



CITY OF MORaine IS AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL HISTORY QUESTIONNAIRE

Personal History of: \_\_\_\_\_  
(Last Name) (First) (Middle)

Position Applied For:  Full Time FF/Paramedic  
 Part Time FF/EMT-B (minimum FF1 & EMT-B)

Date of Written Examination (If Applicable) : \_\_\_\_\_

Date This Questionnaire Completed: \_\_\_\_\_

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INSTRUCTIONS

This personal history questionnaire is intended for the use of the City of Moraine Fire Division. You must be truthful and complete all answers requested on this form. Admission of prior offenses may not automatically disqualify you from further consideration. All information contained herein will be subject to verification. Information contained herein will not be disclosed to any unauthorized person(s).

THE ANSWERS TO QUESTIONS CONTAINED IN THIS QUESTIONNAIRE MUST BE PRINTED IN YOUR OWN HAND, LEGIBLY IN BLACK or BLUE INK ONLY. EACH INDIVIDUAL QUESTION MUST BE ANSWERED. You must provide complete address information when requested. Partial address responses are unacceptable.

When an answer calls for an explanation or clarification, or when more space is required to completely answer a question, please utilize the "Continuation Sheets" provided.

## PERSONAL RECORD - SECTION I

LEGAL NAME	LAST	FIRST	FULL MIDDLE NAME
BY WHAT OTHER NAMES HAVE YOU BEEN KNOWN? (MAIDEN NAME, FORMER MARRIED NAMES, ALIASES, NICKNAMES, ETC.)			
RESIDENCE ADDRESS (NUMBER, STREET, APT., CITY, COUNTY, STATE, AND ZIP CODE)			HOME PHONE (Including Area Code)
DATE OF BIRTH		SOCIAL SECURITY NUMBER	
OHIO DRIVERS LIC. #	CLASS	EXP. DATE	OUT OF STATE OPERATORS LIC. #      STATE OR TERR.      TYPE      EXP. DATE

1. ARE YOU NOW SUPPORTING ALL DEPENDENTS THAT YOU ARE REQUIRED TO SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
2. HAVE YOU EVER BEEN SUED FOR ALIMONY PAYMENTS, CHILD SUPPORT, NON-PAYMENT OF DEBTS, OR FRAUD? IF YES, GIVE THE NAME OF THE COURT IN WHICH YOU WERE SUED AND THE COURT NUMBER OF THE LAWSUIT. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name of Court	City And State	County	Case Number
3. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			

## PREVIOUS RESIDENCES RECORD - SECTION II

PLEASE LIST ALL ADDRESSES, SINCE AGE 18. ACCOUNT FOR ALL TIME SPANS WITH THE MOST RECENT ADDRESS FIRST AND DESCENDING IN ORDER THEREFROM. INCLUDE ALL MILITARY ADDRESSES, LISTING THE NEAREST CITY IN PROXIMITY TO THE BASE IF YOU RESIDED ON BASE. IF RENTING OR LEASING, INCLUDE THE AGENT'S OR MANAGEMENT COMPANY'S PHONE NUMBER TO WHOM YOU PAY RENT.

FROM (MONTH/YEAR)	TO (MONTH/YEAR)	ADDRESS (SPECIFY N.S.E.W./ST/PL/DR/CITY/STATE/ZIP	WITH WHOM DID YOU LIVE?	RELATIONSHIP

## REFERENCES - SECTION II

REFERENCES: FILL IN BELOW THE NAMES OF THREE ADULTS NOT RELATED TO YOU, AND NOT FORMER EMPLOYERS OR CO-WORKERS, WHO HAVE KNOWN YOU FOR A PERIOD OF AT LEAST FIVE (5) YEARS. * Require Reference Interview Sheets to be completed by these named individuals..				
1. NAME		HOME ADDRESS (CITY, STATE, ZIP)		HOME PHONE / AREA CODE
YEARS KNOWN	BUSINESS, OCCUPATION OR PROFESSION			CELL PHONE/AREA CODE
2. NAME		HOME ADDRESS (CITY, STATE, ZIP)		HOME PHONE / AREA CODE
YEARS KNOWN	BUSINESS, OCCUPATION OR PROFESSION			CELL PHONE/AREA CODE
3. NAME		HOME ADDRESS (CITY, STATE, ZIP)		HOME PHONE / AREA CODE
YEARS KNOWN	BUSINESS, OCCUPATION OR PROFESSION			CELL. PHONE/AREA CODE

