

City of Circleville

Employee Data Form



Name (full legal name): DOUGLAS ALAN DAVIS Date of Birth: 01-29-1980

Address (city, state & zip): [REDACTED]

Home Phone (include area code): N/A Cell Phone (include area code): [REDACTED]

Social Security Number: [REDACTED] Email Address: ddavis@circlevillepolice.com

Name of school district you live in ZANE TRACE Are you subject to municipal tax outside of the Circleville city limits? yes

Name of Dependant Children	Date of Birth
[REDACTED]	[REDACTED]

Do you wish medical insurance? (full time employees only) If so, please circle coverage type. Single Double Family

Do you wish dental insurance? (full time employees only) If so, please circle coverage type. Single Double Family

Do you wish vision insurance? (full time employees only) If so, please circle coverage type. Single Double Family

Note: Full time employees are eligible for benefits 30 days from the date of hire.

Are you allergic to any medication? If so, list: [REDACTED]

Do you have any known medical conditions? (asthma, diabetes, etc.) [REDACTED]

Are you legally married? No Spouse Name and Day phone: N/A

Drivers' license number: [REDACTED] State issued: OH Do you have a CDL? No

Who should be notified in case of an emergency? (other than your spouse)

Name: [REDACTED] Phone: [REDACTED]

Name: [REDACTED] Phone: [REDACTED]

Completed by HR

11/14-17.39

Job Title: Police Officer Level Entry Rate of Pay: \$ 16.72/HR

Hire Date: 12-29-2013 Employee Number

(Assigned by the Auditor)

City of Circleville HR

DEC 12 2013

**Mid Ohio Psychological Services Inc.**

RECEIVED

FACSIMILE COVER SHEET

DATE	12/12/2013	# OF PAGES INCLUDING COVER	8
TO	City of Circleville HR Attn: Valerie Dilley	FAX NUMBER	740 477-5829
FROM	Robin Rippeth, Ph.D., PCC-S		
RE	Douglas Davis		

PLEASE DELIVER TO THE ABOVE NAMED PERSON AS SOON AS POSSIBLE.**THANK YOU.**

This message is intended for use only by the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by phone and return the original message to us at the address below via the U.S. Postal Service. Thank you.

NOTES/COMMENTS:

Pre-Employment Evaluation

114 RENICK AVENUE CHILLICOTHE, OHIO 45601

VOICE (740)851-4461 FAX (740)851-4157

WWW.MOPSOHIO.COM



Mid-Ohio Psychological Services, Inc.

