

# Norwood, Ohio Police Department Background History Statement (Communications Dispatcher Positions)



A.	PERSONAL INFORMATION.....	Page 5
B.	EDUCATION HISTORY.....	Page 7
C.	WORK HISTORY.....	Page 9
D.	MILITARY RECORD.....	Page 13
E.	APPLICATIONS WITH OTHER DEPARTMENTS.....	Page 15
F.	RELATIONSHIP AND FAMILY HISTORY.....	Page 17
G.	PERSONAL REFERENCES.....	Page 20
H.	TRAFFIC RECORD AND COLLISIONS.....	Page 21
I.	CRIMINAL HISTORY.....	Page 24
J.	FINANCIAL HISTORY AND OBLIGATIONS.....	Page 27
K.	SPECIAL QUALIFICATIONS AND SKILLS.....	Page 31
L.	PERSONAL DECLARATIONS.....	Page 32
M.	SUPPLEMENTAL INFORMATION PAGES.....	Page 35
N.	SIGNATURE CONFIRMATION FORM.....	Page 38

## What is expected of you?

You are expected to play an active role during the background investigation. You will be expected to assist your Background Investigator in getting any additional information that he/she may need. You are expected to play an active role by contacting your references and ensuring a quick response. Failure to do so can result in disqualification.

<p style="text-align: center;"><b>READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING YOUR BACKGROUND HISTORY STATEMENT</b></p>
---

These instructions are provided as a guide to assist you in properly completing your Background History Statement (BHS). It is essential that the information be accurate in all respects. It will be used as the basis for your background investigation and any further job related interviews with this department. Be sure to read, sign, and date the BHS Affirmation and Declaration page prior to submitting your BHS.

Avoid errors by reading the directions for each question carefully before making any entries on the form. Be sure everything is correct and in proper sequence before entering the information. It is recommended that you make copies of this statement to use as a rough draft. You can make a copy to keep for your records. We do not make copies.

The BHS must be handwritten and printed legibly in black ink by the applicant. The required signatures on pages 38 and 40 must be in [blue](#) ink.

We will not accept photocopies of the BHS. Do not staple or punch holes in the BHS. Do not change the format of the BHS. Any of these actions can result in disqualification.

The BHS will not be accepted with any blanks. All questions must be answered. If a question is not applicable to you, enter "NA" in the space provided. Failure to comply can result in disqualification.

You are responsible for obtaining correct addresses, phone numbers, and email addresses. If you are not sure of an address, check it. Your local library may have a directory service or copies of phone directories. All addresses must have zip codes. You can also use the internet as a useful source of information.

If there is insufficient space on the form to include all the information required, utilize the SUPPLEMENTAL INFORMATION PAGES provided on pages 35, 36 and 37 of the BHS, or include an addendum using extra sheets of copier paper. Be sure to reference the relevant section, heading and page number before continuing your answer.

Answering all questions accurately will help expedite our investigation. Failure to respond to a question or failure to provide the information requested can result in disqualification.

After the BHS has been submitted, you are responsible for notifying the Police Recruiting Office of any changes in the information provided within ten (10) days of the change. Residence and job information frequently change. The best way to make notification of changes is by email to [jhicks@norwoodpolice.org](mailto:jhicks@norwoodpolice.org).

Family and personal references that are in your BHS must include first and last name with phone number and email address. If for any reason you exhaust all search possibilities and are unable to get this information, you must include an addendum documenting in detail your efforts to attempt to obtain the information.

If you have prior law enforcement, Fire/EMS, or 911 dispatching experience you should obtain a copy of your personnel file and any internal affairs investigations in which you have been involved and include it with the packet. If for any reason there is a delay, a detailed explanation must be provided, along with the expected date that you will furnish the information. This should be as soon as possible as it could delay your background investigation.

Sections asking about traffic citations and collisions refer to your entire driving history. Be sure that when you list a police department you list the city and state that it was in. Do not rely on state BMV records being accurate; frequently they are not.

In reference to other agencies to which you have applied, be sure to detail for each one where you are in their process or the outcome if it is finished. Remember to update the information as it changes.

All responses to questions in this application must be those of the person making the application. Read all questions carefully and respond completely as possible.

There are very few **automatic** bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, **deliberate misstatements or omissions** can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

You are responsible for providing complete, accurate, and truthful responses.

**Your completed BHS packet with all required documents must be completed by 1/11/16 to continue in the hiring process.**

If you have any questions regarding the BHS, please contact the Norwood Police Recruiting Section at (513) 458-4549.

## Required documents needed to be included in your Background History Statement Packet

<b>ITEM</b>
<b>Copy of Driver's License</b>
<b>Copy of Social Security Card</b>
<b>Last two earning statements/pay stubs (tax return if unemployed)</b>
<b>Sealed credit report from any of the 3 main credit reporting agencies (Experian, TransUnion, or Equifax) Copies printed from personal computers will not be accepted.</b>
<b>Copy of official birth certificate/naturalization documents</b>
<b>Copy of high school transcript or diploma or GED</b>
<b>Copy of college transcript(s)</b>
<b>Official copy of DD Form 214 long form or official letter from Commanding Officer stating that you are expected to be discharged with an honorable status on your expected separation date.</b>
<b>Official copy of Military Personnel Records. These can be obtained by submitting Standard Form 180 (SF180) to the National Personnel Records center. Go to <a href="http://www.archives.gov/veterans/military-service-records/standard-form-180.html">www.archives.gov/veterans/military-service-records/standard-form-180.html</a> for instructions and forms.</b>

Please note:

All of the above items become a permanent part of the complete packet when turned in with your BHS and are then the property of the Norwood Police Department. Make copies of the items you may want for your own records. We will not make copies for you. All required documents are due by the BHS submission deadline unless otherwise authorized.

