

**This is NOT an application for employment.  
You MUST apply online at [jobs.daytonohio.gov](http://jobs.daytonohio.gov)**



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(Police use only)

**DAYTON POLICE DEPARTMENT  
BACKGROUND INVESTIGATION WORKSHEET**

**INSTRUCTIONS:** This worksheet is to be typed, or printed in ink and filled out in complete detail. Failure to provide information, or giving false information could result in your rejection. If you make corrections, please initial next to each.

Position Applied For:

Full Name:

(Last)

(First)

(Middle)

Maiden Name:

Other Names Used:

Nickname(s):

Social Security Number:

DOB:

Current Address:

(Street)

(Apt. #)

(City)

(State)

(Zip)

List Additional Addresses Where You May Be Contacted:

Telephone Numbers:

Home:

Cell:

Work:

E-Mail Address:

Place of Birth:

(City)

(State)

Are You a U.S. Citizen:       Yes       No

Marital Status:

Living Situation:

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If previously married, list former spouses name, address and phone number:

Name:

(Last)

(First)

(Middle)

Address:

(Street)

(Apt. #)

(City)

(State)

(Zip)

Phone Number:

When/Where Divorced:

(Month/Year)

(County/State)

If you are now or have ever been obligated to pay alimony and/or child support, please list the names of the obligee and/or children:

Obligee:

(Last)

(First)

(Middle)

Children:

**PREVIOUS RESIDENCES**

List in chronological order ALL previous addresses within the last 10 years. (If more space is required, use page 19.) For on-base Military Posts, just list the main base address once.

Dates (Month/Year to Month/Year)

Address:

(Street)

(Apt. #)

(City)

(State)

(Zip)

Owned:

Rented:

Other:

(i.e. lived with parents)

Mortgage Holder or Landlord:

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Dates (Month/Year to Month/Year)

Address:

(Street)

(Apt. #)

(City)

(State)

(Zip)

Owned:

Rented:

Other:

(i.e. lived with parents)

Mortgage Holder or Landlord:

---

Dates (Month/Year to Month/Year)

Address:

(Street)

(Apt. #)

(City)

(State)

(Zip)

Owned:

Rented:

Other:  
(i.e. lived with parents)

Mortgage Holder or Landlord:

---

Dates (Month/Year to Month/Year)

Address:

(Street)

(Apt. #)

(City)

(State)

(Zip)

Owned:

Rented:

Other:  
(i.e. lived with parents)

Mortgage Holder or Landlord:

---

Dates (Month/Year to Month/Year)

Address:

(Street)

(Apt. #)

(City)

(State)

(Zip)

Owned:

Rented:

Other:  
(i.e. lived with parents)

Mortgage Holder or Landlord:

---

Dates (Month/Year to Month/Year)

Address:

(Street)

(Apt. #)

(City)

(State)

(Zip)

Owned:

Rented:

Other:  
(i.e. lived with parents)

Mortgage Holder or Landlord:

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**RELATIVES**

Mother's Name:

(Last)

(First)

(Middle)

Address:

(Street)

(Apt. #)

(City)

(State)

(Zip)

Phone Number:

Home

Cell

Living

Deceased

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Father's Name:

(Last)

(First)

(Middle)

Address:

(Street)

(Apt. #)

(City)

(State)

(Zip)

Phone Number:

Home

Cell

Living

Deceased

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List any close acquaintances employed by the City of Dayton and their relationship to you:

Name:

Relationship:

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**EDUCATION**

**If you progress to the next step of the hiring process, copies of your high school transcripts or G.E.D. certificate and college transcripts will be required.**

Last High School attended:

Address:

(Street)

(City)

(State)

Date of graduation:

GPA:

GED: Yes No

Date:

State:

**Colleges attended:**

Name:

Address:

(City)

(State)

Dates enrolled:

Major:

Degree: Yes No

Type:

GPA:

Credit hours earned:

Transcripts:

Yes

No

---

Name:

Address:

(City)

(State)

Dates enrolled:

Major:

Degree: Yes No

Type:

GPA:

Credit hours earned:

Transcripts:

Yes

No

---

Name:

Address:

(City)

(State)

Dates enrolled:

Major:

Degree: Yes No

Type:

GPA:

Credit hours earned:

Transcripts:

Yes

No

---

Name:

Address:

(City)

(State)

Dates enrolled:

Major:

Degree: Yes No

Type:

GPA:

Credit hours earned:

Transcripts:

Yes

No

---

List any additional post High School training:

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**EMPLOYMENT**

**YES NO**

1. Have you ever been asked to resign from any job or position?
2. Have you ever resigned while under investigation, or in lieu of being terminated for any reason?
3. Have you ever been fired from any job?
4. Have you ever quit any job without giving notice?
5. Have you ever been disciplined, reprimanded or counseled at any job for any reason?
6. Have you ever stolen from an employer (other than minor office supplies)
7. Have you ever been placed on any performance improvement plan by an employer?
8. Has your employer ever compelled you to attend anger management or diversity, sensitivity or sexual harassment training due to your actions or complaints against you?

If you answered YES to any of questions 1-8, please explain:

Have you ever applied for or received a disability?

Yes

No

If yes, please explain:

List chronologically ALL employment during the past 10 years, including part-time and temporary employment. All time must be accounted for. If unemployed, list date(s) and reason(s) on page 19. ALL ADDRESSES MUST BE COMPLETE, INCLUDING ZIP-CODES. **Please list present employer first.**

Employer:

Phone:

Address:

(Street)

(City)

(State)

(Zip)

Dates of employment:

From:

To:

Job position:

Supervisor:

Reason for leaving:

Employer:

Phone:

Address:

(Street)

(City)

(State)

(Zip)

Dates of employment:

From:

To:

Job position:

Supervisor:

Reason for leaving:

---

Employer:

Phone:

Address:

(Street)

(City)

(State)

(Zip)

Dates of employment:

From:

To:

Job position:

Supervisor:

Reason for leaving:

---

Employer:

Phone:

Address:

(Street)

(City)

(State)

(Zip)

Dates of employment:

From:

To:

Job position:

Supervisor:

Reason for leaving:

---

Employer:

Phone:

Address:

(Street)

(City)

(State)

(Zip)

Dates of employment:

From:

To:

Job position:

Supervisor:

Reason for leaving:

---

**Please list additional employers on Page 19.**

Have you ever applied with any other Law Enforcement Agency?

Yes      No

If yes, list name of agency and date of application:

**AGENCY**

**DATE OF APPLICATION**

**STATUS**

Have you previously applied for employment with the City of Dayton?

Yes      No

If yes, please list position(s) and date(s) of application:

**POSITION**

**DATE OF APPLICATION**



**FINANCIAL HISTORY**

**YES NO**

1. Have your wages ever been garnished?
2. Have you ever been a defendant in a small claims or other court action?
3. Do you have any civil action pending against you?
4. Have you ever had a judgment rendered against you?
5. Have you ever been refused an insurance policy?
6. Have you ever had an insurance policy cancelled?
7. Have you ever been refused credit?
8. Have you ever had property repossessed?
9. Do you currently have any accounts up for collection?
10. If you are obligated to pay child support and/or alimony, are you current in your payments?

If you answered YES to any of questions 1-10, please explain below:

In the past 10 years have you filed for bankruptcy?    Yes            No            Type:

If Yes:

Date:

Case #

Court of record:

Additional details of bankruptcy:



**CRIMINAL RECORD**

List ALL criminal violations (Felony, Misdemeanor & Minor Misdemeanor) for which you have been convicted or adjudicated, INCLUDING tickets/summons for non-traffic offenses, such as public intoxication, dog license, etc. (Sealed/Expunged applies to Law Enforcement Positions Only):

<u>DATE</u>	<u>JURISDICTION/ AGENCY</u>	<u>CHARGE</u>	<u>SEALED/ EXPUNGED?</u>	<u>YES</u>	<u>NO</u>
1.					
2.					
3.					
4.					
5.					

