



Walkerton Lincoln Fire Territory

506 Washington Street
Walkerton, IN 46574
(574)586-3711

Personal History Questionnaire

Note: Your answers to the following questions about your education may be verified through contacts with current and past educational institutes and schools, and through interviews with persons acquainted with you. You may be asked to take a polygraph examination to verify your answers. If you give false or misleading answers, you may be disqualified.

Last Name: _____ First Name: _____ MI: _____

Social Sec No.: _____ Date of Birth: _____

Section I: Education

1. Did you graduate from High School? (**Do Not** count GED Degree, or High School Equivalency.)
- Yes
 No

What is the highest level of education you have completed? (Check only one)

- G.E.D.
 Graduated from high school.
 1-2 years of college (1-59 semester hours)
 3-4 years of college (60+ semester hours); no bachelor's degree
 Graduated with an associate's degree.
 Graduated with a bachelor's degree.
 Postgraduate degree (e.g., M.A., J.D., Ph.D.)

2. Were you ever suspended or expelled from high school or post high school / institution for any reason (disciplinary or academic)?
- Yes – One Time (explain) _____
 Yes – Two or more times (explain) _____
 No
3. Did you major in Emergency Medical Services, in college?
- Yes
 No
4. Have you ever entered an Emergency Medical Services-training academy?
- Yes – Graduated
 Yes – Did not graduate (explain) _____
 No

Section II: Employment

Note: your answers to the following questions about your employment history may be verified through contacts with current and past employers and interviews with persons acquainted with you. You may be asked to take a polygraph examination to verify your answers. If you give false or misleading answers, you may be disqualified.

1. Are you currently employed?
 - Yes – Full time
 - Yes- Part time
 - No

2. How long have you been working for your current employer? (If you have more than one employer, answer for your main job)
 - Does not apply (not currently employed)
 - Less than one year
 - 1-2 years
 - 3-5 years
 - 6 or more years

3. To the best of your knowledge, how does your current employer evaluate your work performance? (If you have received written performance evaluations, base your answer on the most recent one)
 - Does not apply (not currently employed)
 - Much above average
 - Somewhat above average
 - About average
 - Somewhat below average
 - Much below average

4. About how often are you tardy or late for work?
 - Never
 - A few times a year, or less
 - About every other month
 - About 1-3 times a month
 - About once a week
 - A few times a week
 - Almost every day

5. During the past year, did you ever miss work and indicate that you were ill, when you were not?
 - Does not apply (not employed during past year)
 - Yes, 1-2 times
 - Yes, 3-4 times
 - Yes, 5 or more times
 - No

6. Have you ever been unemployed at any time during the last 12 months?
 - Yes
 - No

7. How long was your longest full time employment?
 - Never had a full time job
 - Less than one year
 - 1 to 2 years
 - 3 to 5 years
 - 6 or more years

8. Have you ever been fired from employment?
- Yes, one time
 - Yes, two times
 - Yes, three or more times
 - No
9. Have you ever resigned from a job to avoid being fired?
- Yes, one time
 - Yes, two times
 - Yes, three or more times
 - No
10. Have you ever resigned from any job under pressure or unfavorable circumstances (other than to avoid being fired)?
- Yes
 - No
11. Have you ever had a written complaint made against you or your work performance (by a customer, client, etc.) on any of your jobs? (Do not count complaints received while working as a law enforcement officer)
- Yes
 - No
12. Have you ever failed to complete a probationary period for any job?
- Yes
 - No
13. Have you ever quit a job without giving notice required or requested by an employer?
- Yes
 - No
14. Have you ever received a written or oral reprimand, warning or suspension at any place of employment?
- Yes, one time
 - Yes, two times
 - Yes, three times
 - Yes, four or more times
 - No
15. How many of your former employers would give you a favorable recommendation?
- All would
 - Most would
 - Half would, half would not
 - Most would not
 - None would
16. Would you be eligible to be rehired by all of your former employers (assuming there was a job available)?
- Yes
 - No

