAST NAME | | | FIRST NAME | | | MIDDLE NAME | | |
| COUNTY OF RESIDENCE | | | | TIME AND DATE | | | | |
| ORAL INTERVIEW | | | | | | | | |

ALL APPLICATIONS BECOME THE PROPERTY OF THE LAKE COUNTY NARCOTICS AGENCY.

EQUAL OPPORTUNITY EMPLOYER

APPLICANT INSTRUCTIONS

This personal history questionnaire is intended for the use of the Lake County Narcotics Agency personnel administrative section. You must be truthful and complete all answers requested on this form. **All information contained herein will be subject to verification, e.g., source documentation, polygraph and/or voice stress analyzer, and screening procedures.** Information contained herein will be handled as confidentially as possible, however it is subject to Federal and Ohio public records laws, and may be disclosed.

The answers to questions contained in this questionnaire must be printed, in your own hand, legibly in black 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 not acceptable. You must provide complete address information when requested; partial address responses are unacceptable.

WARNING

Applicants are cautioned to answer every question truthfully and fully, without evasion. The Ohio Revised Code provides penalties for making a false written statement of material fact, in obtaining or attempting to obtain employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code Section 2921.13.

READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I understand that as a result of making this application for employment, the Lake County Narcotics Agency, through its duly authorized employees and agents, may request, and I also authorize and request each former employer, educational institution which I attended, and each person, firm or corporation that I have given as a reference, to furnish any information that may be sought by the Lake County Narcotics Agency concerning me and my work, my habits, character, or skill. I hereby waive any privilege and release the Lake County Narcotics Agency, and all referring entities, from any liability involved in providing this information. _____

Initial Here

I further authorize the Lake County Narcotics Agency, through its authorized employees or agents, to make any lawful examination of my criminal record, and I release any police or law enforcement agency, and all individuals connected therewith, from all liability involved in providing this information.

Initial Here

In the event that I receive a conditional offer for employment, I authorize any Physician, Psychologist, or medical facility to release information that may be necessary to determine my ability to perform the duties of the job I am being considered for. _____

Initial Here

I consent to take a polygraph and/or voice stress analyzer, medical, and psychological examination by qualified professionals at the direction of the Director of the Lake County Narcotics Agency. _____
Initial Here

I understand that falsification of data given by me, or the failure to provide full and complete information is unacceptable to the Lake County Narcotics Agency, and if any such false information or the failure to disclose information is discovered, such discovery may prevent my being hired, or if hired, may subject me to immediate dismissal and potential criminal charges. _____
Initial Here

I understand that business needs of the Lake County Narcotics Agency may, at times, make the following conditions of employment mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday, and I accept these as conditions of my continuing employment.

Initial Here

Signature _____ Date _____

PERSONAL & MARITAL RECORD – SECTION I

| | | | | | |
|---|--|---|-------------------------------|--------------------|-----------------|
| LEGAL LAST NAME | FIRST | FULL MIDDLE NAME | | | |
| BY WHAT OTHERS NAMES HAVE YOU BEEN KNOWN (Maiden Name, Former Married Names, Aliases, Nicknames, Etc.?) | | RESIDENCE PHONE NUMBER & AREA CODE | | | |
| RESIDENCE ADDRESS (Number, Street, Apartment, City, County, State & Zip Code) | | | | | |
| ARE YOU OVER 18 YEARS OF AGE? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| OHIO DRIVER'S LIC # | TYPE | EXPIRATION DATE | OUT-OF-STATE OPERATOR'S LIC # | TYPE STATE OR TERR | EXPIRATION DATE |
| LIST ANY IDENTIFYING MARKS YOU MAY HAVE SUCH AS SCARS, BIRTHMARKS, TATTOOS, ETC. | | | | | |
| PRESENT MARITAL STATUS | CITY, COUNTY, STATE PRESENT MARRIAGE PERFORMED | | | | |
| NAME OF PRESENT SPOUSE (Last, First, & Middle) | | MAIDEN NAME (If Applicable) | | | |
| | | NAME AND ADDRESS OF SPOUSE'S EMPLOYER | | | |
| FATHER (Natural) | LAST, FIRST, MIDDLE, | ADDRESS (Number, Street, City, State, & Zip Code) | | | |
| MOTHER (Natural) (Maiden Name First, Former Married Names) | LAST, FIRST, MIDDLE | ADDRESS (Number, Street, City, State, & Zip Code) | | | |