## Section A. Personal Information

**Position Applied For: Communications Dispatcher**

**Applicant Biographical Information:**

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone Numbers:**

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cellular:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Personal Web Page URL (MySpace, Facebook, other Social Media):**  
\_\_\_\_\_ / \_\_\_\_\_

**Place of Birth - Town:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Nicknames/Alias:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Driver's License#:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Expires:** \_\_\_\_\_

**Eyes:** \_\_\_\_\_ **Hair:** \_\_\_\_\_ **Height:** \_\_\_\_\_ ft. / \_\_\_\_\_ in **Weight:** \_\_\_\_\_ lbs.

**Tattoos, Scars, or Distinguishing Marks:**

**Locations/Descriptions/Explanations or Meanings if applicable:**

---

---

---

---

---

**Are you a United States Citizen by birth?** \_\_\_\_\_

**Are you a Naturalized Citizen?** \_\_\_\_\_

**Date of Naturalization:** \_\_\_\_\_

**Residences:**

**Beginning with your present address, in chronological order list all addresses where you have lived during the past ten (10) years by month and year.**

**From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address: \_\_\_\_\_**

**City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address: \_\_\_\_\_**

**City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address: \_\_\_\_\_**

**City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address: \_\_\_\_\_**

**City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address: \_\_\_\_\_**

**City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address: \_\_\_\_\_**

**City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address: \_\_\_\_\_**

**City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address: \_\_\_\_\_**

**City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address: \_\_\_\_\_**

**City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**From: \_\_\_\_\_ To: \_\_\_\_\_ Street Address: \_\_\_\_\_**

**City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

***If there is insufficient space on the form to include all the information required, utilize the SUPPLEMENTAL INFORMATION PAGES provided on pages 35, 36 and 37 of the BHS, or include an addendum using extra sheets of copier paper to the application. Be sure to reference the relevant section, heading and page number before continuing your answer.***

## Section B. Education History

### High School(s):

High School: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ / \_\_\_\_\_  
Diploma or GED: \_\_\_\_\_ GPA: \_\_\_\_\_

High School: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ / \_\_\_\_\_  
Diploma or GED: \_\_\_\_\_ GPA: \_\_\_\_\_

### College(s):

College/University: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ / \_\_\_\_\_ Hours Completed: \_\_\_\_\_  
GPA: \_\_\_\_\_ Major/Minor: \_\_\_\_\_  
Degree & Date of Graduation: \_\_\_\_\_

College/University: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ / \_\_\_\_\_ Hours Completed: \_\_\_\_\_  
GPA: \_\_\_\_\_ Major/Minor: \_\_\_\_\_  
Degree & Date of Graduation: \_\_\_\_\_

College/University: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ / \_\_\_\_\_ Hours Completed: \_\_\_\_\_  
GPA: \_\_\_\_\_ Major/Minor: \_\_\_\_\_  
Degree & Date of Graduation: \_\_\_\_\_

College/University: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ / \_\_\_\_\_ Hours Completed: \_\_\_\_\_  
GPA: \_\_\_\_\_ Major/Minor: \_\_\_\_\_  
Degree & Date of Graduation: \_\_\_\_\_

College/University: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ / \_\_\_\_\_ Hours Completed: \_\_\_\_\_  
GPA: \_\_\_\_\_ Major/Minor: \_\_\_\_\_  
Degree & Date of Graduation: \_\_\_\_\_

**Other Schools (Trade, Vocational, Business, etc.):**

**Name of School:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Course Certificate Title:** \_\_\_\_\_

**Post High School Education Paid By:** \_\_\_\_\_

**Are you currently making student loan payments?** \_\_\_\_\_

**If not, when are you due to begin payments?** \_\_\_\_\_

**How much is each payment and when is it due?** \_\_\_\_\_ / \_\_\_\_\_

**What is the total amount owed?** \_\_\_\_\_

**When was the last payment made?** \_\_\_\_\_

**Have you been delinquent in making payments?** \_\_\_\_\_

**Are you delinquent now?** \_\_\_\_\_

**If so, how many payments are you behind?** \_\_\_\_\_

**Have you defaulted on a guaranteed student loan?** \_\_\_\_\_

**If so, when did you do so and to what lending institution?** \_\_\_\_\_

**List any academic or disciplinary action while in college:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



## Section C. Work History

Beginning with your present or most recent job, list all periods of employment and non-employment for the past ten (10) years in chronological order. Include part time, temporary or seasonal work, all periods of unemployment, and military service.

*If you have additional jobs that cannot fit in the columns below, please make a copy of page 10 and attach as an addendum to your application.*

1) Employment/Unemployment Dates: \_\_\_\_\_

Current or most recent employer:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Hours per week and hourly wage: \_\_\_\_\_ / \_\_\_\_\_

Reason for leaving and any disciplinary action received:

Supervisor: \_\_\_\_\_

Phone Numbers (home/office): \_\_\_\_\_ / \_\_\_\_\_

Phone Numbers (cell / other): \_\_\_\_\_ / \_\_\_\_\_

Email Address: \_\_\_\_\_

Co-Worker: \_\_\_\_\_

Phone Numbers (home/office): \_\_\_\_\_ / \_\_\_\_\_

Phone Numbers (cell / other): \_\_\_\_\_ / \_\_\_\_\_

Email addresses: \_\_\_\_\_

Co-Worker: \_\_\_\_\_

Phone Numbers (home/office): \_\_\_\_\_ / \_\_\_\_\_

Phone Numbers (cell / other): \_\_\_\_\_ / \_\_\_\_\_

Email addresses: \_\_\_\_\_

Co-Worker: \_\_\_\_\_

Phone Numbers (home/office): \_\_\_\_\_ / \_\_\_\_\_

Phone Numbers (cell / other): \_\_\_\_\_ / \_\_\_\_\_

Email addresses: \_\_\_\_\_

2) Employment/Unemployment Dates: \_\_\_\_\_

Past Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Hours per week and hourly wage: \_\_\_\_\_ / \_\_\_\_\_