17. How often have you gotten into arguments with co-workers or supervisors at any job, where you raised your voice or used insulting language?
- Never
 - One time
 - Two times
 - Three or more times
18. Have you ever committed, or threatened to commit, physical harm against co-workers or superiors at any place you were employed?
- Yes
 - No
19. At how many different times in your life have you collected unemployment insurance? (Count each period of time during which you collected unemployment insurance as one time, even if you collected a number of separate checks during that period of time.)
- Never
 - One time
 - Two times
 - Three or more times
20. Did you ever work (even on the side) without reporting it while collecting unemployment benefits?
- Yes, one time
 - Yes, two times
 - Yes, three or more times
 - No
21. Have you ever taken merchandise or goods (that you were not authorized to take) from a place where you worked?
- Never
 - Yes, items with a total retail value of less than \$25
 - Yes, items with a total retail value between \$25 and \$100
 - Yes, items with a total retail value between \$101 and \$500
 - Yes, items with a total retail value over \$500
- If yes, when was the last time you took something? _____
22. Have you ever taken money (that you were not authorized to take) from a place where you worked?
- Yes
 - No
23. How many full time jobs have you had in the last five years (not counting temporary or summer work)?
- None
 - One
 - Two
 - Three
 - Four or more

Section III: Military Experience

Note: Your answers to the following questions about your military experience may be verified through checks of military records—including DD Form 214; military investigations and through interviews with people acquainted with you. You may be asked to take a polygraph examination to verify your answers. If you give false or misleading answers, you may be disqualified.

1. Have you ever registered for the Selective Service (the draft)?
 Yes
 No, although I was legally required to do so
 No, because I was not legally required to do so

2. How long did you serve in the military, on active duty? (Include National Guard and the Reserves)
 Did not serve in the military
 Less than one year
 1-4 years
 More than four years, but less than twenty years
 Twenty years or more

If you have no Military experience, skip to Section IV

3. In which branch of the military did you serve? (Mark all that apply)
 Army
 Navy
 Air Force
 Marines
 Coast Guard
 National Guard
 Other _____

4. What is the highest rank that you attained?
 Enlisted (E1 through E9)
 Commissioned Officer

5. Were you personally involved in combat?
 Yes
 No

6. Have you ever been discharged on an other than honorable basis? If so, please explain.
 Yes
 No
Explain: _____

Section IV: Emergency Medical Services Experience

Note: Your answers to the following questions about your law enforcement experience may be verified by checks of police and court records, and through interviews with persons acquainted with you. You may be asked to take a polygraph examination to verify your answers. If you give false or misleading answers, you may be disqualified.

1. With how many different Emergency Medical Services agencies have you applied for employment within the last 18 months? (Count all applications, including applications currently in progress, even if you only went through the initial stages of submitting an application)
 - None
 - 1-2
 - 3-5
 - 6-10
 - 11 or more

2. Do you have any Emergency Medical Services experience?
 - Yes
 - No (***If No, Skip to Section V***)

3. Indicate whether you have each of the following types of Emergency Medical Services technician: (Be sure to answer each question)
 - a. Civilian, Full Time?
 - Yes
 - No

 - b. Civilian, Volunteer?
 - Yes
 - No

 - c. Military EMT?
 - Yes
 - No

4. How many years of experience do you have as a Emergency Medical Services technician? (Report total experience for all agencies that you worked for)
- One year or less
 - Two years
 - Three years
 - Four years
 - Five years
 - 6 to 10 years
 - More than 10 years
5. With how many different Emergency Medical Services agencies have you worked?
- One
 - Two
 - Three or more
6. During the time you have been an Emergency Medical Services technician, how many citizen's complaints were formally filed against you?
- None
 - One
 - Two
 - 3-5
 - 6-10
 - 11 or more
7. How many of these citizen's complaints were sustained, or found to be true?
- None
 - One
 - Two
 - Three or more
8. How many reprimands (written or oral) have you received while an Emergency Medical Services technician?
- None
 - One
 - Two
 - Three or more
9. How many times have you been suspended from duty or received a reduction in salary as a Emergency Medical Services technician?
- None
 - One
 - Two
 - Three or more
10. Were you ever the subject of a civil suit or criminal prosecution, because of your actions as a Emergency Medical Services technician?
- Yes, but charges were dropped and no settlement was made
 - Yes, and charges were upheld or settlements were made
 - No

