

**CORTLAND POLICE DEPARTMENT**  
400 North High Street, Cortland, Ohio 44410  
Phone: (330) 638-1000 Fax: (330) 637-4916



## *EMPLOYMENT QUESTIONNAIRE*

Applicant Name: \_\_\_\_\_  
(last name) (first name) (middle initial)

Social Security Number:

Position applied for:

Date given questionnaire:

Date returned:

*Completed applications may be returned in person or by mail to:*

**Cortland City Police Department  
c/o Chief David Morris  
400 North High Street Cortland, Ohio 44410**

*Applications may also be emailed to:*

**dmorris@cityofcortland.org**

### **ADMINISTRATIVE ACTION**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

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

\_\_\_\_\_  
(Initials)  
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## ***CORTLAND POLICE DEPARTMENT APPLICATION PROCESS***

A prospective police officer with the Cortland City Police Department faces a thorough selection process before being appointed by the Mayor.

Before the application will be processed, the following basic requirements must be met:

1. The applicant must be an Ohio resident, residing in Trumbull County or any adjacent county, or be willing to meet such requirements *before* being appointed.
2. The applicant must possess, or be able to obtain, a valid Ohio driver's license.
3. The applicant must be twenty-one (21) years of age at the time of appointment.
4. The applicant must be a United States citizen.
5. The applicant must have a high school diploma.

Once it is determined the applicant has met the above basic requirements, the applicant will be requested to complete this Employment Questionnaire. Once the questionnaire is complete, and this agency determines positions are available the process will begin. Officers of the Cortland Police Department will conduct a thorough investigation into the applicant's background to determine suitability for employment as a Police Officer. The following occurrences in the applicants background may result in rejection of the application:

1. Restriction from owning or carrying a firearm.
2. Non-compliance to law.
3. Illegal use of drugs.
4. Intemperate use of alcohol.
5. Anti-social behavior,
6. Poor work record.
7. Poor driving record.
8. Numerous debts which are not regularly being paid.
9. Other than honorable discharge from the United State Armed Services.

Either while the background investigation is being conducted, or after it has been completed, an oral interview will be conducted. Refusal to participate in the interview will result in the application being rejected. During the background investigation, the applicant may be requested to submit to a polygraph examination.

Once it has been determined the applicant will be recommended for employment, an interview may be conducted with the Chief of Police and/or the Mayor/Safety Director. If a conditional offer of employment is extended, the application may be subject to a physical medical examination (at own expense by family doctor). The applicant may also be required to submit to a drug screening and a psychological evaluation prior to being appointed. If the applicant successfully passes the above process, they will be appointed to the position of Part Time Police Officer.

***THE CORTLAND POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER***

\_\_\_\_\_  
(Initials)

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**NOTICE**

This employment Questionnaire is intended for use by the Cortland Police Department and the City of Cortland for employment purposes. You must be truthful and complete in all your answers. All the information contained herein is subject to verification and may be subject to disclosure under public records law of this City and State.

You are cautioned to answer all questions directly and without evasion. Ohio Revised Code, City Ordinance and Departmental Rules and Regulations provide penalties for making false or misleading statements and for practicing fraud or deception to obtain a position with this agency. Such penalties may include rejection of application, discharge after employment and prosecution under the Ohio Revised Code/Cortland City Ordinance. If convicted of falsifying this application, you could be imprisoned and/or be fined.

**INSTRUCTIONS FOR THE APPLICANT**

Your answers must be printed legibly in black ink or typed. Each question must be answered completely as possible. If a question does not apply to your particular circumstance, insert "DNA" (does not apply). Should there not be sufficient space to answer a question, use the back of the page. The applicant should initial each page in the space provided. Incomplete information may delay the processing of your application. ***The signature page and authorization to release information must bear your signature and be notarized or your application will not be processed.***

Please attach all copies of pertinent certifications, diploma's, transcripts etc. to this packet when you return it. You will also be required to submit a complete copy of your credit report (dated within 30 days of submission) as part of the background investigation, however, it does not have to be turned in when you initially submit this application. You may obtain a copy of your credit report through one of the following agencies:

Credit Bureau Services	1-800-632-1765
Equifax	1-800-685-1111
TransUnion	1-800-888-4213
Experian	1-888-397-3742

Your application will be kept active for a minimum of 90 days or until you have been disqualified from eligibility, whichever comes first. At the discretion of the background investigator, your application maybe kept active longer than 90 days, however, it is not mandated an extension be afforded. It is the applicants responsibility to keep a current address and telephone number on file with the Cortland Police Department.

