



## PERSONAL HISTORY STATEMENT

### **PLEASE READ CAREFULLY BEFORE PROCEEDING**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will assist in determining your eligibility for employment with the City of Sharonville.

- **HONESTY IS VERY IMPORTANT!** You must provide as much information as possible and should be as detailed as possible.
- The Personal History Statement **MUST** be completed by you, the applicant.
- **YOUR PERSONAL HISTORY STATEMENT MUST BE PRINTED LEGIBLY IN BLUE INK AND SIGNED BY YOU ON THE LAST PAGE.**
- If a question is not applicable to you, enter N/A in the space provided. **Do not leave any questions blank.**
- If there is insufficient space on the form for you to include all information required, use the remarks section (SECTION F) for the additional information. Be sure to reference the relevant section and question number with your answer (i.e. A5: .....).
- **Deliberate omissions or falsifications can result in a withdrawal of your conditional offer of employment.**

### **REQUESTED DOCUMENTATION**

Once you have completed your Personal History Statement, the following documentation must be returned with the completed statement to the Human Resources Office. Other documentation may be requested depending upon your situation and should be submitted with this information.

- Driver's License
- Social Security Card
- Completed I-9 Form
- Completed Ohio Declaration of Material Assistance Form



## AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

I, \_\_\_\_\_, hereby authorize *the City of Sharonville, Ohio* and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer report/investigative report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I certify that the personal identifiers provided by me are accurate and I voluntarily and knowingly authorize the Sharonville Police Department to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me. I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction, and juvenile delinquency adjudication records to the City of Sharonville. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I, and their employees from all claims and liability related to this authorized criminal record review and dissemination.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish *the City of Sharonville, Ohio* or its designated agents with any and all information in their possession regarding me in connection with an application of employment, and I will not hold any such entity liable for disclosing any knowledge or information that they may have concerning me which may be requested. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release *the City of Sharonville, Ohio* and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, and any person, agency, company, organization, or firm furnishing information to representatives of *the City of Sharonville, Ohio*, from any and all liability for damages of whatever kind, which may at anytime result to me, my heirs, family or associates because of compliance with this authorization and request to release. I understand that a copy of this authorization may be given at any time. This authorization and waiver shall be valid for one year from the date this background check is conducted.

**I understand that, pursuant to the Federal Fair Credit Reporting Act, if any adverse action is to be taken based upon a consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.**

<b>DATE OF BIRTH</b>	<b>SOCIAL SECURITY NUMBER</b>
Month/Day/Year	
<b>SIGNATURE</b>	<b>DATE OF SIGNATURE</b>

## SECTION A APPLICANT IDENTIFICATION

INFORMATION PROVIDED IN THIS SECTION IS FOR IDENTIFICATION PURPOSES ONLY

<b>1. YOUR NAME</b>				
Last	First	Middle	Suffix	
<b>2. DO YOU HAVE ANY ALIASES? If YES, list all other names below:</b>				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>3. HAS YOUR NAME EVER BEEN LEGALLY CHANGED? If YES, list name, date of change, and location of change:</b>				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>4. CURRENT ADDRESS</b>				
Street	City	State	Zip	
<b>5. LEGAL RESIDENCE</b>				
Street	City	State	Zip	
<b>6. HOME PHONE (include area code and indicate hours during which you can be reached here)</b>				
(   )   -		Hours		
<b>7. WORK PHONE (include area code and indicate hours during which you can be reached here)</b>				
(   )   -		Hours		
<b>8. OTHER PHONE NUMBERS (specify type, pager or cell phone)</b>				
(   )   -		(   )   -		
<b>9. DATE OF BIRTH</b>		<b>10. SOCIAL SECURITY NUMBER</b>		
Month/Day/Year				
<b>11. PHYSICAL DESCRIPTORS (used for identification purposes only)</b>				
Height	Weight	Eye Color	Hair Color	Scars, Marks, Tattoos
<b>12. CITIZENSHIP</b>				
Are you a United States Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BY BIRTH <input type="checkbox"/> BY NATURALIZATION           If NO, what country?				
<b>13. PLACE OF BIRTH</b>				
City	County	State	Country	
<b>14. RESIDENCY</b>				
Are you an Ohio Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO           If NO, what state?				
<b>15. DRIVER'S LICENSE</b>				
Number	State	Expiration		

## SECTION B FAMILY DATA

<b>1. MARITAL STATUS</b>		
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
<input type="checkbox"/> Separated		
<b>2. SPOUSE</b>		
Name	Maiden Name	Date of Birth
<b>3. SPOUSE'S EMPLOYMENT</b>		
Company Name	Address	Phone
<b>4. DO YOU HAVE ANY OBJECTIONS TO OUR CONTACTING YOUR SPOUSE?</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>5. ARE YOU RESPONSIBLE FOR PAYING COURT ORDERED CHILD SUPPORT?   <input type="checkbox"/> YES   <input type="checkbox"/> NO   If YES, list below:</b>		
TO WHOM:	FREQUENCY PAID:	AMOUNT PAID:

## SECTION C MISCELLANEOUS AFFILIATIONS

<b>1. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF OR ESPOUSED THE BASIC TENETS AND BELIEFS OF:</b>		
<p>A. An organization that to your present knowledge seeks the overthrow of the constitutional form of government of the United States by force, violence, or other unlawful means?   <input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>B. Any militant or hate based organization (such as KKK, Arian Nation, Black Panthers, etc.)   <input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>If you answered YES to any question, explain:</p>          		
<b>2. INDICATE BELOW ANY ORGANIZATIONS THAT YOU HAVE BEEN A MEMBER OF, PAST OR PRESENT:</b>		
Name of Organization	Location	Type of Organization (Social, Fraternal, Professional, etc.)

