



# GRANVILLE POLICE DEPARTMENT



## BACKGROUND QUESTIONNAIRE

NAME:
DATE:
POSITION SOUGHT: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Reserve

### FOLLOW THE DIRECTIONS CAREFULLY

1. WRITE **LEGIBLY** IN YOUR OWN HANDWRITING.
2. USE BLACK INK TO COMPLETE THIS QUESTIONNAIRE.
3. READ EACH QUESTION CAREFULLY BEFORE ANSWERING IT.
4. ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY.
5. IF YOU NEED ADDITIONAL SPACE, MAKE A COPY OF THE "ADDITIONAL INFORMATION" SHEET, UNLESS OTHERWISE DIRECTED
6. SIGN THE QUESTIONNAIRE AND HAVE IT NOTARIZED.

**ANY OMISSION, DECEPTION, OR FAILURE TO FOLLOW THE INSTRUCTIONS GIVEN IN FILLING OUT YOUR QUESTIONNAIRE COULD DELAY YOUR APPLICATION OR DISQUALIFY YOU FROM FURTHER CONSIDERATION.**

**GRANVILLE POLICE DEPARTMENT  
141 E. BROADWAY  
GRANVILLE, OHIO 43023  
(740)587-1234**

The Village of Granville, and the Granville Police Department is an Equal Opportunity Employer. Applicants for all job openings are welcome and considered without regard to the applicant's race, gender, religion, age, national origin, veteran status, or disabilities, or by any other status protected by the State, Federal, or Local Law. This list is not exhaustive upon the basis of what discrimination is prohibited. It is the intention of the Village of Granville and the Granville Police Department to comply with all state, federal, and local legislation regarding equal employment opportunity. The Hiring Committee shall ensure that each application process is fair and impartial, and that no discrimination occurs. A review will be conducted at the conclusion of the hiring process, and at the end of the applicant's probationary period to identify any problems or issues which can be rectified.

**Required Documentation: Must be turned in with completed application if applicable.**

1. Color copy of Driver License.
2. Color copy of SSN Card.
3. Color copy of Birth Certificate or Immigration/Naturalization Documents.
4. Copy of Military DD-214 or OH-214 Discharge Forms.
5. Any College Transcripts (copies are initially acceptable – official transcripts will be required if you proceed in the application process).
6. O.P.O.T.C. Certification or Out of State Certification such as P.O.S.T.
7. All signed and notarized documents from this packet.
8. Copies of ALL certificates that you listed in this packet.
9. Copy of any bankruptcy documentation, if the bankruptcy occurred within the last seven years.
10. Copies of any divorce or separation decrees or child support orders.
11. Copies of any commendations/awards which you listed in this packet.
12. Answer to any essay questions located at the rear of the application packet.

**APPLICANT NAME** \_\_\_\_\_

This questionnaire will be used for reference by those who will be considering you for employment or for a commission with the Granville Police Department.

The Granville Police Department believes in due diligence with our hiring, and as a result we only hire the most qualified applicants. An extensive background investigation will be conducted into your personal history. This is not to imply that normal human errors will eliminate you from consideration. However, we will ask about any unusual occurrences or behavior we discover, and failure to disclose any potentially damaging or embarrassing information will be considered grounds for disqualification.

**Please review the entire application prior to answering any questions. If you would like to meet with an administrator prior to the start of the hiring process to find out confidentially if something would disqualify you, please call (740) 587-1234 and ask to speak with the chief or the administrative lieutenant. There will be no written record of any such meeting which specifies what was discussed.**

Applicants will be required to conform to all requests by the background investigators or the Chief of Police.

The existence of any of the conditions listed below may result in rejection from the selection process. These areas will be explored during the application process.

1. Any Felony conviction (No time limit).
2. Participation in any serious crime.
3. Any recent use of illegal or unprescribed narcotics, including marijuana, as determined by the Chief of Police and current law.
4. Any sexual conduct prohibited by law.
5. Affiliations with any organization or group that the Chief of Police determines has, as a primary or secondary purpose, the propagation of hatred, bias, or discrimination against any group or religion.
6. Failure to follow any rules or guidelines during the selection process.
7. Failure to pass any physical test or exam during the selection process.
8. A poor work record.
9. A poor driving record.
10. A lack of legitimate recommendations.
11. A history of poor decision making.
12. An Other than Honorable, Bad Conduct, or Dishonorable Discharge from the military.
13. Failure to receive a hiring recommendation as the result of a psychological examination.
14. Failure to receive a hiring recommendation from a Citizen Panel.
15. Any other reason which brings forth reasonable questions as to your suitability for the position.