## FINANCIAL RECORD - SECTION III

1. ARE YOU NOW DELINQUENT IN ANY FINANCIAL OBLIGATION? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span> (IF YES, EXPLAIN ON LAST PAGE)					
2. DO YOUR MONTHLY BILLS EXCEED YOUR TAKE HOME PAY? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>					
3. INDEBTEDNESS: INVOLVING YOU, YOUR SPOUSE, OR YOUR EX-SPOUSE(S) FOR WHICH YOU ARE LIABLE.					
TO WHOM OWED	ADDRESS	DATE INCURRED	ORIGINAL AMOUNT	BALANCE ON ACCT	MONTHLY PAYMENT
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

## FINANCIAL RECORD - SECTION III (Cont.)

10. Do you have dependable transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Is this transportation capable of transporting your equipment to and from each fire station?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHEN ANSWERING THE QUESTIONS BELOW, IF THERE ARE ANY "YES" BLOCKS CHECKED, EXPLAIN FULLY ON CONTINUATION SHEET, CITING THE REFERENCE AND PAGE NUMBERS. BE COMPLETE ON ALL EXPLANATIONS REQUESTED.		
12. <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU, YOUR SPOUSE, OR EX-SPOUSE(S) HAVE ANY IMMEDIATE CIVIL ACTION PENDING AGAINST YOU?	
13. <input type="checkbox"/> YES <input type="checkbox"/> NO	IF EMPLOYED BY THE FIRE DIVISION, DO YOU ANTICIPATE ANY INCOME OTHER THAN YOUR FIRE SALARY?	
14. <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN REFUSED A LIFE, AUTOMOBILE, HEALTH, OR OTHER INSURANCE POLICY?	
15. <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER HAD WAGES GARNISHED?	
16. <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU OR YOUR SPOUSE BEEN A PARTY TO A CIVIL LAWSUIT?	
17. <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU OR YOUR SPOUSE EVER FILED FOR BANKRUPTCY?	
18. <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU OR YOUR SPOUSE EVER HAD PROPERTY REPOSSESSED?	
19. <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU OR YOUR SPOUSE EVER BEEN EVICTED?	
20. <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU OR YOUR SPOUSE EVER HAD A BILL TURNED OVER FOR COLLECTION?	

## WORK HISTORY - SECTION IV

HAVE YOU EVER APPLIED FOR A POSITION WITH ANY OTHER GOVERNMENT AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF DEPARTMENT OR AGENCY	DATE APPLIED	ACCEPTED	IF NO, GIVE REASON AND PRESENT STATUS OF APPLICATION
1.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
6.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
7.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
9.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
10.		<input type="checkbox"/> YES <input type="checkbox"/> NO	

## EMPLOYMENT

BEGIN WITH THE MOST RECENT JOB AND LIST YOUR COMPLETE WORK HISTORY IN CHRONOLOGICAL ORDER. INCLUDE IN SEQUENCE ALL PART-TIME JOBS, PERIODS OF UNEMPLOYMENT, AND MILITARY SERVICE. WHEN LISTING MILITARY SERVICE, SUBSTITUTE FOR THE NAME AND ADDRESS OF IMMEDIATE SUPERVISOR, THE NAME, ADDRESS, AND RANK OF THE LAST COMMISSIONED OFFICER WHO WAS YOUR IMMEDIATE COMMISSIONED SUPERIOR AND SUBSTITUTE FOR THE NAME AND ADDRESS OF CO-WORKER, THE NAME AND ADDRESS OF A NON-COMMISSIONED OFFICER WITH WHOM YOU SERVED. WHEN LISTING PERIODS OF UNEMPLOYMENT, INDICATE DATES IN SPACE PROVIDED. IN THAT BLOCK DESIGNATED "NAME OF EMPLOYER" WRITE IN "UNEMPLOYED." IN THAT BLOCK DESIGNATED "REASON FOR LEAVING" INDICATE FROM WHAT SOURCE YOU RECEIVED INCOME DURING THAT PERIOD OF UNEMPLOYMENT. ADDRESS INFORMATION MUST BE COMPLETE - STREET, APT., OR SUITE, CITY, STATE AND ZIP CODE.