PERSONAL & MARITAL RECORD – SECTION I (CONT.)

| LIST YOUR CHILDREN | | | |
|--|------------------------------|--|--|
| <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER | NAME (Last, First, & Middle) | | |
| ADDRESS (If Different From Yours) [Number, Street, Apartment, City, County, State, & Zip Code] | | | |
| <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER | NAME (Last, First, & Middle) | | |
| ADDRESS (If Different From Yours) [Number, Street, Apartment, City, County, State, & Zip Code] | | | |
| <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER | NAME (Last, First, & Middle) | | |
| ADDRESS (If Different From Yours) [Number, Street, Apartment, City, County, State, & Zip Code] | | | |
| <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER | NAME (Last, First, & Middle) | | |
| ADDRESS (If Different From Yours) [Number, Street, Apartment, City, County, State, & Zip Code] | | | |
| <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER | NAME (Last, First, & Middle) | | |
| ADDRESS (If Different From Yours) [Number, Street, Apartment, City, County, State, & Zip Code] | | | |

PREVIOUS RESIDENCE(S) RECORD – SECTION II

List all addresses, since age 17. Account for all time spans with the most recent address first and descending in order there from. **Include all military addresses, listing the nearest city in proximity to the base if you resided on base.** If renting or leasing, include the agent or management company to whom you pay rent.

| FROM (Month/Year) To (Month/Year) | ADDRESS (No, [Specify N.S.E.W.] St, Pl, Dr, City, State, & Zip Code) | WITH WHOM DID YOU LIVE? | RELATIONSHIP |
|-----------------------------------|--|-------------------------|--------------|
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FINANCIAL RECORD – SECTION III

1. ARE YOU NOW DILINQUENT IN ANY FINANCIAL OBLIGATION? YES NO
2. DO YOUR MONTHLY BILLS EXCEED YOUR TAKE-HOME PAY? YES NO

| 3. INDEBTNESS: INVOLVING YOU, YOUR SPOUSE, YOUR EX-SPOUSE(S) FOR WHICH YOU ARE LIABLE. | | | | | |
|--|---------|---------------|-----------------|------------|-----------------|
| TO WHOM OWED | ADDRESS | DATE INCURRED | ORIGINAL AMOUNT | AMOUNT DUE | MONTHLY PAYMENT |
| | | | | | |
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FINANCIAL RECORD – SECTION III (CONT.)

| | |
|-----------------------------------|--|
| NAME AND LOCATION OF YOUR BANK(S) | <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS |
| | <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS |
| | <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS |

| YEAR, MAKE, BODY TYPE OF YOUR PRESENT VEHICLES | DATE PURCHASED | LICENSE NO. | NAME OF LEGAL OWNER |
|--|----------------|-------------|---------------------|
| | | | |
| | | | |
| | | | |

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE EXPLAIN FULLY ON THE CONTINUATION SHEET, CITING THE REFERENCE AND PAGE NUMBERS. BE COMPLETE ON ALL EXPLANATIONS.

4. DO YOU, YOUR SPOUSE, OR EX-SPOUSE(S) HAVE ANY IMMEDIATE CIVIL ACTION PENDING AGAINST YOU? YES NO
5. IF EMPLOYED BY THE NARCOTICS AGENCY, DO YOU ANTICIPATE ANY INCOME OTHER THAN YOUR SALARY? YES NO
6. HAVE YOU EVER BEEN GARNISHED, FILED FOR BANKRUPTCY, OR BEEN DECLARED BANKRUPT? YES NO

WORK HISTORY – SECTION IV

| HAVE YOU EVER APPLIED FOR A POSITION WITH ANY LAW ENFORCEMENT OR GOVERNMENT AGENCY? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|--------------|--|---|
| NAME OF DEPARTMENT OR AGENCY | DATE APPLIED | ACCEPTED | IF NO, GIVE REASON FOR REJECTION OR DECLINED OF APPOINTMENT |
| 1. | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 2. | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 3. | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 4. | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

WORK HISTORY – SECTION IV (CONT.)

