



APPLICANT QUESTIONNAIRE

APPLICANT NAME: _____

Social Security Number: _____ Date of Birth: _____

The information provided in this questionnaire will be considered confidential to the extent that this information is excluded from disclosure under State or Federal law. The information provided will be used to assist the Mahoning County Sheriff to determine the qualifications of the applicant. The intentional omission or falsification of any material fact will give just cause for disqualification of the applicant from the selection process.

Each question must be answered as completely as possible. If a question does not apply to your particular circumstances, insert DNA (Does Not Apply), Should there not be sufficient space to answer a question, use the last page. Identify your answer by Section number.

The answers to this questionnaire will be verified by interviews and a complete background investigation. All applicants will be subject to a truth detection test.

INSTRUCTIONS

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 an employee. All information will be considered strictly confidential and will not be disclosed to any unauthorized person within the limits of State and Federal law.

You are required to make known to us any criminal record you have that has been expunged or legally sealed, consistent with Ohio Revised Code 2953.33. You must report your expunged or legally sealed charge or record, even if an attorney has told you otherwise. List your record or charge under the Criminal History section later in this questionnaire.

You will be required to submit to a truth detection test to determine the authenticity of the information given by you.

PRINT your answers in ink. Do not leave any questions blank. If a question does not apply to you, write "DNA". Your answers must be legible. If additional space is needed to explain an answer, please use the continuation sheets provided and reference to specific question number.

Be aware that your spelling, grammar and neatness will be considered part of your personal attributes involved in the selection process. Also, your dress, speech, and manner will be scrutinized during all phases of the background investigation process and will be similarly considered.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE INSTRUCTIONS

Signature: _____

Date: _____

PERSONAL & FAMILY RECORD

Legal Last Name	Full First Name	Full Middle Name

By What Other Names Have You Been Known (Maiden, Former Marriage, Alias):

Date of Birth: _____ **Place of Birth:** _____ **SSN:** _____

Address: _____
(Street Name and Number)

(City)

(State)

(Zip)

(Home Phone)

(Cell Phone)

(Work Phone)

United States Citizen:	YES	NO
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Naturalized Citizen:	YES	NO
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Naturalization Certificate Number:	_____
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Marital Status:	Married	Single	Divorced	Separated	Widowed
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Spouse Information

Legal Last Name	Full First Name	Full Middle Name

Date of Birth: _____ **Place of Birth:** _____ **SSN:** _____

Address: _____
(Street Name and Number)

(City)

(State)

(Zip)

(Home Phone)

(Cell Phone)

(Work Phone)

Father Information

Legal Last Name	Full First Name	Full Middle Name

Date of Birth: _____ Occupation: _____

Address: _____
(Street Name and Number)

(City) (State) (Zip)

(Home Phone) (Cell Phone) (Work Phone)

Mother Information

Legal Last Name	Full First Name	Full Middle Name

Date of Birth: _____ Occupation: _____

Address: _____
(Street Name and Number)

(City) (State) (Zip)

(Home Phone) (Cell Phone) (Work Phone)

Children (list all children, whether residing with you or not)

Legal Last Name	Full First Name	Full Middle Name

Son / Daughter Date of Birth: _____ Place of Birth: _____

Address: _____
(Street Name and Number)

(City) (State) (Zip)

Legal Last Name	Full First Name	Full Middle Name

Son / Daughter **Date of Birth:** _____ **Place of Birth:** _____

Address: _____
 (Street Name and Number)

 (City) _____ (State) _____ (Zip)

Legal Last Name	Full First Name	Full Middle Name

Son / Daughter **Date of Birth:** _____ **Place of Birth:** _____

Address: _____
 (Street Name and Number)

 (City) _____ (State) _____ (Zip)

Legal Last Name	Full First Name	Full Middle Name

Son / Daughter **Date of Birth:** _____ **Place of Birth:** _____

Address: _____
 (Street Name and Number)

 (City) _____ (State) _____ (Zip)

Are you now supporting all required dependents?	YES	NO
Are you paying alimony and/or child support	YES	NO (Amount per Month \$_____)
Have you ever been sued for alimony payments, child support payments?	YES	NO
Court: _____	Date: _____	Docket #: _____
Are you now in arrears or have your wages ever been garnished for back child support payments or alimony payments?	YES	NO