I understand that a full and complete background check will be conducted, and that any derogatory information, including information related to items 1 through 12 may be used to disqualify me. I understand that I will not receive, and I am not entitled to, a copy of the background report or to know of its contents. I further understand that the contents will be used in the evaluation process for employment with the Granville Police Department and that no documents submitted by me will be returned, and no copies of any other reports or documents utilized for or during my application for employment or a commission will be furnished or given to me. I understand that I will not be advised of the reasons for non-selection.

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

\_\_\_\_\_  
Date

NOTE: Appropriate business attire is required for all steps of the selection process, with the exception of the physical fitness test. Failure to comply may result in removal from the selection process.

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Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

## A. Personal Data

Full Name (Last, First, M.I):				
AKA/Maiden Name:				
S.S.N:		D.O.B:		D.L. & State:
Race:	Height:	Weight:	Hair:	Eye:
Gender:	Marital Status:		Email:	
Address:				
City:		State:		Zip:
Home Phone:			Cellular Phone:	

If you answer **yes** to **any** of the following questions, an explanation in the space provided at the end of the section will be required

1. Have you ever used or been known by any other name other than the one that you listed on the questionnaire, including your maiden name?  Yes  No
2. Have you ever used a social security number other than the one you listed?  Yes  No
3. Have you ever taken a polygraph examination before?  Yes  No
4. Have you ever driven under the influence of alcohol?  Yes  No
5. Have you ever failed to file any Federal, State, or Local tax return?  Yes  No
6. Have you ever been delinquent with any child support?  Yes  No
7. Are you currently delinquent with any child support?  Yes  No
8. Do you have any prejudices against any group?  Yes  No
9. Have you ever been a member of any organization that advocates, advises, or supports the use of force or other unlawful means to deny any other person their rights under the Constitution of the United States?  Yes  No

10. Have you ever been a member of any organization that advocates, advises, or supports the use of force or other unlawful means to overthrow the Constitution of the United States?

Yes  No

11. Have you ever had any physical confrontation with any romantic/intimate partner (i.e. spouse, boyfriend/girlfriend, date)?

Yes  No

12. Have you ever had any physical confrontation with any household member other than a romantic or intimate partner?

Yes  No

13. Have you cheated, lied, or committed any fraud in any way on your application or any evaluation process for this job?

Yes  No

14. Have you ever cheated, lied, or committed any fraud in any way on any other job application?

Yes  No

15. Indicate whether you have ever been rejected as a job applicant for any of the following:

- a. Issues raised in the background investigation  Yes  No
- b. Issues raised by any oral review board or interview  Yes  No
- c. Issues raised during any physical agility test  Yes  No
- d. Issues raised during a polygraph examination  Yes  No
- e. Any other reason?  Yes  No

16. Have you ever failed to successfully complete a probationary period with any other law enforcement agency?

Yes  No

17. Have you ever been a Peace Officer in this or any other state?

Yes  No

18. Have you ever been Departmentally Charged or suspended while working for a Law Enforcement Agency?

Yes  No

19. Did you ever receive any non-judicial punishment as a member of the military?

Yes  No

Explanations: List item number followed by an explanation, including dates and court of record if applicable.




From (MM/YY)	To (MM/YY)	Address	City	State
From (MM/YY)	To (MM/YY)	Address	City	State
From (MM/YY)	To (MM/YY)	Address	City	State
From (MM/YY)	To (MM/YY)	Address	City	State
From (MM/YY)	To (MM/YY)	Address	City	State

**C. Employment History**

List all places of employment. Begin with the most recent employer and go backwards. List everything in proper sequence, leaving no vacant time. DO NOT OMIT EMPLOYERS. If you need additional space, use the “Additional Information” sheet at the end of this packet.

