

# CINCINNATI POLICE DEPARTMENT

## CADET PROGRAM APPLICATION

PLEASE PRINT OR TYPE CLEARLY

APPLICATION MUST BE FULLY COMPLETED TO PARTICIPATE IN PROGRAM

<b>NAME*[FIRST, MI, LAST]:</b>		
<b>CURRENT STREET ADDRESS*:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<b>PREVIOUS STREET ADDRESS*:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<b>HOME PHONE*:</b>	<b>CELL PHONE / PAGER:</b>	<b>WORK PHONE:</b>
<b>DRIVERS LICENSE #:</b>	<b>STATE ISSUED:</b>	<b>DATE OF EXPIRATION:</b>
<b>EMAIL ADDRESS:</b>		

**Application cannot be processed without this information**

I understand that as a requirement for membership in the Cincinnati Police Department's Cadet Program, I must truthfully complete and submit this application form.

As part of the application process, I understand that I will also be required to complete and submit a Cincinnati Police Department Authority to Release Form, which authorizes the release of any traffic and/or criminal convictions contained in my police record. Failure to complete either will result in my removal as a candidate for the Cadet Program.

**Dear Cadet Applicant:**

**Thank you for the interest you have taken toward making your community a safer place to live and work. Applicants must complete all information on Neo.gov and enter an Email address to be considered for the program.**



**RETURN THE FULLY COMPLETED APPLICATION  
AND THE PERSONAL INFORMATION RELEASE**

**TO:**

**Any School Resource Officer or  
Cincinnati Police Department  
310 Ezzard Charles Drive.  
Cincinnati, Ohio 45202**

**PERSONAL HISTORY QUESTIONNAIRE**

All information is considered to be strictly confidential to the extent permitted by law, and will be utilized by the City of Cincinnati Human Resources and Police Departments **ONLY** and will not be disclosed to any unauthorized person(s).

Personal History of:

\_\_\_\_\_  
**PRINT** (Last Name) (First Name) (Middle Name)

Social Security #: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Position Applied for: \_\_\_\_\_

**INSTRUCTIONS AND REMINDER**

There are moral and legal obligations to complete this Personal History Questionnaire in a truthful, fully informative manner. All questions must be answered. If a question does not apply to your particular circumstance, insert DNA (Does Not Apply) in the proper blank.

Please be advised that **all information is subject to verification via home visits, source documentation, polygraph (lie detector) examination, etc.** Be fully truthful and do not evade questions. Both the Ohio Revised Code and rules and regulations of the City of Cincinnati, Ohio, Municipal Civil Service Commission provide penalties for making a false statement of a material fact or for practicing fraud or deception in obtaining or attempting to obtain municipal employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code Section 2921-13.

I understand and will comply with the selection process. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Personal Record

1. Legal Name: \_\_\_\_\_  
(Last) (First) (Full Middle Name)
2. By what other names have you been known? (Maiden name, adopted name, aliases, nicknames, etc.) \_\_\_\_\_  
\_\_\_\_\_
3. Your present Social Security Number: \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_\_
4. Other Social Security Numbers that have ever been assigned to you:  
\_\_\_\_\_
5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
6. Age \_\_\_\_
7. Height (inches) \_\_\_\_\_
8. Weight \_\_\_\_\_
9. Color of hair \_\_\_\_\_
10. Color of eyes \_\_\_\_\_
11. Sex: \_\_\_\_ Male \_\_\_\_ Female other identification (scars, tattoos, etc.):  
\_\_\_\_\_
12. Ethnic identification (can be used to report statistical data per court ordered Consent decree): \_\_\_\_ Black \_\_\_\_ Caucasian \_\_\_\_ other, please specify:  
\_\_\_\_\_
13. Place of Birth (City, State, County or Parish): \_\_\_\_\_
14. Ohio Driver's License # \_\_\_\_\_
15. Type: \_\_\_\_\_
16. Expiration Date: \_\_\_\_\_
17. Non-Ohio Driver's License # \_\_\_\_\_
18. Type: \_\_\_\_\_
19. Expiration Date: \_\_\_\_\_
20. Residence Phone Number w/Area Code: ( ) \_\_\_\_\_
21. Pager Number: \_\_\_\_\_
22. Cell Phone Number: \_\_\_\_\_

I certify that the above information is true to the best of my knowledge.

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Signature

Date



## Personal References

Carefully complete the following on **at least three (3) persons** (other than relatives, past or present employers) who know you well enough to give current or past information about you. Feel free to provide the Background Unit with up to six (6) persons if you so choose.

Name _____ Approx. Age _____
Mailing Address (Number, Street, Apt. #, City, State, Zip Code) _____
Residence Telephone Number (include area code) _____
Years Known (approximate) _____
Reference Work Hours: From _____ To _____
Reference off Days _____

Name _____ Approx. Age _____
Mailing Address (Number, Street, Apt. #, City, State, Zip Code) _____
Residence Telephone Number (include area code) _____
Years Known (approximate) _____
Reference Work Hours: From _____ To _____
Reference off Days _____

Name _____ Approx. Age _____
Mailing Address (Number, Street, Apt. #, City, State, Zip Code) _____
Residence Telephone Number (include area code) _____
Years Known (approximate) _____
Reference Work Hours: From _____ To _____
Reference off Days _____



## Employer History

Begin with your most recent job and list your complete work history in chronological order. Include all full-time jobs, part-time jobs, casual employment, and military service. Please include correct addresses and zip codes. Make additional copies of these pages as needed.

