

Bradner Police Department 130 N. Main Street Bradner, Ohio 43406 (419) 288-2222 Fax: (419) 288-0053



RELEASE OF INFORMATION WAIVER

Applicant Name (Last, Fist, Middle)	Sex DOB
Place of Birth (City, County, State/Country)	SSN

I ______, do hereby authorize review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Bradner Police Department, whether the said records are of public, private or confidential nature.

This release when presented by a duly authorized representative of the Bradner Police Department constitutes my consent and authority to examine, obtain copies/abstracts of records and to receive statement/information regarding my background.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions (including records of deposits, withdrawals and balances of checking and savings accounts, loans, and also the records of commercial or retail credit agencies including credit reports and/or ratings); public utility companies; employment and pre-employment records (including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records); real and personal property tax statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law (including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, where so ever located (to include the records an recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest; military/civilian government records from Military Personnel Record Centers/National Personnel Records to include (employment, educational, medical, psychological, financial, credit, military service and UNDELETED copy of separation and medical documents).

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data to the Bradner Police Department, in determining my suitability for employment by the Village of Bradner. It is my specific intent to provide access to personal information however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Village of Bradner. I understand that all materials pertaining to this background investigation become the property of the Bradner Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented, his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be considered valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

Signature of Applicant		Street Address	
City	State	Zip Code	
Subscribed to and sworn before me this	day of	,	
Notary:		_My commission expires,,	

SEAL:



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Please write on the lines below the numbers. 1. Position Applied For 2 Date 3. Applicant Number 4. Last Name First Name Middle Name 5.Maiden (If Applicable) 6. Home Address (Street Number and Name) (Apt. No.) County City State Zip 7. Home Phone 8. Alternate Phone 9. Date Of Birth 10. Social Security Number

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 might subject you to **rejection** as a candidate.

You might be given a polygraph (lie detector) examination to determine the authenticity of the information given by you. You will undergo drug screening (blood and urine) after any offer of employment might be made.

Hand print your answers in black ink. DO NOT leave any questions blank. If a question does not apply to you, write "NA" (abbreviation for "Not Applicable"). Your answers must be legible. I 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 the number of the item being explained in the left hand column. DO NOT allow anyone to write this application for you, it must be completed in your own handwriting.

Be aware that your spelling, grammar, and neatness will be considered as part of your personal character and will be used as part of the selection process. Your dress, speech, and manner will be scrutinized during all segments of the background investigation process and will be considered in the final selection of candidates, as well.

It is your responsibility to report any change of address during the selection process or for the next year. Be sure to include zip codes with every address entered throughout the questionnaire.

You are not required to make known to us any criminal record you have that has been legally sealed or expunged. If you are not sure if your record is expunged, check with any police or sheriff's agency records section which might have expunged your record.

HAVE YOU READ AND DO YOU UNDERSTAND ALL THE ABOVE INSTRUCTIONS?	🗌 YES	🗆 NO
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11.

Signature

Date

Letter/No.	Explanation

12. List any other names you have used, or have been known by, including alias, etc.								
13.Age	14. Gender	15. Race	16. Height	17.Weight	18.Eyes	19.Hair	20. Scars, marks, tattoos, marks	
	21. U. S. Citizen? Yes No Naturalized? Yes No 22. Naturalization Certificate Number Where naturalized? Date							
23. Place of birth (City, County, State, Country)								

B. MARITAL STATUS Married Single Separated Divorced Widowed

List all marriages, divorces, separations								
1. Date married Where married	Name of spo	use (Maiden name, if wife)	solved, where and date					
2. List person with whom you reside	Date of birth	Relationship		Phone	Occupation			
 List person(s) with whom you have resided in the past 	Relationship	Present address, city, stat	e, zip	Phone	Occupation			
 List any close relationship (boyfriend, girlfriend, fiancee) 	Relationship	Present address, city, stat	e, zip	Phone	Occupation			

C. RELATIVES: List below all parents, step-parents, brothers, sisters, step-brothers/sisters. List children, step-children, and adopted children on next page. If deceased, please indicate so.