MAY WE CONTACT YOUR PRESENT AND PREVIOUS EMPLOYERS?  YES  NO IF NO, EXPLAIN FULLY ON CONTINUATION SHEETS.  
IF PRESENTLY UNEMPLOYED, INDICATE SO IN FIRST BLOCK.

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB?  YES  NO IF YES, EXPLAIN FULLY ON CONTINUATION SHEETS.

## WORK HISTORY - SECTION IV EMPLOYMENT

FROM DATE	NAME OF EMPLOYER	JOB TITLE	1. Any history of tardiness? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. Any history of disciplinary issues? <input type="checkbox"/> YES <input type="checkbox"/> NO 3. May we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
TO DATE	ADDRESS OF EMPLOYER		
DESCRIPTION OF DUTIES			
FULL NAME OF IMMEDIATE SUPERVISOR		TELEPHONE NUMBER OF BUSINESS	REASON FOR LEAVING
SALARY	FULL NAME OF CO-WORKER	TELEPHONE NUMBER OF CO-WORKER	

FROM DATE	NAME OF EMPLOYER	JOB TITLE	4. Any history of tardiness? <input type="checkbox"/> YES <input type="checkbox"/> NO 5. Any history of disciplinary issues? <input type="checkbox"/> YES <input type="checkbox"/> NO 6. May we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
TO DATE	ADDRESS OF EMPLOYER		
DESCRIPTION OF DUTIES			
FULL NAME OF IMMEDIATE SUPERVISOR		TELEPHONE NUMBER OF BUSINESS	REASON FOR LEAVING
SALARY	FULL NAME OF CO-WORKER	TELEPHONE NUMBER OF CO-WORKER	

## WORK HISTORY - SECTION IV (Cont.) EMPLOYMENT

FROM DATE	NAME OF EMPLOYER	JOB TITLE	7. Any history of tardiness? <input type="checkbox"/> YES <input type="checkbox"/> NO 8. Any history of disciplinary issues? <input type="checkbox"/> YES <input type="checkbox"/> NO 9. May we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
TO DATE	ADDRESS OF EMPLOYER		
DESCRIPTION OF DUTIES			
FULL NAME OF IMMEDIATE SUPERVISOR		TELEPHONE NUMBER OF BUSINESS	REASON FOR LEAVING
SALARY	FULL NAME OF CO-WORKER	TELEPHONE NUMBER OF CO-WORKER	

FROM DATE	NAME OF EMPLOYER	JOB TITLE	10. Any history of tardiness? <input type="checkbox"/> YES <input type="checkbox"/> NO 11. Any history of disciplinary issues? <input type="checkbox"/> YES <input type="checkbox"/> NO 12. May we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
TO DATE	ADDRESS OF EMPLOYER		
DESCRIPTION OF DUTIES			
FULL NAME OF IMMEDIATE SUPERVISOR		TELEPHONE NUMBER OF BUSINESS	REASON FOR LEAVING
SALARY	FULL NAME OF CO-WORKER	TELEPHONE NUMBER OF CO-WORKER	

FROM DATE	NAME OF EMPLOYER	JOB TITLE	13. Any history of tardiness? <input type="checkbox"/> YES <input type="checkbox"/> NO 14. Any history of disciplinary issues? <input type="checkbox"/> YES <input type="checkbox"/> NO 15. May we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
TO DATE	ADDRESS OF EMPLOYER		
DESCRIPTION OF DUTIES			
FULL NAME OF IMMEDIATE SUPERVISOR		TELEPHONE NUMBER OF BUSINESS	REASON FOR LEAVING
SALARY	FULL NAME OF CO-WORKER	TELEPHONE NUMBER OF CO-WORKER	