EMPLOYMENT

Begin with your most recent job and list your complete work history in chronological order. **Include in sequence all part-time jobs, periods of unemployment and military service.** When listing military service, substitute for the name and address of immediate supervisor, the name, address and rank of the last commissioned officer who was your immediate commissioned superior and substitute for the name and address of co-workers, the name and address of a non-commissioned officer with whom you served. When listing periods of unemployment, indicate dates in space provided and in the block designated "Name of Employer" write in "Unemployed". In that block designated "Reason for Leaving" indicate from what source you received income during that period of unemployment. Address information must be complete – Street, Apartment or Suite, City, State and Zip Code.

NOTICE: In filling out this application, exclude organization names if the names would indicate race, color, religion, sex, national origin, ancestry or handicap.

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No
 IF NO, EXPLAIN OF THE LAST PAGE.

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB? Yes No
 IF YES, EXPLAIN OF THE LAST PAGE.

IF PRESENTLY UNEMPLOYED, INDICATE SO IN FIRST BLOCK.

| | | |
|----------------|--|-----------------------|
| FROM (Date) | NAME OF EMPLOYER | JOB TITLE |
| TO (Date) | ADDRESS OF EMPLOYER (Number, Street, City, State and Zip Code) | DESCRIPTION OF DUTIES |
| BUSINESS PHONE | | |
| SALARY | FULL NAME OF IMMEDIATE SUPERVISOR | REASON FOR LEAVING |
| FROM (Date) | NAME OF EMPLOYER | JOB TITLE |
| TO (Date) | ADDRESS OF EMPLOYER (Number, Street, City, State and Zip Code) | DESCRIPTION OF DUTIES |
| BUSINESS PHONE | | |
| SALARY | FULL NAME OF IMMEDIATE SUPERVISOR | REASON FOR LEAVING |
| FROM (Date) | NAME OF EMPLOYER | JOB TITLE |
| TO (Date) | ADDRESS OF EMPLOYER (Number, Street, City, State and Zip Code) | DESCRIPTION OF DUTIES |
| BUSINESS PHONE | | |
| SALARY | FULL NAME OF IMMEDIATE SUPERVISOR | REASON FOR LEAVING |

WORK HISTORY – SECTION IV (CONT.)

| | | |
|----------------|--|-----------------------|
| FROM (Date) | NAME OF EMPLOYER | JOB TITLE |
| TO (Date) | ADDRESS OF EMPLOYER (Number, Street, City, State and Zip Code) | DESCRIPTION OF DUTIES |
| BUSINESS PHONE | | |
| SALARY | FULL NAME OF IMMEDIATE SUPERVISOR | REASON FOR LEAVING |
| FROM (Date) | NAME OF EMPLOYER | JOB TITLE |
| TO (Date) | ADDRESS OF EMPLOYER (Number, Street, City, State and Zip Code) | DESCRIPTION OF DUTIES |
| BUSINESS PHONE | | |
| SALARY | FULL NAME OF IMMEDIATE SUPERVISOR | REASON FOR LEAVING |
| FROM (Date) | NAME OF EMPLOYER | JOB TITLE |
| TO (Date) | ADDRESS OF EMPLOYER (Number, Street, City, State and Zip Code) | DESCRIPTION OF DUTIES |
| BUSINESS PHONE | | |
| SALARY | FULL NAME OF IMMEDIATE SUPERVISOR | REASON FOR LEAVING |
| FROM (Date) | NAME OF EMPLOYER | JOB TITLE |
| TO (Date) | ADDRESS OF EMPLOYER (Number, Street, City, State and Zip Code) | DESCRIPTION OF DUTIES |
| BUSINESS PHONE | | |
| SALARY | FULL NAME OF IMMEDIATE SUPERVISOR | REASON FOR LEAVING |
| FROM (Date) | NAME OF EMPLOYER | JOB TITLE |
| TO (Date) | ADDRESS OF EMPLOYER (Number, Street, City, State and Zip Code) | DESCRIPTION OF DUTIES |
| BUSINESS PHONE | | |
| SALARY | FULL NAME OF IMMEDIATE SUPERVISOR | REASON FOR LEAVING |

MILITARY AND EDUCATIONAL RECORD – SECTION V (CONT.)