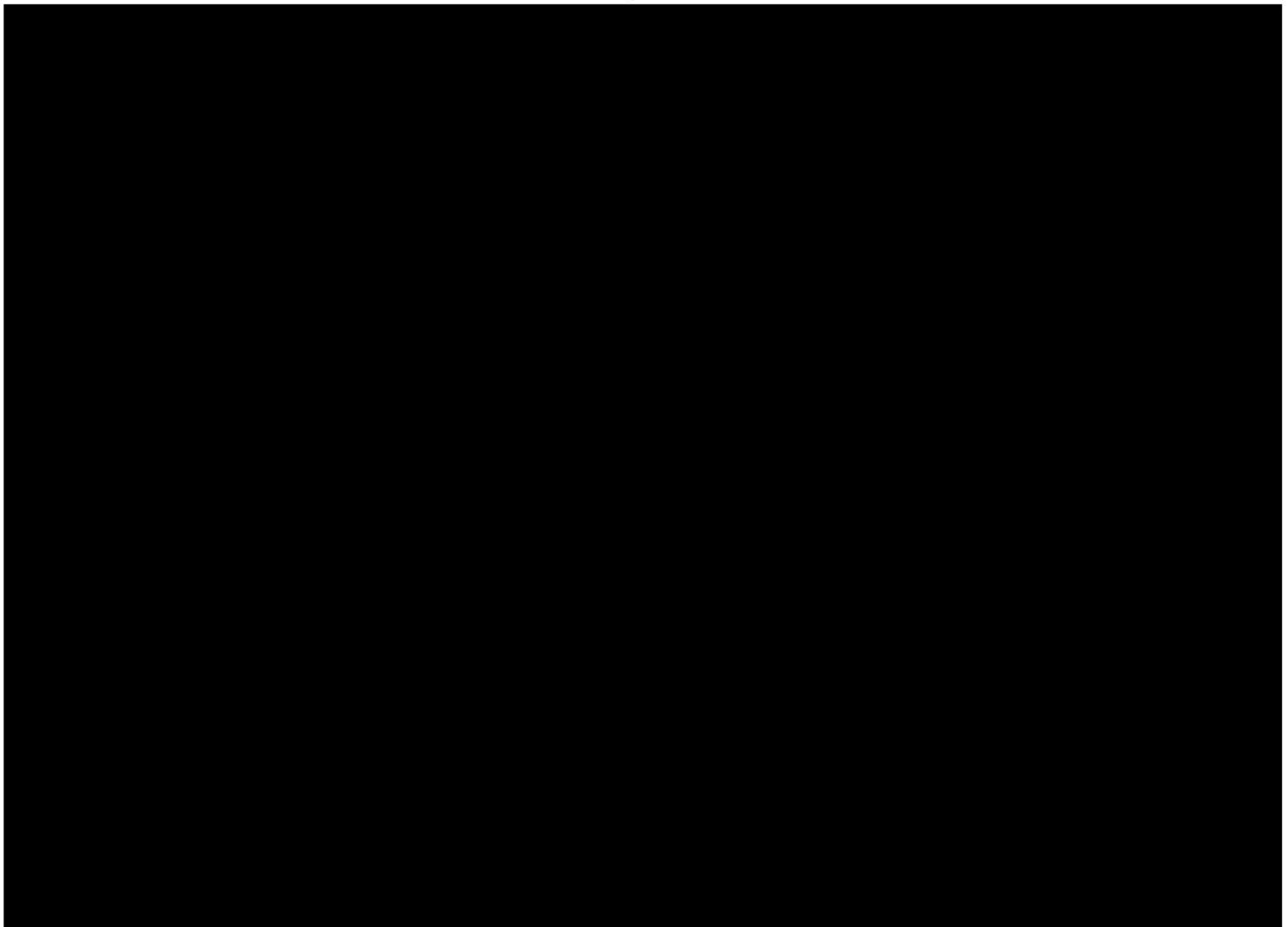
114 Renick Ave, Chillicothe, OH 45601

Voice (740) 851-4461

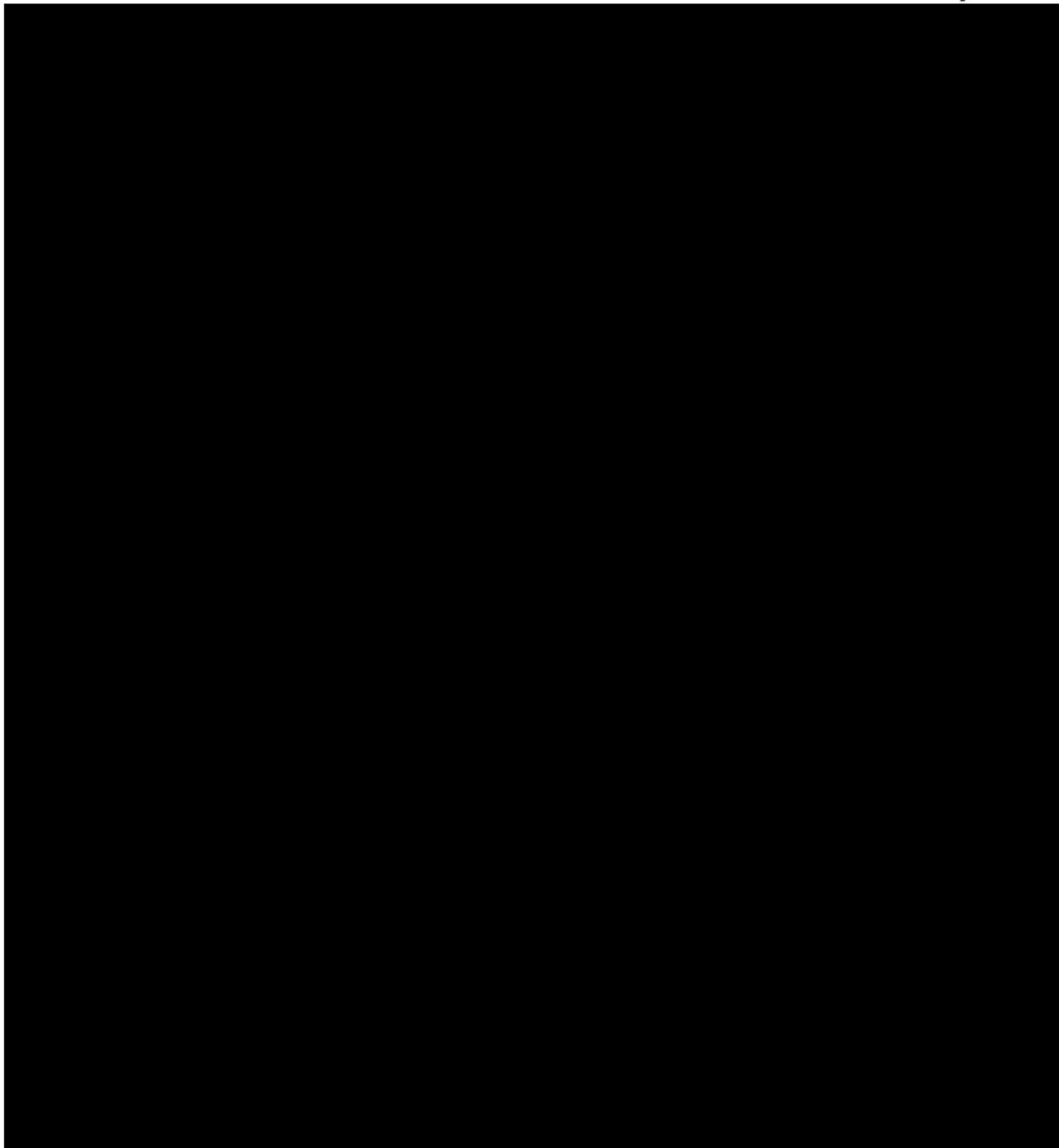
www.mopsohio.com

Fax (740) 851-4157

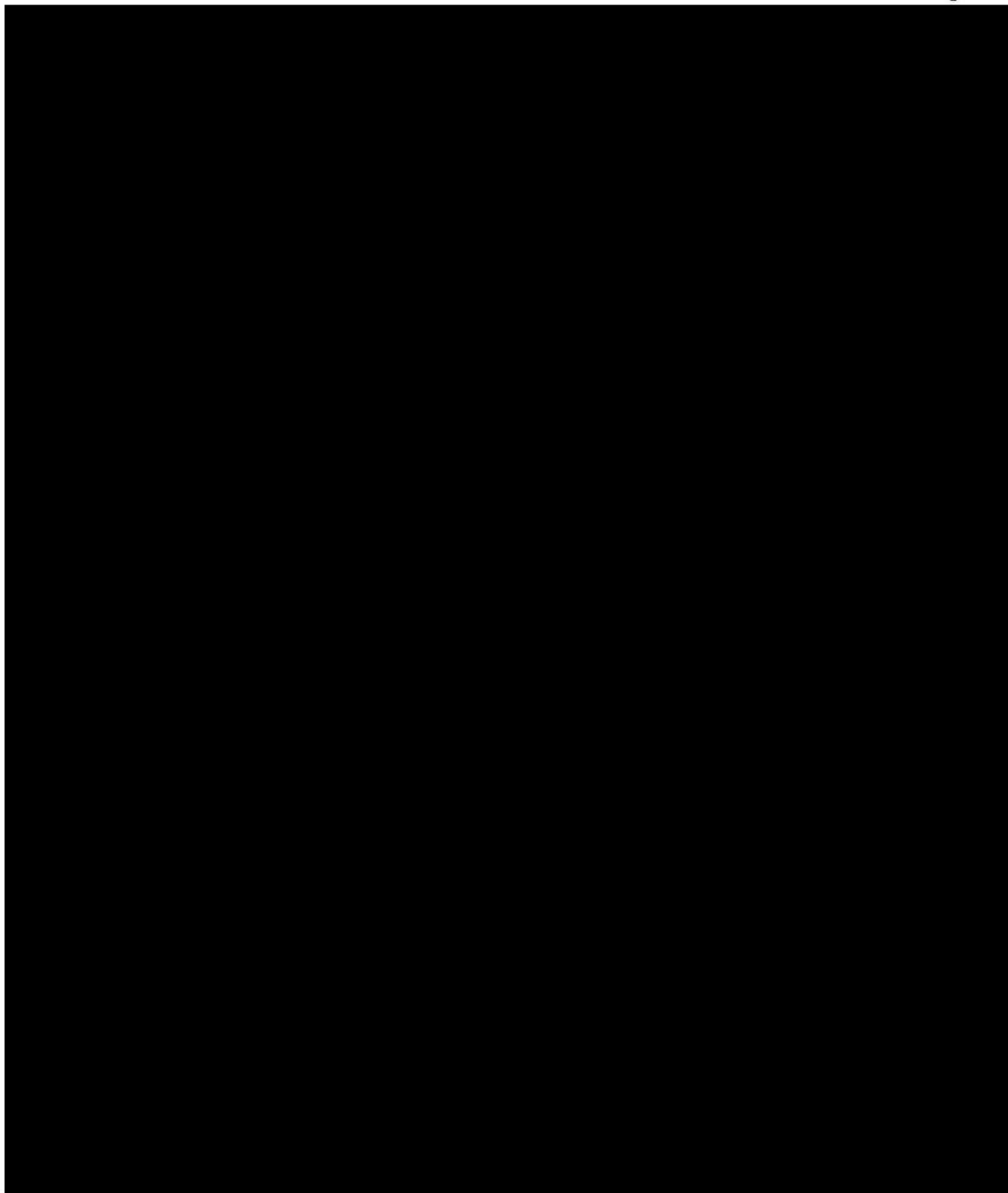
PSYCHOLOGICAL EVALUATION



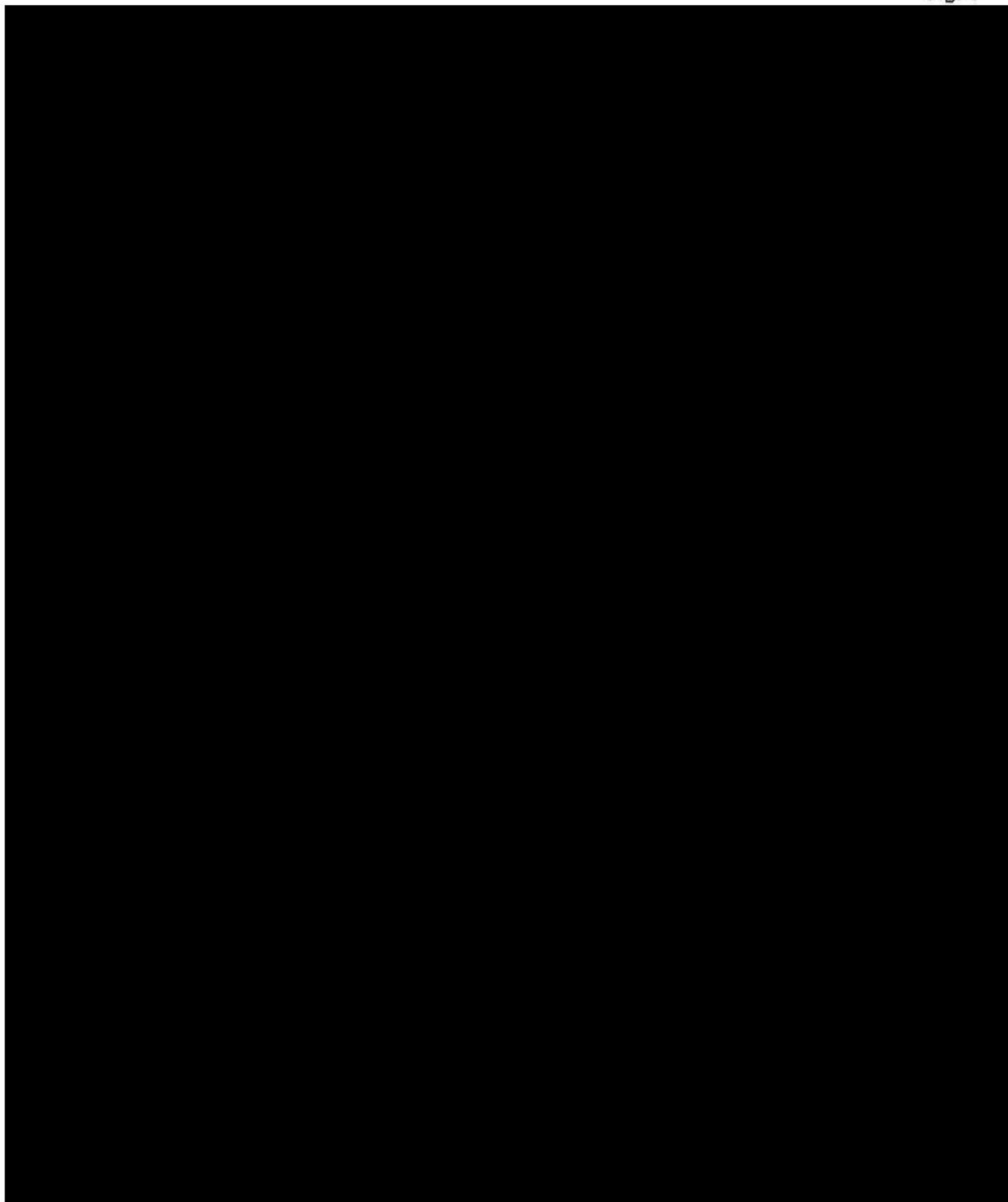
Douglas Alan Davis
Psychological Evaluation
Page 2