**REQUEST TO WITHDRAW**

I WISH TO WITHDRAWN FROM CONSIDERATION FOR THE POSITION OF  
\_\_\_\_\_ WITH THE CORTLAND CITY POLICE DEPARTMENT.

(Only sign this box if you are withdrawing your name from consideration for employment with CPD)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
(Initials)

**AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

I am an applicant for a position with the Cortland Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the above department. I hereby authorize any representative of the Cortland Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon the request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning, myself, by and to any duly authorized agent of the Cortland Police Department, whether said records are of a public, private, or confidential nature. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Cortland Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide any and all public and private information contained in investigatory files or incident reports, efficiency ratings, complaints or grievances filed by or against, the records or recollections of attorneys at law, or other counsel whether representing me or another person in any case either criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examinations, and any internal affairs investigation and discipline including any files which are deemed to be confidential, and or sealed. I hereby release you, your organization, and all other from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of \_\_\_\_\_ organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the authorized representative of the Cortland Police Department regardless of any agreement I may have with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested. For and in consideration of the Cortland Police Department's acceptance and processing of my application for employment, I agree to hold the Cortland Police Department, its agents and employees harmless from any and all claims of liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Cortland Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Cortland Police Department in conjunction with employment procedures. A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said copy or FAX copy does not contain an original writing of my signature. This waiver is valid for a period of one (1) year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the phone number listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's printed name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Initials)

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**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (MI)

List any other names you have been known by: (Maiden name, former married name(s), aliases, nicknames, etc.)  
\_\_\_\_\_

Current Street Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Current Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Number: \_\_\_\_\_  
(Home) (Work) (Other)

Landlord: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Home long have you lived at the above address? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(mo/yr) (mo/yr)

***Second Address , if applicable (e.g., college, military, etc.)***

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Landlord: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Home long have you lived at the above address? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
(mo/yr) (mo/yr)

***Previous Address (for the past 10 years)***

Street Address: City: State: Zip: From: To:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

(use additional sheets if necessary)

Place of birth: \_\_\_\_\_

Are you 21 years of age or older? Yes  No

Are you a United States citizen? Yes  No

\_\_\_\_\_  
(Initials)

# FAMILY HISTORY

Father's name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Occupation: \_\_\_\_\_ Living? \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Occupation: \_\_\_\_\_ Living? \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Occupation: \_\_\_\_\_ Married when? \_\_\_\_\_

Have you been previously married? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

List by (maiden and current) name. *(use back of form for additional space)*

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

List your children. *(including step children)*

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


List your brothers and sisters. *(including step)*

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


\_\_\_\_\_  
(Initials)

**CORTLAND INFORMATION**

Are you now, or have you ever been employed by the City of Cortland? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Are any of your family members employed by the City of Cortland? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

**CHARACTER REFERENCES**

List the names of three adult references you have known for at least five (5) years who are not related to you that we may contact. Do not include previous employers, relatives or anyone already listed elsewhere in this application.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

**LAW ENFORCEMENT INFORMATION**

Do you now possess a valid Ohio Peace Officer Certificate? Yes  No

Date obtained: \_\_\_\_\_ Academy name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Do you need to take any refresher courses through OPOTA? Yes  No

Which agency are you currently commissioned with? \_\_\_\_\_

\_\_\_\_\_  
(Initials)

## MILITARY INFORMATION

Were you ever a member of the United States Armed Forces? Yes  No

If yes, which branch? \_\_\_\_\_

Date enlisted: \_\_\_\_\_ Date discharged: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

Rank & pay grade at time of discharge: \_\_\_\_\_ Highest rank held: \_\_\_\_\_

Specialty(ies): \_\_\_\_\_

**List all duty stations with basic training: (include Unit, base name, city, state & country):**

Answer the following questions. If you answer yes for any, explain the space below. If you need additional space to explain, use the back of this form.

1. Were you ever overseas?	Yes	No
2. Were you ever AWOL?	Yes	No
3. Were you ever given non-jurisdictional punishment (Article 15)?	Yes	No
4. Were you ever reduced in rank?	Yes	No
5. Were you ever court-martialed?	Yes	No
6. Were you ever incarcerated in a brig or stockade?	Yes	No
7. Have you ever been rejected for a security clearance?	Yes	No
8. Did you ever convert or sell any US Government property illegally?	Yes	No
9. Did you ever have any break in service?	Yes	No
10. Are you currently a member of the National Guard or Reserves?	Yes	No

Explanation section for military questions above only:

\_\_\_\_\_  
(Initials)