A Estheride full a sure	I lawa adduces sites state min	Dhama	0
1. Father's full name	Home address, city, state, zip	Phone	Occupation
2. Mother's full name (Maiden)			
3. Step-father's or step-mother's full name			
4 Durath and an elaster of full manage			
Brothers' and sisters' full name			
	1	1	

Letter/No.	Explanation



C. RELATIVES (continued)

5. Children's full names	Age	Resides with whom?	Parents' names	Supported by
6. Are you supporting all children born to y	ou, adop	ted by you, and step-child	dren?	
Yes No If not, give detail	ils:			

D. RESIDENCES: List below all residences since birth – list *present* residence first. Include all military duty stations.

Month and	d year	Address	City	State	Zip code	If rented, list landlord
From	То					and phone number

Letter/No.	Explanation



E. EDUCATION : List all elementary, junior high, high school, colleges, universities and any other training schools attended. You *must* provide a transcript of all high school and college courses completed.

Туре	Name of school	City and State	Fr	om	Т	o	Grad	luate	Total	Degree/Certificate
of school			Мо	/Yr.	Mo	./Yr.	Yes	No	Hours	Received
Elementary School										
Junior High School										
High School										
Junior College										
College or University										
Other Schools										
1. Were yo If yes, e	ou ever expelled or suspended explain:	from any school?	[] Ye	es		<u> </u>	lo		
2. Please	add here any other comments	regarding your acad	lemic	histo	ry					

F. MILITARY STATUS

1. Have you ever served in any military organization of the United States?
If yes, branch of service: 2. What type of discharge did you receive? Be exact.
Honorable Dishonorable Honorable Conditions Other
If other, explain:
 Were you ever court martialed, tried on charges, or were you the subject of a summary court, deck court, Captain's Mast, or company punishment, or any other disciplinary action while a member of the armed forces? Yes No If yes, explain (gives dates and disposition):
 Are you now or have you ever been a member of the U.S. Reserves or National Guard? □ Yes □ No If yes, branch of service:
5. List any disciplinary action taken against you in the Reserves unit or National Guard; explain:

Letter/No.	Explanation

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G. 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. Please note that *all* employers will be checked, including present employer. Please provide full name and addresses of employers, supervisors, and co-workers.

1. From Date	Name of employer		Job Title/Position	Full Time
				Part Time
Ta Data	Address		Name Of Supervisor	
To Date	Address		Name Of Supervisor	Name of Co-Worker
Salary/Mo.	City, State, Zip Code	Phone	Reason For Leaving	
,		() Area Code		
List any discipli	nary action taken against you			
	hary action taken against you			
			i	
2. From Date	Name of employer		Job Title/Position	Full Time
				Part Time
To Date	Address		Name Of Supervisor	Name of Co-Worker
To Date	7.001035			
Salary/Mo.	City, State, Zip Code	Phone	Reason For Leaving	l
-		() Area Code		
List any discipli	hary action taken against you			
, , ,	, , ,			
3. From Date	Name of employer		Job Title/Position	□ Full Time
3. From Date	Name of employer		JOD THE/POSITION	
				Part Time
To Date	Address		Name Of Supervisor	Name of Co-Worker
O al a mar/NA a	Oite Otata Zia Otata	Dharaa		
Salary/Mo.	City, State, Zip Code	Phone	Reason For Leaving	
		() Area Code		
List any discipli	nary action taken against you			
4. From Date	Name of employer		Job Title/Position	Full Time
				□ Part Time
To Date	Address		Name Of Supervisor	Name of Co-Worker
Salary/Mo.	City, State, Zip Code	Phone	Reason For Leaving	
Galary/WO.				1
		() Area Code		
List any discipli	nary action taken against you			

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Letter/No.	Explanation

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G. Employment (continued)

6. Were you ever discharge	ed, terminated, fired or forced	d to resign because	of misconduct o	r unsatisfactor	y service?	
🗆 Yes 🗆 No						
If yes, explain, giving na	If yes, explain, giving name and address of employer, approximate date, and reason in each case.					
7. Have your employers alv	vays treated you fairly?	🗆 Yes	🗆 No	if not, exp	plain:	
8. Do you understand that	this position requires shift wo	ork and frequent we	ekends? 🛛 🖄	Yes 🗆 No		
	this position requires wearing		Yes□ No			
	unemployment compensatio					
•	To Dependent Children], foo	d stamps, general r	elief, social secu	rity, energy a	ssistance, etc.)?	
□ Yes □ No Type of assistance	Local office – complete ad	draga	6	Starting date	Ending date	
Type of assistance		Juless		starting date	Ending date	
H. CRIMINAL HISTO	RY		I			

