



## Washington Township

6200 Eiterman Road

Dublin, Ohio 43016

Tel 614.652.3920

Fax 614.766.2507

Website: [www.wtwp.com](http://www.wtwp.com)

### Personal History Questionnaire

Welcome and thank you for your interest in employment opportunities with Washington Township. It is our goal to hire the best employees. To meet this goal, the Township uses a multiple step approach in our selection process with the first step being completion of this Personal History Questionnaire (PHQ). The Township is an equal opportunity employer and offers employment opportunities without regard to race, color, age, religion, sex, national origin, or any other characteristic protected by applicable law.

The information you provide in this PHQ will be used in the background investigation to determine your eligibility for employment at Washington Township. **Your answers do not automatically qualify or disqualify you from the selection process or employment.** This questionnaire must be completed, in its entirety, by the applicant. Incomplete PHQs will not be considered.

Please type or neatly print, in ink (preferably blue ink), responses to all items and questions. If a question does not apply, please write "N/A" (not applicable) in the space provided. If you are unable to recall or obtain the information requested, please indicate so in your response.

Please use a blank sheet(s) of white paper if more space is needed for a response and attach it to the end of the PHQ with the corresponding section and question. Please be thorough, honest, and specific in all responses. Deliberate misstatements or omissions will result in your application being rejected, regardless of the nature or reason for the misstatement or omission. All information provided in the PHQ may be verified by a polygraph exam or computer voice stress analyzer (CVSA) as part of the Township's background investigation.

In accordance with the Americans with Disabilities Act, the Ohio Fair Employment and Practices Law and the Genetic Information Nondiscrimination Act of 2008, at this stage of the selection process, applicants are not expected or required to reveal any medical or other disability-related information prior to receiving a conditional offer of employment. Depending on the position you are applying for, we may require successfully passing a physical abilities test, physical exam by a healthcare provider, drug screen, polygraph / CVSA, psychological screening, and a background check consisting of criminal history, reference and credit checks, credit report and driving history for employment.

I understand nothing contained in this PHQ or in the granting of an interview creates an offer of employment. However, if offered employment, I understand my employment including any orientation period is entirely at-will, regardless of the method or form of payment of wages, such that employment may be terminated at any time, with or without cause and with or without notice unless required by law. I understand my at-will employment status may not be changed unless changed in writing and approved by the Township's Board of Trustees. I further understand an offer of employment or actual employment does not increase an obligation to employ in the future.

This PHQ is the property of the Township and is considered a public record that is subject to disclosure. In the event of employment, this PHQ shall become a part of the individual personal file. Please double check your responses for accuracy and thoroughness. Submitting a resume in lieu of a completed PHQ will not be considered. You may submit your completed PHQ and supporting documentation either by mailing/submitting in person at 6200 Eiterman Road, Dublin, Ohio or by scanning/emailing in pdf format to [hr@wtwp.com](mailto:hr@wtwp.com).

We wish you all the best!



## Documentation

Once the Township begins the background stage of the selection process, you will be required to furnish supporting documentation. All documentation should be originals or certified photocopies. The Township is happy to make photocopies of originals for you upon request.

Please begin locating or arranging certified copies of the following documents should the Township invite you to participate in the background check stage of the selection process. You do not need to provide the Township the documents at this time. We ask you to start preparing.

- Resume
- Curriculum Vitae, if applicable
- High School Diploma or GED Certificate
- College / University Diploma and transcripts, if applicable
- Military DD214 (Member copy 4 showing type of separation), if applicable
- State of Ohio Driver's License
- Copies of professional certifications
- Naturalization certification, if applicable
- Identification meeting the Federal I-9 form requirements – for the most updated list of acceptable documents, please visit <https://www.uscis.gov/i-9-central/form-i-9-resources/handbook-for-employers-m-274/120-acceptable-documents-for-verifying-employment-authorization-and-identity>



**SECTION 1: PERSONAL INFORMATION**

**YOUR FULL NAME**

LAST FIRST MIDDLE

OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY

**RESIDENTIAL ADDRESS**

NUMBER / STREET APT / UNIT

CITY STATE ZIP

MAILING ADDRESS, IF DIFFERENT FROM ABOVE

**CONTACT NUMBERS**

CELL SECONDARY

**EMAIL ADDRESS**

HOME BUSINESS

If you were born outside of the United States, are you a U.S Citizen?  Yes  No

If not, are you a resident alien who is eligible and has applied for U.S. citizenship?  Yes  No

BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)	BIRTHDATE	SOCIAL SECURITY NUMBER
		- - -

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States by completing the required form and providing proper identification upon hire.