## MILITARY & EDUCATIONAL RECORD - SECTION V

MILITARY		
BRANCH OF SERVICE (ARMY, NAVY, ETC.)	UNIT (TANK CORPS, ENGINEERS, MEDICS, ETC.)	MILITARY SERIAL NO.
MILITARY ACTIVE DUTY DATES (DO NOT INCLUDE SHORT RESERVE TOURS OF 90 DAYS OR LESS) FROM _____ TO _____	HIGHEST MILITARY RANK OR RATE HELD	TYPE OF SEPARATION
TOTAL MONTHS OF COMBAT DUTY	TOTAL MONTHS OF OVERSEAS DUTY	MILITARY RESERVE STATUS <input type="checkbox"/> READY <input type="checkbox"/> STANDBY <input type="checkbox"/> NONE

1. HAVE YOU EVER ASKED FOR OR RECEIVED DEFERMENT FROM MILITARY SERVICE?  YES    NO  
IF YES, GIVE BOARD NUMBER, DATES, AND FULL DETAILS ON CONTINUATION SHEETS.
2. WERE YOU EVER COURT MARTIALED, TRIED ON CHARGES, OR SUBJECT OF A SUMMARY COURT-MARTIAL, CAPTAIN'S MAST, ARTICLE 15, COMPANY PUNISHMENT, OR ANY OTHER DISCIPLINARY ACTION WHILE IN THE ARMED SERVICES?  YES    NO   IF YES, EXPLAIN ON CONTINUATION SHEETS.
3. HAVE YOU EVER RECEIVED A GOVERNMENT PENSION?  YES    NO   IF YES, EXPLAIN ON CONTINUATION SHEET.
4. HAVE YOU EVER TAKEN A GENERAL EDUCATION DEVELOPMENT "GED" TEST?  YES    NO
5. CURRENT OHIO FIREFIGHTER CERTIFICATION LEVEL \_\_\_\_\_ (INCLUDE COPY OF CARD)  
IF NOT LEVEL II, ESTIMATE DATE TO BE CERTIFIED AND EXPLAIN RATIONAL ON CONTINUATION SHEET.
6. CURRENT OHIO EMS CERTIFICATION LEVEL \_\_\_\_\_ (INCLUDE COPY OF CARD)  
IF NOT PARAMEDIC, ESTIMATE DATE TO BE CERTIFIED AND EXPLAIN RATIONAL ON CONTINUATION SHEET.
7. LIST ALL RELATED FIRE, EMS PUBLIC SAFETY & COMMUNITY SERVICE CERTIFICATIONS (INCLUDE COPIES)

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EDUCATIONAL						
CIRCLE HIGHEST GRADE COMPLETED   1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   16   OTHER						
LIST EACH GRAMMAR, JR. HIGH, HIGH SCHOOL, TRADE, PART-TIME, NIGHT SCHOOL, BUSINESS COLLEGE, AND UNIVERSITY THAT YOU HAVE ATTENDED. START WITH THE MOST RECENT SCHOOL ATTENDED.						
NAME OF SCHOOL	LOCATION OF SCHOOL (CITY & STATE)	ATTENDANCE DATES		GRADUATE		DEGREES OR NUMBER OF UNITS
		FROM	TO	YES	NO	

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## MILITARY & EDUCATIONAL RECORD - SECTION V (Cont.)

NAME OF SCHOOL	LOCATION OF SCHOOL (CITY & STATE)	ATTENDANCE DATES		GRADUATE		DEGREES OR NUMBER OF UNITS
		FROM	TO	YES	NO	

LIST ANY OTHER ACADEMY TRAINING, SPECIAL TRAINING, TECHNICAL SKILLS OR CERTIFICATIONS, WITH DATES AND LOCATIONS

## GENERAL INFORMATION INQUIRY - SECTION VI

NOTICE: IF THE ANSWER TO ANY OF THE FOLLOWING IS YES--IT WILL BE NECESSARY FOR YOU TO EXPLAIN, IN DETAIL, ON THE CONTINUATION SHEET PROVIDED. FULL AND COMPREHENSIVE EXPLANATIONS ARE REQUIRED.