From (MM/YY):	To (MM/YY):	Job Title/Duties:
Name of Employer:		Supervisor:
Address of Employer:		
Phone:		Salary:
Reason for Leaving:		

From (MM/YY):	To (MM/YY):	Job Title/Duties:
Name of Employer:		Supervisor:
Address of Employer:		
Phone:		Salary:
Reason for Leaving:		



From (MM/YY):	To (MM/YY):	Job Title/Duties:
Name of Employer:		Supervisor:
Address of Employer:		
Phone:		Salary:
Reason for Leaving:		

From (MM/YY):	To (MM/YY):	Job Title/Duties:
Name of Employer:		Supervisor:
Address of Employer:		
Phone:		Salary:
Reason for Leaving:		

From (MM/YY):	To (MM/YY):	Job Title/Duties:
Name of Employer:		Supervisor:
Address of Employer:		
Phone:		Salary:
Reason for Leaving:		

From (MM/YY):	To (MM/YY):	Job Title/Duties:
Name of Employer:		Supervisor:
Address of Employer:		
Phone:		Salary:
Reason for Leaving:		

From (MM/YY):	To (MM/YY):	Job Title/Duties:
Name of Employer:		Supervisor:
Address of Employer:		
Phone:		Salary:
Reason for Leaving:		

From (MM/YY):	To (MM/YY):	Job Title/Duties:
Name of Employer:		Supervisor:
Address of Employer:		
Phone:		Salary:
Reason for Leaving:		

If you answer yes to any of the following question, provide an explanation in the space at the end of this section.

1. Have you ever been terminated or asked to resign from any employment?  Yes  No
2. Have you ever resigned from a job in order to avoid being terminated?  Yes  No
3. Are you currently employed?  Yes  No
4. Have you ever falsified sick time by calling in sick when you were not ill?  Yes  No
5. Have you ever been issued any form of discipline, including oral reprimands, written reprimands, suspension or demotions?  Yes  No
6. Have you ever quit a job without giving notice required by your employer?  Yes  No
7. Would you be eligible to be rehired by all of your former employers (assuming there was a job available)?  Yes  No



## D. References

List at least five (5) references (not relatives or former employers) who are responsible adults and have known you well for the past five (5) years. YOU MUST PROVIDE COMPLETE ADDRESSES AND PHONE NUMBERS FOR ALL REFERENCES.

Name:	Address:
Relationship:	City, State, ZIP:
How long known?	Phone:
Occupation:	Email Address:

Name:	Address:
Relationship:	City, State, ZIP:
How long known?	Phone:
Occupation:	Email Address:

Name:	Address:
Relationship:	City, State, ZIP:
How long known?	Phone:
Occupation:	Email Address:

Name:	Address:
Relationship:	City, State, ZIP:
How long known?	Phone:
Occupation:	Email Address:

Name:	Address:
Relationship:	City, State, ZIP:
How long known?	Phone:
Occupation:	Email Address:

Are you acquainted with any employee of the Granville Police Department or the Village of Granville?  Yes  No Who? \_\_\_\_\_

**D. Education and Training**

List all schools you have attended. Include high school, trade schools, colleges, and universities. List your GED if it applies.

From (MM/YY)	To (MM/YY)	Name of School	Graduated?		Degree and Major
			Yes	No	

List all professional skills or additional training that you have received which is applicable to the job you are seeking.

Certification	School/Location Obtained

1. Have you ever received an Ohio Peace Officer Training Certification?  Yes  No  
Where and when did you receive the certification?

\_\_\_\_\_

Certification Number \_\_\_\_\_

2. Do you speak or write in any language other than English?  Yes  No  
Which language? \_\_\_\_\_

**E. Arrest and Conviction Record**

**THIS SECTION ONLY APPLIES TO YOU AS AN ADULT (18 and over)  
LIST ALL CONVICTIONS.**

**\*Regarding Expungement\***

**The Granville Police Department does not wish to create a public record of incidents which have been cleared from your record as a matter of law. As a result, DO NOT LIST ANY ARREST FOR WHICH THERE WAS NO CONVICTION, AND FOR WHICH AN EXPUNGEMENT WAS GRANTED BY A COURT OF LAW.**

**For any arrest in which an expungement was granted post-conviction, you will need to check the box below and explain that situation verbally.**

I have a situation which needs to be discussed with the Chief of Police.

Explain any "Yes" responses in the spaces provided below.