11. Have you ever had any unsatisfactory personnel ratings as an Emergency Medical Services technician?
(Do not count ratings you received during the probationary period.)
 Yes
 No
12. Since becoming an EMT, have you ever used any illegal drugs?
 Yes
 No
13. Did you ever drink alcohol while on duty and in uniform?
 Yes
 No
14. Did you ever lie or misrepresent the facts in an official report?
 Yes
 No
15. Did you ever cover up or misrepresent a serious incident for a fellow EMT?
 Yes
 No
16. Did you ever lie or commit perjury in court or any other official proceeding?
 Yes
 No
17. Have you ever been terminated or forced to resign from an Emergency Medical Services technician position, during the probationary period?
 Yes
 No
18. Have you ever been terminated or forced to resign from an Emergency Medical Services technician, after the probationary period?
 Yes
 No
19. Have you ever been subject of an internal affairs investigation while an EMT? (Do not count investigations of Citizen's complaints.)
 Yes
 No
20. Have you ever damaged departmental equipment, property, or vehicles, and failed to report it or misrepresented facts in the report?
 Yes
 No
21. As an Emergency Medical Services technician, how many on-duty traffic accidents have you been involved in, where you were the driver (regardless of who was at fault)?
 None
 One
 Two
 Three
 Four or more

Section V: Driving Record

Note: Your answers to the following questions about your driving record may be verified through checks of records kept by state department of motor vehicles, courts, probation departments, insurance companies and employers, and through interviews with persons acquainted with you. You may be asked to take a polygraph examination to verify your answers. If you give false or misleading answers, you may be disqualified.

1. Do you currently have a valid driver's license issued in this state?
 Yes
 No
2. Do you currently have a driver's license issued by another state or country?
 Yes
 No
3. Have you ever had a driver's license issued by another state or country?
 Yes
 No
4. Have you ever been refused a driver's license by any state?
 Yes
 No
5. Has your driver's license ever been suspended, revoked, or placed on probation?
 Yes
 No
6. How many traffic citations (other than parking) have you had since you started driving?
 None
 One
 Two
 3-4
 5-7
 8-10
 11 or more
7. How many parking citations have you received in the last 12 months?
 None
 One
 Two
 3-4
 5-7
 8 or more
8. Since you started driving, how many traffic accidents have you been involved in where you were the driver? (Include all accidents regardless of whether you were at fault.)
 None
 One
 Two
 Three
 Four
 Five or more

9. Have you ever been a driver in an automobile accident where injury or damages occurred, that you failed to report either to the police or to the owner of the property involved?

- Yes, one time
- Yes, two or more times
- No

Have you ever received a traffic citation as a result of an accident?

10. Yes, one time
 Yes, two or more times
 No

11. Have you ever left the scene of an accident in which you were involved (hit and run)?

- Yes
- No

12. Have you ever had a traffic or parking citation turn into a failure to pay?

- Yes, one time
- Yes, two or more times
- No

13. Do you have any outstanding traffic warrants today (including parking tickets)?

- Yes
- No

14. Do you carry auto insurance on all vehicles you own?

- Yes
- No

15. Have you ever been notified by the Department of Motor Vehicles that your driving privileges may be suspended for failing to show proof of financial responsibility?

- Yes
- No

16. Have you ever been notified by the Department of Motor Vehicles that your driving privileges may be suspended for being a negligent operator?

- Yes
- No

17. Has your automobile insurance ever been canceled for any reason?

- Yes
- No

18. Have you ever been refused auto insurance for any reason other than failure to pay a premium?

- Yes
- No

19. Has your auto insurance ever been placed in the assigned risk category, as a result of your driving record?

- Yes
- No

Section VI: Financial History

Note: Your answers to the following questions about your financial history may be verified by checks of records kept by police agencies, courts, financial institutions, credit reporting agencies and through interviews with persons acquainted with you. You may be asked to take a polygraph examination to verify your answers. If you give false or misleading answers, you may be disqualified.