1. AFTER REVIEWING THE JOB DESCRIPTION, ARE YOU AWARE OF ANY BELIEFS, MEDICAL CONDITIONS, FEARS, DEPENDENCIES, OR ADDICTIONS THAT WOULD PREVENT YOU FROM PERFORMING YOUR DUTIES AS A FIREFIGHTER/PARAMEDIC?	YES	NO
2. ARE YOU AWARE OF ANYTHING THAT COULD PRECLUDE YOU FROM PASSING A CRIMINAL BACKGROUND CHECK, POLYGRAPH, PSYCHOLOGICAL TEST, MEDICAL EVALUATION OR PHYSICAL ABILITIES TEST?	YES	NO
3. HAVE YOU EVER COMMITTED A FELONY FOR WHICH YOU WERE NEVER ARRESTED OR CONVICTED?	YES	NO
4. HAVE YOU EVER BEEN CONVICTED OF A FELONY?	YES	NO
5. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR THAT HAD BEEN REDUCED FROM ORIGINAL FELONY CHARGES?	YES	NO
6. HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE, I.E., OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, RECKLESS OPERATIONS HIT SKIP, VEHICULAR HOMICIDE, SPEEDING, DRAG RACING WILLFULLY FLEEING OR ELUDING, OPERATING AN UNSAFE VEHICLE, DRIVING WITHOUT A LICENSE, PASSING A SCHOOL BUS RECEIVING OR DISCHARGING PASSENGERS, OR ANY OTHER TRAFFIC OFFENSE, EXCLUDING PARKING AND EQUIPMENT VIOLATIONS?	YES	NO
7. HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE, I.E. THEFT OFFENSES, ASSAULT AND BATTERY, GAMBLING, DRUG OFFENSE, SEX OFFENSES, OFFENSES INVOLVING IMMORAL OR INDECENT CONDUCT, FRAUD, TRESPASSING, CONVERSION OF TRUST, OFFENSE INVOLVING MILITARY JUSTICE, OR ANY OTHER CRIMINAL OFFENSES?	YES	NO
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8.	AS AN ADULT, HAVE YOU EVER STOLEN ANYTHING?	YES	NO
9.	HAVE YOU EVER BEEN QUESTIONED BY A LAW ENFORCEMENT OFFICER ABOUT AN ALLEGED CRIME OR TRAFFIC VIOLATION?	YES	NO
10.	HAVE YOU EVER BOUGHT OR SOLD ANY PROPERTY THAT YOU KNEW WAS STOLEN?	YES	NO
11.	HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?	YES	NO
12.	HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH A CRIMINAL OFFENSE?	YES	NO
13.	ARE YOU PRESENTLY UNDER INDICTMENT OR A DEFENDANT IN ANY PENDING CRIMINAL, TRAFFIC OR CIVIL ACTIONS?	YES	NO
14.	HAVE YOU EVER USED ANY HALLUCINOGENS SUCH AS MARIJUANA, HASHISH, Mescaline, P.C.P., T.H.C., PEYOTE, P.C.E., T.C.P., ANGEL DUST, OR ANY OF THEIR DERIVATIVES, ETC.? (IF YES, AGE FIRST USED, AGE LAST USED, TOTAL NUMBER OF USAGES.)	YES	NO
15.	HAVE YOU EVER ILLEGALLY USED ANY NARCOTICS SUCH AS OPIUM, MORPHINE, CODEINE, METHADONE, OR ANY OF THEIR DERIVATIVES SUCH AS DARVON, LOMOTIL, ETC.? (IF YES, AGE FIRST USED, AGE LAST USED, TOTAL NUMBER OF USAGES.)	YES	NO
