



CINCINNATI POLICE CITIZENS ON PATROL PROGRAM PERSONAL HISTORY QUESTIONNAIRE

All information is considered to be strictly confidential to the extent permitted by law, and will be utilized by the Cincinnati Police Department **ONLY** and will not be disclosed to any unauthorized person(s).

Personal History of:

PRINT (Last Name) (First Name) (Middle Name)

Social Security #: _____ -- _____ -- _____

Position Applied for: **Cincinnati Police Citizens on Patrol Program**

INSTRUCTIONS AND REMINDER

There are moral and legal obligations to complete this Personal History Questionnaire in a truthful, fully informative manner. All questions must be answered. If a question does not apply to your particular circumstance, insert **DNA** (Does Not Apply) in the proper blank.

Please be advised that all information is subject to verification. Be fully truthful and do not evade questions. Any false statements, fraud or deception will result in disqualification from the Volunteer Program.

I understand and will comply with the selection process.

Print Name: _____

Signature: _____

Date ___/___/___

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Personal Record

- 1. Legal Name: _____
(Last) (First) (Full Middle Name)
- 2. By what other names have you been known? (Maiden name, adopted name, aliases, nicknames, etc.) _____

- 3. Other Social Security Numbers that have ever been assigned to you: _____
- 4. Date of Birth: ___/___/___ 5. Height (inches) _____
- 6. Weight _____ 7. Color of hair _____ 8. Color of eyes _____
- 9. Sex: ___ Male ___ Female
- 10. Ethnic identification (can be used to report statistical data per court ordered consent decree): ___ Black ___ Caucasian ___ Other, please specify:

- 11. Place of Birth (City, State, County or Parish): _____
- 12. Driver's License # _____ 13. Type: _____
- 14. Expiration Date: _____
- 15. Residence Phone Number w/Area Code: () _____
- 16. Business Phone Number w/Area Code: () _____
- 17. Email Address: _____
- 18. Cell Phone Number: _____

I certify that the above information is true to the best of my knowledge.

Signature

Date

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Personal References

Carefully complete the following on **at least three (3) persons** (other than relatives, past or present employers) who know you well enough to give current or past information about you.

Name _____ Approx. Age _____

Mailing Address (Number, Street, Apt. #, City, State, Zip Code)

Residence Telephone Number (include area code) _____

Years Known (approximate) _____

Reference Work Hours: From _____ To _____

Reference Off Days

Name _____ Approx. Age _____

Mailing Address (Number, Street, Apt. #, City, State, Zip Code)

Residence Telephone Number (include area code) _____

Years Known (approximate) _____

Reference Work Hours: From _____ To _____

Reference Off Days

Name _____ Approx. Age _____

Mailing Address (Number, Street, Apt. #, City, State, Zip Code)

Residence Telephone Number (include area code) _____

Years Known (approximate) _____

Reference Work Hours: From _____ To _____

Reference Off Days

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Military History

Check one:

- I have been in the military. Attach a photocopy of your DD214.
 I have not been in the military.

Branch of Military (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Army | <input type="checkbox"/> Active Army Reserves |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Naval Reserves |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Air Force Reserves |
| <input type="checkbox"/> Marines | <input type="checkbox"/> Marine Reserves |
| <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Coast Guard Reserves |
| <input type="checkbox"/> National Guard | _____ Specify State |

If no military history, list selective service number (also specify selection service office location):

From Date:	Branch of Military:	Demotions (#, list charges below):
To Date:	Highest Rank:	Article 15 (#, list charges and penalties below):
Length of Service:	Rank at Discharge:	Captain's Mast (#, list charges and penalties below):
Military Serial No.:	Present Reserve Rank:	

Type of Discharge:	Character of Discharge:	Court Martials (#, list charges and penalties below):
<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General	<input type="checkbox"/> Honorable <input type="checkbox"/> Other than honorable	

I certify that the above information is true to the best of my knowledge.

Signature

Date

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Drugs

Have you ever used marijuana? Yes____ No____

When (month/year) was the last time that you used marijuana? _____

Describe the circumstances as well as amount used.

How many times have you used marijuana in your life? (Estimate) _____

Have you ever sold marijuana? Yes____ No____

What was the quantity sold, and when did the last transaction occur?

Have you ever used or possessed any prescription drugs without a Doctor's prescription?

Yes____ No____

Describe the circumstances, and date of most recent occurrence.

Have you ever possessed, used or sold any illegal drugs?

Yes____ No____ Describe the circumstances and date of most recent usage.

Do you drink alcohol?

Yes____ No____

Does your alcohol usage ever impair your judgment or ability to function normally?

I certify that the above information is accurate and true to the best of my knowledge.

Signature _____

Date _____

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Criminal History/Arrests

Complete the Criminal History/Arrests section based on the fact that arrests are part of the computer printout generated during the Background Investigation. Therefore, it will allow you the opportunity to explain the issues surrounding the arrest.

An arrest record alone without conviction is not sufficient cause for elimination.

How many times have you been arrested or cited for criminal offenses (misdemeanors and felonies including military) as an **Adult**? _____

Details and circumstances of each occasion.

When	Nature of Offense	Where	Disposition

List any traffic offenses which you have received a ticket for in the last 10 years.

When	Nature of Offense	Where	Disposition

I certify that the above information is true to the best of my knowledge.

Signature _____

Date _____