Has any court of law ever issued a warrant against you?      Yes      No

If Yes, please explain below:

<u>DATE</u>	<u>CHARGE/REASON</u>	<u>COURT/ JURISDICTION</u>
1.		
2.		
3.		
4.		
5.		

Additional details:

## **DRUG HISTORY**

Examine the following list of drugs/substances to determine your ILLEGAL usage, if any, in each category. Please check the appropriate response to each question:

	<b><u>YES</u></b>	<b><u>NO</u></b>	Date Last Used: <b>Month/Year</b>
Marijuana			
Hashish/Hash Oil			
LSD			
Psychedelic Mushrooms			
PCP			
DMT			
GHB			
Peyote			
Cocaine			
Crack Cocaine			
Amphetamines			
Methamphetamines			
Barbiturates			
Tranquilizers/Anti-depressants			
Opium			
Morphine			
Heroin			
Codeine			
Methadone			
Dilaudid			
Demerol			
Xanax/Soma/etc...			

**DRUG HISTORY**

**YES   NO**

Date Last Used:  
**Month/Year**

Oxycontin

Ecstasy

Steroids/Growth Hormones

Any Organic Solvents (thinner, acetone, cleaning fluids, gasoline, plastic cement, etc...)

Any Aerosol Propellant

Any Fluorocarbon Refrigerant

Any Anesthetic Gas

Other substances not previously specified?

List other substances:

Date Last Used: **Month/Year**

1.

2

Please answer the following questions regarding your **ILLEGAL** drug activities. If you have never used drugs illegally, go directly to question # 12. (If a question does not apply, write in "DNA"):

1. At what age did you first use drugs? Type(s)

2 Date (Month/Year) you last used drugs? Type(s)

3. What is the largest amount of drugs you have ever purchased? Type(s)

4. What is the largest amount of drugs you have ever sold? Type(s)

5. What is the largest amount of drugs you have ever transported? Type(s)

6. Have you ever cultivated Marijuana? Amount  
When (Month/Year)?

7. Have you ever manufactured/made illegal drugs? Type(s)  
When (Month/Year)?

8. Have you ever obtained any prescription drugs illegally? Type(s)  
When (Month/Year)?  
How obtained?

9. How many close friends do you know that use drugs? Type(s)

10. How many times have you given others money to buy drugs? Type(s)  
When was the last time (Month/Year)?

11. Extent of illegal drug usage: Type Type Type Type

A. More than 50 times

B. 20 - 50 times

C. 10 - 20 times

D. 2 - 10 times

E. 1 time

12. Do you consume alcoholic beverages? Yes No If yes, how much?

Type

Amount per week

A.

B.

C.

D.

13. Have you ever completed a supervised drug and/or alcohol rehabilitation program? Yes No

**If YES to # 13, you will be required to furnish proof of successful completion upon request.**

14. If you answered yes to #13, have you remained drug and/or alcohol free since the completion of the rehabilitation program? Yes No

If No, please explain:

**ADDITIONAL EMPLOYMENT HISTORY**

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Employer:

Phone:

Address:

(Street)

(City)

(State)

(Zip)

Dates of employment:

From:

To:

Job position:

Supervisor:

Reason for leaving:

---

Employer:

Phone:

Address:

(Street)

(City)

(State)

(Zip)

Dates of employment:

From:

To:

Job position:

Supervisor:

Reason for leaving:

---

Employer:

Phone:

Address:

(Street)

(City)

(State)

(Zip)

Dates of employment:

From:

To:

Job position:

Supervisor:

Reason for leaving:

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**If more room is necessary, please use Page 19.**

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