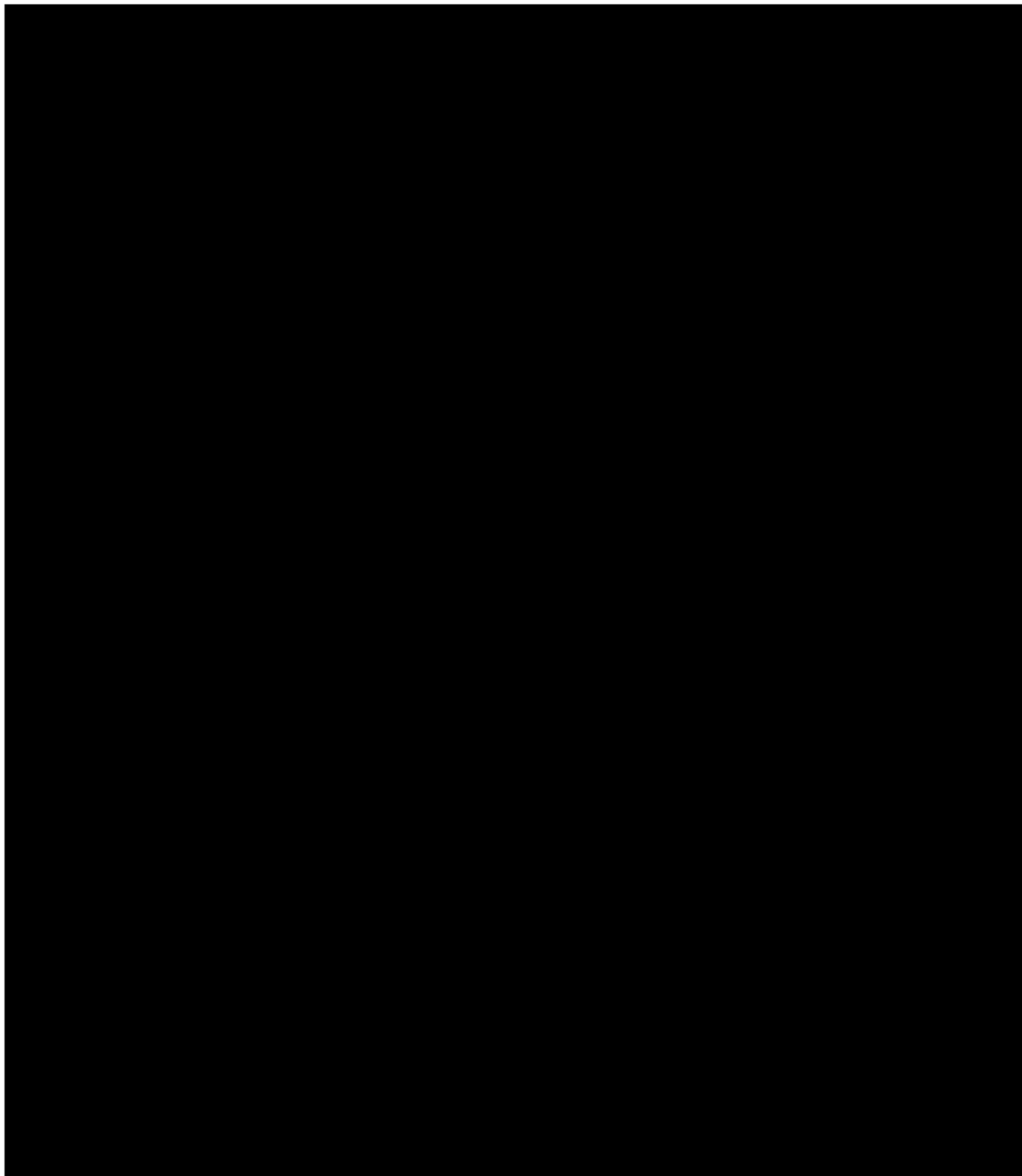
Douglas Alan Davis
Psychological Evaluation
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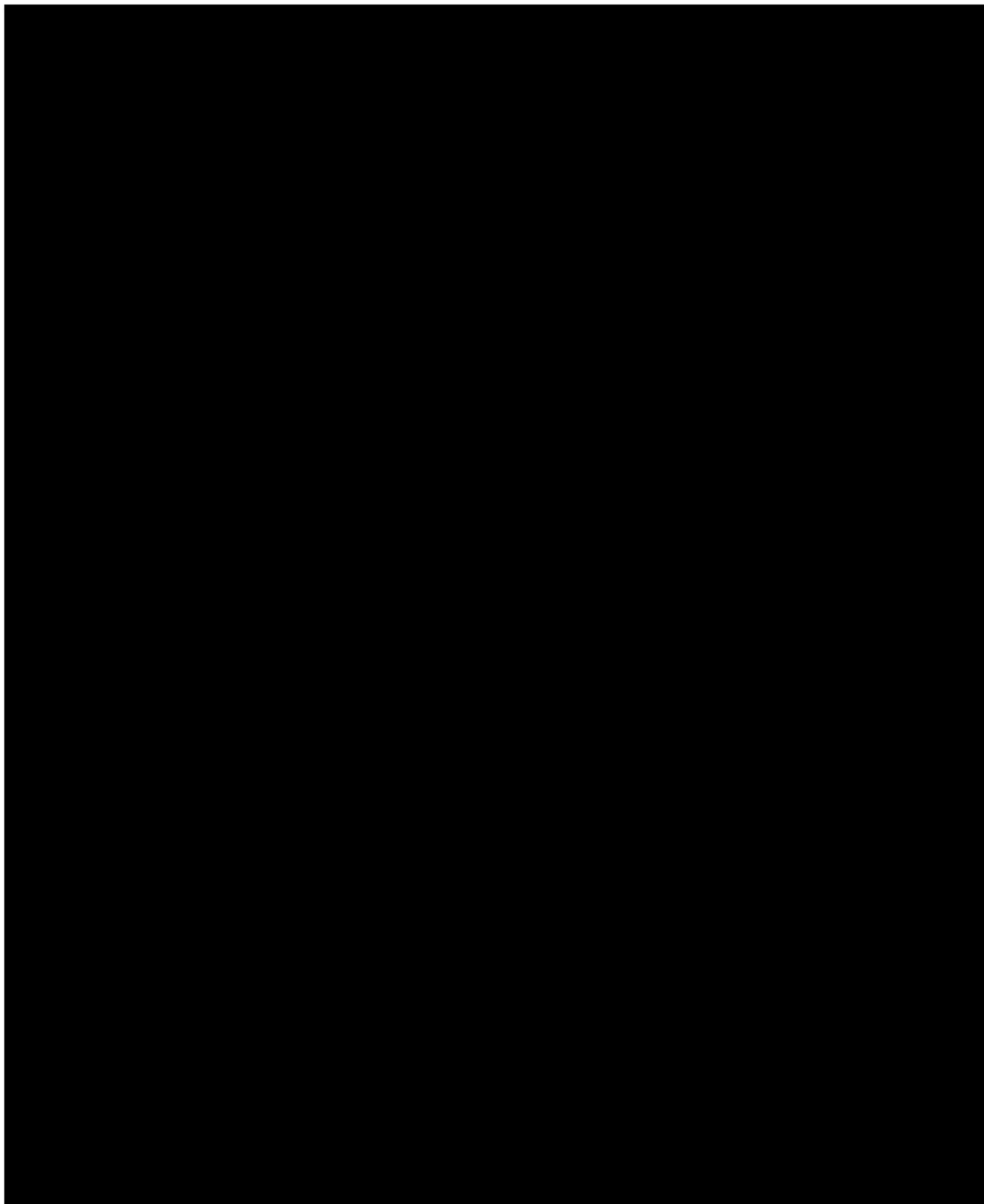
Douglas Alan Davis
Psychological Evaluation
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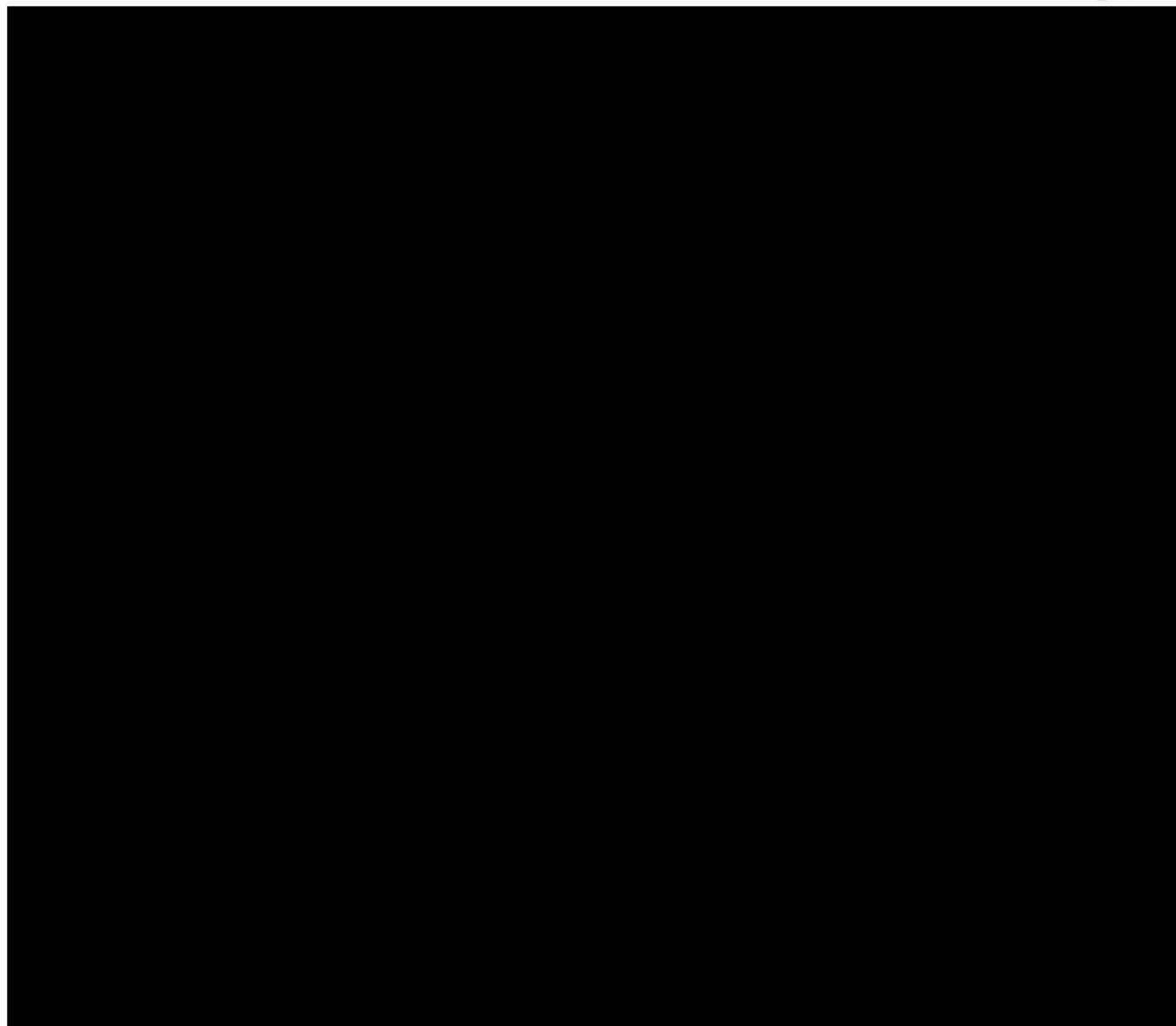
Douglas Alan Davis
Psychological Evaluation
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Douglas Alan Davis
Psychological Evaluation
Page 6



