

Chagrin Falls Police Department Civilian Application

The Chagrin Falls Police Department is an equal opportunity employer and does not discriminate on the basis of Race, Color, National Origin, Sex, Religion, Age, Military Status or Disability in employment.

Personal History Questionnaire

Personal History of: _____
(Last) (First) (Mi)

Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers:

Home: _____

Business: _____

Cell: _____

Email: _____

Date this information was completed: _____

Please Read Instructions Carefully

This personal history questionnaire is intended for the use of the Chagrin Falls Police Department. You must be truthful and complete on all answers requested on this form. All information contained herein will be subject to verification, i.e., source of documentation, polygraph and screening procedures. Information contained herein will be considered to be strictly confidential and will not be disclosed to any unauthorized person(s).

The answers to questions contained in this questionnaire must be printed, in your own hand, legible in ink only. All questions should be answered completely. When answering questions that require dates, insert the full date wherever possible. If a question does not apply, write 'DNA' in the initial answer space, you do not need to write 'DNA' in all blanks pertaining to the same question. You must provide complete address information when requested. Partial address responses are unacceptable. Any incomplete applications will be disqualified.



1. Are you a U.S. Citizen? () Yes () No
2. Have you reached the age of 18? () Yes () No
3. Who should be notified in case of an emergency?

Name: _____

Address: _____

Telephone Number: _____

4. List all previous Addresses

Address	From (month – year)	To (month – year)

5. Education

Did you graduate from High School? () Yes () No

If no, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name of High School attended: _____

Location: _____

College, Universities, or Trade School Attended	Dates Attended	Total Credit Hours	Degree	Major Subjects



6. Work Experience: List all jobs you have had in the last ten years, listing your most recent job first. If you need more space, you may attach additional sheets.

Name and Address of Employer	From:	Salary per Month:
	To:	Reason for Leaving:
	Exact Title of Position:	
	Name and Title of your Supervisor:	
	Your Duties:	
Telephone: () -		

Name and Address of Employer	From:	Salary per Month:
	To:	Reason for Leaving:
	Exact Title of Position:	
	Name and Title of your Supervisor:	
	Your Duties:	
Telephone: () -		

Name and Address of Employer	From:	Salary per Month:
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Name and Address of Employer	From:	Salary per Month:
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	Exact Title of Position:	
	Name and Title of your Supervisor:	
	Your Duties:	
Telephone: () -		



7. Military Service

Date of Service	Branch:
From:	
To:	Rank at Discharge:

8. Any Special Qualifications?

Special training, experience or abilities that you have which would be of value in the position for which you are applying.

9. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service: () Yes () No

If yes, state circumstances and address of employers

Employer:	Circumstances:
Employer:	Circumstances:



10. Were you ever convicted for any moving traffic violations? Yes No

If yes, list the date, violation, city, and disposition.

Date	Nature of Violation	City	Disposition

11. Have you ever been in a traffic accident regardless of whether or not the accident was your fault? Yes No

If Yes:

Date:	Police Investigation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (city and street):	
Cause of Accident:	
Injury or Non-Injury:	
Who was legally at fault:	

Date:	Police Investigation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (city and street):	
Cause of Accident:	
Injury or Non-Injury:	
Who was legally at fault:	



12. Please provide three references:

Name:
Address:
Phone Number:

Name:
Address:
Phone Number:

Name:
Address:
Phone Number:

The information set forth in this application for employment submitted to the Village of Chagrin Falls is true and accurate based upon my best information, knowledge and belief.

Name

Date

