

12. LIST ANY OTHER NAMES YOU HAVE USED, OR HAVE BEEN KNOWN BY, INCLUDING ALIASES, NICKNAMES, ETC.							
13. AGE	14. SEX	15. RACE	16. WEIGHT	17. HEIGHT	18. EYES	19. HAIR	20. LIST ANY TATTOOS, DISTINGUISHING MARKS
21. U.S. CITIZEN?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	NATURALIZED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
22. NATURALIZED CERTIFICATION NO.			WHERE NATURALIZED?			DATE	
23. PLACE OF BIRTH (CITY, COUNTY, STATE, COUNTRY)							

B. 1. MARITAL STATUS: MARRIED SINGLE SEPARATED DIVORCED WIDOWED

LIST ALL MARRIAGES, DIVORCES, SEPARATIONS:					
2. DATE MARRIED		WHERE MARRIED	NAME OF SPOUSE (MAIDEN NAME, IF WIFE)	IF DISSOLVED, WHERE & DATE	
3. LIST PERSON WITH WHOM YOU RESIDE NAME:		DATE OF BIRTH	RELATIONSHIP	PHONE NUMBER ()	OCCUPATION
4. LIST PERSON (S) WITH WHOM YOU HAVE RESIDED WITH IN THE PAST. NAME:		RELATIONSHIP	PRESENT ADDRESS, CITY STATE, ZIP	PHONE NUMBER ()	OCCUPATION
				()	
				()	
5. LIST ANY CLOSE RELATIONSHIP (BOYFRIEND, GIRLFRIEND, FIANCEE) NAME:		RELATIONSHIP		()	

C. RELATIVES: LIST BELOW ALL PARENTS, STEP PARENTS, BROTHERS/SISTERS, STEP BROTHERS/SISTERS, CHILDREN, STEP CHILDREN AND ADOPTED CHILDREN, IF DECEASED, PLEASE INDICATE:

1. FATHER'S FULL NAME		HOME ADDRESS, CITY, STATE, ZIP	PHONE NUMBER ()	OCCUPATION
2. MOTHER'S FULL NAME (MAIDEN)		HOME ADDRESS, CITY, STATE, ZIP	PHONE NUMBER ()	OCCUPATON
3. STEPMOTHER OR FATHER'S FULL NAME		HOME ADDRESS, CITY, STATE, ZIP	PHONE NUMBER ()	OCCUPATION
4. BROTHERS AND SISTERS FULL NAMES				

E. 1. EDUCATION: LIST ALL ELEMENTARY, JR. HIGH, HIGH SCHOOL, COLLEGES, UNIVERSITIES, AND ANY OTHER TRAINING SCHOOLS ATTENDED:

TYPE	NAME OF SCHOOL	CITY & STATE	FROM. MO/YR	TO MO/YR	GRADUATE		TOTAL CREDIT HOURS	DEGREE OR CERTIFICATE RECEIVED AND WHAT YEAR RECEIVED
					YES	NO		
ELEMENTARY SCHOOL								
JUNIOR HIGH SCHOOL								
HIGH SCHOOL								
JUNIOR COLLEGE								
COLLEGE OR UNIVERSITY								
OTHER TRAINING SCHOOLS								

2. WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? YES NO
IF YES, EXPLAIN:

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F. 1. **MILITARY STATUS:** HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE UNITED STATES?
 YES NO IF YES, BRANCH:

2. WHAT TYPE OF DISCHARGE DID YOU RECEIVE? BE EXACT.
 HONRABLE DISHONORABLE MEDICAL HONORABLE CONDITIONS
 OTHER IF OTHER, EXPLAIN:

3. WERE YOU EVER COURT MARTIALED, TRIED ON CHARGES, OR WERE YOU THE SUBJECT OF A SUMMARY COURT, DECK COURT, CAPTAIN'S MAST, OR COMPANY PUNISHMENT, OR ANY OTHER DISCIPLINARY ACTION WHILE A MEMBER OF THE ARMED FORCES?
 YES NO IF YES, EXPLAIN:

4. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE U.S. RESERVE OR NATIONAL GUARD? YES NO

5. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR OTHE RESERVE UNIT, EXPLIAN:

6. LIST ANY OTHER INFORMATION PERTIANING TO MILITARY NOT REQUESTED ABOVE.

G. EMPLOYMENT: LIST BELOW ALL JOBS (FULL TIME, TEMPORARY, AND PART TIME) YOU HAVE EVER HELD. PUT YOUR PRESENT OR MOST RECENT JOB FIRST, INCLUDE MILITARY SERVICE IN PROPER TIME SEQUENCE, AND ALSO ALL PERIODS OF UNEMPLOYMENT.

1. FROM DATE	NAME OF EMPLOYER	JOB TITLE / POSITION	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
TO DATE	ADDRESS	NAME OF SUPERVISOR	NAME OF CO-WORKER
SALARY/MO.	CITY, STATE, ZIP CODE	PHONE ()	REASON FOR LEAVING
LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU.			

I HAVE OBJECTIONS TO YOUR MAKING INQUIRIES OF MY PRESENT EMPLOYER. YES NO
 I REALIZE THAT BECAUSE OF THIS, MY BACKGROUND INVESTIGATION MAY BE DELAYED.
 REASON:

2. FROM DATE	NAME OF EMPLOYER	JOB TITLE / POSITION	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
TO DATE	ADDRESS	NAME OF SUPERVISOR	NAME OF CO-WORKER
SALARY/MO.	CITY, STATE, ZIP CODE	PHONE ()	REASON FOR LEAVING
LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU.			

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LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU.			

2. FROM DATE	NAME OF EMPLOYER	JOB TITLE / POSITION	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
TO DATE	ADDRESS	NAME OF SUPERVISOR	NAME OF CO-WORKER
SALARY/MO.	CITY, STATE, ZIP CODE	PHONE ()	REASON FOR LEAVING
LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU.			

EMPLOYMENT (cont'd)

8. WERE YOU EVER DISCHARGED, TERMINATED, FIRED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE? YES NO

IF YES, EXPLAIN, GIVING NAME AND ADDRESS OR EMPLOYER, APPROXIMATE DATE, AND REASONS IN EACH CASE:

9. HAVE YOUR EMPLOYERS ALWAYS TREATED YOU FAIRLY? YES NO
IF NOT EXPLAIN:

10. DO YOU OBJECT TO WEARING A UNIFORM? YES NO; DO YOU OBJECT TO BEING ASSIGNED TO SHIFT WORK? YES NO; HAVE YOU HAD EXPERIENCE WITH SHIFT WORK? YES NO

11. HAVE YOU EVER RECEIVED WELFARE, ADC (AID TO DEPENDANT CHILDREN; FOOD STAMPS, GENERAL RELIEF, ENERGY ASSISTANCE PROGRAMS, MEDICAIDE, ETC.? YES NO IF YES, GIVE DETAILS:

TYPE OF ASSISTANCE	LOCAL OFFICE	COMPLETE ADDRESS	STARTING DATE	ENDING DATE

12. CIVIL SERVICE – LIST BELOW EVERY CIVIL SERVICE EXAMINATION YOU HAVE TAKEN.

AGENCY (CITY AND STATE)	APPROX. DATE	POSITION APPLIED FOR	POSITION ON LIST	PRESENT STATUS

13. ARE YOU **NOW** ON AN ELIGIBILITY LIST? YES NO IF YES, GIVE DETAILS:

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14. IF YOU WERE ON AN ELIGIBILITY LIST AND WERE NOT HIRED, STATE WHY, IF KNOWN:

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15. WERE YOU EVER REJECTED FOR ANY CIVIL SERVICE POSITION? YES NO
IF YES, STATE REASONS WHY, IF KNOWN:

16. **EMPLOYMENT (cont'd):** HAVE YOU EVER SUBMITTED AN APPLICATION WITH ANY OTHER LAW ENFORCEMENT AGENCY?

