



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

BACKGROUND INVESTIGATION QUESTIONNAIRE

POSITION APPLYING FOR

PERSONAL INFORMATION

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME
CURRENT STREET ADDRESS	CITY	
COUNTY	STATE	ZIP
		HOW LONG AT THIS ADDRESS? YEARS MONTHS

WHERE WERE YOU BORN?	NAME OF HOSPITAL
ADDRESS OF HOSPITAL	

HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER
CURRENT E-MAIL ADDRESSES	PAST E-MAIL ADDRESSES	

YES NO Are you a United States citizen?

IF YOU ARE A NATURALIZED CITIZEN PLEASE PROVIDE DETAILS.

YES NO Do you currently reside in Ohio?

YES NO Have you ever resided outside of the State of Ohio?

WHERE	WHY	HOW LONG YEARS MONTHS
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LIST ALL PAST ADDRESSES FROM BIRTH TO PRESENT (INCLUDE APPROXIMATE DATES).

OWN RENT Do you own or rent your home?

GIVE THE NAME, ADDRESS, AND PHONE NUMBER OF YOUR LANDLORD(S).

YES NO Have you ever used an alias?

YES NO Have you ever changed your name?

YES NO Have you ever had a nickname?

IF YES, LIST NICKNAMES.

WHAT IS YOUR MARITAL STATUS? (SINGLE, MARRIED, DIVORCED, ETC.)

WITH WHOM DO YOU LIVE

NAME First, Middle, Last	DATE OF BIRTH XX/XX/XXXX	TELEPHONE NUMBER (###) ###-###	RELATIONSHIP Father, Mother, Other Significant Other, etc	DRIVER LICENSE NUMBER

IF ANY RELATIONSHIP IS LISTED AS OTHER, PLEASE EXPLAIN.

IF YOU DO NOT LIVE WITH YOUR IMMEDIATE FAMILY, LIST ALL NAMES, ADDRESSES, DATES OF BIRTH, PHONE NUMBERS, AND DRIVER LICENSE NUMBER.

MARITAL STATUS

YES NO Are you currently married or have you ever been married?

HOW MANY TIMES HAVE YOU BEEN MARRIED?	WHERE WAS THE MARRIAGE LICENSE ISSUED?	DATE OF MARRIAGE
WHERE DID THE MARRIAGE TAKE PLACE? (LOCATION AND ADDRESS)		
NAME OF SPOUSE	DATE OF BIRTH	TELEPHONE NUMBER
ADDRESS		
MAIDEN NAME	OCCUPATION	
NAME AND ADDRESS OF EMPLOYER		

YES NO Are you engaged to be married?

NAME OF FIANCE	DATE OF BIRTH	TELEPHONE NUMBER
ADDRESS		
MAIDEN NAME	OCCUPATION	
NAME AND ADDRESS OF EMPLOYER		

<input type="checkbox"/> YES <input type="checkbox"/> NO Are you cohabitating with someone?		
NAME OF INDIVIDUAL	DATE OF BIRTH	TELEPHONE NUMBER
ADDRESS		
MAIDEN NAME	OCCUPATION	
NAME AND ADDRESS OF EMPLOYER		

<input type="checkbox"/> YES <input type="checkbox"/> NO Are you widowed?		
NAME OF SPOUSE	DATE OF BIRTH	DATE OF DEATH
MAIDEN NAME	TIME FRAME OF MARRIAGE	

<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been divorced?		IF YES, HOW MANY TIMES?
NAME OF EX-SPOUSE	DATE OF MARRIAGE	DATE OF DIVORCE
THROUGH WHAT COURT WAS THE DIVORCE HANDLED?	DATE OF BIRTH	TELEPHONE NUMBER
ADDRESS		
MAIDEN NAME	OCCUPATION	
NAME AND ADDRESS OF EMPLOYER		

<input type="checkbox"/> YES <input type="checkbox"/> NO Are you responsible for paying alimony or child support?	
IF YES, LIST NAME, RELATIONSHIP, AND AGE	

<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever had legal action filed against you for not paying child support or alimony; or have you ever had legal action filed for being late?	
IF YES, EXPLAIN	