1. Are you able to pay all your monthly bills, on time?
 Almost always
 Most of the time
 Some of the time
 Almost never
 All of the time

2. Have you had the following financial problems:
 - a. Been referred to a collection agency?
 Yes
 No

 - b. Repossession of property (voluntary or involuntary)?
 Yes
 No

 - c. Had wages garnished (or attached)?
 Yes
 No

3. How many times in your life have you had a check returned due to insufficient funds (that is, had a check bounce)?
 Never
 1-5
 6-10
 11-20
 More than 20

4. Has a landlord ever served you an eviction notice?
 Yes
 No

5. Have you ever had a government subsidized education loan (school loan) that became delinquent?
 Yes
 No

If yes, are you current now?
 Yes
 No

6. Have you ever been delinquent in paying alimony or child support?
 Yes
 No

If yes, please explain. _____

If yes, are you current now?

- Yes
- No

7. Have you ever failed to file a required income tax return?

- Yes
- No

Section VII: Legal History

Note: Your answers to the following questions about your legal history may be verified by checks of police and court records, checks of probation reports, and through interviews with persons acquainted with you. You may be asked to take a polygraph examination to verify your answers. If you give false or misleading answers, you may be disqualified.

8. Have you ever been questioned as a suspect in any crime?

- Yes
- No

9. Have you ever been questioned as a witness in any crime?

- Yes
- No

10. How many times have you been convicted, pleaded guilty, or pleaded no contest to a misdemeanor?

- Never
- One
- Two
- Three or more

11. How many times have you been convicted, pleaded guilty or pleaded no contest to a felony?

- Never
- One
- Two
- Three or more

12. Have you ever been on court probation as an adult (age 17 or older)?

- Yes
- No

13. Have you ever been involved as a plaintiff, defendant, petitioner, or respondent in any civil court action?

- Yes
- No

14. Have you ever applied for a permit to carry a concealed weapon?

- Yes
- No

15. Have you ever carried on your person or in a vehicle any weapon for protection (other than while employed as a police officer)?

- Yes
- No

16. Since the age of 17 have you ever stolen or taken without permission any property from employers, business, or other people?
- No (never)
 - Yes, items with a total retail value of less than \$25
 - Yes, items with a total retail value between \$25 and \$100
 - Yes, items with a total retail value between \$101 and \$500
 - Yes, items with a total retail value over \$500
17. When was the last time you stole, or took without permission, any property from employers, businesses, or other people?
- Never
 - Less than one year ago
 - Over one year ago, but less than two years ago
 - Over two years ago, but less than five years ago
 - Over five years ago
18. Did you ever buy anything that you suspected was stolen?
- No
 - Yes, once
 - Yes, two or three times
 - Yes, four or more times
19. Did you ever sell anything that you thought was stolen?
- No
 - Yes, once
 - Yes, two or three times
 - Yes, four or more times

The following questions ask about specific criminal offenses. Respond to each criminal offense as it applies to you. For each criminal offense mark each answer that apply. Be sure to mark at least one response for each offense. (If none of the first four responses apply, mark the response labeled "None of the above".)

20. Arson (intentionally setting fire) **(Mark each that apply)**
- I have committed it
 - I have been arrested for it
 - I have been tried in court for it
 - I have been convicted of it, or pled guilty or no contest
 - None of the above
21. Forgery (signing another person's name to a document, without permission or authorization) **(Mark each that apply)**
- I have committed it
 - I have been arrested for it
 - I have been tried in court for it
 - I have been convicted of it, or pled guilty or no contest
 - None of the above
22. Embezzlement (theft of money or other valuables entrusted to you). **(Mark each that apply)**
- I have committed it
 - I have been arrested for it
 - I have been tried in court for it
 - I have been convicted of it, or pled guilty or no contest
 - None of the above