MILITARY RECORD

Have you ever served in the Armed Forces: YES NO

Branch of Service: _____

Military Serial Number: _____

Highest Rank Achieved: _____

Are you currently in the Reserves or National Guard: YES NO

Active Duty Dates (do not include Reserve tours of 90 days or less):

FROM: _____ TO: _____

FROM: _____ TO: _____

FROM: _____ TO: _____

Type of Discharge: _____
(Honorable, General, Other-Than-Honorable, Dishonorable)

***If discharge was anything else but Honorable, please explain:

Were you ever court martialed, tried on charges, the subject of a summary court, deck court, captain's mast, non-judicial punishment or any other disciplinary action during your service? YES NO

***If you answered yes, please explain:

EDUCATION

High School: _____		
Address: _____ (Street Name and Number)		
_____	_____	_____
(City)	(State)	(Zip)
Did you graduate?	YES	NO
Major: _____	Minor: _____	Total Credit Hours: _____
Dates Attended: _____ to _____		

List any and all universities, trade schools, business schools and training schools attended:

School Name: _____		
Address: _____ (Street Name and Number)		
_____	_____	_____
(City)	(State)	(Zip)
Did you graduate?	YES	NO
Major: _____	Minor: _____	Total Credit Hours: _____
Dates Attended: _____ to _____		

School Name: _____		
Address: _____ (Street Name and Number)		
_____	_____	_____
(City)	(State)	(Zip)
Did you graduate?	YES	NO
Major: _____	Minor: _____	Total Credit Hours: _____
Dates Attended: _____ to _____		

School Name: _____

Address: _____
(Street Name and Number)

_____ (City) _____ (State) _____ (Zip)

Did you graduate? YES NO

Major: _____ Minor: _____ Total Credit Hours: _____

Dates Attended: _____ to _____

School Name: _____

Address: _____
(Street Name and Number)

_____ (City) _____ (State) _____ (Zip)

Did you graduate? YES NO

Major: _____ Minor: _____ Total Credit Hours: _____

Dates Attended: _____ to _____

School Name: _____

Address: _____
(Street Name and Number)

_____ (City) _____ (State) _____ (Zip)

Did you graduate? YES NO

Major: _____ Minor: _____ Total Credit Hours: _____

Dates Attended: _____ to _____

EMPLOYMENT

List all jobs held since age 18 (full-time, part-time, temporary, seasonal, military and periods of unemployment, starting with the most recent)

Employer: _____ Job Title: _____

From: _____ TO: _____ Salary: \$ _____ per: _____

Address: _____
(Street Name and Number)

(City) (State) (Zip)

Business Phone: _____ **Supervisor:** _____

Reason for Leaving: _____

List any and all disciplines (write-ups, reprimands, suspensions, terminations):

May we contact your current employer? YES NO

If no, please explain: _____

Employer: _____ Job Title: _____

From: _____ TO: _____ Salary: \$ _____ per: _____

Address: _____
(Street Name and Number)

(City) (State) (Zip)

Business Phone: _____ **Supervisor:** _____

Reason for Leaving: _____

List any and all disciplines (write-ups, reprimands, suspensions, terminations):

Employer: _____ Job Title: _____

From: _____ TO: _____ Salary: \$ _____ per: _____

Address: _____
(Street Name and Number)

(City) (State) (Zip)

Business Phone: _____ **Supervisor:** _____

Reason for Leaving: _____

List any and all disciplines (write-ups, reprimands, suspensions, terminations):

Employer: _____ Job Title: _____

From: _____ TO: _____ Salary: \$ _____ per: _____

Address: _____
(Street Name and Number)

(City) (State) (Zip)

Business Phone: _____ **Supervisor:** _____

Reason for Leaving: _____

List any and all disciplines (write-ups, reprimands, suspensions, terminations):

Employer: _____ Job Title: _____

From: _____ TO: _____ Salary: \$ _____ per: _____

Address: _____
(Street Name and Number)

_____ (City) _____ (State) _____ (Zip)

Business Phone: _____ **Supervisor:** _____

Reason for Leaving: _____

List any and all disciplines (write-ups, reprimands, suspensions, terminations):

Employer: _____ Job Title: _____

From: _____ TO: _____ Salary: \$ _____ per: _____

Address: _____
(Street Name and Number)

_____ (City) _____ (State) _____ (Zip)

Business Phone: _____ **Supervisor:** _____

Reason for Leaving: _____

List any and all disciplines (write-ups, reprimands, suspensions, terminations):

Have your employers always treated you fairly?	YES	NO
If no, please explain:		