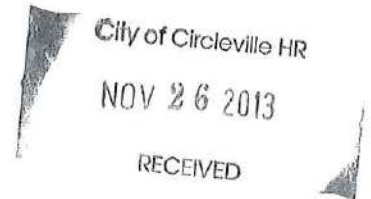
Douglas Alan Davis
Psychological Evaluation
Page 7



Robin A. Rippeth
Robin A. Rippeth, Ph.D., PCC-S
Psychologist

RAR:gld
131120A2.cva

REESER POLYGRAPH SERVICE
POLYGRAPH REPORT



Subject: Douglas Davis

PF#: PF 1311251

Date: November 25, 2013

Requester: Circleville Police Department – Pre-employment.

Purpose of Examination:

On November 25, 2013, at the Pickaway County Sheriff's Office, pursuant to your request, a pre-employment examination was administered on Douglas Davis. Mr. Davis is an applicant for employment with the Circleville Police Department. The polygraph examination is an aid in the selection process and should not be used as the only selection tool. The examination consisted of the review of the release of liability, the pre-test interview, the collection of charts, the review of charts and the post test interview.

Results: No significant responses to the relevant questions.

Details:

Douglas Davis appeared for his polygraph examination at the Pickaway County Sheriff's Office at approximately 4:00 PM. Mr. Davis completed the City of Circleville Personal History Statement prior to entering the examination room. The pre-test interview consisted of the following: explanation of the polygraph, the physiology of lying, the review of the polygraph screening booklet and the development of test questions.

The following information was gathered during the pre-test phase of the examination. Five major areas of inquiry were examined: employment related problems, use of illegal and abuse of prescription drugs, application truthfulness, national standards to prevent, detect and respond to prison rape and criminal related background. The examinee had one pre-test admission relating to the above mentioned subjects.

Mr. Davis admitted to using marijuana on one occasion in 2011. He indicated he was going through a difficult time in his life when he used marijuana and has vowed never to use it again.

After reviewing the polygraph screening booklet, the following relevant questions were asked during Douglas Davis' examination:

- 1) Have you lied or withheld information on your personal history statement?
- 2) Have you stolen or helped another steal cash, merchandise or property of another?
- 3) Other than what you told me about, have you used any illegal drugs in the last three years?
- 4) Other than for work purposes, have you bought, sold, traded, manufactured or transported any illegal drugs?
- 5) Have you failed to disclose any arrests, convictions or warrants for your arrest?
- 6) Have you struck or caused physical injury to a spouse, significant other, live-in or family member?
- 7) Have you ever engaged in sexual abuse/misconduct in a prison, jail, community confinement facility or other institution, including a juvenile facility?
- 8) Have you ever used your authority to commit an illegal act?
- 9) Have you been accused of sexual harassment?
- 10) Have you ever been fired or asked to leave a job?

The examinee answered no to all the relevant questions during the polygraph examination.

Description:

The subject received a polygraph examination on the previously mentioned date, resulting in the following **final call**: No significant responses to the relevant questions.

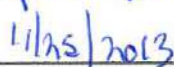
Comments:

Mr. Davis was polite and cooperative throughout the examination process. After reviewing his polygraph charts, his answers to the relevant questions appeared to be truthful. This examination should be viewed as a favorable component of the application process for Douglas Davis.

Signature of Examiner: _____



Date of Testing: _____





MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

NOTICE OF PEACE OFFICER APPOINTMENT

1. Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION		1. Name (Last) Davis	(First) Douglas	(Middle)	2. Social Security Number [REDACTED]
3. Alias (Last)		(First)	(Middle)		
4. Birth date (mm/dd/yyyy) 01/19/1980	5. Email Address ddavis@circlevillepolice.com			6. Phone Number [REDACTED]	
7. Home Mailing Address (#/Street/PO Box)		(City)	(State)	(Zip Code)	(County Name)
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)		(Academy Name)	(Academy Number)	(Dates of Training)	

AGENCY INFORMATION		9. Agency Name Circleville Police Department			
10. Agency Email Address cpd@circlevillepolice.com		11. Agency Phone Number 740.477.8208			
12. Agency Mailing Address (#/Street/PO Box) 151 E. Franklin Street		(City) Circleville	(Zip Code) 43113	(County Name) Pickaway	

APPOINTMENT INFORMATION (Complete Date, Status <u>and</u> ORC)		13. New Appointment Date / /	14. Status Change Date 12 / 29 / 2013
15. Select New Status ☒ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal			
16. Select New ORC			
☒ City Full-Time/Part-Time (737.02)	☐ City Auxiliary/Reserve/Special (737.051)	☐ City Chief (737.02)	
☐ Village Full-Time/Part-Time/Special (737.16)	☐ Village Auxiliary/Reserve (737.161)	☐ Village Chief (737.15)	
☐ Township Police Officer (505.49)	☐ Township Constable (509.01)	☐ Other Chief - List ORC/Charter	
☐ Other - List ORC/Charter	☐ Deputy Sheriff (311.04)	☐ Sheriff (311.01)	

ATTESTATION OF REPORTING AUTHORITY		I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.	
17. Signature of Reporting Authority [Signature]	18. Name and Title Harold W. Gray Jr. Chief of Police	19. Date 12 / 31 / 2013	
NOTARY			
Sworn to and subscribed before me this <u>31st</u> day of <u>December</u> , 20 <u>13</u> in the county of <u>Pickaway</u> , Ohio.			
[Signature] Valerie Dilley Signature of Notary		My commission expires <u>7-19-16</u>	



Affix Seal Here
VALERIE DILLEY
Notary Public, State of Ohio
My Commission Expires 7-19-16

City of Circleville

Conditional Offer of Probationary Employment



I. PURPOSE

The purpose of this agreement is to extend to you a conditional offer of probationary employment at this time for the listed position of Police Officer/Patrolman.

