



# Springfield Township Police Department

Summit County, Ohio

John A. Smith, Chief of Police

## Qualifications for Employment Springfield Township Police Officer

1. **Must be O.P.O.T.A. Certified.**
2. **Must be at least 21 years of age upon appointment.**
3. **Must possess a valid Ohio Driver's License.**
4. **No D.U.I conviction within the past 5 years.**
5. **No Domestic Violence Conviction.**
6. **No Felony Conviction.**
7. **Preferred College (Not Mandatory).**
8. **Must pass and maintain a mandatory Physical Fitness Program during employment.**
9. **Must pass a Written Examination.**
10. **Must pass a Psychological Examination.**
11. **Must pass an O.P.O.T.A. Certified Firearms Qualifications Course.**
12. **Must submit and pass Drug Testing.**
13. **Must pass a Background Investigation.**

# SPRINGFIELD TOWNSHIP POLICE DEPARTMENT APPLICANT QUESTIONNAIRE INSTRUCTIONS

## (READ COMPLETELY BEFORE GOING TO PAGE ONE)

This applicant questionnaire is intended to help gather information as we investigate you for possible appointment to the Springfield Township Police Department. You must complete all parts of this questionnaire. If any part does not apply to you, mark the blank "N/A".

You must also sign the release forms at the end of the questionnaire. We will use these waivers as we request information or confirmation of facts from various sources given by you throughout this questionnaire.

If you do not have enough room in the spaces provided, use the back of each page and mark OVER at the bottom of the front of the page.

Attach a copy of the following:

1. Driver's License
2. Social Security Card
3. DD Form 214 (when applicable)
4. Selective Service Registration Card
5. Birth Certificate
6. College Transcripts
7. High School Transcript
8. Income Tax Forms for last year (City, State, and Federal)

When filling out the questionnaire, please read each question carefully before answering.

The Springfield Township Police Department uses various procedures to verify the accuracy of the information you have provided.

If any information provided in the questionnaire is found to be incorrect, or if you fail to list all relevant information, it may be cause for disapproval of appointment or for discharge after appointment.

Upon completion, initial the lower right-hand corner of each page to verify information.

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT  
APPLICANT QUESTIONNAIRE-PAGE 1  
\*\*PLEASE PRINT\*\*

Position applied for: \_\_\_\_\_  
Today's Date: \_\_\_\_\_

**IDENTIFICATION**

Name (including first, middle, last, Jr. or Sr., maiden names, etc.)

\_\_\_\_\_

Address (including apartment #, city, state, and zip code)

\_\_\_\_\_

Telephone number---Home \_\_\_\_\_  
Work \_\_\_\_\_ hrs/days you work \_\_\_\_\_  
Pager \_\_\_\_\_  
Cell \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of birth (City, State, and County) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

**PREVIOUS ADDRESSES**

Please list addresses where you have lived for the past 15 years. Account for all of the period beginning with your present address. List dates you lived there and with whom, if anyone. Do not include Armed Forces addresses.

From:	To:	Address:	With Whom & Relationship
mth/yr	mth/yr		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
initials



SPRINGFIELD TOWNSHIP POLICE DEPARTMENT  
APPLICANT QUESTIONNAIRE-PAGE 3  
\*\*PLEASE PRINT\*\*

**FAMILY STATUS (CONTINUED)**

Mother's name: \_\_\_\_\_ home phone \_\_\_\_\_ cell \_\_\_\_\_

Address: \_\_\_\_\_

Father's name: \_\_\_\_\_ home phone \_\_\_\_\_ cell \_\_\_\_\_

Address: \_\_\_\_\_

Brother/sister name: \_\_\_\_\_ home phone \_\_\_\_\_ cell \_\_\_\_\_

Address: \_\_\_\_\_

Brother/sister name: \_\_\_\_\_ home phone \_\_\_\_\_ cell \_\_\_\_\_

Address: \_\_\_\_\_

Brother/sister name: \_\_\_\_\_ home phone \_\_\_\_\_ cell \_\_\_\_\_

Address: \_\_\_\_\_

**IN CASE OF AN EMERGENCY, WHOM SHALL WE CONTACT?**

Name: \_\_\_\_\_ home phone \_\_\_\_\_ cell \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Street/Apt. #

City

State

Zip

\_\_\_\_\_  
initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT  
APPLICANT QUESTIONNAIRE-PAGE 4  
\*\*PLEASE PRINT\*\*

**DRIVING RECORD**

Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Have you held a driver's license in any other state in the last 10 years?