1. Have you ever been arrested for a misdemeanor offense?  Yes  No
2. Have you ever been arrested for a felony offense?  Yes  No
3. Have you ever been convicted of any offense of domestic violence, or violation of any statute, ordinance, law or regulation by any civil or military authority, either in this country or any other country?  Yes  No
4. Have you ever been charged with any crime?  Yes  No
5. Have you ever been questioned as a suspect in any crime?  Yes  No
6. Have you ever been tried for a crime but not convicted?  Yes  No
7. Have the police ever been called to your home for any reason?  Yes  No


**F. Legal History**

Explain any "Yes" responses in the spaces provided below.

- 1. Do you currently have, or have you ever, applied for a concealed carry permit?  
 Yes  No
  
- 2. Are you currently the subject of any active restraining or protection orders?  Yes  No
  
- 3. Have you ever been the subject of a restraining or protection order?  Yes  No
  
- 4. Have you ever stolen or taken without permission, any property from a business or person without their permission?  Yes  No
  
- 5. Have you ever purchased anything you thought was stolen?  Yes  No
  
- 6. Have you ever sold anything that you knew was stolen?  Yes  No
  
- 7. Have you ever paid, or been paid, to participate in any sexual act?  Yes  No
  
- 8. Have you ever sought/viewed child pornography including on the internet?  Yes  No
  
- 9. Have you ever been the subject of any court order of protection or injunction prohibiting contact or harassment?  Yes  No
  
- 10. Have you ever been the subject of any order from a court?  Yes  No
  
- 11. Have you ever been the subject of any case involving Children Services?  Yes  No
  
- 12. Have you ever had any wages garnished for any non-payment?  Yes  No
  
- 13. Have you filed for bankruptcy in the last seven years?      Yes  No
  
- 14. Have you ever been the plaintiff or defendant in a civil action?  Yes  No


**G. Driving History**

Explain any "Yes" responses in the spaces provided below.

1. Have you ever had your driver license suspended, revoked or cancelled?  Yes  No

2. Do you currently possess a valid Ohio driver license?  Yes  No

3. Do you have, or have you ever had, a driver license from another state?  Yes  No

4. Have you ever been at fault for any traffic collision?  Yes  No

5. Do you currently have approved auto insurance?  Yes  No

6. Have you ever been charged for any traffic related offense?  Yes  No

Violation	Location

For "YES" responses:






**I. Military Experience**

If you have not had any military experience, check "N/A" and move onto the next section

N/A

1. Have you ever served in the United States Army, Navy, Marine Corps, Air Force, Coast Guard, the Ohio Military Reserve, R.O.T.C. or any other military or para-military organization?  Yes  No

Branch	Rank	Date Entered	Date Separated

2. Separation Code?

3. What type of discharge did you receive?

- Honorable                       Retirement  
 Medical                             Still on Active Duty  
 General                               Still on Reserve or Guard Status  
 Other than Honorable             Dishonorable

4. Did you ever fail to complete any term of enlistment?  Yes  No  
5. Did you ever receive any disciplinary action while in the service?  Yes  No  
6. Did you ever receive any award or commendations while in the service?  Yes  No  
7. Were you ever UA, AWOL, missing from movement or ship's movement?  Yes  No

For "YES" responses:


**J. Social Networking**

1. Have you ever been a member of any social networking site?  Yes  No

Please provide the sites and user names associated with you:

Site	Username

2. Have you ever posted on any of your accounts, or the account of another, statements that may contain material considered inappropriate by a reasonable person based upon race, color, sex, religion, national origin, age, or disability?  Yes  No

3. Have you ever posted any comment or sexually explicit pictures, or pictures of conduct that may be considered publicly embarrassing?  Yes  No

4. Have you ever posted or viewed pictures or images of juveniles engaged in activity that is unlawful?  Yes  No

5. Did you clean or delete your accounts in preparation for this application?  Yes  No

Additional Information:






# GRANVILLE POLICE DEPARTMENT

## Authority for Release of Information

Last Name	First Name	Middle Name	Sex	Race	DOB

City of Birth	County	State	Country

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

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, balances of checking and saving accounts, and 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, and other financial 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 result of any polygraph examinations; records of complaints of a civil nature made by or against me, wherever located, including the records and 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.

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

I understand that any information obtained by a personal history background 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 Granville Police Department. I understand that all materials pertaining to this background investigation become the property of the Granville Police Department, and shall not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and 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 will not be revealed to me.