YES NO IF YES, LIST BELOW:

NAME OF AGENCY	ADDRESS	CITY & STATE	APPROX. DATE

H. 1. **TRAFFIC HISTORY:** CAN YOU OPERATE A MOTOR VEHICLE? YES NO

DRIVER'S LICENSE NO.	RESTRICTIONS	CLASS NO.	DATE ISSUED	YEAR EXPIRES

2. DID YOU EVER POSSESS A DRIVER'S LICENSE ISSUED BY ANY OTHER STATE OTHER THAN OHIO?

YES NO IF YES, GIVE:

STATE	DRIVER'S LICENSE NO.	DATE ISSUED	YEAR EXPIRES	TYPE	RESTRICTIONS

3. AT ANY TIME WAS YOUR DRIVER'S LICENSE EVER **SUSPENDED** OR **REVOKED**?

YES NO IF YES, GIVE:

STATE WHERE SUSPENDED OR REVOKED	DATE OF SUSPENSION OR REVOCATION	LENGTH OF SUSPENSION OR REVOCATION	REASON(S)

4. AT ANY TIME, HAS YOUR DRIVER'S LICENSE EVER BEEN RESTRICTED DUE TO TRAFFIC OFFENSE CONVICTIONS OR PLACED ON NEGLIGENT OPERATOR'S PROBATION? YES NO

IF YES, GIVE DETAILS:

5. HAVE YOU EVER BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT? YES NO IF YES, LIST BELOW:

DATE OF ACCIDENT	POLICE REPORT MADE	POLICE AGENCY	LOCATION OF ACCIDENT	WHO CHARGED WITH ACCIDENT	COURT DISPOSITION
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				

CONTINUATION PAGE: CRIMINAL/CIVIL HISTORY (cont'd):

2. HAVE YOU EVER BEEN PLACED ON PROBATION? YES NO
 IF YES, GIVE DETAILS:

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3. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE OTHER THAN THOSE PREVIOUSLY MENTIONED (E.G. HEALTH DEPT., DOG WARDEN, ETC.)? YES NO IF YES, GIVE DETAILS:

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4. HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY?
 YES NO IF YES, LIST BELOW:

DATE	LOCATION CITY & STATE	POLICE AGENCY (WHERE REPORTED)	DETAILS AND OUTCOME OF INCIDENT

5. HAS ANY MEMBER OF YOUR FAMILY, CLOSE RELATIVES, IN-LAWS, ANYONE ELSE YOU ARE CLOSELY ASSOCIATED WITH OR PEOPLE WITH WHOM YOU LIVED, EVER BEEN ARRESTED FOR OR CONVICTED OF A CRIMINAL OFFENSE?
 YES NO IF YES, LIST BELOW:

DATE	NAME AND RELATION	BIRTHDATE	WHERE ARRESTED	OFFENSE	DISPOSTION OF CASE

6. HAVE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY OR ANYONE ELSE WITH WHOM YOU LIVE EVER BEEN A VICTIM OF A CRIME? YES NO IF YES, LIST BELOW:

DATE	NAME AND RELATION	NATURE OF CRIME & LOCATION	POLICE AGENCY (WHERE REPORTED)	DISPOSITION OF CASE

7. HAVE YOU EVER BEEN FINGERPRINTED BY A LAW ENFORCEMENT AGENCY OTHER THAN FOR AN ARREST?
 YES NO IF YES, LIST BELOW: (YOUR ANSWERS WILL BE CHECKED WITH THE F.B.I. AND OTHER AGENCIES.)

DATE	LAW ENFORCEMENT AGENCY & LOCATION	PURPOSE OF FINGERPRINTS

THE FOLLOWING QUESTIONS WITH REFERENCES TO EX-SPOUSE APPLY ONLY TO PERIOD DURING WHICH HE/SHE WAS MARRIED TO YOU AND LIVING WITH YOU.