Were you ever terminated, fired, discharged or forced to resign because of misconduct, unsatisfactory service, or any other reason?	YES	NO
If yes, please explain in as much detail as possible:		

Do you have experience with shift work?	YES	NO
Do you object to working afternoon or night shifts?	YES	NO
Do you object to working weekends?	YES	NO
Do you object to wearing a uniform to work?	YES	NO

List all Law Enforcement Agencies you have applied to and your status:

AGENCY	DATE APPLIED	EMPLOYMENT STATUS

List all organizations, clubs and social groups you belong to and any position held:

AGENCY	EMPLOYMENT STATUS

List all vehicles registered to you and members of your household:

YEAR	MAKE	MODEL	PLATE #	STATE	VIN

Are there any outstanding or delinquent parking tickets on the above-listed vehicles?
YES NO

If yes, please explain:

Have you ever been refused automobile insurance? YES NO

If yes, please explain:

CIVIL HISTORY

Have you, your spouse, or your ex-spouse ever been sued by anyone (civil court defendant) in any common pleas court, county court, municipal court or small claims court? YES NO

If yes, please provide the following details:

DATE	COURT of JURISDICTION	OTHER PARTY	WHO LOST	AMOUNT

Do you, your spouse or your ex-spouse have any immediate civil action pending? YES NO

If yes, please explain:

Have you, your spouse or ex-spouse ever filed for bankruptcy? YES NO

If yes, please provide the following details:

DATE	COURT of JURISDICTION	DATE DISCHARGED	AMOUNT

Have you, your spouse or ex-spouse ever failed to file or to pay required municipal, state and federal income tax returns and/or taxes? YES NO

If yes, please explain:

Have you, your spouse or ex-spouse ever had your wages garnished? YES NO

If yes, please explain:

Are there any liens against any of your property or real estate? YES NO

If yes, please explain:

CRIMINAL HISTORY

Have you ever been arrested, detained, held or charged with any criminal violation, including traffic, as an adult or juvenile? YES NO

If yes, please provide the following:

DATE	ARRESTING AGENCY	CHARGE	DISPOSITION	DETAILS

Have you ever been placed on probation? YES NO

If yes, please provide the following:

DATE	LOCATION	CHARGE	DISPOSITION	DETAILS & OUTCOME

Have you ever been required to pay a fine, other than those previously listed (health department, zoning, dog warden)? YES NO

If yes, please explain:

Have you ever been reported as a missing person or runaway? YES NO

If yes, please provide the following:

DATE	LOCATION	POLICE AGENCY	DETAILS & OUTCOME

Has any member of your immediate family, in-laws, anyone you have ever lived with or another close family relation ever been convicted of a crime? YES NO

If yes, please provide the following:

DATE	NAME & RELATION	CHARGE	POLICE AGENCY	DISPOSITION

Have you ever been convicted of a misdemeanor offense that had been reduced from an original felony charge?	YES	NO
Have you ever been sentenced to any correctional facility?	YES	NO
Are you currently under indictment for a criminal offense?	YES	NO
Have you ever been placed on or served in a criminal diversion program that led to the eventual dismissal of criminal charges?	YES	NO
Have you ever applied for or received any type of governmental support such as welfare, unemployment compensation, housing subsidy payments, medical or educational loans, grants, general relief, food stamps, Medicaid or social security that you were not eligible for, received in a fraudulent manner, or after receiving became ineligible but continued receiving?	YES	NO
Do you have a problem controlling your temper?	YES	NO
Do you have a gambling problem?	YES	NO

Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution (as defined in 42 U.S.C. 1997)?

YES NO

Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

YES NO

Have you ever been civilly or administratively adjudicated to have engaged in the activity described in the previous two (2) questions?

YES NO

FINANCIAL

List the checking or savings accounts that you currently have. Then list all financial obligations for which you are responsible. Use the continuation sheet if necessary.

