

**CITY OF CLEVELAND**  
**TELECOMMUNICATOR APPLICANT PERSONAL HISTORY FORM**

The City of Cleveland Center is an Equal Opportunity Employer and is committed to a moral, ethical and legal responsibility to insure equitable employment practices irregardless of an individual's race, color, religion, national origin, age, gender, disability or political affiliation. This application is a very important part of the examination process. Please answer all questions as completely as possible. An extensive background investigation will be conducted. The intentional omission or falsification of any material fact is just cause for disqualification of applicant on grounds of dishonesty. All job applications are a matter of public record, however, it is the policy of the City of Cleveland to insure to the extent allowed by law that all personally identifiable information is held in strictest confidence, property safeguarded and the use of such information is limited to valid business, regulatory or legal requirements.

**NAME AND ADDRESS:**

1. List current complete name and address.

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2. Date of Birth: \_\_\_\_\_ Place of Birth: (City, State) \_\_\_\_\_

3. Have you ever gone by a different name? Yes \_\_\_\_\_ No \_\_\_\_\_

(i.e. nickname, maiden name, name change)

If yes, give name and explain:

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**EDUCATION:**

4. High School Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ GED \_\_\_\_\_ Year \_\_\_\_\_

5. Name of High School and location:

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6. College Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_

Degree \_\_\_\_\_

7. Name of College: \_\_\_\_\_

If no degree, approximate number of credits: \_\_\_\_\_

8. Other technical training related to Telecommunicator:

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**MARITAL STATUS:**    Single\_\_\_\_\_ Married\_\_\_\_\_ Divorced\_\_\_\_\_ Separated\_\_\_\_\_ Widowed\_\_\_\_\_

**RELATIVES:**

9. Spouse's name\_\_\_\_\_

10. Spouse's occupation\_\_\_\_\_

11. Former spouse's name\_\_\_\_\_

12. Do you have any children? (list names, sex, age)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Brother(s) and sisters(s) names and addresses  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Name and address of all individuals with whom you have lived during the last 15 years (include relatives other than parents)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXPERIENCE:**

15. What are your career goals?  
\_\_\_\_\_  
\_\_\_\_\_

16. How long do you expect to be with this department?\_\_\_\_\_

17. What other police or emergency services agencies do you have applications with?  
\_\_\_\_\_

18. Have you ever been employed with another communications or emergency services agency?  
Yes\_\_\_\_\_No\_\_\_\_\_  
If yes, give names and dates  
\_\_\_\_\_

19. Are you still employed with another agency? Yes\_\_\_\_\_ No\_\_\_\_\_ If not, explain reason for leaving.  
\_\_\_\_\_



26. Were you ever counseled or reprimanded by any supervisor for being late or absent? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain.

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27. Were you ever counseled or reprimanded for misconduct or unsatisfactory job performance? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain.

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**INDEBTEDNESS:**

28. Have any debts/bills ever been turned over to a collection agency? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain (when, where, etc.)

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29. Have you ever had an item repossessed? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain

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30. Have you ever filed or declared bankruptcy? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain

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**DRIVING RECORD:**

31. Do you have a current valid driver's license? Yes\_\_\_\_\_ No\_\_\_\_\_ License number\_\_\_\_\_ Class\_\_\_\_\_ State\_\_\_\_\_

32. List all traffic accidents you have had as the operator of a vehicle. Include dates, if investigated by police, if citation was issued, reason for citation and disposition.

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33. Had you been drinking before any of the accidents occurred? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain.

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34. Have you ever been involved in a hit and run accident? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain.

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35. Do you have any pending lawsuits because of an accident? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain when, where and which court.

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36. Have you ever possessed a driver's license from another state? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, which state (s) and. License number (s)

37. Has your license ever been suspended, revoked or cancelled in this state or any other state? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain.

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38. Do you currently have auto insurance? Yes\_\_\_\_\_ No\_\_\_\_\_ What company is/was your insurance with?

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39. Has your insurance ever been cancelled in this state or any other state? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain.

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40. Were you ever denied auto insurance? Yes \_\_\_\_\_ No\_\_\_\_\_.

41. List all traffic tickets (except parking) you have received in this state or any other state. Include dates and location.

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42. Do you have any parking tickets in this state or any other state that have not been paid? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, Explain.