Reason for leaving and any disciplinary action received:

\_\_\_\_\_

\_\_\_\_\_

**Supervisor:** \_\_\_\_\_  
**Phone Numbers (home/office):** \_\_\_\_\_ / \_\_\_\_\_  
**Phone Numbers (cell / other):** \_\_\_\_\_ / \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**Co-Worker:** \_\_\_\_\_  
**Phone Numbers (home/office):** \_\_\_\_\_ / \_\_\_\_\_  
**Phone Numbers (cell / other):** \_\_\_\_\_ / \_\_\_\_\_  
**Email addresses:** \_\_\_\_\_

**3) Employment/Unemployment Dates:** \_\_\_\_\_  
**Past Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_  
**Duties:** \_\_\_\_\_  
**Hours per week and hourly wage:** \_\_\_\_\_ / \_\_\_\_\_  
**Reason for leaving and any disciplinary action received:**  
\_\_\_\_\_  
\_\_\_\_\_

**Supervisor:** \_\_\_\_\_  
**Phone Numbers (home/office):** \_\_\_\_\_ / \_\_\_\_\_  
**Phone Numbers (cell / other):** \_\_\_\_\_ / \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**Co-Worker:** \_\_\_\_\_  
**Phone Numbers (home/office):** \_\_\_\_\_ / \_\_\_\_\_  
**Phone Numbers (cell / other):** \_\_\_\_\_ / \_\_\_\_\_  
**Email addresses:** \_\_\_\_\_

**4) Employment/Unemployment Dates:** \_\_\_\_\_  
**Past Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_  
**Duties:** \_\_\_\_\_  
**Hours per week and hourly wage:** \_\_\_\_\_ / \_\_\_\_\_  
**Reason for leaving and any disciplinary action received:**  
\_\_\_\_\_  
\_\_\_\_\_

**Supervisor:** \_\_\_\_\_  
**Phone Numbers (home/office):** \_\_\_\_\_ / \_\_\_\_\_  
**Phone Numbers (cell / other):** \_\_\_\_\_ / \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**Co-Worker:** \_\_\_\_\_  
**Phone Numbers (home/office):** \_\_\_\_\_ / \_\_\_\_\_  
**Phone Numbers (cell / other):** \_\_\_\_\_ / \_\_\_\_\_  
**Email addresses:** \_\_\_\_\_

5) Employment/Unemployment Dates: \_\_\_\_\_  
Past Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Hours per week and hourly wage: \_\_\_\_\_/\_\_\_\_\_  
Reason for leaving and any disciplinary action received:  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_  
Phone Numbers (home/office): \_\_\_\_\_/\_\_\_\_\_  
Phone Numbers (cell / other): \_\_\_\_\_/\_\_\_\_\_  
Email Address: \_\_\_\_\_

Co-Worker: \_\_\_\_\_  
Phone Numbers (home/office): \_\_\_\_\_/\_\_\_\_\_  
Phone Numbers (cell / other): \_\_\_\_\_/\_\_\_\_\_  
Email addresses: \_\_\_\_\_

Have you listed all your employment within the last 10 years? \_\_\_\_\_

Have you ever been terminated or fired, asked to resign, or resigned in lieu of termination at any job?  
\_\_\_\_\_

If yes, explain to include the number of times, employer(s), when and why?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever quit a job without giving sufficient (2-3 week) notice at any job? If yes, explain to include number of times, employer, when and why.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***If there is insufficient space on the form to include all the information required, utilize the SUPPLEMENTAL INFORMATION PAGES provided on pages 35, 36 and 37 of the BHS, or include an addendum using extra sheets of copier paper to the application. Be sure to reference the relevant section, heading and page number before continuing your answer.***

**Do you have any reason to believe that a former employer(s) may give you a negative job reference? \_\_\_\_\_**

**If yes, give the name of the employer(s) and why.**

---

---

---

---

---

**Have you ever participated in any internship with any law enforcement agency? \_\_\_\_\_  
If so, list the agency, your supervisor's name, phone number, email address and how long you were an intern.**

---

---

---

---

---

**Have you ever applied with the City of Norwood or the Norwood Police Department, in any capacity? \_\_\_\_\_ If so, explain to include the date when you applied, if accepted, what department, supervisor and any phone numbers that will assist us in contacting those parties.**

---

---

---

---

---

---

---

**If you applied and were not accepted, what part of the process eliminated you?**

---

---

---

---

---

---

---

**Have you ever taken a polygraph, CVSA or any type of truth verification test?**

\_\_\_\_\_

- **When?** \_\_\_\_\_
- **Where?** \_\_\_\_\_
- **Why?** \_\_\_\_\_
- **Results?** \_\_\_\_\_
- **Have you ever failed any type of truth verification test?** \_\_\_\_\_
- **If yes, explain**

---

---

---

## Section D. Military Record

### **Military Service:**

**Branch of Service:** \_\_\_\_\_  
**Dates of Service:** \_\_\_\_\_  
**Current or last unit:** \_\_\_\_\_  
**Highest Rank Held:** \_\_\_\_\_  
**Type of Discharge:** \_\_\_\_\_  
**Commendations:** \_\_\_\_\_

**If you had any disciplinary actions, include the charge, date, disposition and explanation below.**

---

---

---

---

---

**Have you ever served any time in the Reserves/National Guard, if so, how long, what is your present status and are you still in either?**

---

---

---

---

### **Military Assignments:**

**List the last five military bases at which you were stationed starting with the most recent, to include the city, state and military base name.**

**Military Base:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Military Base:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Military Base:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Military Base:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Military Base:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Military Base:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Have you ever engaged in any activities in another country that would be considered illegal in the United States? \_\_\_\_\_**