APPEARANCE STANDARDS

<input type="checkbox"/> YES <input type="checkbox"/> NO Do you have any tattoos, brandings, body art or intentional body modifications?	
LOCATION ON BODY	WHAT DOES THE TATTOO, BRANDING OR BODY ART DEPICT?
HOW LARGE IS THE TATTOO, BRANDING OR BODY ART?	WILL IT BE VISIBLE IN A UNIFORM SHIRT?
<input type="checkbox"/> YES <input type="checkbox"/> NO Are you willing to have it removed?	
<input type="checkbox"/> YES <input type="checkbox"/> NO Do you associate with any gangs or extremist groups?	
EXPLAIN	

EDUCATION

WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE RECEIVED? (HIGH SCHOOL, SOME COLLEGE, BACHELOR'S DEGREE, ETC.)		
NAME OF HIGH SCHOOL FROM WHICH YOU GRADUATED	TELEPHONE NUMBER	DATE OF GRADUATION
ADDRESS OF HIGH SCHOOL FROM WHICH YOU GRADUATED		

LIST IN ORDER OF YEAR ALL COLLEGES YOU ATTENDED (INCLUDE THE NAMES, ADDRESSES, TELEPHONE NUMBERS AND DATES)	
NAME OF COLLEGE FROM WHICH YOU GRADUATED	DATE OF GRADUATION
WHAT WAS YOUR MAJOR IN COLLEGE?	WHAT WAS YOUR MINOR IN COLLEGE?

LIST THE NAMES, ADDRESS, PHONE NUMBER AND DATES OF ATTENDANCE OF ANY ADDITIONAL EDUCATION YOU HAVE RECEIVED (CAREER CENTER, TRADE-SPECIFIC SCHOOL, ETC.)
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EMPLOYMENT (LIST ALL PREVIOUS EMPLOYERS TO INCLUDE)

- Employer name
- Address & phone number
- Dates worked (month and year)
- Your job title at this location
- Your position and brief summary of duties
- What was your ending salary and pay schedule? (hourly, weekly, bi-weekly, etc)
- Who was your immediate Supervisor?
- Was this a full time, part time, or temporary position?
- Reason or circumstances for leaving
- Explain gaps larger than one month between employments

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EMPLOYMENT APPLICATIONS WITH OTHER CRIMINAL JUSTICE AGENCIES

AGENCY NAME	DATE OF APPLICATION MO / YR	STATUS OF APPLICATION
	/	<SELECT>

MILITARY

<input type="checkbox"/> YES <input type="checkbox"/> NO Were you in the military?		
BRANCH	DATE OF ENTRY	DATE OF EXIT

WHAT WAS THE NATURE OF YOUR MILITARY DISCHARGE? (HONORABLE, DISHONORABLE, GENERAL DISCHARGE, ETC.)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Was your discharge negative in nature?
IF YES, EXPLAIN	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Were you ever investigated, disciplined, or arrested during your career in the military?
IF YES, EXPLAIN	

FINANCIAL RECORDS AND EXPENSES

MONTHLY INCOME	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever declared bankruptcy?
WHERE	WHEN
CASE NUMBERS	TOTAL AMOUNT WRITTEN OFF \$
TYPE OF DEBT (CREDIT, MEDICAL, ETC.)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been late on bill payments?
IF YES, EXPLAIN	

DRIVING

<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you currently have a valid driver license?
IF YES, DRIVER LICENSE NUMBER	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever had a driver license in another state?
IF YES, LIST STATE(S)	IF YES, DRIVER LICENSE NUMBER(S)
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have your driving privileges ever been suspended or revoked?
IF YES, EXPLAIN	
LIST ALL TRAFFIC CITATIONS AND APPROXIMATE DATES (MONTH / YEAR)	

AUTOMOTIVE INSURANCE INFORMATION

NAME OF INSURANCE COMPANY	POLICY NUMBER	
INSURANCE COMPANY PHONE NUMBER	ISSUE DATE	EXPIRATION DATE
INSURANCE COMPANY ADDRESS		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been refused auto insurance?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever had high risk insurance?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever operated a vehicle without insurance?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, did you obtain or renew any license plates during that time frame?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you (or your insurance company) ever been sued as a result of a vehicle crash?	
HOW MANY MILES PER YEAR DO YOU DRIVE?		