All candidates for this position are required to successfully comply with the terms and conditions listed below. A final offer of employment will be offered to you **ONLY** after you have satisfied all remaining requirements for appointment to this position and there is a funded vacancy.

This is an agreement between the City of Circleville, Division of Police and candidate, Doug Davis.

II. TERMS AND CONDITIONS

A candidate for appointment as a POLICE OFFICER is required to comply with the terms and conditions checked below, by successful completion of:

- ☒ Psychological Assessment
- ☒ Polygraph or Voice Stress Analyzer Examination
- ☒ Medical Examinations (includes "drug screening", vision exam and hearing exam)
- ☐ Respirator Evaluation
- ☐ Psychological Examination
- ☐ Oral Interviews

III. LENGTH OF AGREEMENT

This conditional offer of probationary employment shall remain valid and in effect until the expiration date of the City of Circleville Civil Service Commission eligibility list for the above position. In the event that the above position is not controlled by an eligibility list issued by the City of Circleville Civil Service Commission, this conditional offer of probationary employment shall remain in effect for one year from the effective date of this agreement. In addition, this offer shall be immediately withdrawn upon the candidate's failure to meet any of the above stated terms and conditions.

The effective date of this conditional offer of probationary employment is.

The listed position is X is not _____ controlled by an eligibility list issued by the City of Circleville Civil Service Commission.

IV. ACKNOWLEDGEMENT

I have read and understand the terms of this conditional offer of probationary employment.

☒ I agree to abide by these terms and conditions and desire to continue in the selection process.

☐ I do not agree to abide by these terms and conditions and desire to continue in the selection process.

Doug Davis
Candidate

11-14-13
Date

Chief Gray
Department Head/Director

11-14-2013
Date

Walter Perry
Human Resources Director

11-14-2013
Date

Ohio Police & Fire Pension Fund

140 East Town Street / Columbus, Ohio 43215-5164 / Tel. (614) 228-2975 / www.op-f.org

City of Circleville HR

APR 28 2014

RECEIVED

April 24, 2014

Debby Hammond
City Of Circleville
133 SOUTH COURT ST
CIRCLEVILLE OH 43113

Subject: Member Minimum Medical Testing and Diagnostic Procedures/Physician's Report

Dear Employer:

The Ohio Police & Fire Pension Fund ("OP&F") received the Personal History Record that your office submitted for the member listed below on April 02, 2014.

In addition, OP&F received the complete member's minimum medical testing and certification on January 08, 2014.

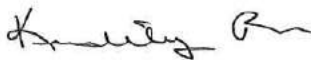
Name: Douglas A Davis
Hire Date: 12/29/2013

SSN: [REDACTED]
PEP Due Date: 02/27/2014

Based on the review of the member minimum medical reports, this letter will serve as notice that your office has submitted the required reports and certification pursuant to ORC Section 742.38 and OAC Rule 742-1-02. The determination of whether a disability is presumed to be an on-duty injury will be made if and when a member files a disability application with OP&F.

Should you have any questions, please contact OP&F Customer Service at (888) 864-8363. We appreciate your assistance in filing these reports in a timely and proper manner.

Sincerely,



KIMBERLY L PENN
Member Services Department

Don McIlroy
Mayor

City of Circleville

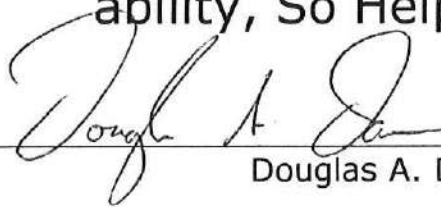
Department of Public Safety
Division of Police

G. Tom Hamman
Public Safety Director

Harold Wayne Gray, Jr.
Chief of Police

Oath of Office

I, Douglas A. Davis, do solemnly swear, that I will support the Constitution of the United States of America, the Constitution of Ohio, and the Ordinances of the City of Circleville, that I will faithfully, honestly, and impartially perform my duties as a Police Officer, as required and set forth by law, to the best of my ability, So Help Me God.

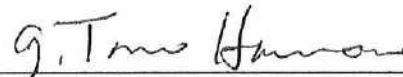


Douglas A. Davis

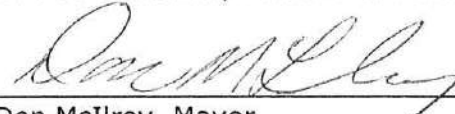
I hereby certify that on the 15th day of February 2013, I administered the Oath of Office to Douglas A. Davis, Police Officer for the Circleville Police Department, Circleville, Ohio.



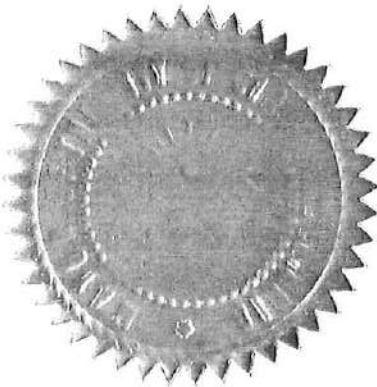
Harold Wayne Gray, Jr., Police Chief



G. Tom Hamman, Director of Public Safety



Don McIlroy, Mayor





MIKE DeWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

NOTICE OF PEACE OFFICER APPOINTMENT

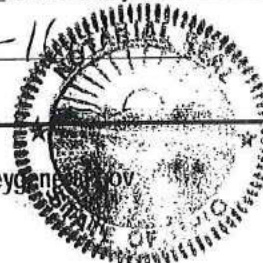
1. Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 for a New Appointment. A new appointment occurs when an officer is first sworn into your agency, or has previously left the agency and returns.
4. Submit only page 1 for a Status Change. A status change occurs when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION	1. Name (Last)	(First)	(Middle)	2. Social Security Number
	Davis	Douglas	A.	[REDACTED]
3. Alias (Last)	(First)	(Middle)		
4. Birth date (mm/dd/yyyy)	5. Email Address			6. Phone Number
01/29/1980	[REDACTED]			[REDACTED]
7. Home Mailing Address (#/Street/PO Box)		(City)	(State)	(Zip Code) (County Name)
8. Basic Training Academy		(Academy Name)	(Academy Number)	(Date of Training)
(Only complete if this is the officer's first appointment or OSP)				

AGENCY INFORMATION	9. Agency Name			
	Circleville Police Department			
10. Agency Email Address		11. Agency Phone Number		
cpd@circlevillepolice.com		740.477.8208		
12. Agency Mailing Address (#/Street/PO Box)		(City)	(Zip Code)	(County Name)
151 E. Franklin Street		Circleville	43113	Pickaway

APPOINTMENT INFORMATION	(Complete Date, Status and ORC)	13. New Appointment Date	14. Status Change Date
		02 / 15 / 2013	/ /
15. Select New Status			
☐ Full-Time ☐ Part-Time ☒ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal			
16. Select New ORC			
☐ City/Municipality Full-Time/Part-Time (737.02) ☒ City/Municipality Auxiliary/Reserve/Special (737.051) ☐ City/Municipality Chief (737.02)			
☐ Village Full-Time/Part-Time/Special (737.16) ☐ Village Auxiliary/Reserve (737.161) ☐ Village Chief (737.15)			
☐ Township Police Officer (505.49) ☐ Township Constable (509.01) ☐ Other Chief - List ORC/Charter _____			
☐ Other - List ORC/Charter _____ ☐ Deputy Sheriff (311.04) ☐ Sheriff (311)			

ATTESTATION OF REPORTING AUTHORITY		I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.	
17. Signature of Reporting Authority	18. Name and Title	19. Date	
[Signature]	Harold W. Gray Jr.	02 / 15 / 2013	
NOTARY			
Sworn to and subscribed before me this <u>15th</u> day of <u>Feb.</u> , 20 <u>13</u> in the county of <u>Pickaway</u> , Ohio.			
[Signature]		My commission expires <u>7-19-16</u>	
Signature of Notary		Affix Seal Here	



VALERIE DILLEY
Notary Public, State of Ohio
My Commission Expires 7-19-16

Officer Name (Last)

(First)

(Middle)

Social Security Number

Davis

Douglas

A.