**If yes, then explain:**

---

---

---

---

---

---

---

---

---

---

**Have you ever had contact with the military police where you were the victim, complainant, or suspect?**

---

**If yes, then explain:**

---

---

---

---

---

---

---

---

---

---

**Have you ever applied to and been rejected for military service? \_\_\_\_\_**

**If yes, when? \_\_\_\_\_ Which branch of service? \_\_\_\_\_**

**Why was your application refused?**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

***If there is insufficient space on the form to include all the information required, utilize the SUPPLEMENTAL INFORMATION PAGES provided on pages 35, 36 and 37 of the BHS, or include an addendum using extra sheets of copier paper to the application. Be sure to reference the relevant section, heading and page number before continuing your answer.***

## Section E. Applications with other Agencies

List all law enforcement, Fire/EMS, or 911 dispatch agencies to which you have ever applied, prior to this current application with the City of Norwood. Begin with your most recent application in chronological order. Include previous applications with the Norwood Police Department as well as any other law enforcement agency, Fire/EMS agency, or 911 Center.

Agency: \_\_\_\_\_ State: \_\_\_\_\_  
Month/Year: \_\_\_\_\_/\_\_\_\_\_  
Status (Tested, Failed Test, Failed Board, Etc.) \_\_\_\_\_  
Explain: \_\_\_\_\_

Agency: \_\_\_\_\_ State: \_\_\_\_\_  
Month/Year: \_\_\_\_\_/\_\_\_\_\_  
Status (Tested, Failed Test, Failed Board, Etc.) \_\_\_\_\_  
Explain: \_\_\_\_\_

Agency: \_\_\_\_\_ State: \_\_\_\_\_  
Month/Year: \_\_\_\_\_/\_\_\_\_\_  
Status (Tested, Failed Test, Failed Board, Etc.) \_\_\_\_\_  
Explain: \_\_\_\_\_

Agency: \_\_\_\_\_ State: \_\_\_\_\_  
Month/Year: \_\_\_\_\_/\_\_\_\_\_  
Status (Tested, Failed Test, Failed Board, Etc.) \_\_\_\_\_  
Explain: \_\_\_\_\_

Agency: \_\_\_\_\_ State: \_\_\_\_\_  
Month/Year: \_\_\_\_\_/\_\_\_\_\_  
Status (Tested, Failed Test, Failed Board, Etc.) \_\_\_\_\_  
Explain: \_\_\_\_\_

Agency: \_\_\_\_\_ State: \_\_\_\_\_  
Month/Year: \_\_\_\_\_/\_\_\_\_\_  
Status (Tested, Failed Test, Failed Board, Etc.) \_\_\_\_\_  
Explain: \_\_\_\_\_

Did you list every agency you applied with? \_\_\_\_\_

**Current or previous employment with a law enforcement, Fire/EMS agency or 911 Center:**

Agency: \_\_\_\_\_ Dates: \_\_\_\_\_/\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Agency: \_\_\_\_\_ Dates: \_\_\_\_\_/\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Have you ever engaged in any undetected on duty or off duty misconduct that violated your department's written policies or any state or federal civil or criminal laws?** \_\_\_\_\_

**If yes, then explain:**

---

---

---

**Has any law enforcement, corrections, Fire/EMS, or 911 dispatch agency ever notified you either verbally or in writing of a citizen or in-house complaint against you?**

---

**If yes, then explain:**

---

---

---

**Have you ever had any disciplinary actions taken against you as a law enforcement professional, Fire/EMS employee, or 911 dispatcher, to include being placed on restricted duty, days off without pay, oral reprimands, written reprimands, vacation days surrendered in lieu of days off without pay and/or reduction in rank and/or pay scale?** \_\_\_\_\_

**If yes, explain each incident in detail:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



## Section F. Relationship and Family History

Beginning with present relationship, in chronological order list all relationships of six (6) months or more you have had in the last ten (10) years. Current relationship status: dating/single or divorced, co-habiting or married.

Current Relationship Status: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_  
Dates of Co-habitation/Relationship: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Spouse/Partner Maiden Name: \_\_\_\_\_

Phone Number(s):  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Spouse's/Partner's Occupation: \_\_\_\_\_  
Company Name: \_\_\_\_\_

### Past Relationship(s) – Co-habited or Married/Divorced:

Type of Relationship: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_  
Dates: Beginning & Ending of Co-habitation/Dating: \_\_\_\_\_  
Spouse/Partner Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Spouse/Partner Maiden Name: \_\_\_\_\_  
Phone Number(s):  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Spouse's/Partner's Occupation: \_\_\_\_\_  
Company Name: \_\_\_\_\_

Type of Relationship: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_  
Dates: Beginning & Ending of Co-habitation/Dating: \_\_\_\_\_  
Spouse/Partner Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Spouse/Partner Maiden Name: \_\_\_\_\_  
Phone Number(s):  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Spouse's/Partner's Occupation: \_\_\_\_\_  
Company Name: \_\_\_\_\_

Are you responsible for making child support payments? \_\_\_\_\_

Are you current on your payments or are your wages being garnished?  
\_\_\_\_\_

Include to whom payments are made, the amount of each payment, name and phone number for the other parent, and name(s) of child/children.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has an arrest warrant ever been issued for you because of non-support?  
\_\_\_\_\_

If yes, when and what agency issued the warrant? \_\_\_\_\_

Has any agency, whether governmental or private, contacted you because of delinquent child support payments? \_\_\_\_\_

If yes, when and what agency contacted you? \_\_\_\_\_

What was the result? \_\_\_\_\_  
\_\_\_\_\_

**Family Members:**

Starting with Parent, Step-Parent, Brother, Sister, Son, Daughter, Adopted Child, Step Child, and Foster Child, list all family members. No other extended family is required. Include email addresses.