1. Have you ever been:

a. Arrested 🛛 Yes 🗆 No

c. Charged with any violation of criminal law:

1.	Felony	□ Yes	□No
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2. Misdemeanor □ Yes □No

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Letter/No.	Explanation

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2. Felony arrest and/or charges:

Date	Location and arresting agency	Charge	Penalty and disposition	Details

3. Misdemeanor arrest and/or charges (including traffic related misdemeanors, such as driving under the influence):

Date	Location and arresting agency	Charge	Penalty and disposition	Details

4. Has any arrest for any criminal charge (felony or misdemeanor) ever been reduced to a lesser charge? □Yes □ No If yes, give details.

□res	\Box No If yes, give details			
Date	Court of jurisdiction	Original charge	Reduced charge	Details

I. MISCELLANEOUS CRIMINAL/TRAFFIC/CIVIL HISTORY

1. Have you ever been cited or required to pay a bond or fine for other violations not listed in section H?

 \Box Yes \Box No

If yes, give details.

2. Have you ever been placed on probation? \Box Yes \Box No

If ves	aive	details.
n yos,	give	ucians.

Date	Court of jurisdiction	Length of probation	Conditions	Probation officer

Letter/No.	Explanation

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I. MISCELLANEOUS CRIMINAL/TRAFFIC/CIVIL HISTORY (continued)

3. Have you ever been on parole? \Box Yes \Box No If yes, give details.

Date	Supervising agency	Length of parole	Conditions	Parole officer

4. Have you ever been fingerprinted by a law enforcement or criminal justice agency stemming from an **arrest**? □ Yes □ No If yes, give details.

Date	Agency	Purpose of fingerprinting

5. Have you ever been fingerprinted by a law enforcement or criminal justice agency stemming from other than an **arrest**? _Yes __ No __ If yes, give details.

Date	Agency	Purpose of fingerprinting

6. Have you ever failed to file or to pay required municipal, state or federal income returns or taxes? □ Yes □ No If yes, give details.

7. Did criminal or civil action result from failure to file or pay taxes? \Box Yes \Box No If yes, give details.

8. As a result of a court order, are you required to pay child support?

 \Box Yes \Box No If yes, give details.

Date of court order	Are you current? (yes or no)	Are you in arrears? (yes or no)	Amount of arrearages	Date of last payment	Amount of last payment

Comments:

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Letter/No.	Explanation

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J. PROFESSIONAL REFERENCES Give three references, not related by blood or marriage, who are responsible adults of reputable standing in their community, and with whom you have worked or associated in a professional capacity.

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	_ L
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

K. APPLICANT STATEMENT In your own handwriting, please state your reasons for applying with the Bradner Police Department. Please include a narrative description of your experience and education, and personal qualities, and explain why you think these qualify you for employment. This statement must be completed, or your application will not be considered.

	Letter/No.	Explanation
Image:		

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K. APPLICANT STATEMENT (continued)

L. I certify that there are no willful misrepresentations, omissions, or falsifications of the preceding statements and answers. I am fully aware that, should investigation disclose such misrepresentations, omissions, or falsifications in any document that I might submit, or in any statements I might make as part of the application and screening process, my application will be rejected, and I will be disqualified from applying for any future position with the Bradner Police Department.

If, after accepting employment with the Bradner Police Department, I have been found to have misrepresented, omitted, or falsified any statement regarding my application, I understand that just cause will exist for immediate dismissal.

I understand that the background investigation is a continuing process, and agree to notify the Bradner Police Department of any address, job, or marital status changes, or of any other information that might reflect any changes or additions in this Personal History Questionnaire.

Full signature of applicant

Date

State of _____

County of _____

On this date, ____

_____appeared before me and acknowledged his/her

signature and his/her understanding of the foregoing statements.

Notary Public (Seal)

Date

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