23. A forcible sex act or rape **(Mark each that apply)**

- I have committed it
- I have been arrested for it
- I have been tried in court for it
- I have been convicted of it, or pled guilty or no contest
- None of the above

24. Sexually abusing or molesting a child. **(Mark each that apply)**

- I have committed it
- I have been arrested for it
- I have been tried in court for it
- I have been convicted of it, or pled guilty or no contest
- None of the above

25. Causing Harm to others (such as assault, resisting arrest, or battery) **(Mark each that apply)**

- I have committed it
- I have been arrested for it
- I have been tried in court for it
- I have been convicted of it, or pled guilty or no contest
- None of the above

26. Theft of property (such as burglary, stealing, or breaking and entering) **(Mark each that apply)**

- I have committed it
- I have been arrested for it
- I have been tried in court for it
- I have been convicted of it, or pled guilty or no contest
- None of the above

27. Vandalism or malicious mischief. **(Mark each that apply)**

- I have committed it
- I have been arrested for it
- I have been tried in court for it
- I have been convicted of it, or pled guilty or no contest
- None of the above

28. A sexual crime, other than rape or child molesting (such as self exposure, obscene phone calls, peeping tom) **(Mark each that apply)**

- I have committed it
- I have been arrested for it
- I have been tried in court for it
- I have been convicted of it, or pled guilty or no contest
- None of the above

29. Driving under the Influence of Alcohol. **(Mark each that apply)**

- I have committed it
- I have been arrested for it
- I have been tried in court for it
- I have been convicted of it, or pled guilty or no contest
- None of the above

30. List below if you were ever arrested or charged with any other violation, even if there were no formal charges, no court appearance, found not guilty or other disposition.

Date	Place	Charge	Final Disposition	Details

Section VIII: Substance Use

Note: Your answers to the following questions about substance use may be verified by checks of police and court records, and through interviews with persons acquainted with you . You may be asked to take a polygraph examination to verify your answers. If you give false or misleading answers, you may be disqualified. If you answered yes to the following questions answer the follow up question on that particular drug. If you answered no skip the follow up question for that particular drug.

1. Have you ever tried, used, or experimented with marijuana?

- Yes
- No

1a. When was the last time you tried, used, or experimented with Marijuana?

- In the last week
- Between two and four weeks ago
- Between one and four months ago
- Between four and twelve months ago
- Between one and three years ago
- More than three years ago
- Never

If more than one year ago, when? _____

2. Have you ever tried, used, or experimented with cocaine?

- Yes
- No

2a. When was the last time you tried, used, or experimented with Cocaine?

- In the last week
- Between two and four weeks ago
- Between one and four months ago
- Between four and twelve months ago

- Between one and two years ago
- Three or more years ago
- Never

3. Have you ever tried, used, or experimented with Crack (rock cocaine)?

- Yes
- No

4. When was the last time you tried, used, or experimented with Crack (rock cocaine)?

- In the last week
- Between two and four weeks ago
- Between one and four months ago
- Between four and twelve months ago
- Between one and two years ago
- Three or more years ago
- Never

5. Have you ever tried, used, or experimented with hallucinogens, such as LSD, mescaline, or mushrooms?

- Yes
- No

6. When was the last time you tried, used, or experimented with hallucinogens?

- In the last week
- Between two and four weeks ago
- Between one and four months ago
- Between four and twelve months ago
- Between one and two years ago
- Three or more years ago
- Never

7. Have you ever tried, used, or experimented with PCP or Angel Dust?

- Yes
- No

8. When was the last time you tried, used, or experimented with PCP or Angel Dust?

- In the last week
- Between two and four weeks ago
- Between one and four months ago
- Between four and twelve months ago
- Between one and two years ago
- Three or more years ago
- Never

9. Have you ever tried, experimented with opiates, such as opium, morphine, or heroin (other than a prescription drug or treatment legally prescribed to you)?

- Yes
- No

10. When was the last time you tried, used, or experimented with Opiates?

- In the last week
- Between two and four weeks ago
- Between one and four months ago
- Between four and twelve months ago
- Between one and two years ago

- Three or more years ago
- Never

11. Have you ever tried, used, or experimented with amphetamines, such as Methedrine, Dexedrine, or "speed" (other than a prescription drug or treatment legally prescribed to you)?