Are you 18 years old or older?  Yes  No

Do you a current and valid State of Ohio Driver's License?  Yes  No

**DRIVER'S LICENSE** Has your driver's license ever been refused, suspended or revoked?  Yes  No

LICENSE #: STATE EXP

**TATTOOS & BODY MARKINGS**

Washington Township discourages the display of any tattoo / body markings while an employee is acting on behalf of the Township or while in any Township uniform or clothing with the Township's logos. All tattoos, visible or not, that are obscene or are affiliated with discriminative or racist activity are prohibited. Use the space below to describe all of your tattoos or body markings:

[Empty space for describing tattoos and body markings]



### SECTION 2: EMPLOYMENT PREFERENCES

POSITION APPLYING FOR	STATUS	UNIT	START DATE
	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> 1-Unit <input type="checkbox"/> 2-Unit <input type="checkbox"/> 3-Unit <input type="checkbox"/> Admin.	

Have you previously applied for employment or been employed by the Township?    Yes    No

If Yes, what position:	Application / Employment Dates:
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Desired Salary:   \$    Hourly    Salary

Have you read and understand the position's job description for which you are applying?    Yes    No  
 Are you capable of performing the position's essential job functions with or without accommodation?    Yes    No

### SECTION 3: EDUCATION

Check applicable:    High School Diploma from an accredited U.S. institution    GED

#### High Schools Attended:

1) NAME	FROM	TO	DID YOU GRADUATE?
COURSE OF STUDY	CITY	STATE	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) NAME	FROM	TO	DID YOU GRADUATE?
COURSE OF STUDY	CITY	STATE	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### Colleges / Universities Attended:

1) NAME	FROM	TO	TOTAL UNITS EARNED	DEGREE EARNED
COURSE OF STUDY	CITY	STATE	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2) NAME	FROM	TO	TOTAL UNITS EARNED	DEGREE EARNED
COURSE OF STUDY	CITY	STATE	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3) NAME	FROM	TO	TOTAL UNITS EARNED	DEGREE EARNED



COURSE OF STUDY	CITY	STATE	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Trade, Vocational, or Business Schools / Institutes Attended:**

1) NAME	FROM	TO	COURSE COMPLETED <input type="checkbox"/> Yes <input type="checkbox"/> No
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TYPE OF SCHOOL OR TRAINING	CITY	STATE	
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2) NAME	FROM	TO	COURSE COMPLETED <input type="checkbox"/> Yes <input type="checkbox"/> No
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TYPE OF SCHOOL OR TRAINING	CITY	STATE	
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3) NAME	FROM	TO	COURSE COMPLETED <input type="checkbox"/> Yes <input type="checkbox"/> No
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TYPE OF SCHOOL OR TRAINING	CITY	STATE	
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Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? .....  Yes  No

If yes, describe in detail below. Starting with high school, list all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

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**SECTION 4: SPECIAL QUALIFICATIONS**

**Special Licenses (e.g. State of Ohio Fire Card, EMT-B, Paramedic, pilot, radio operator, scuba diver, etc.).**

Type of License	Licensing Authority	License #	Expiration Date



List below any specialized equipment you can operate.

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**Foreign Languages Degree of Fluency.**

Language	Reading	Speaking	Understanding	Writing
1)	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
2)	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
3)	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair

List below any other special skills or qualifications that you possess.

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Have you ever been issued a concealed carry permit or license to carry a handgun or other weapon?  Yes  No

If yes, explain:

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List any organizations you are or have been a member:

Organization Name	Location	Type of Membership (e.g. social, fraternal, professional etc.)



## SECTION 5: RESIDENCE

### LIST OF RESIDENCES

- List all previous residences for the last five (5) years. Provide complete addresses (include Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. **DO NOT LIST** military barracks mates unless you shared individual quarters.

1) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM	TO <b>Present</b>
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER OR OWNER	
ADDRESS OF PROPERTY MANAGER OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL	
Names and contact # of those with whom you lived:				
2) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER OR OWNER	
ADDRESS OF PROPERTY MANAGER OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL	
Names and contact # of those with whom you lived:				
Reason for moving:				
3) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER OR OWNER	
ADDRESS OF PROPERTY MANAGER OWNER (NUMBER / STREET / APT)			CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL	
Names and contact # of those with whom you lived:				
Reason for moving:				



4) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER OR OWNER	
ADDRESS OF PROPERTY MANAGER OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL	
Names and contact # of those with whom you lived:				
Reason for moving:				

5) FORMER ADDRESS (NUMBER / STREET / APT)			FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER OR OWNER	
ADDRESS OF PROPERTY MANAGER, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL	
Names and contact # of those with whom you lived:				
Reason for moving:				

Provide contact information for all housemates / roommates with whom you have resided currently or previously. The space below is for anyone you have not listed in the above contact spaces and for more space should you need it.

1) NAME OF CURRENT / FORMER HOUSEMATE / ROOMMATE		CONTACT NUMBER		
CURRENT ADDRESS IF DIFFERENT		STATE	ZIP	
NATURE OF RELATIONSHIP (e.g. RELATIVE, FRIEND, DORM MATE etc.)		EMAIL		
2) NAME OF CURRENT / FORMER HOUSEMATE / ROOMMATE		CONTACT NUMBER		
CURRENT ADDRESS IF DIFFERENT		STATE	ZIP	
NATURE OF RELATIONSHIP (e.g. RELATIVE, FRIEND, DORM MATE etc.)		EMAIL		

Have you ever been evicted or asked to leave a residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever left a residence owing rent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No





If you answered yes the above questions, use the space below to explain (include when, where and circumstances):

\_\_\_\_\_  
\_\_\_\_\_

### SECTION 6: EXPERIENCE AND EMPLOYMENT

- List ALL jobs you have had, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed, please use additional sheets of paper).
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List ALL periods of unemployment in excess of 30 days.

1) NAME OF CURRENT OR MOST RECENT EMPLOYER OR MILITARY UNIT			FROM	TO
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ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
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CITY	STATE	ZIP	CONTACT NUMBER	
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JOB TITLE			EMAIL	
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DUTIES / ASSIGNMENTS			<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
			<input type="checkbox"/> Self-employed	<input type="checkbox"/> Temporary
			<input type="checkbox"/> Volunteer	

NAMES OF CO-WORKERS 1)		2)	REASON FOR LEAVING
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Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, EXPLAIN:
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PERIOD OF UNEMPLOYMENT - Check applicable			FROM	TO
<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Other _____				

2) FORMER EMPLOYER OR MILITARY UNIT			FROM	TO
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ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR	
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CITY	STATE	ZIP	CONTACT NUMBER	
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JOB TITLE			EMAIL	
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DUTIES / ASSIGNMENTS				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-employed <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:			
PERIOD OF UNEMPLOYMENT - Check applicable				FROM	TO
<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Other _____					
3) NAME OF FORMER EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER	
JOB TITLE				EMAIL	
DUTIES / ASSIGNMENTS				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-employed <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:			
PERIOD OF UNEMPLOYMENT - Check applicable				FROM	TO
<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Other _____					
4) FORMER EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER	
JOB TITLE				EMAIL	



DUTIES / ASSIGNMENTS	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-employed <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer
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NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING
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Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, EXPLAIN:
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PERIOD OF UNEMPLOYMENT - Check applicable <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Other _____	FROM	TO
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<b>5) NAME OF FORMER EMPLOYER OR MILITARY UNIT</b>	FROM	TO
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ADDRESS (NUMBER / STREET OR BASE)	SUPERVISOR
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CITY	STATE	ZIP	CONTACT NUMBER
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JOB TITLE	EMAIL
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DUTIES / ASSIGNMENTS	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-employed <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer
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NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING
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Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, EXPLAIN:
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PERIOD OF UNEMPLOYMENT - Check applicable <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Other _____	FROM	TO
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<b>6) FORMER EMPLOYER OR MILITARY UNIT</b>	FROM	TO
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ADDRESS (NUMBER / STREET OR BASE)	SUPERVISOR
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CITY	STATE	ZIP	CONTACT NUMBER
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JOB TITLE	EMAIL
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DUTIES / ASSIGNMENTS	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-employed <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer
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NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING
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Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, EXPLAIN:
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PERIOD OF UNEMPLOYMENT - Check applicable <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Other _____	FROM	TO
--	------	----