YES \_\_\_\_\_ NO \_\_\_\_\_ if yes, which state(s)? \_\_\_\_\_

In the past 10 years, has your driver's license been suspended or revoked?

YES \_\_\_\_\_ NO \_\_\_\_\_ if yes, when? \_\_\_\_\_ for how long? \_\_\_\_\_

Have you ever been convicted of driving under the influence of (DUI, DWI, OMVI)?

YES \_\_\_\_\_ NO \_\_\_\_\_ if yes,

Explain: \_\_\_\_\_  
\_\_\_\_\_

Below, list all traffic violations, other than parking, for which you have been **convicted** (fined/jailed) in the last five years.

Date of violation \_\_\_\_\_ type of violation \_\_\_\_\_

Name and location of court \_\_\_\_\_

Date of conviction \_\_\_\_\_ disposition & fine \_\_\_\_\_

Date of violation \_\_\_\_\_ type of violation \_\_\_\_\_

Name and location of court \_\_\_\_\_

Date of conviction \_\_\_\_\_ disposition & fine \_\_\_\_\_

Date of violation \_\_\_\_\_ type of violation \_\_\_\_\_

Name and location of court \_\_\_\_\_

Date of conviction \_\_\_\_\_ disposition & fine \_\_\_\_\_

Date of violation \_\_\_\_\_ type of violation \_\_\_\_\_

Name and location of court \_\_\_\_\_

Date of conviction \_\_\_\_\_ disposition & fine \_\_\_\_\_

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SPRINGFIELD TOWNSHIP POLICE DEPARTMENT  
APPLICANT QUESTIONNAIRE-PAGE 5  
\*\*PLEASE PRINT\*\*

**DRIVING RECORD (CONTINUED)**

If any of the violations resulted in an accident, provide a brief description.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**FINANCIAL RECORD**

The following questions regard your finances. All "YES" answers MUST be explained on the back of this page. Circle either YES or NO.

Have you, your spouse, or ex-spouse ever had wages attached or garnished? YES NO

Have you, your spouse, or ex-spouse ever been a party to a small claim or court action? YES NO

Do you, your spouse, or ex-spouse have any immediate civil action pending against you? YES NO

Have you, your spouse, or ex-spouse ever had a judgment rendered against you? YES NO

Have you, your spouse, or ex-spouse ever filed bankruptcy or been declared bankrupt? YES NO

Have you ever been refused an automobile or homeowner's insurance policy? YES NO

Have you ever had an insurance policy cancelled? YES NO

Have you ever been refused credit? YES NO

Have you ever had any property repossessed? YES NO

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initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT  
APPLICANT QUESTIONNAIRE-PAGE 6  
\*\*PLEASE PRINT\*\*

FINANCIAL RECORD (CONTINUED)

Have you ever been bonded? YES NO

Have you ever had a bond refused? YES NO

Present indebtedness involving your, your spouse, or ex-spouse(s).