- Yes
- No

12. When was the last time you tried, used, or experimented with Amphetamines?

- In the last week
- Between two and four weeks ago
- Between one and four months ago
- Between four and twelve months ago
- Between one and two years ago
- Three or more years ago
- Never

13. Have you ever tried, used, or experimented with depressants or tranquilizers, such as Valium, Prozac, Xanax, or Quaaludes (other than a prescription drug or treatment legally prescribed to you)?

- Yes
- No

14. When was the last time you tried, used, or experimented with Depressants or Tranquilizers?

- In the last week
- Between two and four weeks ago
- Between one and four months ago
- Between four and twelve months ago
- Between one and two years ago
- Three or more years ago
- Never

15. Have you ever tried, used, or experimented with hashish or THC?

- Yes
- No

16. When was the last time you tried, used, or experimented with Hashish or THC?

- In the last week
- Between two and four weeks ago
- Between one and four months ago
- Between four and twelve months ago
- Between one and two years ago
- Three or more years ago
- Never

17. Have you ever tried, used or experimented with any other illegal drugs, or prescription drugs not prescribed to you, besides those asked?

- Yes
- No

18. Have you ever improperly used prescription drugs, which were prescribed to you?

- Yes
- No

19. How many times in your life have you driven after using an illegal or controlled drug (such as marijuana or cocaine)?

- Never
- One to two times
- Three to four times
- Five times or more

20. Have you ever provided any illegal or controlled drugs to friends or others in exchange for money or in trade for goods?

- Never
- One to two times
- Three to four times
- Five times or more

21. To the best of your knowledge has your spouse, romantic partner, or roommate ever been involved in the use of any illegal or controlled drugs, during the past five years?

- Yes
- No
- Not Applicable (Live alone)

22. Have you ever grown or cultivated marijuana?

- Yes
- No

Section IX: General Information

Note: Your answers to the following general information questions may be verified by checks of records kept by police agencies, courts, social service agencies, and by interviews with persons acquainted with you. You may be asked to take a polygraph examination to verify your answers. If you give false or misleading answers, you may be disqualified.

1. Are you a United States Citizen or legally authorized to work in the United States?

- Yes
- No

2. Have you ever been known by any name other than the one you used on this questionnaire?

- Yes
- No

3. Have you ever had or used a social security number other than the one used in this questionnaire?

- Yes
- No

4. Do you have any prejudices that you are aware of against any groups?

- Yes
- No

5. How many physical fights have you been in, since the age of 17 (other than part of your job as a law enforcement officer)?

- None
- One
- Two
- Three or more

6. How long ago were you involved in your last physical fight? (Do not count fights while working as a law enforcement officer)
- Never in a fight
 - Within the last year
 - Two to five years ago
 - More than five years ago
7. Have you ever slapped, punched, or otherwise injured a spouse or romantic partner?
- Yes, on one occasion
 - Yes, on two or three occasions
 - Yes, on four or more occasions
 - No
8. Have you ever been a member of, or supported financially or otherwise, any organization, which advocates, advises or supports the use of force or other unlawful means to deny other persons their rights under the Constitution of the United States?
- Yes
 - No
9. Did you in any way cheat, lie, misrepresent or commit fraud during the application or evaluation process for this agency?
- Yes
 - No
10. Indicate whether you have ever been rejected as a job applicant for any of the following reasons:
- a. Issues raised by a background investigation?
 - Yes
 - No
 - b. Issues raised by a polygraph examination?
 - Yes
 - No
 - c. Issues raised by an oral interview?
 - Yes
 - No
 - d. Issues raised by a physical abilities test?
 - Yes
 - No

I hereby certify that all statements that were made by me on this document are true and complete to the best of my knowledge and I am aware that withholding information or making false statements or misrepresentations on this document will be the basis for dismissal or denial of employment by the Walkerton Police Dept.

Signature of Applicant

Date