7) NAME OF FORMER EMPLOYER OR MILITARY UNIT	FROM	TO
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ADDRESS (NUMBER / STREET OR BASE)	SUPERVISOR
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CITY	STATE	ZIP	CONTACT NUMBER
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JOB TITLE	EMAIL
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DUTIES / ASSIGNMENTS	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-employed <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer
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NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING
---------------------------	----	--------------------

Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, EXPLAIN:
---	------------------

PERIOD OF UNEMPLOYMENT - Check applicable <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Other _____	FROM	TO
--	------	----

Have you ever been disciplined at work? (including written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Have you ever been involuntarily terminated, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been counseled at work due to lateness or absences?  Yes  No

How many times have you been late to work in the past five (5) years? \_\_\_\_\_ times

Did you ever receive an unsatisfactory performance review?  Yes  No

Have you every disclosed, sold, released or given away legally confidential information?  Yes  No

Have you ever called in sick when you were neither sick nor caring for a sick family member?  Yes  No

How many sick days have you used in the past five (5) years that were not due to illness? \_\_\_\_\_ days

If you answered yes to any of the above questions., explain (include when, where and circumstances; indicate corresponding investigation number, if any):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the past three (3) years, have you been absent or tardy to work due to drug and/or alcohol consumption?  Yes  No

Has your work performance ever been affected by your use of drugs and/or alcohol?  Yes  No

If yes, provide the dates, name of employer and circumstances:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the past three (3) years, have you been warned by an employer about your drinking and/or drug habits and the impact on your performance?  Yes  No

If yes, provide the dates, name of employer and circumstances:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### SECTION 7: MILITARY EXPERIENCE

Are you currently or previously enlisted in the United States military?  Yes  No

BRANCH OF SERVICE	DATES OF SERVICE
	From _____ To _____

DISCHARGE:TYPE  Entry Level  Honorable  General  OTH (Other than Honorable)  Bad Conduct  
 Dishonorable Re-entry Code (1-4) if applicable – refer to your DD-214: \_\_\_\_\_

Are you currently participating in one of the following?  Military Reserve  National Guard Date Obligation Ends \_\_\_\_\_

Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, company punishment)?  Yes  No

Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded?  Yes  No

If you answered yes to the above questions, please explain (include dates and circumstances):

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### SECTION 8: REFERENCES

- List 5-7 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.
- Provide all Applicable information in the spaces below.
- If more space is needed, continue your response on additional sheets of paper.

**1) NAME**

ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
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CONTACT # ( )	CONTACT # ( )	EMAIL
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HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)	HOW LONG HAVE YOU KNOWN THIS PERSON?
--	--------------------------------------

**2) NAME**

ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
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CONTACT # ( )	CONTACT # ( )	EMAIL
------------------	------------------	-------



HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)	HOW LONG HAVE YOU KNOWN THIS PERSON?
--	--------------------------------------

**3) NAME**

ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
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CONTACT #	CONTACT #	EMAIL
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HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)	HOW LONG HAVE YOU KNOWN THIS PERSON?
--	--------------------------------------

**4) NAME**

ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
---------------------------------	------	-------	-----

CONTACT #	CONTACT #	EMAIL
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HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)	HOW LONG HAVE YOU KNOWN THIS PERSON?
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**5) NAME**

ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
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CONTACT #	CONTACT #	EMAIL
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HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)	HOW LONG HAVE YOU KNOWN THIS PERSON?
--	--------------------------------------

**6) NAME**

ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
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CONTACT #	CONTACT #	EMAIL
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HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)	HOW LONG HAVE YOU KNOWN THIS PERSON?
--	--------------------------------------

**7) NAME**

ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
---------------------------------	------	-------	-----



CONTACT #	CONTACT #	EMAIL
-----------	-----------	-------

HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)	HOW LONG HAVE YOU KNOWN THIS PERSON?
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### SECTION 9: REFERRAL

