



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO INVESTIGATIVE UNIT
EMPLOYMENT QUESTIONNAIRE

APPLICANT NAME	SOCIAL SECURITY NUMBER
----------------	------------------------

The information provided by you will be considered confidential to the extent that this information is excluded from disclosure under the state and federal law. This information will be used to assist the Ohio Investigative Unit in determining your qualifications for the position of Enforcement Agent.

Each question must be answered as completely as possible. If a question does not apply to your particular circumstance, insert "DNA" (Does Not Apply). Should there be insufficient space to answer a question, use the back of the page.

The answers to this questionnaire will be verified by polygraph (lie detector), interviews and a complete background investigation.

Ohio Investigative Unit
Philip Langston, Recruitment and Hiring
1970 West Broad Street, RM # 430
Columbus, Ohio 43223

(614) 728-1233
PLangston@dps.state.oh.us

PERSONAL HISTORY				
FIRST NAME		LAST NAME		MI
ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE		WORK PHONE	
HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?				
SECOND ADDRESS, IF APPLICABLE (E.G., COLLEGE, MILITARY, ECT.)		CITY	STATE	ZIP CODE
HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?				
PREVIOUS ADDRESS	CITY	STATE	FROM MO./YR.	TO MO./YR.

EDUCATION				
NAME OF HIGH SCHOOL (S) ATTENDED		ADDRESS OF HIGH SCHOOL		
HIGHEST GRADE COMPLETED		GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE GRADUATED		
OTHER EQUIVALENCY CERTIFICATE		YEAR OBTAINED		
COLLEGE/UNIVERSITY	ADDRESS		DATES ATTENDED	
YEAR GRADUATED	CREDIT HOURS	DEGREE (S)		
MAJOR SUBJECT (S)				
OTHER EDUCATION: LIST THE NAME AND ADDRESS OF ANY OTHER TYPE OF SCHOOL (S) ATTENDED (e.g., VOCATIONAL SCHOOL, TRADE SCHOOL, BUSINESS SCHOOL, ETC.)				
NAME	ADDRESS	CITY	STATE	ZIP CODE
DATES ATTENDED	COURSE TYPE	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE GRADUATED		
NAME	ADDRESS	CITY	STATE	ZIP CODE
DATES ATTENDED	COURSE TYPE	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE GRADUATED		
ANY OTHER EDUCATION OR SPECIAL SCHOOLING RECEIVED (EXCLUDING MILITARY)				

FAMILY HISTORY			
FATHER			<input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
ADDRESS	CITY	STATE	ZIP CODE
OCCUPATION			
MOTHER			<input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
ADDRESS	CITY	STATE	ZIP CODE
OCCUPATION			
SPOUSE		DATE OF BIRTH	
ADDRESS	CITY	STATE	ZIP CODE
OCCUPATION			
LIST THE NAMES OF ALL CHILDREN, BROTHERS AND SISTERS			

REFERENCES			
NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
OCCUPATION			
NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
OCCUPATION			
NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
OCCUPATION			
NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
OCCUPATION			
NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
OCCUPATION			

EMPLOYMENT – Begin with your present or last employment and list in order your complete work history in chronological order back to the age of 18. Include all full-time, part-time employment (s), military services, auxiliary and volunteer. Use additional paper if necessary.

EMPLOYER NAME				
ADDRESS		CITY	STATE	ZIP CODE
DATE HIRED	DATE LEFT	REASON FOR LEAVING		
IMMEDIATE SUPERVISOR		LAST SALARY	TITLE OR POSITION HELD	
EVER DISCIPLINED FOR ANY REASON?		HOW MANY TIMES?		
IF YES, TYPE OF DISCIPLINE				
EXPLAIN				
LATE FOR WORK?		HOW MANY TIMES?		
EMPLOYER NAME				
ADDRESS		CITY	STATE	ZIP CODE
DATE HIRED	DATE LEFT	REASON FOR LEAVING		
IMMEDIATE SUPERVISOR		LAST SALARY	TITLE OR POSITION HELD	
EVER DISCIPLINED FOR ANY REASON?		HOW MANY TIMES?		
IF YES, TYPE OF DISCIPLINE				
EXPLAIN				
LATE FOR WORK?		HOW MANY TIMES?		
EMPLOYER NAME				
ADDRESS		CITY	STATE	ZIP CODE
DATE HIRED	DATE LEFT	REASON FOR LEAVING		
IMMEDIATE SUPERVISOR		LAST SALARY	TITLE OR POSITION HELD	
EVER DISCIPLINED FOR ANY REASON?		HOW MANY TIMES?		
IF YES, TYPE OF DISCIPLINE				
EXPLAIN				
LATE FOR WORK?		HOW MANY TIMES?		
EMPLOYER NAME				
ADDRESS		CITY	STATE	ZIP CODE
DATE HIRED	DATE LEFT	REASON FOR LEAVING		
IMMEDIATE SUPERVISOR		LAST SALARY	TITLE OR POSITION HELD	
EVER DISCIPLINED FOR ANY REASON?		HOW MANY TIMES?		
IF YES, TYPE OF DISCIPLINE				
EXPLAIN				
LATE FOR WORK?		HOW MANY TIMES?		
EMPLOYER NAME				
ADDRESS		CITY	STATE	ZIP CODE
DATE HIRED	DATE LEFT	REASON FOR LEAVING		
IMMEDIATE SUPERVISOR		LAST SALARY	TITLE OR POSITION HELD	