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**GOVERNMENT EMPLOYMENT HISTORY**

Have you ever applied for a position with any agency, police, or fire departments? \_\_\_\_\_

If yes, list below:

Department: \_\_\_\_\_ Position applied for: \_\_\_\_\_ Hired? (yes/no/pending) \_\_\_\_\_

**EMPLOYMENT HISTORY**

**Begin with your present employer and list in order your complete work history in chronological order. Include all full time, part time, auxiliary and volunteer positions. List ALL government jobs held within your lifetime, even if you held that position 10 years ago. Civilian jobs prior to 10 years ago do not need to be listed unless it was as a government contractor. All time should be accounted for the past 10 years, including times of self-employment and unemployment. Simply write "unemployed" in one of the employer boxes listed below along with the dates (use date hired and date left space to account for time).**

Employer name: \_\_\_\_\_

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

Immediate Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Date Hired: \_\_\_\_\_

Date Left: \_\_\_\_\_

Last Salary: \_\_\_\_\_

Per: \_\_\_\_\_

Title or position held: \_\_\_\_\_

Where you disciplined for any reason? \_\_\_\_\_ (list even if purged from personnel file)

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

How many times a year were you late or work? \_\_\_\_\_

Were you fired or asked to resign?  Yes  No

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

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
(Initials)

Employer Name:			
Address:			
Immediate Supervisor:		Phone Number:	
Date Hired:	Date Left:	Last Salary:	Per:
Title or position held:			
Where you ever disciplined for any reason? <i>(list even if purged from personnel file)</i>			
How many times were you late for work?			
Were you fired or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain:			
Reason for leaving:			

Employer Name:			
Address:			
Immediate Supervisor:		Phone Number:	
Date Hired:	Date Left:	Last Salary:	Per:
Title or position held:			
Where you ever disciplined for any reason? <i>(list even if purged from personnel file)</i>			
How many times were you late for work?			
Were you fired or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain:			
Reason for leaving:			

\_\_\_\_\_  
(Initials)

Employer Name:			
Address:			
Immediate Supervisor:		Phone Number:	
Date Hired:	Date Left:	Last Salary:	Per:
Title or position held:			
Where you ever disciplined for any reason? <i>(list even if purged from personnel file)</i>			
How many times were you late for work?			
Were you fired or asked to resign? <input type="checkbox"/> Yes      No <input type="checkbox"/>			
If yes, explain:			
Reason for leaving:			

Employer Name:			
Address:			
Immediate Supervisor:		Phone Number:	
Date Hired:	Date Left:	Last Salary:	Per:
Title or position held:			
Where you ever disciplined for any reason? <i>(list even if purged from personnel file)</i>			
How many times were you late for work?			
Were you fired or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain:			
Reason for leaving:			

\_\_\_\_\_  
(Initials)

Employer Name:			
Address:			
Immediate Supervisor:		Phone Number:	
Date Hired:	Date Left:	Last Salary:	Per:
Title or position held:			
Where you ever disciplined for any reason? <i>(list even if purged from personnel file)</i>			
How many times were you late for work?			
Were you fired or asked to resign? <input type="checkbox"/> Yes      No <input type="checkbox"/>			
If yes, explain:			
Reason for leaving:			

Employer Name:			
Address:			
Immediate Supervisor:		Phone Number:	
Date Hired:	Date Left:	Last Salary:	Per:
Title or position held:			
Where you ever disciplined for any reason? <i>(list even if purged from personnel file)</i>			
How many times were you late for work?			
Were you fired or asked to resign? <input type="checkbox"/> Yes      No <input type="checkbox"/>			
If yes, explain:			
Reason for leaving:			

\_\_\_\_\_  
(Initials)

Employer Name:			
Address:			
Immediate Supervisor:		Phone Number:	
Date Hired:	Date Left:	Last Salary:	Per:
Title or position held:			
Where you ever disciplined for any reason? <i>(list even if purged from personnel file)</i>			
How many times were you late for work?			
Were you fired or asked to resign? <input type="checkbox"/> Yes      No <input type="checkbox"/>			
If yes, explain:			
Reason for leaving:			

Employer Name:			
Address:			
Immediate Supervisor:		Phone Number:	
Date Hired:	Date Left:	Last Salary:	Per:
Title or position held:			
Where you ever disciplined for any reason? <i>(list even if purged from personnel file)</i>			
How many times were you late for work?			
Were you fired or asked to resign? <input type="checkbox"/> Yes      No <input type="checkbox"/>			
If yes, explain:			
Reason for leaving:			

\_\_\_\_\_  
(Initials)

**EDUCATION HISTORY**

Name of High School:

Address:

What was the highest grade completed?