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**ARREST/CRIMINAL BACKGROUND:**

43. Have you ever committed or participated in, or conspired to commit any of the following serious crimes:

Murder\_\_\_\_\_ Larceny\_\_\_\_\_

Rape\_\_\_\_\_ Robbery\_\_\_\_\_

Manslaughter\_\_\_\_\_ Arson\_\_\_\_\_

Sex Crimes\_\_\_\_\_ Burglary\_\_\_\_\_

Other (explain):\_\_\_\_\_

44. Have you ever been convicted of any crime as a juvenile? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain (when, where, charge):

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45. As a juvenile, did you ever have to report to a juvenile officer? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain:

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46. Were you ever expelled or suspended from school? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain (when, where, charge):

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47. Have you ever been arrested as an adult? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain (when, where, charge):

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48. Do you have any criminal charges, as a juvenile or adult, that have been expunged or dismissed? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain (when, where, charge):

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49. Have you ever been served a summons to appear in court? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain (when, where):

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50. Have you ever been in jail, prison or any type of correctional facility because of a motor vehicle charge or criminal charge? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain (when, where, charge):

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51. Have you ever appeared in court as an accused? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain (when, where, charge):

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52. Did you ever steal anything valued at \$200.00 or more? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain (what, when, where):

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53. Did you ever steal anything valued at under \$200.00? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain (what, when, where):

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Include:

Shoplifting_____	From other person_____
Money_____	From employer(s)_____
Merchandise_____	From residence_____
Office supplies_____	From parents/relatives_____
Government_____	Receive stolen goods_____

54. Have you ever been placed on parole or probation? Yes\_\_\_\_\_ No\_\_\_\_\_

55. Do you presently owe any money on court fines? Yes\_\_\_\_\_ No\_\_\_\_\_

56. Have you ever caused the death of another person? Yes\_\_\_\_\_ No\_\_\_\_\_

57. Have you ever accompanied others while they engaged in any criminal act? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain:

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58. Did you ever commit perjury? Yes\_\_\_\_\_ No\_\_\_\_\_ if yes, explain (when and where):

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59. Have you ever deliberately damaged or destroyed the property of an employer? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain:

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**MILITARY:**

60. List all military service. Include branch, exact entrance and discharge dates and type of discharge:

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61. While in the military, did you receive any type of punishment(s)? Include fines, extended duty time, loss of leave, loss of rank, etc. Also type of hearing (when, where) Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, give brief description of charges and punishment:

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62. Were you honorably discharged from the military? Yes\_\_\_\_\_ No\_\_\_\_\_ If not, explain fully type of discharge:

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63. Did you complete your entire enlistment period? Yes\_\_\_\_\_ No\_\_\_\_\_ If not, explain why:

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64. Were you ever in a Reserve or National Guard Unit? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, give exact dates and location of unit:

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65. Were you ever turned down by any military unit? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain why, when, where:

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66. Did you ever steal anything from the military? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain what, when, where:

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67. Were you discharged under a condition which prohibits your reenlistment? Yes\_\_\_\_\_ No\_\_\_\_\_

**DRUGS:**

68. Have you ever been arrested for any drug violation(s)? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain:

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69. Have you ever violated the law by the use of the following drugs without a prescription? (Do not respond yes, if you lawfully used any of the following as prescribed for you by a physician).

Marijuana_____	Explain_____
L.S.D_____	Explain_____
Cocaine_____	Explain_____
Heroin_____	Explain_____
Amphetamines_____	Explain_____
Barbiturates_____	Explain_____
Any other drug_____	Explain_____

70. Have you ever been convicted of possession or the use of any of the above listed drugs? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain:

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71. Did you ever sell any type of illegal drug? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain:

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72. Have you ever bought any type of illegal drug? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain:

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How often:\_\_\_\_\_

Largest amount ever purchased:\_\_\_\_\_

73. Are you currently using any type of illegal drug? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, what type of drug:\_\_\_\_\_

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74. Have you ever grown marijuana or mushrooms? Yes\_\_\_\_\_ No\_\_\_\_\_

75. Have you ever given away illegal or unauthorized prescription drugs? Yes\_\_\_\_\_ No\_\_\_\_\_

76. Do you drink alcoholic beverages? Yes\_\_\_\_\_ No\_\_\_\_\_

77. Have you ever been arrested because of drinking? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain:

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78. Have you ever consumed alcoholic beverages on any job during working hours? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain: \_\_\_\_\_

79. List three (3) personal references (include complete names, addresses and phone numbers, including zip codes and area codes):

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

I certify that all answers to the above questions are true and I understand that any misrepresentation of material facts in this questionnaire will be cause for disqualification as an applicant for the position of Telecommunicator.

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