ASSOCIATES AND REFERENCES

LIST YOUR 3 CLOSEST FRIENDS. (do not list family members)		
NAME	DATE OF BIRTH	PHONE NUMBER
ADDRESS		
OCCUPATION	LENGTH OF TIME KNOWN	

NAME	DATE OF BIRTH	PHONE NUMBER
ADDRESS		
OCCUPATION	LENGTH OF TIME KNOWN	

NAME	DATE OF BIRTH	PHONE NUMBER
ADDRESS		
OCCUPATION	LENGTH OF TIME KNOWN	

LIST 4 REFERENCES. (references CANNOT be family members)		
NAME	DATE OF BIRTH	PHONE NUMBER
ADDRESS		
OCCUPATION	LENGTH OF TIME KNOWN	

NAME	DATE OF BIRTH	PHONE NUMBER
ADDRESS		
OCCUPATION	LENGTH OF TIME KNOWN	

NAME	DATE OF BIRTH	PHONE NUMBER
ADDRESS		
OCCUPATION	LENGTH OF TIME KNOWN	

NAME	DATE OF BIRTH	PHONE NUMBER
ADDRESS		
OCCUPATION	LENGTH OF TIME KNOWN	

<input type="checkbox"/> YES <input type="checkbox"/> NO To your knowledge do any of your associates or references have a criminal history?
IF YES, EXPLAIN

DRUGS, ALCOHOL AND TOBACCO

<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever used drugs?	
LIST DRUGS USED	DATE YOU LAST USED DRUGS
MONTHLY ALCOHOL CONSUMPTION	TYPE OF ALCOHOL CONSUMED
HOW OFTEN DO YOU DRINK UNTIL INTOXICATION?	
<input type="checkbox"/> YES <input type="checkbox"/> NO Do you use tobacco products?	
TYPES OF TOBACCO PRODUCTS	HOW OFTEN

CRIMINAL HISTORY AND FALSIFICATIONS

<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been convicted of a crime? (felony or misdemeanor)		
ARRESTED FOR	LOCATION ARRESTED	DATE ARRESTED
EXPLAIN		
<input type="checkbox"/> YES <input type="checkbox"/> NO Did you make any false claims throughout this document?		

**THE SECTION BELOW IS TO BE COMPLETED BY APPLICANTS FOR SWORN POSITIONS ONLY
(Troopers, Police Officers, and OIU Agents only)****PHYSICIANS, HEALTH AND WELLNESS**

<input type="checkbox"/> YES <input type="checkbox"/> NO Do you have a personal physician?	
PHYSICIAN NAME	PHYSICIAN PHONE NUMBER
PHYSICIAN ADDRESS	
<input type="checkbox"/> YES <input type="checkbox"/> NO Is there any other facility that may have medical records for you?	
<input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT Are you Right or Left handed?	
<input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT Do you shoot right handed or left handed?	
<input type="checkbox"/> YES <input type="checkbox"/> NO Do you wear corrective lenses?	
IF YES, WHAT FOR	
WHAT TYPE OF CORRECTIVE LENSES DO YOU WEAR?	

CHECKLIST

(These things are to be brought with you for your first meeting with the background investigator.)

<input type="checkbox"/> Certified copy of birth certificate.
<input type="checkbox"/> Original social security card.
<input type="checkbox"/> Copy of your high school and College diplomas.
<input type="checkbox"/> Order all of your school transcripts* (see below) Enter the date ordered.
<input type="checkbox"/> Copy of your divorce decree.
<input type="checkbox"/> Copy of DD-214 (Military personnel)
<input type="checkbox"/> Driver license.
<input type="checkbox"/> Copies of court records from lawsuits.
<input type="checkbox"/> Original insurance card.
<input type="checkbox"/> Copies of medical records from family physician.
<input type="checkbox"/> Court order and discharge for bankruptcy(s).
<input type="checkbox"/> Vehicle registration(s).
<input type="checkbox"/> Copy of marriage certificate.

***You MUST supply certified copies of any transcripts (high school & college).**

They should be provided to your Background Investigator in a sealed envelope from the academic institution, or e-mailed / faxed directly to the Background Investigator.

They need to be received within 3 weeks.

This document is to be completed within two business days and returned via e-mail.

Ohio State Trooper Applicants only, submit completed documents to:

ADRecruitProcessing@dps.ohio.gov

ALL other applicants submit completed documents to:

ADOISBackgrounds@dps.ohio.gov

Please include your name in the e-mail subject line.