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address, Contact Numbers & Email Address, Occupation, or if they are Deceased:  
\_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address, Contact Numbers & Email Address, Occupation, or if they are Deceased:  
\_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address, Contact Numbers & Email Address, Occupation, or if they are Deceased:  
\_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address, Contact Numbers & Email Address, Occupation, or if they are Deceased:  
\_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address, Contact Numbers & Email Address, Occupation, or if they are Deceased:  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently living with your parents? \_\_\_\_\_

Were you raised by adults that were not your parents? \_\_\_\_\_ If so please list:

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_

Age: \_\_\_\_\_ Dates they raised you: \_\_\_\_\_

Contact Numbers & Email Address or Deceased:

\_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_

Age: \_\_\_\_\_ Dates they raised you: \_\_\_\_\_

Contact Numbers & Email Address or Deceased:

\_\_\_\_\_

**Family Member Arrest(s):**

Name/Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Offense: \_\_\_\_\_ Date: \_\_\_\_\_

Agency, City & State: \_\_\_\_\_ Disposition: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Offense: \_\_\_\_\_ Date: \_\_\_\_\_

Agency, City & State: \_\_\_\_\_ Disposition: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Offense: \_\_\_\_\_ Date: \_\_\_\_\_

Agency, City & State: \_\_\_\_\_ Disposition: \_\_\_\_\_

List two roommates with whom you have resided. Do not include family members or people listed elsewhere in this application.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address and Phone Numbers: \_\_\_\_\_

Dates lived as roommates: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address and Phone Numbers: \_\_\_\_\_

Dates lived as roommates: \_\_\_\_\_

***If there is insufficient space on the form to include all the information required, utilize the SUPPLEMENTAL INFORMATION PAGES provided on pages 35, 36 and 37 of the BHS, or include an addendum using extra sheets of copier paper to the application. Be sure to reference the relevant section, heading and page number before continuing your answer.***

## Section G. Personal References

List five (5) persons who have known you for a minimum of two (2) years who are not related to you, and who can provide current information about you. Do not list City of Norwood employees or relatives, supervisors or coworkers, or roommates listed previously in this application. You may list Norwood city employees in another area of this application or on a separate page. Email addresses required if known.

1. Reference's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Email Address: \_\_\_\_\_

2. Reference's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Email Address: \_\_\_\_\_

3. Reference's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Email Address: \_\_\_\_\_

4. Reference's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Email Address: \_\_\_\_\_

5. Reference's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Do you know any past or current Norwood police officers, firefighters, or 911 communications employees? List any that you may be acquainted with, related to, have been on a ride along with or know as a friend. If you know more than two, list the two you know best below, and estimate how many employees you know from each department on a supplemental page.

Name (First, Last): \_\_\_\_\_  
Agency (City, State): \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship (how you know them) \_\_\_\_\_

Name (First, Last): \_\_\_\_\_  
Agency (City, State): \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship (how you know them) \_\_\_\_\_

## Section H. Traffic Record and Collisions

### Driving History:

List all drivers licenses that you have ever held and whether or not any or all are currently active:

State: \_\_\_\_\_ Date Surrendered or Expired: \_\_\_\_\_  
License Number/Restrictions or Endorsements: \_\_\_\_\_

State: \_\_\_\_\_ Date Surrendered or Expired: \_\_\_\_\_  
License Number/Restrictions or Endorsements: \_\_\_\_\_

State: \_\_\_\_\_ Date Surrendered or Expired: \_\_\_\_\_  
License Number/Restrictions or Endorsements: \_\_\_\_\_

List your vehicle insurance company, policy number and phone number:

\_\_\_\_\_  
\_\_\_\_\_

For any reason, have you ever failed to pay or legally dispose of any traffic, parking, or any other misdemeanor citation? \_\_\_\_\_

If so, include the city, state, when, what the citation was for, and by what agency:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested or received a ticket for not showing proof of insurance or driving without insurance? \_\_\_\_\_

If yes, explain (city, state, when, and by what agency):

\_\_\_\_\_  
\_\_\_\_\_

Has your license ever been suspended, revoked or put on probation in any county or any state? \_\_\_\_\_

If so, list any and all incidents to include the date, location and reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been stopped and/or arrested for Driving While Intoxicated, or Driving Under the Influence, or Operating a Vehicle Under the Influence, whether convicted or not? \_\_\_\_\_

Have you ever pled to a lesser charge? \_\_\_\_\_

If yes, explain the incident to include when, where, the agency and the outcome of the incident.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List vehicles you own or drive:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Color: \_\_\_\_\_ License# and State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Color: \_\_\_\_\_ License# and State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Color: \_\_\_\_\_ License# and State: \_\_\_\_\_

**Traffic Citations/ Stops:**

Starting with your most recent ticket, list in chronological order all moving and non-moving tickets, excluding parking tickets (i.e. speeding, ran red light, unsafe lane change, expired registration, no insurance, etc.), that you have received and the disposition of ticket. "Disposition of ticket" means how you chose to take care of the ticket (i.e. plead guilty, took defensive driving, paid a fine, ticket dismissed by a judge, received deferred adjudication, etc.). **Make sure to include traffic stops during which warnings and/or no citations were issued.**

Month/Year: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Charge: \_\_\_\_\_  
City/State: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Agency: \_\_\_\_\_  
Disposition: \_\_\_\_\_

Month/Year: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Charge: \_\_\_\_\_  
City/State: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Agency: \_\_\_\_\_  
Disposition: \_\_\_\_\_

Month/Year: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Charge: \_\_\_\_\_  
City/State: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Agency: \_\_\_\_\_  
Disposition: \_\_\_\_\_

Month/Year: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Charge: \_\_\_\_\_  
City/State: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Agency: \_\_\_\_\_  
Disposition: \_\_\_\_\_

Month/Year: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Charge: \_\_\_\_\_  
City/State: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Agency: \_\_\_\_\_  
Disposition: \_\_\_\_\_

Month/Year: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Charge: \_\_\_\_\_  
City/State: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Agency: \_\_\_\_\_  
Disposition: \_\_\_\_\_

Month/Year: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Charge: \_\_\_\_\_  
City/State: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Agency: \_\_\_\_\_  
Disposition: \_\_\_\_\_

Month/Year: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Charge: \_\_\_\_\_  
City/State: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Agency: \_\_\_\_\_  
Disposition: \_\_\_\_\_

**Vehicle Crashes:**

Were you ever involved in a vehicle crash? \_\_\_\_\_  
If yes, please list them.