16.	HAVE YOU EVER USED COCAINE, HEROINE, OR L.S.D.? (IF YES, AGE FIRST USED, AGE LAST USED, TOTAL NUMBER OF USAGES.)	YES	NO
17.	HAVE YOU EVER ILLEGALLY USED ANY PRESCRIPTION DRUGS SUCH AS BARBITURATES, AMPHETAMINES, VALIUM, LIBRIUM, SOPORS, UPPERS/DOWNERS, ETC., WITHOUT THE BENEFIT OF A PRESCRIPTION? (IF YES, AGE FIRST USED, AGE LAST USED, TOTAL NUMBER OF USAGES.)	YES	NO
18.	HAVE YOU EVER USED ANY PRESCRIBED MEDICATIONS FOR PURPOSES OTHER THAN THAT FOR WHICH THEY WERE ORIGINALLY PRESCRIBED OR INTENDED? IF YES, TYPE AND USE.)	YES	NO
19.	HAVE YOU EVER USED WHAT ARE DESCRIBED AS DESIGNER DRUGS: I.E., SUBSTANCES THAT ARE CHEMICALLY ALTERED IN MAKEUP BUT WHICH GIVE THE SAME EFFECT AS ILLICIT DRUGS, ETC.? (IF YES, TYPE, ET.)	YES	NO
20.	HAVE YOU EVER ILLEGALLY SOLD, BEEN PARTY TO AN ILLEGAL SALE, OR IN ANY WAY BEEN FINANCIALLY REWARDED DUE TO AN ILLEGAL SALE OF ANY CONTROLLED SUBSTANCES OR PRESCRIPTION DRUGS OR ANY OTHER SUBSTANCE PURPORTED TO BE A CONTROLLED SUBSTANCE?	YES	NO
21.	HAVE YOU EVER BEEN INVOLVED IN GLUE SNIFFING OR USED ANY OTHER SUCH CHEMICAL AGENTS FOR THE PURPOSE OF OBTAINING A STATE OF INTOXICATION?	YES	NO
22.	ARE YOU CURRENTLY ADDICTED TO, OR USE ANY SUBSTANCE, THAT WOULD NEGATIVELY AFFECT YOUR JOB PERFORMANCE?	YES	NO
23.	HAVE YOU EVER FILED A FALSE CLAIM WITH THE BUREAU OF WORKER'S COMPENSATION?	YES	NO
24.	HAVE YOU EVER APPLIED FOR AND RECEIVED UNEMPLOYMENT COMPENSATION, THE AMOUNTS OF WHICH YOU WERE NOT ELIGIBLE TO RECEIVE?	YES	NO
25.	ARE YOU NOW, OR HAVE YOU EVER, RECEIVED ANY TYPE OF GOVERNMENTAL SUPPORT SUCH AS WELFARE, A.D.C., HOUSING SUBSIDY PAYMENTS, MEDICAL OR EDUCATIONAL LOANS OR GRANTS, THAT YOU WERE NOT ELIGIBLE FOR, RECEIVED IN A FRAUDULENT MANNER, OR AFTER RECEIVING BECAME INELIGIBLE FOR BUT CONTINUED RECEIVING?	YES	NO
26.	DO YOU HAVE ANY HATREDS OR PREJUDICES TOWARD OTHERS BECAUSE OF THEIR RACE, SEX, NATIONAL ORIGIN, RELIGION, OR COLOR, THAT WOULD BE DETRIMENTAL TO YOUR FUNCTIONING AS A MEMBER OF THE FIRE DIVISION?	YES	NO
27.	DO YOU HAVE ANY PROBLEMS BECAUSE OF GAMBLING?	YES	NO
28.	DO YOU HAVE ANY PROBLEM CONTROLLING YOUR TEMPER?	YES	NO
29.	HAVE YOU EVER BEEN INVOLVED IN AN AUTOMOBILE ACCIDENT?	YES	NO
30.	HAVE YOU EVER ENGAGED IN ANY ILLEGAL SEXUAL ACTIVITIES FOR PROFIT?	YES	NO
31.	HAVE YOU EVER HIRED THE SERVICES OF AN ATTORNEY?	YES	NO