## SECTION D RESIDENCE DATA

**INSTRUCTIONS:** LIST ALL ADDRESSES WHERE YOU HAVE LIVED DURING THE LAST TEN YEARS. BEGIN WITH YOUR PRESENT ADDRESS. LIST THE MONTH AND YEAR FOR DATES AND INCLUDE APARTMENT NUMBERS IF YOU LIVED IN AN APARTMENT. INCLUDE YOUR MAILING AND/OR STREET ADDRESS DURING ANY PERIODS OF MILITARY SERVICE. IF YOU NEED ADDITIONAL SPACE, USE THE REMARKS SECTION.

1. PRESENT ADDRESS						
From	To	Location of Residence				
	<b>PRESENT</b>	Address	City	State	Zip	
<b>DO YOU RESIDE WITH:</b> <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input type="checkbox"/> OTHER – If other, list name(s) below:						
Name			Relationship			
<b>DO YOU:</b> <input type="checkbox"/> OWN <input type="checkbox"/> RENT   If you rent this residence, list the landlord/owner information below:						
Name	Address		City	State	Zip	Phone

  

2. PREVIOUS ADDRESS						
From	To	Location of Residence				
		Address	City	State	Zip	
<b>DID YOU RESIDE WITH:</b> <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input type="checkbox"/> OTHER – If other, list name(s) below:						
Name			Relationship			
<b>DID YOU:</b> <input type="checkbox"/> OWN <input type="checkbox"/> RENT   If you rented this residence, list the landlord/owner information below:						
Name	Address		City	State	Zip	Phone
<b>DID YOU LEAVE THIS RESIDENCE ON GOOD TERMS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO   Indicate your reason for leaving below:						

  

3. PREVIOUS ADDRESS						
From	To	Location of Residence				
		Address	City	State	Zip	
<b>DID YOU RESIDE WITH:</b> <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE AND CHILDREN, IF ANY <input type="checkbox"/> OTHER – If other, list name(s) below:						
Name			Relationship			
<b>DID YOU:</b> <input type="checkbox"/> OWN <input type="checkbox"/> RENT   If you rented this residence, list the landlord/owner information below:						
Name	Address		City	State	Zip	Phone
<b>DID YOU LEAVE THIS RESIDENCE ON GOOD TERMS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO   Indicate your reason for leaving below:						

**SECTION E  
LEGAL / MOTOR VEHICLE**

<b>1. HAVE YOU EVER BEEN:</b>					
<p>A. Convicted of a crime?   <input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>B. Required to appear before a juvenile court for an act which would have been a crime if committed by an adult and adjudicated (convicted) on that act?</p> <p style="padding-left: 20px;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</p>					
<p>If you answered YES to either of the above questions, give complete details to include crime charged and convicted of, investigating agency, date of offense, and disposition:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>					
<b>2. DO YOU HAVE ANY CHARGES PENDING AGAINST YOU FROM A LAW ENFORCEMENT AGENCY?</b>					
<p><input type="checkbox"/> YES   <input type="checkbox"/> NO   If YES, explain:</p>					
<b>3. HAVE YOU EVER HAD A COURT ORDERED FINANCIAL JUDGEMENT AGAINST YOU OR HAVE YOU EVER FILED BANKRUPTCY?</b>					
<p><input type="checkbox"/> YES   <input type="checkbox"/> NO   If YES, give details:</p>					
<b>4. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?</b>					
<p><input type="checkbox"/> YES   <input type="checkbox"/> NO   If YES, give the date, location, and reason:</p>					
<b>5. LIST BELOW ANY STATES IN WHICH YOU HAVE BEEN ISSUED A DRIVER'S LICENSE AND INDICATE THE STATUS:</b>					
<b>6. HAS YOUR VEHICLE REGISTRATION EVER BEEN SUSPENDED, REFUSED, OR REVOKED?</b>					
<p><input type="checkbox"/> YES   <input type="checkbox"/> NO   If YES, give the date, location, and reason:</p>					
<b>7. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE?</b>					
<p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p>					
<b>8. INDICATE BELOW ALL TRAFFIC VIOLATIONS OR CITATIONS (EXCLUDING PARKING TICKETS) THAT YOU HAVE RECEIVED AS AN ADULT OR JUVENILE:</b>					
Date	Violation/Charge	Location (City/State)	Police Agency	Final Disposition	Fine Amount





CITY OF SHARONVILLE, OHIO

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## CERTIFICATION OF INFORMATION

I, the undersigned, do hereby attest that the information I have provided in the preceding pages is truthful and complete to the best of my ability and does not knowingly contain any material misrepresentation of fact. I understand that the information collected is for the purposes of conducting a background investigation to determine my eligibility for employment with the City of Sharonville and that if I refuse to provide the requested information my conditional offer of employment will be rescinded.

I affirm that I have read and understand the job requirements and job descriptions of the position for which I have applied and been given a conditional offer of employment.

I also understand that I will be disqualified from further consideration at any point in the process and that my conditional offer of employment will be rescinded for providing false information or for deliberately omitting or concealing information from my background.

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APPLICANT SIGNATURE

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DATE