Month/Year: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ City/State: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Agency: \_\_\_\_\_ At Fault/Not at Fault: \_\_\_\_\_

Month/Year: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ City/State: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Agency: \_\_\_\_\_ At Fault/Not at Fault: \_\_\_\_\_

Month/Year: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ City/State: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Agency: \_\_\_\_\_ At Fault/Not at Fault: \_\_\_\_\_

Month/Year: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ City/State: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Agency: \_\_\_\_\_ At Fault/Not at Fault: \_\_\_\_\_

Explanation of each crash:

---

---

---

---

---

---

---

---

Have you ever left the scene of a motor vehicle crash without reporting the incident to a law enforcement entity within the jurisdiction where it happened?

---

Were you the driver of the vehicle, whether or not there was an injury, or whether or not the event occurred on private or public property?

---

If your answer is yes, or you are unsure whether your particular incident fits the criteria enumerated, list below and explain any and every incident.

---

---

---

---

---

---

---

---

---

---

***If there is insufficient space on the form to include all the information required, utilize the SUPPLEMENTAL INFORMATION PAGES provided on pages 35, 36 and 37 of the BHS, or include an addendum using extra sheets of copier paper to the application. Be sure to reference the relevant section, heading and page number before continuing your answer.***

## Section I. Criminal History

Have you ever committed or been involved in any of the following, whether you were arrested, suspected, or a victim, even if the police were not involved?

Crime	Yes/No	Approximate Date	Role / Involvement
Arson			
Assault			
Auto Theft			
Burglary			
Credit Card Misuse			
Criminal Mischief			
Child Endangering			
OVI/DWI/DUI			
Evading or Obstructing Police			
Family Violence			
Forgery			
Impersonating a Police Officer			
Illegal Possession of a Weapon			
<i>Specify weapon from above</i>			
Kidnapping			
Perjury			
Possession of Child Pornography			
Possession of Illegal Drugs			
Selling Illegal Drugs			
Selling Prescription Drugs			
Resisting Arrest			
Robbery			
Sexual Assault			
Theft			
Other			

If yes to any crime/question above, explain each incident in detail:

---



---



---

Did you commit any criminal violation in which the victim was legally defined as a juvenile? \_\_\_\_\_

Have you ever made any false report or statement to any law enforcement officer, law enforcement employee, or any other governmental employee?

---

Have you ever been detained, questioned, or arrested as a juvenile? \_\_\_\_\_

If yes list and explain (include month and year):

---



---



---



As a juvenile or adult, has any criminal case against you ever been dismissed? \_\_\_\_\_

If yes, explain (include offense, date, police agency, court, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been detained or arrested as an adult and/or appeared as a defendant in a criminal proceeding? \_\_\_\_\_ If yes, list below.

Date Detained/Arrested: \_\_\_\_\_  
Name of Offense, Court and State: \_\_\_\_\_  
Month/Year: \_\_\_\_\_/\_\_\_\_\_ Disposition: \_\_\_\_\_

Date Detained/Arrested: \_\_\_\_\_  
Name of Offense Court and State: \_\_\_\_\_  
Month/Year: \_\_\_\_\_/\_\_\_\_\_ Disposition: \_\_\_\_\_

Date Detained/Arrested: \_\_\_\_\_  
Name of Offense Court and State: \_\_\_\_\_  
Month/Year: \_\_\_\_\_/\_\_\_\_\_ Disposition: \_\_\_\_\_

Do you have any pending criminal charges or convictions against you? \_\_\_\_\_

If yes, list below:

Offense Charged: \_\_\_\_\_ City/State: \_\_\_\_\_/  
Month/Year: \_\_\_\_\_/\_\_\_\_\_ Police Agency: \_\_\_\_\_  
Disposition of Case and Court Assigned: \_\_\_\_\_

Offense Charged: \_\_\_\_\_ City/State: \_\_\_\_\_/  
Month/Year: \_\_\_\_\_/\_\_\_\_\_ Police Agency: \_\_\_\_\_  
Disposition of Case and Court Assigned: \_\_\_\_\_

List all incidents involving you to which the police were called. Explain in detail to include whom, what, where, when and why for each occurrence. Do not include traffic violations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever engaged in any illegal activity that to your knowledge was not reported to any law enforcement agency? \_\_\_\_\_**

**Explain in detail to include whom, what, where, when and why for each occurrence. Do not include traffic violations.**

---

---

---

---

---

**Have you ever been a suspect in a crime? \_\_\_\_\_  
(This includes being listed in an official police report as a suspect in a crime.)**

**If yes, explain and list why you were a suspect:**

---

---

---

---

---

**List any and all cash and/or items that you have ever stolen or taken without permission. Include items you purchased that you knew or suspected to be stolen as well as any items you were given or received.**

**Item: \_\_\_\_\_ Quantity: \_\_\_\_\_ When (Month/Year): \_\_\_\_\_/\_\_\_\_\_  
Original Value: \_\_\_\_\_ From Whom or Amount Paid: \_\_\_\_\_**