1. Debtor: \_\_\_\_\_ for what? \_\_\_\_\_  
address: \_\_\_\_\_ phone number \_\_\_\_\_  
date incurred: \_\_\_\_\_ original amount: \_\_\_\_\_  
amount due: \_\_\_\_\_ monthly payment: \_\_\_\_\_
2. Debtor: \_\_\_\_\_ for what? \_\_\_\_\_  
address: \_\_\_\_\_ phone number \_\_\_\_\_  
date incurred: \_\_\_\_\_ original amount: \_\_\_\_\_  
amount due: \_\_\_\_\_ monthly payment: \_\_\_\_\_
3. Debtor: \_\_\_\_\_ for what? \_\_\_\_\_  
address: \_\_\_\_\_ phone number \_\_\_\_\_  
date incurred: \_\_\_\_\_ original amount: \_\_\_\_\_  
amount due: \_\_\_\_\_ monthly payment: \_\_\_\_\_
4. Debtor: \_\_\_\_\_ for what? \_\_\_\_\_  
address: \_\_\_\_\_ phone number \_\_\_\_\_  
date incurred: \_\_\_\_\_ original amount: \_\_\_\_\_  
amount due: \_\_\_\_\_ monthly payment: \_\_\_\_\_
5. Debtor: \_\_\_\_\_ for what? \_\_\_\_\_  
address: \_\_\_\_\_ phone number \_\_\_\_\_  
date incurred: \_\_\_\_\_ original amount: \_\_\_\_\_  
amount due: \_\_\_\_\_ monthly payment: \_\_\_\_\_

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initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT  
APPLICANT QUESTIONNAIRE-PAGE 7  
\*\*PLEASE PRINT\*\*

**FINANCIAL RECORD (CONTINUED)**

Name and location of your bank(s)...(include type of account and account number along with the name of the institution).

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**MILITARY SERVICE RECORD**

Have you ever served in the U.S. Armed Forces? YES NO

Have you ever been rejected for service in the U.S. Armed Forces? YES NO

If you have served in the U.S. Armed Forces, what was your highest rank?

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Length of duty? \_\_\_\_\_ Registered w/Selective Service? YES NO

Have you ever been discharged from military service before your enlistment was completed? YES NO

If yes, give date and type of discharge: \_\_\_\_\_

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Are you a member of the U.S. Armed Forces Reserve? YES NO

Are you a member of the National Guard? YES NO

If yes, please provide location and unit: \_\_\_\_\_

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initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT  
APPLICANT QUESTIONNAIRE-PAGE 8  
\*\*PLEASE PRINT\*\*

**EDUCATION**

Highest Degree earned (circle one): High School    Associate    Bachelor    Master's

High School attended: \_\_\_\_\_

Did you graduate? YES    NO    Year of graduation \_\_\_\_\_

If no, did you complete a G.E.D.? YES    NO    If yes, when? \_\_\_\_\_

Colleges/Universities/Trade Schools

1. \_\_\_\_\_  
School Name                      Location                      Yrs. Attended                      Degree

2. \_\_\_\_\_  
School Name                      Location                      Yrs. Attended                      Degree

3. \_\_\_\_\_  
School Name                      Location                      Yrs. Attended                      Degree

**EMPLOYMENT RECORD**

May we contact your present employer without jeopardizing your employment?  
YES    NO

If no, may we contact your employer at a later date to verify your employment?  
YES    NO

1. PRESENT Employer: \_\_\_\_\_ dates employed: \_\_\_\_\_  
Address: \_\_\_\_\_ phone: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ work hrs.: \_\_\_\_\_  
Name of Immediate Supervisor: \_\_\_\_\_

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initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT  
APPLICANT QUESTIONNAIRE-PAGE 9  
\*\*PLEASE PRINT\*\*

EMPLOYMENT RECORD (CONTINUED)

2. Previous Employer: \_\_\_\_\_ dates employed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Address: \_\_\_\_\_ phone: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ work hrs.: \_\_\_\_\_  
Name of Immediate Supervisor: \_\_\_\_\_

3. Previous Employer: \_\_\_\_\_ dates employed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Address: \_\_\_\_\_ phone: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ work hrs.: \_\_\_\_\_  
Name of Immediate Supervisor: \_\_\_\_\_

4. Previous Employer: \_\_\_\_\_ dates employed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Address: \_\_\_\_\_ phone: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ work hrs.: \_\_\_\_\_  
Name of Immediate Supervisor: \_\_\_\_\_

5. Previous Employer: \_\_\_\_\_ dates employed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Address: \_\_\_\_\_ phone: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ work hrs.: \_\_\_\_\_  
Name of Immediate Supervisor: \_\_\_\_\_