How did you learn of the opportunity for which you are applying? \_\_\_\_\_

If you were referred by a current or former employee(s), please provide their name(s):  
\_\_\_\_\_

Do you have any relatives (mother, father, sister, brother, grandparent, stepmother, stepfather, step-sibling, step-grandparent, aunt, uncle, cousin, spouse, child or significant other) who currently or previously worked for Washington Township?  
 Yes  No

If yes, please provide the current or former employee name, relationship and when they were employed with us:  
\_\_\_\_\_

Did see the opportunity for which you are applying advertised on any of the following (check all that apply):

- National Testing Network     Facebook     Twitter     Washington Township website
- Email from school instructor     Job fair     Friend     Job posting at school

### SECTION 10: LEGAL

Have you ever been a party in a civil lawsuit (e.g. small claims, dissolutions, child custody, paternity, child support, etc.)  Yes  No

Have the police ever been called to your home for any reason?  Yes  No

Have you or your partner / spouse ever been referred to Child Protective Services?  Yes  No

Have you ever been the subject of an emergency protective order / restraining order / stay-away order?  Yes  No

Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to another party?  Yes  No

Have you ever fraudulently received government welfare, workers compensation, unemployment compensation or any other Federal, State or local assistance?  Yes  No

Have you ever filed a false insurance or workers compensation claim?  Yes  No

If you have answered yes to any of the above questions, please explain below including court case, document, circumstances and all corresponding information:

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The below questions ask about your current and past recreational drug use. This covers the use of any drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, but are not limited to the use of any of the following:

- Amphetamines / Methamphetamines (e.g. uppers, speed, crank etc.)
- Barbiturates (downers)
- Cocaine / Crack Cocaine
- Designer Drugs (e.g. ecstasy, synthetics)
- GHB (date rape drug)
- Bath Salts
- Inhalants (glue, volatile substance)
- Hallucinogens (peyote, LSD, mushrooms)
- Hashish / Hashish Oil
- Heroin / Opium
- Marijuana
- Prescription Drugs (without a prescription)
- Mescaline
- Morphine
- PCP / Angel Dust
- Quaaludes
- Steroids
- Tetrahydrocannabinol (THC)
- Synthetic Marijuana (Spice)

Within the past two (2) years, have you used any of the above drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

If yes, provide details, including drugs used, number of times, period of time and circumstances:

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Prior to the past two (2) years, have you used the above drugs recreationally?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Prior to the past two (2) years, have you tried or used one or more of the above drugs, but only under limited circumstances (e.g. experimentation, at parties, concerts, special events etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, provide details, including drugs used, number of times, period of time and circumstances:

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Prior to the past two (2) years, have you used the above drugs on a regular basis (one to several times a week or more)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, provide details, including drugs used, number of times, period of time and circumstances:

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Have you ever engaged in any of the following illegal drug activities, including narcotics and marijuana? Check all that apply.

- Sold
- Purchased
- Cultivated
- Manufactured
- Furnished
- Carried or held for another

If you have checked any of the above items, in the space below, please provide drugs and time period involved along with circumstances

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### SECTION 11: MOTOR VEHICLE OPERATION

DRIVER'S LICENSE NUMBER	ISSUE STATE	EXPIRATION DATE	NAME AS IT APPEARS ON LICENSE
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List other states where you have been licensed to operate a motor vehicle:

State of Issuance	Type of License	Name which the license was issued & license number

Have you ever been refused a driver's license in any state?  Yes  No

If you have checked yes above, in the space below, please details and circumstances.

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Has your driver's license ever been suspended or revoked?  Yes  No

If you have checked yes above, in the space below, please details and circumstances.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1) List your current automobile insurance:

- Full-Insured    Liability Only    Bonded    Cash Deposit

VEHICLE MAKE	YEAR	LICENSE PLATE NO.
INSURANCE COMPANY	POLICY NUMBER	POLICY EXPIRATION DATE
INSURANCE COMPANY ADDRESS	CITY	STATE      ZIP
		PHONE NO.