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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# GRANVILLE POLICE DEPARTMENT

## Medical Release

(Instructions: Read this information carefully. If you have any questions or concerns about the intentions of this document, you may contact the Chief of Police and/or an attorney of your choosing for clarification. DO NOT place your signature on this form until it is witnessed by a notary public.)

I understand that, should I be granted a conditional offer of employment by the Granville Police Department, I will be required to submit to an in-depth physical examination by a medical doctor to determine my fitness for membership in the Ohio Police and Firemen’s Disability and Pension Fund (PFDPF). The examination will include, but may not be limited to, a medical questionnaire to include past medical history, family medical history, and occupational history, a physical examination, spirometry, chest x-ray, lipids, electrocardiogram (EKG), a cardiac stress test, and diagnoses and conclusions by the examining physician, including his/her opinion of whether I am capable of performing the duties of a police officer and of my fitness for membership in the PFDPF.

I hereby authorize the Granville Police Department and/or the Village of Granville to request and receive a copy of any reports and/or other documents used by the examining physician in conducting the medical tests. I further authorize the Granville Police Department and/or the Village of Granville to release the results of the medical testing to the PFDPF.

I understand that any reports and/or documents used by the physician in conducting the required medical tests will become part of my permanent personnel record, if I am hired by the Village of Granville as a police officer, and that these documents may constitute a public record which the Village of Granville may be required to release to any requestor.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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# Granville Police Department

## Medical Acknowledgement

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

\_\_\_\_\_ (Applicant, please PRINT your full name) I understand that the Granville Police Department mandated Physical Ability Test, requires a degree of physical strength and agility and I recognize and acknowledge that there are certain risks of physical injury. As a participant in the Granville Police Department mandated Physical Ability Test, I agree to assume all risks and to release, and hold blameless the Granville Police Department, Village of Granville, the Granville Exempted Village School District, Denison University, and/or any of its employees and/or agents thereof from any and all claims, demands and liabilities to me, my family or heirs as the direct or indirect result of any and all injuries, death, losses and/or damages to my person or property, I may consider to have been caused or may arise as the result of participating in any and all activities connected with or associated with the Physical Ability Test, including any errors or omissions by either the Granville Police Department, its agents or employees, and/or any conditions or latent defects in and on the premises where the particular test is given; which are alleged to be the proximate cause of my injury. I hereby affirm and declare that I have read all the foregoing terms, conditions and declarations and I fully understand and agree with them. In addition, I have reviewed the requirements of the Physical Ability Test and have discussed my physical ability to perform these tests with my medical professional.

The above listed applicant is capable of completing the following tasks associated with the Physical Ability Test:

Age and Gender Minimum Scores*		
Exercise	Males (<29)	Females (<29)
Sit-ups (1 min.)	33	24
Push-ups (1 min.)	22	10
1.5 Mile Run	14:33	17:53
Exercise	Males (30-39)	Females (30-39)
Sit-ups (1 min.)	30	20
Push-ups (1 min.)	17	8
1.5 Mile Run	15:14	19:01
Exercise	Males (>40)	Females (>40)
Sit-ups (1 min.)	25	15
Push-ups (1 min.)	15	6
1.5 Mile Run	16:09	20:49

\_\_\_\_\_  
Medical Professional's Signature and Date

\_\_\_\_\_  
Applicant's Signature and Date

**Granville Police Department Physical Fitness Standards for Commissioned Positions:**

The Granville Police Department will require all applicants wishing to become a sworn police officer to pass a physical fitness assessment. The *minimum* standards are as follows:

Age and Gender Minimum Scores*		
<b>Age Group: &lt;30</b>		
Exercise	Males (<30)	Females (<30)
Sit-ups (1 min.)	33	24
Push-ups (1 min.)	22	10
1.5 Mile Run	14:33	17:53
<b>Age Group: 30-39</b>		
Exercise	Males (30-39)	Females (30-39)
Sit-ups (1 min.)	30	20
Push-ups (1 min.)	17	8
1.5 Mile Run	15:14	19:01
<b>Age Group: 40+</b>		
Exercise	Males (40+)	Females (40+)
Sit-ups (1 min.)	25	15
Push-ups (1 min.)	15	6
1.5 Mile Run	16:09	20:49

\*Based on the standards of the Ohio State Highway Patrol

A medical acknowledgment form will be signed by a medical professional before participating in the Physical Fitness Standard testing. The form is contained in this packet and must be presented the day of the test.