6. Previous Employer: \_\_\_\_\_ dates employed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Address: \_\_\_\_\_ phone: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ work hrs.: \_\_\_\_\_  
Name of Immediate Supervisor: \_\_\_\_\_

Are you now or have you ever been employed or considered for employment by any other  
police department or law enforcement agency? YES NO

\_\_\_\_\_  
initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT  
APPLICANT QUESTIONNAIRE-PAGE 10  
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EMPLOYMENT RECORD (CONTINUED)

If yes, explain whether employed or considered and by what agency(s) or department(s):

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If previously employed by any other police department(s) or law enforcement agency(s), why did you leave? \_\_\_\_\_

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In the last 12 months, how many times did you come to work more that 15 minutes late without authorizaton? \_\_\_\_\_

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In the last 12 months, how may days of work did you miss, not including paid time off? \_\_\_\_\_

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In the last 3 years, did you receive any written warnings or disciplinary action(s) from any of your employers? YES NO

If yes,  
explain: \_\_\_\_\_

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Have you ever been fired **OR** asked to resign? YES NO

If yes,  
explain: \_\_\_\_\_

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\_\_\_\_\_  
initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT  
APPLICANT QUESTIONNAIRE-PAGE 11  
\*\*PLEASE PRINT\*\*

**CRIMINAL RECORD**

Have you ever been detained for investigation or arrested either as a juvenile, an adult, or while in the Armed Forces? YES NO

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has any member of your immediate family (children, parents, brother, sister) ever been convicted of a felony? YES NO

Have any of your spouses ever been convicted of a felony? YES NO

If you answered yes to any of the above questions, identify the family member(s) and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

List persons that you have known for at least one year. Do not list relatives or former employers.

1. Name: \_\_\_\_\_ home phone \_\_\_\_\_ cell \_\_\_\_\_  
Address: \_\_\_\_\_ how long known? \_\_\_\_\_

2. Name: \_\_\_\_\_ home phone \_\_\_\_\_ cell \_\_\_\_\_  
Address: \_\_\_\_\_ how long known? \_\_\_\_\_

\_\_\_\_\_  
initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT  
APPLICANT QUESTIONNAIRE-PAGE 12  
\*\*PLEASE PRINT\*\*

**REFERENCES (CONTINUED)**

3. Name: \_\_\_\_\_ home phone \_\_\_\_\_ cell \_\_\_\_\_  
Address: \_\_\_\_\_ how long known? \_\_\_\_\_

4. Name: \_\_\_\_\_ home phone \_\_\_\_\_ cell \_\_\_\_\_  
Address: \_\_\_\_\_ how long known? \_\_\_\_\_

**ACTIVITIES, HOBBIES, SKILLS, FOREIGN LANGUAGES**

List all organizations, societies, clubs, unions, and fraternities of which you are now or have been a member: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any specialized training, experience, qualifications, or skills (e.g. foreign languages, typing w.p.m., etc.), which you feel will enhance your suitability for the position applied: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMENTS**

Use this space to state any additional information or explanations which you think may assist us in this investigation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
initials

## CERTIFICATION

By signing below, I certify that all of my answers in this questionnaire are true and correct. I agree to the verification of all of my statements and answers in this questionnaire before any hiring decision is made. I authorize investigation of my past employment history, as well as any investigation into my criminal history, credit, and character.

I understand that part of the hiring process may include additional questionnaires, interviews, a background check, physical examination, psychological, and a drug screening test.

I understand and agree that any false, misleading, or incomplete information given in my questionnaire, interview(s), or other pre-employment questionnaires and procedures, regardless of when discovered by the Springfield Township Police Department, will be sufficient basis for my disqualification for employment, or if employed, the termination of my employment with the Springfield township Police Department. I agree that the Springfield Township Police Department shall not be liable in any respect, if I am not hired or my employment is terminated as a result of providing such false, misleading, or incomplete information.

I hereby acknowledge that I have read and understand all of the information above, and agree to the terms therein.

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Signature

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Date