MISCELLANEOUS

Excluding any organization or name which indicates the race, color, religion, sex, national origin, handicap, age or ancestry of its members, list All ORGANIZATIONS, CLUBS, AND SOCIAL GROUPS OF WHICH YOU ARE NOW, OR HAVE BEEN A MEMBER AND POSITION, e.g., MEMBER, ASSOCIATE MEMBER, PRESIDENT, SECRETARY, ETC. CONTINUE ON SHEETS PROVIDED IF NECESSARY.

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REFERENCES – SECTION VI

FILL IN BELOW THE NAME OF THREE ADULTS, NOT RELATED TO YOU AND NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR A PERIOD OF PREFERABLY MORE THAN FIVE YEARS.

| | | | | |
|-------------|---------------------|--|--|--|
| NAME | | HOME ADDRESS (Number, Street, City, State, & Zip Code) | | HOME PHONE (Area Code & Number) |
| YEARS KNOWN | BUSINESS/OCCUPATION | BUSINESS ADDRESS (Number, Street, City, State, & Zip Code) | | BUSINESS PHONE (Area Code & Number) |
| NAME | | HOME ADDRESS (Number, Street, City, State, & Zip Code) | | HOME PHONE (Area Code & Number) |
| YEARS KNOWN | BUSINESS/OCCUPATION | BUSINESS ADDRESS (Number, Street, City, State, & Zip Code) | | BUSINESS PHONE (Area Code & Number) |
| NAME | | HOME ADDRESS (Number, Street, City, State, & Zip Code) | | HOME PHONE (Area Code & Number) |
| YEARS KNOWN | BUSINESS/OCCUPATION | BUSINESS ADDRESS (Number, Street, City, State, & Zip Code) | | BUSINESS PHONE (Area Code & Number) |

GENERAL INFORMATION INQUIRY – SECTION VII

NOTICE: The information requested in this section is necessary because of the position for which you are applying and is needed for a legally permissible reason, including without limitation, national security requirements, affirmative action, a bona fide occupational qualification or business necessity. Your answers may be verified through the use of a polygraph exam and/or voice stress analyzer. If your response is “Yes” to any of the following questions, you must explain the circumstances in detail on the continuation sheet provided.