BANK	BANK	DATE OPENED	CURRENT AMOUNT
			\$
BANK	BANK	DATE OPENED	CURRENT AMOUNT
			\$
CREDITOR	LOAN TYPE	DATE INCURRED	ORIGINAL AMOUNT
			\$
CREDITOR ADDRESS	REASON for DEBT	IN DEFAULT	AMOUNT NOW OWED
		YES NO	\$
CREDITOR	LOAN TYPE	DATE INCURRED	ORIGINAL AMOUNT
			\$
CREDITOR ADDRESS	REASON for DEBT	IN DEFAULT	AMOUNT NOW OWED
		YES NO	\$
CREDITOR	LOAN TYPE	DATE INCURRED	ORIGINAL AMOUNT
			\$
CREDITOR ADDRESS	REASON for DEBT	IN DEFAULT	AMOUNT NOW OWED
		YES NO	\$
CREDITOR	LOAN TYPE	DATE INCURRED	ORIGINAL AMOUNT
			\$
CREDITOR ADDRESS	REASON for DEBT	IN DEFAULT	AMOUNT NOW OWED
		YES NO	\$
CREDITOR	LOAN TYPE	DATE INCURRED	ORIGINAL AMOUNT
			\$
CREDITOR ADDRESS	REASON for DEBT	IN DEFAULT	AMOUNT NOW OWED
		YES NO	\$
CREDITOR	LOAN TYPE	DATE INCURRED	ORIGINAL AMOUNT
			\$
CREDITOR ADDRESS	REASON for DEBT	IN DEFAULT	AMOUNT NOW OWED
		YES NO	\$
CREDITOR	LOAN TYPE	DATE INCURRED	ORIGINAL AMOUNT
			\$
CREDITOR ADDRESS	REASON for DEBT	IN DEFAULT	AMOUNT NOW OWED
		YES NO	\$

REFERENCES

List Six (6) references (not relatives, spouses, employers or supervisors) who are responsible adults, four (4) of whom have known you for at least three (3) years:

Legal Last Name	Full First Name	Full Middle Name

Date of Birth: _____ **Occupation:** _____

Address: _____
(Street Name and Number)

(City) (State) (Zip)

(Home Phone) (Cell Phone) (Work Phone)

Legal Last Name	Full First Name	Full Middle Name

Date of Birth: _____ **Occupation:** _____

Address: _____
(Street Name and Number)

(City) (State) (Zip)

(Home Phone) (Cell Phone) (Work Phone)

Legal Last Name	Full First Name	Full Middle Name

Date of Birth: _____ **Occupation:** _____

Address: _____
(Street Name and Number)

(City) (State) (Zip)

(Home Phone) (Cell Phone) (Work Phone)

Legal Last Name	Full First Name	Full Middle Name

Date of Birth: _____ **Occupation:** _____

Address: _____
(Street Name and Number)

_____ (City) _____ (State) _____ (Zip)

(Home Phone) (Cell Phone) (Work Phone)

Legal Last Name	Full First Name	Full Middle Name

Date of Birth: _____ **Occupation:** _____

Address: _____
(Street Name and Number)

_____ (City) _____ (State) _____ (Zip)

(Home Phone) (Cell Phone) (Work Phone)

Legal Last Name	Full First Name	Full Middle Name

Date of Birth: _____ **Occupation:** _____

Address: _____
(Street Name and Number)

_____ (City) _____ (State) _____ (Zip)

(Home Phone) (Cell Phone) (Work Phone)

GENERAL INFORMATION

Have you ever traveled outside of the United States?	YES	NO
If yes, what countries:		

Do you own any business or commercial properties?	YES	NO
If yes, what and where:		

If you are hired by the Mahoning County Sheriff, do you anticipate any other income other than your salary?	YES	NO
If yes, what amount and from what source:		

Other than a driver's license, do you possess any other permit or license?	YES	NO
If yes, explain:		

Please list any other pertinent information you feel may be necessary:
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Applicant's Signature: _____ Date: _____

Sworn to and subscribed before me this _____ day of _____, 20____, in
the County of _____, State of Ohio

Notary Signature: _____

My Commission Expires: _____

CONTINUATION SHEET

Use this sheet if you need additional space to respond to any question on this application

ADDITIONAL INFORMATION

YOU MUST HAVE ALL OF THE FOLLOWING DOCUMENTATION TURNED IN TO BE ELIGIBLE FOR FULL-TIME EMPLOYMENT

You must complete this application in its entirety and have it notarized

You must complete and sign MCSO Disclosure Statement and have it notarized

You must complete the MCSO Pre-Employment Screening Questionnaire

You must give a MCSO Personal Reference Questionnaire to all six (6) of your listed references

You must have a color copy of your Valid Ohio Driver's License

You must have a color copy of your Social Security Card

You must have a copy of your high school diploma or GED certificate

You must have a copy of any and all college transcripts

You must have a copy of your valid OPOTA certificate

You must have a copy of your DD214 (military only)