8. HAVE YOU, YOUR SPOUSE OR EX-SPOUSE EVER HAD YOUR WAGES GARNISHEED?
 YES NO IF YES, GIVE DETAILS:

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CRIMINAL/CIVIL HISTORY (cont'd)

9. HAVE YOU, YOUR SPOUSE OR EX-SPOUSE EVER FILED FOR BANKRUPTCY UNDER STATE OR FEDERAL LAW? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST BELOW:					
DATE	LOCATION & COURT WHERE FILED	AMOUNT	DATE OF DISCHARGE		
10. HAVE YOU, YOUR SPOUSE OR EX-SPOUSE EVER FAILED TO FILE OR PAY REQUIRED MUNICIPAL, STATE OR FEDERAL INCOME TAX RETURNS AND/OR TAXES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS:					
11. HAVE YOU, YOUR SPOUSE OR EX-SPOUSE EVER BEEN SUED BY ANYONE (CIVIL COURT DEFENDANT) IN ANY COMMON PLEAS, COUNTY, MUNICIPAL OR SMALL CLAIMS COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST BELOW:					
DATE	WHAT COURT AND WHERE	OTHER PARTY INVOLVED (PLAINTIFF)	WHO WAS JUDGE-MENT AGAINST	AMOUNT OF JUDGEMENT	
12. DO YOU OR YOUR SPOUSE HAVE ANY IMMEDIATE CIVIL ACTION PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS:					
13. AS A RESULT OF A COURT ORDER, ARE YOU REQUIRED TO PAY CHILD SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS:					
DATE OF COURT ORDER	ARE YOU CURRENT (YES OR NO)	ARE YOU IN ARREARS? (YES OR NO)	AMOUNT OF ARREARAGES	DATE OF LAST PAYMENT	AMOUNT OF LAST PAYMENT
COMMENTS:					
14. IS THERE A LIEN AGAINST ANY OF YOUR PERSONAL PROPERTY OR REAL ESTATE NOT COVERED ON THIS PAGE OR FOLLOWING PAGE (E.G. TAX LIENS, MECHANICS LIENS, ETC.)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS:					
NAME OF LIEN HOLDER			DESCRIPTION OF PROPERTY		
15. ARE THERE ANY FINANCIAL PROBLEMS IN YOUR BACKGROUND THAT ARE NOT COVERED ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS:					

J. FINANCIAL HISTORY: LIST ALL FINANCIAL OBLIGATIONS FOR WHICH YOU ARE RESPONSIBLE. IF YOU HAVE NO CURRENT DEBTS, LIST PAID-UP ACCOUNTS, LIST ALL CREDIT CARDS PAST & PRESENT.

1. TO WHOM OWED (CREDITOR)	TYPE OF BUSINESS	DATE INCURRED	ORIGINAL AMT.
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)	LATE PAYMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR DEBT	AMT. NOW OWED
2. TO WHOM OWED (CREDITOR)	TYPE OF BUSINESS	DATE INCURRED	ORIGINAL AMT.
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)	LATE PAYMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR DEBT	AMT. NOW OWED
3. TO WHOM OWED (CREDITOR)	TYPE OF BUSINESS	DATE INCURRED	ORIGINAL AMT.
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)	LATE PAYMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR DEBT	AMT. NOW OWED
4. TO WHOM OWED (CREDITOR)	TYPE OF BUSINESS	DATE INCURRED	ORIGINAL AMT.
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)	LATE PAYMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR DEBT	AMT. NOW OWED
5. TO WHOM OWED (CREDITOR)	TYPE OF BUSINESS	DATE INCURRED	ORIGINAL AMT.
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)	LATE PAYMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR DEBT	AMT. NOW OWED
6. TO WHOM OWED (CREDITOR)	TYPE OF BUSINESS	DATE INCURRED	ORIGINAL AMT.
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)	LATE PAYMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR DEBT	AMT. NOW OWED
7. TO WHOM OWED (CREDITOR)	TYPE OF BUSINESS	DATE INCURRED	ORIGINAL AMT.
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)	LATE PAYMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR DEBT	AMT. NOW OWED
9. TO WHOM OWED (CREDITOR)	TYPE OF BUSINESS	DATE INCURRED	ORIGINAL AMT.
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)	LATE PAYMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR DEBT	AMT. NOW OWED
10. WHAT IS YOUR TOTAL INDEBTEDNESS AT THE PRESENT TIME? \$ _____			
11. HAVE YOUR CREDITORS TREATED YOU FAIRLY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:			