EVER DISCIPLINED FOR ANY REASON?		HOW MANY TIMES?	
IF YES, TYPE OF DISCIPLINE			
EXPLAIN			
LATE FOR WORK?		HOW MANY TIMES?	
EMPLOYER NAME			
ADDRESS		CITY	STATE ZIP CODE
DATE HIRED	DATE LEFT	REASON FOR LEAVING	
IMMEDIATE SUPERVISOR	LAST SALARY	TITLE OR POSITION HELD	
EVER DISCIPLINED FOR ANY REASON?		HOW MANY TIMES?	
IF YES, TYPE OF DISCIPLINE			
EXPLAIN			
LATE FOR WORK?		HOW MANY TIMES?	
EMPLOYER NAME			
ADDRESS		CITY	STATE ZIP CODE
DATE HIRED	DATE LEFT	REASON FOR LEAVING	
IMMEDIATE SUPERVISOR	LAST SALARY	TITLE OR POSITION HELD	
EVER DISCIPLINED FOR ANY REASON?		HOW MANY TIMES?	
IF YES, TYPE OF DISCIPLINE			
EXPLAIN			
LATE FOR WORK?		HOW MANY TIMES?	
EMPLOYER NAME			
ADDRESS		CITY	STATE ZIP CODE
DATE HIRED	DATE LEFT	REASON FOR LEAVING	
IMMEDIATE SUPERVISOR	LAST SALARY	TITLE OR POSITION HELD	
EVER DISCIPLINED FOR ANY REASON?		HOW MANY TIMES?	
IF YES, TYPE OF DISCIPLINE			
EXPLAIN			
LATE FOR WORK?		HOW MANY TIMES?	
EMPLOYER NAME			
ADDRESS		CITY	STATE ZIP CODE
DATE HIRED	DATE LEFT	REASON FOR LEAVING	
IMMEDIATE SUPERVISOR	LAST SALARY	TITLE OR POSITION HELD	
EVER DISCIPLINED FOR ANY REASON?		HOW MANY TIMES?	
IF YES, TYPE OF DISCIPLINE			
EXPLAIN			
LATE FOR WORK?		HOW MANY TIMES?	
DO YOU OR ANY OF YOUR IMMEDIATE FAMILY MEMBERS HAVE A FINANCIAL INTEREST OR WORK IN EITHER A LIQUOR OF FOOD STAMP PERMIT PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, EXPLAIN: _____			

EMPLOYMENT HISTORY		
HAVE YOU EVER APPLIED FOR A POSITION WITH ANY GOVERNMENT AGENCY, POLICE OR FIRE DEPARTMENT (S)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DEPARTMENT	POSITION APPLIED FOR	HIRED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING
DEPARTMENT	POSITION APPLIED FOR	HIRED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING
DEPARTMENT	POSITION APPLIED FOR	HIRED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING
DEPARTMENT	POSITION APPLIED FOR	HIRED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING
HAVE YOU EVER BE TERMINATED FROM YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, EXPLAIN: _____		

HAVE YOU EVER SERVED IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
BRANCH	DATES SERVED FROM	DATES SERVED TO
HIGHEST RANK HELD	SPECIALTY	
DATE OF DISCHARGE	TYPE	
WERE YOU EVER OVERSEAS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WERE YOU EVER AWOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HOW MANY TIMES? _____		
EVER GIVEN NON-JURISDICTIONAL PUNISHMENT (ARTICLE 15) <input type="checkbox"/> YES <input type="checkbox"/> NO		
HOW MANY TIMES? _____		
EVER REDUCED IN RANK? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EVER RECEIVED A COURT MARTIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EVER SPEND TIME IN A BRIG OR STOCKADE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DID YOU EVER CONVERT OF SELL ANY GOVERNMENT PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

NOTE: Attach a copy of your DD-214

HAVE YOU EVER BEEN ASKED TO TAKE A POLYGRAPH EXAMINATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, BY WHOM & REASON: _____
HAVE YOU EVER BEEN REJECTED FOR A SECURITY CLEARANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, BY WHOM & REASON: _____
HAVE YOU EVER BEEN REJECTED FOR BONDING? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, BY WHOM & REASON: _____
WHY DO YOU WISH TO BE EMPLOYED BY THE OHIO DEPARTMENT OF PUBLIC SAFETY, INVESTIGATIVE UNIT? _____