Graduated?

Date Graduated?

List all colleges/universities attended:

College/University:

City/State:

Dates Attended:

Total Credit Hours:

Major/Minor:

List all college degrees obtained, date obtained and from which institution:

Degree:

Date:

University:

Where you ever suspended/expelled from college?

If yes, explain:

List the name and address of any other school (s) attended, e.g. vocational schools, trade and /or business school etc.

Name:

Address:

Dates Attended:

Course type & mo/yr completed:

Name:

Address:

Dates Attended:

Course type & mo/yr completed:

Name:

Address:

Dates Attended:

Course type & mo/yr completed:

Name:

Address:

Dates Attended:

Course type & mo/yr completed:

List any other education, seminars, or special schooling received (include military courses). You will be expected to provide documentation to support each listed item.

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\_\_\_\_\_  
(Initials)

**CIVIC/VOLUNTEER ACTIVITIES**

List the name of the organization, post/unit number, address and type of activity.


**DRIVING RECORD**

Do you have a valid driver's license?     Yes     No

Which state:	License Number:	Expires:
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How long have you been a licensed driver?

Have you ever had a license through another state?	If yes, list each state:
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**List all accidents you were involved in as a driver. Include the dates, agency which investigated, if you were at fault/issued a citation and if there were any unjuries/fatalities. List unreported accidents also.**

Date of Accident:	Investigating Agency/State:	Citation/Fault:	Injuries:
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Have you had automobile insurance denied or cancelled within the past 10 years:

If yes, explain each time:

Do you currently have automobile insurance?	With whom:
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Have you ever been placed on assigned risk or high risk insurance?

\_\_\_\_\_  
(Initials)

### **GENERAL QUESTIONS**

**Answer all the below listed questions. If you answer "yes" to any of the questions, you must explain below by referring to the corresponding question number.**

1. Have you ever had a protection/restraining order filed against you?	Yes	No
2. Were you ever suspended or expelled from school?	Yes	No
3. Have you ever been summoned or ordered to appear in any court as a witness or accused?	Yes	No
4. If it became necessary in the course of your police duties to take a human life, would you have any reluctance to do so due to your religious or other personal beliefs?	Yes	No
5. Do you have any hatred or prejudices towards others based on their sex, face, national origin, religious beliefs, disabilities, or sexual preferences?	Yes	No
6. Are you a member of, or do you support the cause of any terrorist organization?	Yes	No
7. Have you ever been, or are you currently party to a civil lawsuit?	Yes	No
8. Have you ever been declared delinquent in child support payments?	Yes	No
9. Have you ever sexually harassed a co-worker, been investigated for sexual harassment or had an official sexual harassment complaint filed against you?	Yes	No
10. Have you ever been restricted from owning or carrying a firearm?	Yes	No

### **PRIOR/CURRENT POLICE QUESTIONS**

If you are currently, or have ever been a police officer, please answer the following questions. A yes response is required even if you have never been officially investigated/caught, but have committed the act.

11. As a police officer, have you ever committed perjury?	Yes	No
12. As a police officer, have you ever damaged department property without legal authorization?	Yes	No
13. As a police officer, have you ever stolen department property without legal authorization?	Yes	No
14. As a police officer, have you ever fabricated evidence against a suspect?	Yes	No
15. As a police officer, have you ever used more force than necessary against a person (i.e. have you ever used excessive force)?	Yes	No
16. As a police officer, have you ever struck a suspect once he/she was handcuffed and/or no longer resisting?	Yes	No
17. As a police officer, have you ever administered "street justice" (i.e. beat a person) to any person?	Yes	No
18. As a police officer, have you ever used your position to sexually harass anyone?	Yes	No
19. As a police officer, have you ever lied during an internal investigation?	Yes	No
20. As a police officer, have you ever falsified a police report?	Yes	No
21. As a police officer, have you ever been disciplined in anyway?	Yes	No

\_\_\_\_\_  
(Initials)







I certify that the statements/answers contained within this questionnaire (all 19 pages) are true to the best of my knowledge. I understand that any omissions or false statements made on this questionnaire may be cause for disapproval of my selection, or for discharge after appointment. I further realize that any falsehoods may subject me to prosecution under the Ohio Revised Code Section 2921.13

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Subscribed and affirmed before me according to law, by the above named applicant this \_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_\_ at \_\_\_\_\_ County of \_\_\_\_\_,

State of \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary

\_\_\_\_\_  
(Initials)