**Item: \_\_\_\_\_ Quantity: \_\_\_\_\_ When (Month/Year): \_\_\_\_\_/\_\_\_\_\_  
Original Value: \_\_\_\_\_ From Whom or Amount Paid: \_\_\_\_\_**

**Item: \_\_\_\_\_ Quantity: \_\_\_\_\_ When (Month/Year): \_\_\_\_\_/\_\_\_\_\_  
Original Value: \_\_\_\_\_ From Whom or Amount Paid: \_\_\_\_\_**

**Item: \_\_\_\_\_ Quantity: \_\_\_\_\_ When (Month/Year): \_\_\_\_\_/\_\_\_\_\_  
Original Value: \_\_\_\_\_ From Whom or Amount Paid: \_\_\_\_\_**

**Item: \_\_\_\_\_ Quantity: \_\_\_\_\_ When (Month/Year): \_\_\_\_\_/\_\_\_\_\_  
Original Value: \_\_\_\_\_ From Whom or Amount Paid: \_\_\_\_\_**

**In your opinion, what is the worst thing that you have ever done?**

---

---

---

---

---

---

---

---

---

---

## Section J. Financial History and Obligations

- A. Applicant Current Monthly Net Salary A. \_\_\_\_\_
- B. Spouse/Partner Monthly Net Income B. \_\_\_\_\_
- C. Applicant Other Monthly Income C. \_\_\_\_\_  
Source of income: \_\_\_\_\_  
Applicant Other Monthly Income C. \_\_\_\_\_  
Source of income: \_\_\_\_\_
- D. Total Monthly Net Income (Add A, B & C) D. \_\_\_\_\_
- E. Total Monthly Debts/Payments E. \_\_\_\_\_
- F. Income Remaining (Subtract line E from Line D) F. \_\_\_\_\_

**List any and all accounts or property that you had that has been repossessed or charged off:**

Account/Property \_\_\_\_\_ Date Contacted: \_\_\_\_\_  
Explanation: \_\_\_\_\_

Account/Property \_\_\_\_\_ Date Contacted: \_\_\_\_\_  
Explanation: \_\_\_\_\_

Account/Property \_\_\_\_\_ Date Contacted: \_\_\_\_\_  
Explanation: \_\_\_\_\_

Account/Property \_\_\_\_\_ Date Contacted: \_\_\_\_\_  
Explanation: \_\_\_\_\_

Account/Property \_\_\_\_\_ Date Contacted: \_\_\_\_\_  
Explanation: \_\_\_\_\_

Account/Property \_\_\_\_\_ Date Contacted: \_\_\_\_\_  
Explanation: \_\_\_\_\_

Account/Property \_\_\_\_\_ Date Contacted: \_\_\_\_\_  
Explanation: \_\_\_\_\_

Account/Property \_\_\_\_\_ Date Contacted: \_\_\_\_\_  
Explanation: \_\_\_\_\_

**Financial Obligations:**

List financial obligations: Give the names of individuals, companies, or others to whom you are indebted and the extent of your debt. Include payments for rent, mortgages, vehicles, charge accounts, credit cards, utilities, food, gas, any loans, any insurance, child support and any other debts that are paid monthly and/or payments made. The monthly payment total should match E. on page 28.

Round off dollar amounts to the nearest whole dollar.

Creditor	Reason	Monthly Payment	Balance
<b>Total</b>		\$	\$

Have you ever written any checks which were returned for insufficient funds, account closed and/or been notified by a bank or business that your account was overdrawn? \_\_\_\_\_

If yes, explain to include date, bank name, the payee and the amount of the check:

---

---

---

---

---

---

---

---

Have you ever completed or attended any programs or classes in reference to insufficient funds check written? \_\_\_\_\_

If yes, explain reasons and circumstances of any class attended:

---

---

---

---

---

---

---

---

**Are you currently or have you ever been behind on any accounts?**

\_\_\_\_\_  
**Name of Account:** \_\_\_\_\_ **Month/Year:** \_\_\_\_\_  
**Amount Behind:** \_\_\_\_\_ **Number of days behind:** \_\_\_\_\_

**Name of Account:** \_\_\_\_\_ **Month/Year:** \_\_\_\_\_  
**Amount Behind:** \_\_\_\_\_ **Number of days behind:** \_\_\_\_\_

**Name of Account:** \_\_\_\_\_ **Month/Year:** \_\_\_\_\_  
**Amount Behind:** \_\_\_\_\_ **Number of days behind:** \_\_\_\_\_

**Name of Account:** \_\_\_\_\_ **Month/Year:** \_\_\_\_\_  
**Amount Behind:** \_\_\_\_\_ **Number of days behind:** \_\_\_\_\_

**Do you have any open/pending civil litigation?** \_\_\_\_\_ **If so, what court was it filed in? (Court, Case Number, County & State)**

\_\_\_\_\_

**Have you ever been referred to a collections agency?** \_\_\_\_\_

**If yes, explain -- include how many times, dates, the outcome and how much did you owe to each account:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you had any foreclosures?** \_\_\_\_\_ **Have you made attempts to resolve debt with a creditor without the debt being referred to collection or used a debt consolidation company?** \_\_\_\_\_

**If yes to either, explain -- include the amount of debt each time, number of times and/or the agreement reached:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever had a monetary judgment entered against you by a court of law?** \_\_\_\_\_ **Have you ever had a lien filed against you?** \_\_\_\_\_ **Were you ever a party to any pending or past lawsuit?** \_\_\_\_\_

**If yes to any, explain the reasons why – include amount, County & State of Court, and the names of the plaintiffs:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever pawned or sold any merchandise at a pawn shop? \_\_\_\_\_**