DRIVING RECORD			
DO YOU HAVE A VALID DRIVER LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
STATE	LICENSE NUMBER	RESTRICTIONS	
HOW LONG HAVE YOU BEEN A LICENSED DRIVER?		APPROXIMATELY HOW MANY MILES DO YOU DRIVE EACH YEAR?	
HAVE YOU EVER HAD YOUR LICENSE SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, EXPLAIN: _____			
LIST ALL ACCIDENTS YOU WERE INVOLVED IN AS THE DRIVER. INCLUDE THE DATES, AGENCY WHICH INVESTIGATED, IF YOU WERE ISSUED A CITATION AND IF THERE WERE INJURIES. LIST UNREPORTED ACCIDENTS ALSO.			
DATE	INVESTIGATING AGENCY	CITATION	INJURIES

LIST ALL TRAFFIC VIOLATIONS, CONVICTIONS AND BOND FORFEITURES			
DATE	PLACE OF ARREST OR CITATION	OFFENSE	ISSUING AGENCY
			AMOUNT OWED OR PAID
DO YOU HAVE ANY PENDING PARKING TICKETS? HOW MANY? _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER HAD AN AUTOMOBILE INSURANCE DENIED OR CANCELLED? REASON: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU CURRENTLY HAVE AUTOMOBILE INSURANCE? COMPANY: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN PLACED ON ASSIGNED RISK OR HIGH RISK INSURANCE? IF YES, EXPLAIN: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO

CRIMINAL HISTORY			
HAVE YOU EVER COMMITTED, PARTICIPATED IN OR CONSPIRED TO COMMIT ANY OF THE FOLLOWING SERIOUS CRIMES?			
MURDER	<input type="checkbox"/> YES <input type="checkbox"/> NO	ROBBERY	<input type="checkbox"/> YES <input type="checkbox"/> NO
RAPE	<input type="checkbox"/> YES <input type="checkbox"/> NO	ASSAULT	<input type="checkbox"/> YES <input type="checkbox"/> NO
THEFT/LARCENY	<input type="checkbox"/> YES <input type="checkbox"/> NO	ARSON	<input type="checkbox"/> YES <input type="checkbox"/> NO
SODOMY	<input type="checkbox"/> YES <input type="checkbox"/> NO	PROSTITUTION	<input type="checkbox"/> YES <input type="checkbox"/> NO
			MANSLAUGHTER <input type="checkbox"/> YES <input type="checkbox"/> NO
			PANDERING OBSCENITY <input type="checkbox"/> YES <input type="checkbox"/> NO
			BURGLARY <input type="checkbox"/> YES <input type="checkbox"/> NO
			DRUG TRAFFICKING <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN: _____			
HAVE YOU EVER BEEN ARRESTED OR SENT TO JUVENILE COURT? IF YES, EXPLAIN: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
AS A JUVENILE, DID YOU EVER REPORT TO A JUVENILE OFFICER? WERE YOU EVER EXPELLED OR SUSPENDED FROM SCHOOL? REASON: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN SUMMONED OR ORDERED TO APPEAR IN ANY COURT AS A WITNESS OR ACCUSED? IF YES, EXPLAIN: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER PAID ANYONE TO ENGAGE IN SEXUAL ACTIVITY? IF YES, EXPLAIN: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS ANYONE EVER PAID YOU TO ENGAGE IN SEXUAL ACTIVITY? IF YES, EXPLAIN: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN ARRESTED AND/OR CONVICTED OF A CRIMINAL OFFENSE TO INCLUDE MISDEMEANORS OR FELONIES. INCLUDE ANY U.S. MILITARY CHARGES. HAS ANYONE EVER PAID YOU TO ENGAGE IN SEXUAL ACTIVITY? IF YES, PROVIDE THE REQUESTED INFORMATION BELOW.			<input type="checkbox"/> YES <input type="checkbox"/> NO
NATURE OF OFFENSE	MONTH/YEAR	LOCATION	DISPOSITION
HAVE YOU EVER WORKED FOR AN ILLEGAL GAMBLING OPERATION? IF YES, EXPLAIN: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE ANY GAMBLING DEBTS AT THIS TIME? HOW MUCH? _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BORROWED MONEY TO GAMBLE? HOW MUCH? _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN FINGERPRINTED? BY WHOM & REASON: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN INVOLVED IN ANY TYPE OF SITUATION FOR WHICH SOMEONE COULD BLACKMAIL YOU? IF YES, EXPLAIN: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO

INDEBTEDNESS AND FINANCIAL STATUS			
ARE YOU BUYING A HOME	<input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU RENTING	<input type="checkbox"/> YES <input type="checkbox"/> NO		
LIVING WITH ANOTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO		
LIVING WITH PARENTS OTHER, EXPLAIN: _____			
ARE YOU THE CO-MAKER ON A LOAN FOR ANOTHER PERSON?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN TAKEN TO COURT OVER A DEBT?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU OWE MONEY FOR ANY OF THE FOLLOWING?			
		AMOUNT OWED	TIMES LATE
HOME LOAN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PERSONAL	<input type="checkbox"/> YES <input type="checkbox"/> NO		
AUTO LOAN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
CREDIT UNION	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PAST/PRESENT FELLOW WORKERS	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PAST/PRESENT FELLOW WORKERS	<input type="checkbox"/> YES <input type="checkbox"/> NO		
INTERNAL REVENUE SERVICES	<input type="checkbox"/> YES <input type="checkbox"/> NO		
BACK TAXES TO ANYONE	<input type="checkbox"/> YES <input type="checkbox"/> NO		
ALIMONY	<input type="checkbox"/> YES <input type="checkbox"/> NO		
CHILD SUPPORT	<input type="checkbox"/> YES <input type="checkbox"/> NO		
GAS CREDIT CARDS	<input type="checkbox"/> YES <input type="checkbox"/> NO		
HOUSE HOLD FURNISHINGS	<input type="checkbox"/> YES <input type="checkbox"/> NO		
BACK RENT	<input type="checkbox"/> YES <input type="checkbox"/> NO		
FINANCIAL INSTITUTION	<input type="checkbox"/> YES <input type="checkbox"/> NO		
CLOTHING STUDENT LOAN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
IN-LAWS	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PARENTS	<input type="checkbox"/> YES <input type="checkbox"/> NO		
COURT JUDGMENTS	<input type="checkbox"/> YES <input type="checkbox"/> NO		
CHARGE ACCOUNTS	<input type="checkbox"/> YES <input type="checkbox"/> NO		
UNION DUES	<input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYMENT AGENCY	<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER DEBITS NOT LISTED	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER HAD A DEBT TURNED OVER TO A COLLECTION AGENCY?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN: _____			
ARE ANY CREDITORS PRESSING YOU FOR PAYMENT?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN: _____			
HAVE YOU EVER DECLARED OR FILED BANKRUPTCY?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHEN & WHERE: _____			
HAVE YOU HAD ANYTHING REPOSSESSED?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHAT & WHEN: _____			
HAVE YOUR WAGES EVER BEEN ATTACHED OR GARNISHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN: _____			
DO YOU HAVE ANY CIVIL ACTION PENDING?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN: _____			
HAVE YOU EVER OR ARE YOU COLLECTING ANY TYPE OF DISABILITY PAYMENTS?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN: _____			
HAVE YOU EVER BEEN THE DEFENDANT IN SMALL CLAIMS OR OTHER COURT OR ACTION?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN: _____			
HAVE YOU EVER BEEN DECLARED DELINQUENT IN CHILD SUPPORT PAYMENTS?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN: _____			
HAVE YOU EVER BEEN REFUSED CREDIT?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN: _____			
HAVE YOU EVER KNOWINGLY WRITTEN A CHECK WITH INSUFFICIENT FUNDS?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN: _____			

I certify that the statements contained in this questionnaire are true to the best of my knowledge. I understand that any purposeful omissions of false statements made on this questionnaire may be cause for rejection of my selection or for discharge after appointment. I further realize that any falsehoods may subject me to prosecution under Ohio revised code section 2921.13.

X
SIGNATURE OF APPLICANT _____

DATE _____

Subscribed and duty sworn before me according to law, by the above-named applicant this _____ day of _____, 20_____, County of _____, State of _____.

(Seal)

X
NOTARY _____



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO INVESTIGATIVE UNIT

APPLICANT PRE-POLYGRAPH EXAMINATION RELEASE

Before an applicant can be considered for employment as a member of the Ohio Investigative Unit, he/she must first undergo a polygraph examination. The polygraph measures cardiovascular activity, respiration and galvanic skin response. While there is no medical evidence that a polygraph examination affects a person's health, you may wish to discuss this with your physician. If an accommodation is needed, you must discuss this with your physician. If an accommodation is needed, you must discuss that with the polygraphist at the time your examination is scheduled.

I, voluntarily—without threat, duress, coercion, undue influence, force, promises of immunity or reward—agree and submit to a polygraph (truth verification) examination.

I attest that I am in good mental and physical condition and that I know of no mental or physical ailment or treatment plan that may impair or be impaired by the polygraph examination.

X _____
SIGNATURE OF APPLICANT

DATE

X _____
WITNESS

DATE