**ALL APPLICANTS MUST SIGN THE FOLLOWING CERTIFICATE**

I CERTIFY THAT THE STATEMENTS CONTAINED IN THIS QUESTIONNAIRE ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MADE IN THIS QUESTIONNAIRE MAY BE CAUSE FOR DENIAL OF MY EMPLOYMENT OR FOR DISCHARGE AFTER EMPLOYMENT. I FURTHER REALIZE THAT ANY FALSEHOODS MAY SUBJECT ME TO PROSECTON UNDER OHIO REVISED CODE SECTION 2921.13

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

# CONTINUATION SHEET

**NOTE:** In utilizing this section to explain or further add to answers, make reference to the particular **SECTION #, PAGE #, and QUESTION #, IN THE COLUMN PROVIDED BELOW BEFORE PROCEEDING TO ANSWER.** Your answers must be clear in meaning, explaining all facets of the particular question. **CAUTION:** In signing the certificate (above), you are attesting to the validity of all answers noted within this continuation, as well as all areas of this **QUESTIONNAIRE.** Should you require further space, attach an 8 ½ x 11 inch sheet of plain paper.

SECTION NUMBER	PAGE NUMBER	QUESTION NUMBER	CONTINUATION

**GENERAL INFORMATION INQUIRY - SECTION VI (Cont.)**  
**(Continuation Page)**

SECTION NUMBER	PAGE NUMBER	QUESTION NUMBER	CONTINUATION

**GENERAL INFORMATION INQUIRY - SECTION VI (Cont.)  
(Continuation Page)**

SECTION NUMBER	PAGE NUMBER	QUESTION NUMBER	CONTINUATION

I CERTIFY THAT THE STATEMENTS IN THESE CONTINUATION SHEETS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED COMPLETE DISCLOSURE OF ALL INFORMATION REQUESTED. I FURTHER REAFFIRM THAT I UNDERSTAND THAT ANY FALSE STATEMENTS MADE IN THESE CONTINUATION SHEETS MAY BE CAUSE FOR DENIAL OF MY EMPLOYMENT, OR FOR DISCHARGE AFTER EMPLOYMENT. I ALSO REALIZE THAT ANY FALSIFICATION MAY SUBJECT ME TO DISQUALIFICATION BY THE CIVIL SERVICE COMMISSION AND/OR PROSECUTION UNDER OHIO REVISED CODE SECTION 2921.13.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

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CITY OF MORAINE  
Acknowledgment and Release Form  
(Fire)

I acknowledge that I have applied for employment with the City of Moraine, Ohio as \_\_\_\_\_, and have received an Applicant Information Packet and an Employment Application.

I have read the aforementioned information and acknowledge that I have been afforded the opportunity to ask questions on said information and also on the subject matter of this acknowledgment and release form. My questions relative to requirements, qualifications, the various steps/phases of the selection process, and this form have been answered to my satisfaction and I understand said requirements, qualifications, and selection process.

I acknowledge that I have voluntarily, and of my own free will, entered the selection process fully cognizant of what lies ahead, and I agree to participate in all of the steps/phases of the selection process for which I qualify or to which I advance based upon previously administered steps/phases of said selection process.

I voluntarily assume the risk of any and all physical, emotional, psychological, monetary, and any and all other types or variety of damage and/or injury which I might sustain as a result of any and/or all of the steps/phases of the selection process in which I participate. Said steps/phases include: Application, Physical Fitness Assessment, Polygraph Examination, Record Check, Background Investigation, Post-Offer Polygraph Examination, Interview, Psychological Evaluation, Medical Examination, Drug Test, and any follow-ups to the aforesaid, i.e., private interviews held to clarify a question/problem that arises as a result of a selection step/phase.

I hereby release and hold harmless the City of Moraine, Ohio, any and all officials, officers, and employees of said City, the Moraine Fire Division, and any and all persons who may administer or assist in the administration of any step/phase of the selection process from any and all liabilities for any and all physical, emotional, psychological, monetary, or any and all other types of damage or injury which I might sustain during any step/ phase of the selection process, or following completion of same.

I acknowledge that I was duly informed, prior to the initiation of the selection process, that the City of Moraine utilizes a multi-step, in-depth, and somewhat rigorous selection process.

I fully understand that the City of Moraine cannot guarantee the confidentiality of the results of, or the information obtained through, any and/or all phases of the selection process, nor any information compiled by the City of Moraine relative to my candidacy for a position with the City of Moraine. (Rulings of the Ohio Supreme Court, relative to Public Records Act, indicate that employment-related records, with the exception of medical records, are a matter of public record and, should a member of the public request such records, the City would be required to make such records available to the said member of the public within a reasonable period of time.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date