**If yes, identify the merchandise and pawn shop. Explain why you pawned the items.**

---

---

---

---

---

---

---

**Have you ever declared voluntary or involuntary bankruptcy? \_\_\_\_\_**

**If yes, explain type, creditors involved, amounts owed, amounts charged off, arrangements made for re-payment and any other information.**

---

---

---

---

---

---

---

**What do you consider to be the status of your current financial condition?**

---

**Why?**

---

---

---

---

---

**Has anyone ever used your credit card(s) or credit account(s) without your permission? \_\_\_\_\_**

**If yes, explain the circumstances and the action you took:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## Section K. Special Qualifications and Skills

Language(s): List all in which you are fluent: \_\_\_\_\_

Other licenses – APCO certification, other 911 dispatching certification, Peace Officer License, Pilot's License, etc.:

\_\_\_\_\_

Weapons owned / Familiar with / Qualifications:

\_\_\_\_\_

Memberships in organizations or volunteer (Former / Present memberships):

\_\_\_\_\_

Are you currently or have you ever been a member of an organization which advocates the overthrow of the United States government or any government entity in the United States by force or violence? \_\_\_\_\_

If yes, explain your involvement:

\_\_\_\_\_

Are you currently or have you ever been in or associated with a gang (street, motorcycle, etc.)? \_\_\_\_\_

If yes, explain your involvement or association with any gang:

\_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

\_\_\_\_\_

What are the reasons you are considering a career in 911 communications and when did you decide to pursue it?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency services work (including 911 center employment) includes working weekends, changing hours, rotating shifts, short time turnaround for call backs to court, emergency activation & emergency order-ins to report to duty. Would this be a problem for you? Explain your answer, whether Yes or No.

\_\_\_\_\_

\_\_\_\_\_

## Section L. Personal Declarations

**Explain your use of alcohol including the type used.**

---

---

---

---

---

**Define in your own words the difference between tipsy and intoxicated.**

---

---

---

---

---

---

**List the last time you were tipsy and last time you were intoxicated.**

---

---

---

**When was the last time (month/year) anyone used illegal drugs in your presence?  
How many times have you been in a situation or location when someone was using an  
illegal drug in your presence?**

---

---

**What was the illegal drug and under what circumstances did you see the illegal drug  
used?**

---

---

---

---

---

---

**Does anyone in your household currently use illegal drugs or abuse prescriptions? If  
yes, please explain.**

---

---

---

---

---

---



**Use of Drugs:**

Answer if you have ever possessed, bought, sold, ingested, inhaled or injected any substance listed below. If yes, list the dates and number of times.

<b>Type</b>	<b>Yes/No</b>	<b>Approximate Date (month/year) Number of times</b>
<b>Marijuana</b>		
<b>Salvia</b>		
<b>Hashish</b>		
<b>Speed</b>		
<b>Methamphetamine</b>		
<b>Heroin</b>		
<b>Mushrooms</b>		
<b>Peyote</b>		
<b>LSD</b>		
<b>Cocaine</b>		
<b>Crack</b>		
<b>PCP</b>		
<b>Ice</b>		
<b>Ecstasy</b>		
<b>Mandrax/Qualudes</b>		
<b>Steroids</b>		
<b>Amphetamines</b>		
<b>Barbiturates</b>		
<b>Adderall</b>		
<b>Inhalants</b>		
<b>Any Substance you thought might be illegal</b>		
<b>Prescription medication not prescribed to you</b>		
<b>Any other Natural, Manufactured and/or Synthetic Drugs where its use could be questionable</b>		
<b>Other</b>		

**Explanation (who, what, where, when and why) to any yes answer listed above or any occasion you might have suspected the substance to be illegal.**

---

---

---

---

---

---

---

---

---

---

**Have you ever transported or accompanied anyone who transported any illegal drugs or illegal substances across or within the borders of the United States? \_\_\_\_\_**

**If yes, detail each occurrence:**

---

---

---

---

**Have you ever been involved in any activity outside the United States that would have been considered illegal in the United States? \_\_\_\_\_**

**If yes, explain any occurrence:**

---

---

---

---

**Have you ever intentionally or unintentionally viewed, possessed, downloaded or distributed any child pornography? \_\_\_\_\_**

**If yes, explain any occurrence:**

---

---

---

---

---

**Have you ever taken advantage of another person while they were incoherent due to intoxication, drug use or any other condition? \_\_\_\_\_**

**If yes, explain any occurrence:**

---

---

---

---

---

**Is there anything in your background that you think would keep you from being qualified to be a 911 dispatcher that has not been asked on this application? If yes, please explain.**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---







## Section N. Signature Confirmation Form

# Background History Statement Affirmation & Declaration

\_\_\_\_\_  
Applicant Name Printed

\_\_\_\_\_  
Date

I understand that my appointment as a 911 Communications Dispatcher will be contingent upon the results of a complete character investigation. I also understand that all personnel appointed as a 911 Communications Dispatcher must serve a probationary period of at least six months (6) from time of appointment during which time the employee must demonstrate his or her fitness for continued employment by the Norwood Communications Center.

I hereby certify that there are no willful misrepresentations, omissions or falsifications in all the statements and answers to questions contained herein. I further certify that all statements and answers are mine and are accurate and correct to the best of my knowledge. I am aware that should the investigation disclose such misrepresentations, falsifications or inaccuracies, my application will be rejected and **I will be disqualified for a minimum of two (2) years.**

**Furthermore, should I be offered employment as a Communications Dispatcher, I understand that my employment may be terminated at a future date should it be discovered that I willfully misrepresented, omitted, or falsified any statements or answers within this background history statement.**

Lastly, I understand that should I be disqualified from eligibility to the position of Communications Dispatcher for any reason, there is no right of appeal concerning this decision. The reason(s) for disqualification is private information pertaining to the Norwood Police Department in regards to the hiring standards of the agency and therefore not subject to disclosure to the applicant or other public/private entities.

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Date