K. 1. ALCOHOL AND DRUG USAGE HISTORY: DO YOU PRESENTLY DRINK ALCOHOLIC BEVERAGES?
 YES NO IF YES, TO WHAT DEGREE? (IDENTIFY ALL ALCOHOLIC BEVERAGES USED DAILY, WEEKLY, MONTHLY):

2. DO YOU PRESENTLY USE MARIJUANA? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MANY TIMES AND WHEN WAS THE LAST TIME YOU USED MARIJUANA (EXPLAIN THE CIRCUMSTANCES)?

CHARACTER REFERENCES (cont'd)

5. COMPLETE NAME OF REFERENCE	YEARS KNOWN	PLACE OF EMPLOYMENT	
STREET ADDRESS		EMPLOYMENT ADDRESS	
CITY, STATE, ZIP CODE	HOME PHONE	CITY, STATE ZIP CODE	BUSINESS PHONE
6. COMPLETE NAME OF REFERENCE	YEARS KNOWN	PLACE OF EMPLOYMENT	
STREET ADDRESS		EMPLOYMENT ADDRESS	
CITY, STATE, ZIP CODE	HOME PHONE	CITY, STATE ZIP CODE	BUSINESS PHONE
7. COMPLETE NAME OF REFERENCE	YEARS KNOWN	PLACE OF EMPLOYMENT	
STREET ADDRESS		EMPLOYMENT ADDRESS	
CITY, STATE, ZIP CODE	HOME PHONE	CITY, STATE ZIP CODE	BUSINESS PHONE
8. COMPLETE NAME OF REFERENCE	YEARS KNOWN	PLACE OF EMPLOYMENT	
STREET ADDRESS		EMPLOYMENT ADDRESS	
CITY, STATE, ZIP CODE	HOME PHONE	CITY, STATE ZIP CODE	BUSINESS PHONE
N. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH MAY BE REQUIRED OF YOU IN LAW ENFORCEMENT OR WHICH MIGHT REQUIRE YOU TO FUTHER EXPLAIN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:			

O. REMARKS – ANY COMMENTS THAT YOU THINK ARE IMPORTANT?

P. I HEREBY CERTIFY THAT THERE ARE NOT WILLFUL MISREPRESENTATIONS OR OMISSIONS IN, OR FALSIFICATIONS OF THE PRECEDING STATEMENTS AND ANSWERS, I AM FULLY AWARE THAT SHOULD INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS, FALSIFICATIONS, OR OMISSIONS IN ANY DOCUMENTS I SUBMIT OR STATEMENTS I MAKE AS PART OF THE APPLICATION PROCESS, MY FUTURE POSITION IN THE SERVICE OF THE ROSSFORD POLICE DEPARTMENT. IF, AFTER MY ACCEPTANCE FOR EMPLOYMENT, SUBSEQUENT INVESTIGATION SHOULD DISCLOSE MISREPRESENTATION, FALSIFICATION, OR OMISSION, IT WILL BE JUST CAUSE FOR IMMEDIATE DISMISSAL. I UNDERSTAND THAT THIS IS A CONTINUING INVESTIGATION AND AGREE TO NOTIFY THE ROSSFORD POLICE DEPARTMENT OF ANY ADDRESS, JOB OR MARITAL STATUS CHANGE, OR ANY OTHER INFORMATION THAT MAY REFLECT ANY CHANGES OR ADDITIONS IN THIS PERSONAL HISTORY QUESTIONNAIRE.

SIGNATURE IN FULL DATE

WITNESSED BY DATE