20. OATH OF OFFICE

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

Signature of Appointee

Signature of Appointing Authority

Tom Hamman

Name of Appointing Authority (Typed or Printed Legibly)

Director of Public Safety

Title of Appointing Authority (Typed or Printed Legibly)

OHIO PEACE OFFICER APPOINTMENT HISTORY

Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.

21. Appointed By (Agency Name and County): Fayette County Sheriff's Office	22. From(mm/dd/yyyy): 09 / 12 / 2011	To(mm/dd/yyyy): / /
23. Appointment Status (Check Appropriate Box) ☐ Full-Time ☐ Part-Time ☒ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal		
24. Appointed By (Agency Name and County): Franklin County Sheriff's Office	25. From(mm/dd/yyyy): 01 / 14 / 2009	To(mm/dd/yyyy): 02 / 25 / 2011
26. Appointment Status (Check Appropriate Box) ☒ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal		
27. Appointed By (Agency Name and County): Pickaway County Sheriff's Office	28. From(mm/dd/yyyy): 10 / 14 / 2004	To(mm/dd/yyyy): 9 / 19 / 2008
29. Appointment Status (Check Appropriate Box) ☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal		
30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
32. Appointment Status (Check Appropriate Box) ☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal		
33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) ☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal		
36. Appointed By (Agency Name and County):	37. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
38. Appointment Status (Check Appropriate Box) ☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal		

Circleville Police Department

Personal History Questionnaire

Page 1 of 18

PERSONAL HISTORY OF:	<u>DAVIS</u> (Last Name)	<u>DOUGLAS</u> (First Name)	<u>ALAN</u> (Middle Name)
POSITION APPLIED FOR:	☒ POLICE OFFICER		
	☐ COMMUNICATIONS OFFICER/JAILER		
	☐ OTHER – SPECIFY _____		
DATE QUESTIONNAIRE COMPLETED: _____			

This *Personal History Questionnaire* is intended for the use of the City of Circleville Police Department. You are hereby required to be truthful and complete all sections of this Questionnaire. All information contained herein is subject to verification via source information and Polygraph or Voice Stress Analyzer Examination.

The answers to questions contained in this Questionnaire must be printed, in your own handwriting, legibly in black ink only. Each individual question must be answered; there can be no blanks. If a question does not apply to your particular circumstance, insert "DNA" in that blank. When answering questions that require dates insert the full date(s); partial month/year responses are unacceptable. You must provide complete address information when requested; partial address responses are unacceptable.

- NOTE -

Candidates for positions with the Circleville Police Department are cautioned to answer every question truthfully and without evasion. The Ohio Revised Code provides penalties for making a false statement of a material fact, or for practicing any fraud or deception in obtaining or attempting to obtain employment. Such penalties include rejection for appointment, or discharge after appointment, and/or prosecution under ORC section 2921.13.

Circleville Police Department

Personal History Questionnaire

Page 2 of 18

PERSONAL INFORMATION

Document the following. Include COMPLETE address: Street, City, State, Zip Code, Telephone Numbers.

LEGAL NAME: DAVIS DOUGLAS ALAN
Last Name First Name Middle Name

DATE OF BIRTH 01/29/1980 AGE 33 SOCIAL SECURITY NO. [REDACTED] U.S. CITIZEN ☒ YES ☐ NO

DRIVER'S LICENSE NO. [REDACTED] TYPE R STATE OHIO EXPIRATION DATE 01-29-2017

OTHER NAMES KNOWN BY N/A

PRESENT RESIDENCE (Street, City, State, Zip) [REDACTED] PRESENT PHONE NO. [REDACTED]

Are you renting, leasing or buying? ☐ Rent ☐ Lease ☒ Buy

Do you live within the city limits of Circleville? ☐ Yes ☒ No

If you do not live within the city limits, are you willing to do so or move within a 20-mile radius thereof within 180 days of your starting date of employment? ☒ Yes ☐ No

WITH WHOM DO YOU LIVE? [REDACTED] RELATIONSHIP [REDACTED]

PREVIOUS RESIDENCES

List all your residences since age 18. Include all military addresses, listing the nearest city in proximity to the base if you resided on base.

FROM (MO.-YR.) TO (MO.-YR.)	STREET, CITY, STATE, ZIP CODE	WITH WHOM DID YOU LIVE	RELATIONSHIP
<u>11-12 To Present</u>	<u>[REDACTED]</u>		
<u>09/2012 TO 11/12</u>			
<u>03/2010 TO 09/2012</u>			
<u>10/2007 TO 03/2010</u>			
<u>01/2000 TO 10/2007</u>			
<u>Birth TO 01/2000</u>			

Circleville Police Department

Personal History Questionnaire

Page 3 of 18

PRESENT OCCUPATION

BUSINESS ADDRESS

PHONE NUMBER

AGENT

28 N. PAINT ST. COLUMBIANA OH 45601

(740) 775-1208

IMMEDIATE SUPERVISOR:

LT. COL. RANDY BLISS

IMMEDIATE SUPERVISOR'S HOURS OF WORK:

7A - 3P

ANSWER THE FOLLOWING QUESTIONS

- | | | | | | |
|----|---|-------------------------------------|-----|-------------------------------------|----|
| 1. | Have you ever had your wages attached? | ☒ | YES | ☐ | NO |
| 2. | Have you ever been refused credit? | ☐ | YES | ☒ | NO |
| 3. | Have you ever had any of your property repossessed? | ☐ | YES | ☒ | NO |
| 4. | Have you ever filed bankruptcy or been declared bankrupt? | ☐ | YES | ☒ | NO |
| 5. | Have you ever had a bond refused? | ☐ | YES | ☒ | NO |

If any question is answered "YES" explain the specific details on this page; write legibly.

1). CHILD SUPPORT (current)

Circleville Police Department

Personal History Questionnaire

Page 4 of 18

MARTIAL INFORMATION

Document the following. Include COMPLETE addresses: Street, City, State, Zip Code and Telephone Numbers.

If you are married:

CITY, COUNTY, STATE MARRIAGE PERFORMED

DATE PERFORMED

NAME OF PRESENT SPOUSE

MAIDEN NAME

DATE OF BIRTH

SOCIAL SECURITY NO.

PRESENT ADDRESS/PHONE # OF SPOUSE:

SPOUSE'S OCCUPATION

BUSINESS ADDRESS

PHONE NUMBER

If your marriage(s) ended in divorce or annulment, list prior marriage(s):

CITY, COUNTY, STATE PREVIOUS MARRIAGE PERFORMED

DATE PERFORMED

CIRCLEVILLE, PICKAWAY, OHIO

01-29-2000

LAS VEGAS, CLARK, NEVADA

03-17-2010

COURT ISSUING DIVORCE OR ANNULMENT

DATE DIVORCE FINALIZED

PICKAWAY Co Common Pleas

02/2009

FRANKLIN Co Common Pleas

03/2012

NAME OF FORMER SPOUSE

MAIDEN NAME

DATE OF BIRTH

ADDRESS/PHONE NO.

FORMER SPOUSE'S OCCUPATION

BUSINESS ADDRESS

PHONE NUMBER

1. SECRETARY

UNK

UNK

2. SECRETARY

UNK

UNK

Are you now supporting all dependants that you are required to support?

☒

YES

☐

NO

Are you paying alimony or child support?

☒

YES

☐

NO

Have you ever been sued for alimony payments or child support?

☐

YES

☒

NO

If payments are not up to date, what is the reason?

N/A

Circleville Police Department

Personal History Questionnaire

Page 5 of 18

MILITARY RECORD

Have you ever served in the U.S. military?

[] YES [✓] NO

If answered "YES" document the following:

DATE ENTERED	BRANCH OF SERVICE	DATE DISCHARGED	TYPE OF DISCHARGE	MILITARY BASE & LOCATION
N/A	N/A	N/A	N/A	N/A

Highest military rank or rate held? N/A

Were you ever court marshaled, tried on charges, subject to a summary court martial, captain's mast, article 15, company punishment, or any other disciplinary action while in the military? [] YES [✓] NO

Did you receive a less than Honorable Discharge from military service? [] YES [✓] NO

If either question is answered "YES" explain the specific details on this page; write legibly.