2) List your current automobile insurance:

- Full-Insured    Liability Only    Bonded    Cash Deposit

VEHICLE MAKE	YEAR	LICENSE PLATE NO.
INSURANCE COMPANY	POLICY NUMBER	POLICY EXPIRATION DATE
INSURANCE COMPANY ADDRESS	CITY	STATE      ZIP
		PHONE NO.

List all traffic citations (excluding parking citations) in the past seven (7) years:

1) VIOLATION	LOCATION (STREET)	CITY	STATE
DATE OCCURRED	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
2) VIOLATION	LOCATION (STREET)	CITY	STATE
DATE OCCURRED	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
3) VIOLATION	LOCATION (STREET)	CITY	STATE
DATE OCCURRED	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following (check all that apply):

- Failure to appear    Failure to complete traffic school / diversion program    Failure to pay fine



If you have checked yes above, in the space below, please details and circumstances

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Have you been involved as the driver in a motor vehicle accident in the past seven (7) years?  Yes  No

If yes, please provide the details in the following spaces:

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1) DATE	LOCATION (STREET)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury		
2) DATE	LOCATION (STREET)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury		
3) DATE	LOCATION (STREET)	CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury		

Have you ever been an uninsured driver of a motor vehicle as required by law?  Yes  No

If yes, please provide reason: \_\_\_\_\_ YEAR(S) UNINSURED: \_\_\_\_\_

Have you ever been refused automobile insurance or a bond, or had your insurance cancelled?  Yes  No

If yes, please provide reason: \_\_\_\_\_ YEAR(S) REFUSED / CANCELLED: \_\_\_\_\_

Use this space to provide any additional information regarding your driving record:

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### SECTION 12: OTHER

Have you ever been refused a permit to carry a concealed weapon?  Yes  No

Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference or disability?

Yes  No

Do you have, or have you ever had, a tattoo, branding or body modification in or affiliated with, a criminal enterprise, street gang or any other group that advocates violence against individuals because of race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference or disability?

Yes  No

Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?

Yes  No

Have you ever hit or physically overpowered a spouse or romantic partner?

Yes  No

Are you now or have you been a member of any online social network such as Facebook, Twitter, Instagram, Snap Chat, etc.?

Yes  No

If yes, to the above questions, please provide your screen / user name:

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Use the below space to explain or detail the circumstances to any of the questions in this questionnaire.

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### SECTION 13: CERTIFICATION

I hereby certify and attest I have personally completed and initialed each page of this form and all supplemental attached pages, and that the statements made are true and complete to the best of my knowledge and belief. I understand that any misstatements and/or omissions of material fact may be subject to disqualification for employment, or, if I have already been appointed to a position with the Township, may disqualify from continued employment.

PRINT NAME

DATE

SIGNATURE



**WASHINGTON TOWNSHIP**  
Franklin, Delaware and Union Counties



**FAIR CREDIT REPORTING ACT CONSUMER REPORT**

**DISCLOSURE AND AUTHORIZATION**

Washington Township has disclosed to me that it may procure and may take into consideration the results of a consumer report as part of its background investigative process for pre-employment purposes and/or at anytime throughout my employment with the Company, should I be hired.

I also authorize Washington Township to procure and use as part of its background investigation the results of such a consumer report for pre-employment purposes and/or at anytime throughout my employment with Washington Township, should I be hired.

Should I become employed by Washington Township, this form will remain on file.

My signature below signifies my authorization of these above mentioned items and my receipt of this disclosure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



**WASHINGTON TOWNSHIP**  
Franklin, Delaware and Union Counties



**FAIR CREDIT REPORTING ACT  
INVESTIGATIVE CONSUMER REPORT**

**DISCLOSURE AND AUTHORIZATION**

Washington Township has disclosed to me that it may procure and may take into consideration the results of an investigative consumer report for pre-employment purposes and/or at anytime throughout my employment with Washington Township, should I be hired.

I also authorize Washington Township to procure and use as part of its background investigation the results of such an investigative consumer report for pre-employment purposes and/or at anytime throughout my employment with Washington Township, should I be hired.

Should I become employed by Washington Township, this form will be retained on file.

I understand that I have the right to demand a complete and accurate disclosure of the nature and scope of any investigative consumer report requested on my background, as well as a summary of my rights under the FCRA.

My signature below signifies my authorization of these above mentioned items and my receipt of this disclosure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name