| | | Yes | No |
|-----|---|-----|----|
| 1. | If it became necessary in the course of your police duties to take a human life, would you have any reluctance to do so? Narcotics Agent applicants only need answer this question | | |
| 2. | Have you ever been involved in or committed a serious criminal offense (e.g. possession or sale of illegal drugs, theft, assault, acts of violence, fraud, etc.) for which you were never arrested, charged, or convicted? | | |
| 3. | Have you ever been placed on or served in a criminal diversion type program that led to the eventual dismissal of any criminal charges? | | |
| 4. | Have you ever been convicted of a felony criminal offense? | | |
| 5. | Have you ever been convicted of a misdemeanor offense that had been reduced from original felony charges? | | |
| 6. | Have you ever been convicted of any criminal offense (e.g., theft offense, assault and battery, domestic violence, wrongful influence of a minor, disorderly conduct, gambling, drug offense, sex offenses, offenses involving immoral or indecent conduct, fraud, trespassing, conversion of trust, offenses involving military justice) or any other criminal offenses? | | |
| 7. | Have you ever been convicted of any traffic offense (e.g., operating a motor vehicle while under the influence of alcohol or drugs, reckless operation, hit skip, vehicular homicide, speeding, drag racing, willfully fleeing or eluding police, operating an unsafe vehicle, driving without a license, passing a school bus receiving or discharging passengers) or any other traffic offense , excluding parking and equipment violations? | | |
| 8. | As an adult, have you ever stolen anything? | | |
| 9. | Have you bought or sold any property that you knew was stolen? | | |
| 10. | Has your driver’s license ever been suspended or revoked? | | |
| 11. | Have you ever been committed to any penal institution as a result of either a felony or misdemeanor conviction? | | |
| 12. | Are you presently under indictment or a defendant in any pending criminal, traffic or civil actions? | | |
| 13. | Are you currently using or have you ever used any type of hallucinogenic drugs such as marijuana, LSD, mescaline, peyote, amphetamine variants, PCP, and psilocybin or psilocin mushrooms? If yes, age first used, age last used, total number of usages. | | |
| 14. | Are you currently using or have you ever used any type of illegal drugs such as cocaine, crack cocaine, heroin, barbiturates, amphetamines, hashish, etc. If yes, age first used, age last used, and total number of usages. | | |
| 15. | Are you currently using or have you ever used any type of narcotic drugs such as opium, morphine, codeine, methadone, or any of their derivatives such as Darvon, Percodan, Percocet, Tylenol w/Codeine, Demerol, Dilaudid, etc., If yes, age first used, age last used, and total number of usages. | | |
| 16. | Are you currently using or have you ever used any prescription drugs such as Fiorinal, Tuinal, Diazepam, Librium, Xanax, Valium, Quaaludes, Ritalin, illegally or without a prescription from a doctor? If yes, age first used, age last used, and total number of usages. | | |
| 17. | Have you ever used any prescribed medications for the purposes other than that for which they were originally prescribed or intended? If yes, type and use. | | |
| 18. | Are you currently using or have you ever used designer drugs – substances chemically altered in makeup but which give the same effect as illegal drugs? If yes, age first used, age last used, and total number of usages. | | |
| 19. | Are you currently using or have you ever used inhalant products such as glue, butane, or other chemical substances for the purpose of obtaining a state of intoxication or “high”? If yes, age first used, age last used, and total number of usages. | | |
| 20. | Are you currently using alcohol products? If yes, types, amount and frequency. | | |

GENERAL INFORMATION INQUIRY – SECTION VII (CONT.)

| | | | |
|-----|--|--|--|
| 21. | Are you currently using alcohol excessively? | | |
| 22. | Are you currently using legal drugs in excess of prescribed dosages and/or are you currently using any illegal drugs or controlled substances? | | |
| 23. | Have you ever filed for and received unemployment compensation, the amounts of which you were not eligible to receive? | | |
| 24. | Are you now, or have you ever, received any type of governmental support such as welfare, A.D.C., housing subsidy payments, medical or education loans or grants that you were not eligible for, received in a fraudulent manner or after receiving became ineligible for but continued receiving? | | |
| 25. | Do you have any hatreds or prejudices toward others because of their race, sex, national origin, religion, or color that would be detrimental to your functioning as a police officer? | | |
| 26. | Do you have any problems because of gambling? | | |
| 27. | Do you have any problems controlling your temper? | | |
| 28. | Have you ever been involved in an automobile accident? | | |
| 29. | Have you ever engaged in any grossly unnatural sexual acts? | | |
| 30. | Have you ever engaged in any illicit sexual activities? | | |
| 31. | Have you ever traveled outside the United States? If yes, what countries. | | |
| 32. | Are you currently receiving any psychiatric or psychological evaluations, treatments, or examinations because of current or past drug or substance abuse problems? If yes, type and status. | | |
| 33. | You have been given a written job description listing the essential job functions of the position for which you have applied. Please review the job description and answer the following question. Are you able to perform each of the essential job functions listed for the position for which you have applied? If no, list the function(s) you are unable to perform and explain why you are unable to perform them. | | |
| 34. | Have you ever undergone any type of eye surgery to correct your vision, e.g., radial keratotomy, etc. | | |
| 35. | What is your current uncorrected and corrected vision? | | |

ALL APPLICANTS MUST READ AND SIGN THE FOLLOWING CERTIFICATE

The facts set forth in my application for employment are true and complete. I understand that any false statements on this application may result in the disapproval of my appointment, my dismissal after appointment, and may subject me to prosecution under the Ohio Revised Code, Section 2921.13. Further, this application is not and is not intended to be a contract of employment, and does not obligate the employer in any way.

SIGNATURE OF APPLICANT _____ DATE _____