N/A

|

Circleville Police Department

Personal History Questionnaire

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CRIMINAL HISTORY

1. Have you even been convicted as an Adult for a felony crime as defined in the Ohio Revised Code?
☐ YES ☒ NO
2. Have you ever been convicted as a Juvenile for a felony crime of violence as defined in the Ohio Revised Code?
☐ YES ☒ NO
3. Have you ever been incarcerated as an Adult in a federal, state, county or city prison, correctional institute or jail?
☐ YES ☒ NO
4. Have you even been incarcerated as a Juvenile in a reformatory, detention center, or juvenile home for delinquent offenders?
☐ YES ☒ NO
5. Have you been convicted as an Adult of an M-1 or M-2 misdemeanor as listed in the Ohio Revised Code within five (5) years preceding the date of your application?
☐ YES ☒ NO
6. Have you ever been convicted of any article of the Uniform Code of Military Justice that would be equivalent to a felony, domestic violence or misdemeanor act of violence under the Ohio Revised Code?
☐ YES ☒ NO
7. Have you filed a fraudulent insurance claim or fraudulent application for welfare, workers' compensation or other public assistance program?
☐ YES ☒ NO
8. As an Adult, have you ever stolen any one item having a value of \$500.00 or more?
☐ YES ☒ NO
9. During the last 5 years, have you stolen any property and/or cash totaling an amount of \$500.00 or more?
☐ YES ☒ NO
10. Have you ever afflicted any physical, sexual, or emotional abuse to your spouse, ex-spouse, child, stepchild, parent or any other relative or person with you lived or had a relationship?
☐ YES ☒ NO
11. Have you ever violated a court order or legal contract to provide child support, alimony, or other financial responsibility as determined by finding of a court of law?
☐ YES ☒ NO
12. Have you ever intentionally violated any protective or temporary restraining order as determined by finding of a court of law?
☐ YES ☒ NO
13. Have you ever been a defendant in a civil suit or action?
☐ YES ☒ NO
14. Do you have any civil suit or action pending against you at this time?
☐ YES ☒ NO

If any questions is answered "YES" explain the specific details on this page, including the type of offense and disposition or outcome; write legibly.

N/A

1

Circleville Police Department

Personal History Questionnaire

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N/A

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Revised August 2006

Circleville Police Department

Personal History Questionnaire

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LAW ENFORCEMENT INFORMATION

Have you ever applied for a position with any other law enforcement agency?

☒ YES

☐ NO

If answered "YES" document the following:

<u>DATE APPLIED</u>	<u>AGENCY</u>	<u>LOCATION (CITY/STATE)</u>	<u>RESULT</u>
1998	PICKAWAY Co S.O.	Circleville OHIO	Employed
2004	PICKAWAY Co S.O.	Circleville OHIO	Employed
2008	FRANKLIN Co S.O.	Columbus OHIO	Employed
2011	US 23 MAJOR CRIMES	CHILLICOTHE OHIO	Employed
N/A	N/A	N/A	N/A

If you have been, or currently are, a law enforcement officer answer the following:

- Did you ever resign from a law enforcement agency? ☒ YES ☐ NO
- Did you ever resign from a law enforcement agency in lieu of prosecution? ☐ YES ☒ NO
- Were you ever asked to resign from a law enforcement agency? ☐ YES ☒ NO
- Did you receive any complaints on your work performance? ☐ YES ☒ NO
- Have you ever received a commendation for your work performance? ☒ YES ☐ NO
- Did you keep or take any property from a person, building or vehicle not belonging to you? ☐ YES ☒ NO
- Did you ever keep any confiscated illegal drug or narcotic? ☐ YES ☒ NO
- Did you ever use any illegal drug or narcotic while you were a law enforcement officer? ☐ YES ☒ NO
- Did you ever keep any confiscated alcoholic beverage? ☐ YES ☒ NO
- Did you ever directly or indirectly solicit or accept a bribe? ☐ YES ☒ NO
- Did you ever directly or indirectly solicit or accept a gratuity? ☐ YES ☒ NO
- Did you ever perform an unauthorized record check (e.g. LEADS, NCIC)? ☐ YES ☒ NO
- Did you ever illegally improperly remove any record from your law enforcement agency? ☐ YES ☒ NO
- Did you ever leak any confidential police information? ☐ YES ☒ NO
- Did you ever lie or distort facts in an official police report? ☐ YES ☒ NO
- Did you ever lie or commit perjury in court or any other official proceeding? ☐ YES ☒ NO
- Did you ever stop or contact someone on official business and then try to date him/her? ☐ YES ☒ NO
- Did you ever engage in sex with a person while you were on duty? ☐ YES ☒ NO
- Did you ever shoot anyone? ☐ YES ☒ NO

Personal History Questionnaire
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- | | | | |
|-----|--|---|--|
| 20. | Did you ever fire any warning shots? | ☐ YES | ☒ NO |
| 21. | Did you ever discharge your firearm while on duty, other than in firearm training/qualification? | ☒ YES | ☐ NO |
| 22. | Did you ever draw your firearm in the line of duty? | ☒ YES | ☐ NO |
| 23. | Did you ever lose your temper with a prisoner, suspect or other citizen? | ☐ YES | ☒ NO |
| 24. | Did you ever use excessive force on a prisoner, suspect or other citizen? | ☐ YES | ☒ NO |
| 25. | Have you ever had a citizen complaint filed against you? | ☐ YES | ☒ NO |
| 26. | Have you ever carried a so-called "throw down" weapon (e.g., gun or knife)? | ☐ YES | ☒ NO |
| 27. | Did you ever write an unwarranted traffic citation? | ☐ YES | ☒ NO |
| 28. | Did you ever effect an unwarranted arrest? | ☐ YES | ☒ NO |
| 29. | Were you ever involved in a high-speed pursuit? | ☒ YES | ☐ NO |
| 30. | Were you ever involved in a traffic crash with a police vehicle? | ☒ YES | ☐ NO |

Additional explanation, if required.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Circleville Police Department

Personal History Questionnaire
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FAMILY INFORMATION

Document the name and relationship of your dependants in the following order: Spouse, Children, Step-Children or Foster Children.

NAME

ADDRESS

BIRTHDATE

PLACE OF BIRTH (County/State)

--	--	--	--

N/A

N/A

N/A

N/A

I

I

I

I

Document the name, address and telephone number of your Father and Mother (to include Stepfather and Stepmother). If deceased, indicate so.

NAME

RELATIONSHIP

ADDRESS

PHONE NO.

--	--	--	--

N/A

Circleville Police Department

Personal History Questionnaire

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REFERENCES

Document the names of 7 persons who have known you for at least five years; not to include family relatives. List COMPLETE address: Street, City, State, Zip Code, Telephone Numbers.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NO.</u>	<u>ASSOCIATION</u>
<u>DOYNE "Doc" Wiggins</u>			<u>Pastor</u>
<u>CHUCK REED</u>			<u>Co-worker / Friend</u>
<u>RANDY SANDOZS</u>			<u>Co-worker</u>
<u>JOHN REISINGER</u>			<u>Friend</u>
<u>ANDREW GILES</u>			<u>Co-worker / Friend</u>
<u>Tim Strawser</u>			<u>H.S. Asst Principal</u>
<u>Tommy Royster</u>			<u>Co worker</u>

Circleville Police Department

Personal History Questionnaire

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EMPLOYMENT HISTORY

Begin with your most recent job and list your complete employment history in chronological order. Include in sequence all part-time employment, periods of unemployment and military service, if any. If documenting military service, substitute for the name and address of Supervisor the name, address and rank of the last commissioned officer that was your immediate superior. If documenting periods of unemployment, indicate dates in space provided. In the section designated Employer, write "unemployed". In the section designated Reason for Leaving, indicate from what source you derived income during that period of unemployment. Document COMPLETE addresses: Street, City, State, Zip Code and Telephone Numbers.

Is your present employer aware of your candidacy for the position of Police Officer for the City of Circleville? ☒ YES ☐ NO

Employer: US 23 MAJOR CRIMES Address 28 N PAINT ST. Chillicothe OH 45601

Phone No. (740) 775-1208 Dates: From/To Sept 2011
present Supervisor Lt Col Bliss

Position Title Agent Starting Salary \$12.50 hr End Salary \$12.50 hr.