**Do NOT use other forms to list employers. ALL JOBS MUST BE LISTED.**

Do you object to our contacting your present employer at this time?     Yes     No

From Date:	Name of Employer:	Were you terminated / fired or asked to resign <i>in lieu of termination</i> from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No
To Date:	Address of Employer, Zip Code:	Business Telephone Number (include Area Code):
Total Time Employed:	Full Name of Immediate Supervisor:	Address/Phone Number/Zip Code:
	Salary:	Job Title:
	Description of Duties:	Reason for Leaving:
On this job, were you ever disciplined?		Reason(s):
Verbal <input type="checkbox"/> Yes <input type="checkbox"/> No    ___ Number of times Written <input type="checkbox"/> Yes <input type="checkbox"/> No    ___ Number of times Suspension <input type="checkbox"/> Yes <input type="checkbox"/> No    ___ Number of times Demotion <input type="checkbox"/> Yes <input type="checkbox"/> No    ___ Number of times		

From Date:	Name of Employer:	Were you terminated / fired or asked to resign <i>in lieu of termination</i> from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No
To Date:	Address of Employer, Zip Code:	Business Telephone Number (include Area Code):
Total Time Employed:	Full Name of Immediate Supervisor:	Address/Phone Number/Zip Code:
	Salary:	Job Title:
	Description of Duties:	Reason for Leaving:
On this job, were you ever disciplined?:		Reason(s):
Verbal <input type="checkbox"/> Yes <input type="checkbox"/> No    ___ Number of times Written <input type="checkbox"/> Yes <input type="checkbox"/> No    ___ Number of times Suspension <input type="checkbox"/> Yes <input type="checkbox"/> No    ___ Number of times Demotion <input type="checkbox"/> Yes <input type="checkbox"/> No    ___ Number of times		

# Drugs

Have you ever used marijuana? Yes\_\_\_\_ No\_\_\_\_

When (month/year) was the last time that you used marijuana? \_\_\_\_\_

Describe the circumstances as well as amount used.

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How many times have you used marijuana in your life? (Estimate)\_\_\_\_\_

Have you ever sold marijuana? Yes\_\_\_\_ No\_\_\_\_

What was the quantity sold, and when did the last transaction occur?

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Have you ever used or possessed any prescription drugs without a Doctor's prescription?

Yes\_\_\_\_ No\_\_\_\_

Describe the circumstances, and date of most recent occurrence.

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Have you ever possessed, used or sold any of the following drugs?

**Cocaine** Yes\_\_\_\_ No\_\_\_\_ Describe the circumstances and date of most recent usage.

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**Speed** Yes\_\_\_\_ No\_\_\_\_ Describe the circumstances and date of most recent usage.

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**Ecstasy** Yes\_\_\_\_ No\_\_\_\_ Describe the circumstances and date of most recent usage.

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**LSD** Yes\_\_\_\_ No\_\_\_\_ Describe the circumstances and date of most recent usage.

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**Mushrooms** Yes\_\_\_\_ No\_\_\_\_ Describe the circumstances and date of most recent usage.

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**Other** Yes\_\_\_\_ No\_\_\_\_ Describe the circumstances and date of most recent usage.

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I certify that the above information is accurate and true to the best of my knowledge.

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Signature

Date

## Criminal History/Arrests

Complete the Criminal History/Arrests section based on the fact that arrests are part of the computer printout generated during the Background Investigation. Therefore, it will allow you the opportunity to explain the issues surrounding the arrest.

**An arrest record alone without conviction is not sufficient cause for elimination.**

Have you ever been arrested, received a criminal citation (i.e.; pay-out misdemeanor, other than traffic), or been summoned/subpoenaed to appear as the defendant in a criminal court proceeding?

**As a Juvenile?**      Yes \_\_\_\_\_ No \_\_\_\_\_ If yes:

When? \_\_\_\_\_

Where? \_\_\_\_\_

What for? \_\_\_\_\_

Explanations (mention each instance; attach additional sheets, if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**As an Adult?**      Yes \_\_\_\_\_ No \_\_\_\_\_ If yes:

When? \_\_\_\_\_

Where? \_\_\_\_\_

What for? \_\_\_\_\_

Explanations (mention each instance; attach additional sheets, if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





CERTIFICATION OF AUTHENTICITY

PHQ- REV. 02/15

I CERTIFY THAT THE STATEMENTS CONTAINED IN THIS QUESTIONNAIRE 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 APPOINTMENT OR FOR DISCHARGE AFTER APPOINTMENT. I FURTHER REALIZE THAT ANY FALSEHOODS MAY SUBJECT ME TO PROSECUTION UNDER OHIO REVISED CODE SECTION 2921-13.

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date Signed)**

\_\_\_\_\_  
**(Signature of Parent/Guardian, if required)**

\_\_\_\_\_  
**(Date Signed)**

**Witness** \_\_\_\_\_