Promotion N/A Reason for Leaving N/A

Employer: American Income Life Address N/A

Phone No. N/A Dates: From/To Feb 2011
Apr 2011 Supervisor D. HACKER

Position Title Sales Starting Salary N/A End Salary N/A

Promotion N/A Reason for Leaving fired of lying to customers

Employer: Franklin Co. S.O. Address 370 S. Front St. Col OH 43215

Phone No. 614 - 525 - 3368 Dates: From/To Sept 2008
Feb 2011 Supervisor Sgt Turner

Position Title Deputy Sheriff Starting Salary 42,600 End Salary 42,600

Promotion N/A Reason for Leaving Personal

Employer: Pickaway Co. S.O. Address 600 Island Rd Circleville OH 43113

Phone No. 740 - 477 - 6156 Dates: From/To Feb 2004
Sept 2008 Supervisor Lt. Mosley

Position Title Deputy Sheriff Starting Salary 17.00 hr End Salary 17.00 hr

Promotion N/A Reason for Leaving Better Salary

Circleville Police Department

Personal History Questionnaire

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Employer: <u>Ohio Concrete Restoration</u>	Address <u>12812 London RD Orient OH 43146</u>
Phone No. <u>614</u> <u>740-877-0707</u>	Dates: From/To <u>Jan 1999</u> <u>Feb 2004</u> Supervisor <u>PAUL DAIGE</u>
Position Title <u>LABOR</u>	Starting Salary <u>10.00 hr</u> End Salary <u>15.50 hr.</u>
Promotion <u>N/A</u>	Reason for Leaving <u>Desired LAW Enforcement Career</u>
Employer: <u>Pickaway Co. S.O.</u>	Address <u>600 Island RD. Circleville OH 43113</u>
Phone No. <u>740-477-6156</u>	Dates: From/To <u>1998-1999</u> Supervisor <u>Lt. Pearch</u>
Position Title <u>Corrections Officer</u>	Starting Salary <u>N/A</u> End Salary <u>N/A</u>
Promotion <u>N/A</u>	Reason for Leaving <u>Resigned</u>
Employer: <u>N/A</u>	Address _____
Phone No. _____	Dates: From/To _____ Supervisor _____
Position Title _____	Starting Salary _____ End Salary _____
Promotion _____	Reason for Leaving _____
Employer: <u>N/A</u>	Address _____
Phone No. _____	Dates: From/To _____ Supervisor _____
Position Title _____	Starting Salary _____ End Salary _____
Promotion _____	Reason for Leaving _____

Circleville Police Department

Personal History Questionnaire

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DRIVING RECORD INFORMATION

- | | | | |
|-----|---|---------------|--------|
| 1. | Do you, now, or have you ever had a motor vehicle drivers license from another state? | [] YES | [X] NO |
| 2. | Have you ever obtained a drivers license under an assumed name or falsify your age? | [] YES | [X] NO |
| 3. | Have you ever been refused an Ohio drivers license in any other state? | [] YES | [X] NO |
| 4. | Were you ever involved in a vehicle traffic accident? | [X] YES | [] NO |
| 5. | Were you ever involved in leaving the scene of a vehicle traffic accident? | [] YES | [X] NO |
| 6. | How many reported vehicle accidents have you been involved in as a driver? | _____ | |
| 7. | Were you ever involved in a vehicle accident that went unreported? | [] YES | [X] NO |
| 8. | Have you ever received a traffic citation? If so, how many? | [] YES _____ | [X] NO |
| 9. | Were you ever arrested for driving under the influence of alcohol or drugs? | [] YES | [X] NO |
| 10. | Have you ever had your driving privileges suspended or revoked for any reason? | [] YES | [X] NO |
| 11. | Were you ever cited or arrested for driving while your license was suspended? | [] YES | [X] NO |
| 12. | Have you ever been denied motor vehicle insurance? | [] YES | [X] NO |
| 13. | Have you ever had your motor vehicle insurance revoked? | [] YES | [X] NO |
| 14. | Do you have any unpaid traffic or parking fines anywhere? | [] YES | [X] NO |
| 15. | Have you had 3 or more moving traffic violations within a twelve-month period? | [] YES | [X] NO |
| 16. | Were you ever convicted of vehicular homicide? | [] YES | [X] NO |

Document any traffic violation for which you were convicted.

DATE	VIOLATION	LAW ENFORCEMENT AGENCY	PENALTY
N/A	N/A	N/A	N/A

Additional explanation, if required.

N/A

|

Circleville Police Department

Personal History Questionnaire

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USE OF ALCOHOLIC BEVERAGES

- | | | | |
|----|---|---|--|
| 1. | Do you drink alcoholic beverages? | ☒ YES | ☐ NO |
| 2. | Have you ever consumed an alcoholic beverage at work? | ☐ YES | ☒ NO |
| 3. | Were you ever cited or arrested for an offense related to consumption of an alcoholic beverage? | ☐ YES | ☒ NO |
| 4. | Have you ever unlawfully provided an alcoholic beverage to a person under the age of 21? | ☐ YES | ☒ NO |
| 5. | Have you ever driven a motor vehicle while under the influence of alcohol? | ☐ YES | ☒ NO |
| 6. | Were you ever convicted of an OMVI ("drunk driving") offense? | ☐ YES | ☒ NO |

Additional explanation, if required.

2/12

Circleville Police Department

Personal History Questionnaire

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ILLEGAL NARCOITICS & DRUGS

- | | | | |
|----|--|---|--|
| 1. | Are you in possession of any illegal narcotic or drug at the present time, including marijuana? | ☐ YES | ☒ NO |
| 2. | Have you ever used or purchased an illegal narcotic or drug, including marijuana? | ☒ YES | ☒ NO |
| 3. | Have you ever sold any illegal narcotic or drug, including marijuana? | ☐ YES | ☒ NO |
| 4. | Have you ever sniffed a chemical agent for the purpose of getting "high"? | ☐ YES | ☒ NO |
| 5. | Do you regularly associate with anyone who you know uses an illegal narcotic or drug, including marijuana? | ☐ YES | ☒ NO |
| 6. | Have you ever provided any illegal narcotic, drug, or marijuana to another person? | ☐ YES | ☒ NO |
| 7. | Have you ever used a prescription drug in a manner considered to be in abuse of its purpose? | ☐ YES | ☒ NO |

Additional explanation, if required.

n/r

Circleville Police Department

Personal History Questionnaire

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MORAL CHARACTER

- | | | | |
|-----|---|---|--|
| 1. | Do you consider yourself to be of good moral character? | ☒ YES | ☐ NO |
| 2. | Were you ever arrested or investigated for anything involving moral turpitude? | ☐ YES | ☒ NO |
| 3. | Have you ever made an obscene phone call? | ☐ YES | ☒ NO |
| 4. | Have you ever performed an act of unlawful voyeurism? | ☐ YES | ☒ NO |
| 5. | Have you ever engaged in any form of an illegal sex act? | ☐ YES | ☒ NO |
| 6. | Did you ever force someone to have sex with you? | ☐ YES | ☒ NO |
| 7. | Do you gamble, other than "friendly wagers"? | ☐ YES | ☒ NO |
| 8. | Have you ever participated in any illegal form of gambling? | ☐ YES | ☒ NO |
| 9. | Were you ever placed in an unstable financial situation or created a bad credit history due to gambling? | ☐ YES | ☒ NO |
| 10. | Do you have any gambling debts at this time? | ☐ YES | ☒ NO |
| 11. | Do you have any prejudices toward others because of their race, national origin, religion or sexual preference that would be detrimental to your performance as a Police Officer? | ☐ YES | ☒ NO |
| 12. | If it became necessary in the course of your police duties to take a human life, would you have any reluctance to do so because of any personal beliefs? | ☐ YES | ☒ NO |
| 13. | Have you knowingly bought or sold stolen property? | ☐ YES | ☒ NO |
| 14. | Are you presently a defendant for any pending criminal, civil, or traffic charge? | ☐ YES | ☒ NO |
| 15. | Have you ever been a member of any organization or group that advocates the overthrow of the U.S. Government by illegal means? | ☐ YES | ☒ NO |
| 16. | In either your written or verbal responses to your application or this questionnaire, have you failed to be completely truthful? | ☐ YES | ☒ NO |

I ATTEST THAT I HAVE COMPLETELY AND TRUTHFULLY ANSWERED ALL THE QUESTIONS IN THIS PERSONAL HISTORY QUESTIONNAIRE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE ANSWERS OR STATEMENTS MADE BY ME MAY BE CAUSE FOR DISAPPROVAL OF MY APPOINTMENT, OR FOR DISMISSAL AFTER BEING APPOINTED. I FURTHER UNDERSTAND THAT ANY FALSEHOOD ON MY PART DEMONSTRATED IN THIS PERSONAL HISTORY QUESTIONNAIRE MAY SUBJECT ME TO PROSECUTION UNDER OHIO REVISED CODE SECTION 2921.13.

SIGNATURE OF CANDIDATE:



DATE:

2/18/13

IN PRESENCE OF WITNESS:

(Signature and Title)

City of Circleville

Employment Application
Department of Human Resources
104 East Franklin Street, Circleville, OH 43113
740.477-2551 ext. 5055 (phone) 740.477.5829 (fax)

City of Circleville HR

OCT 21 2013

RECEIVED



AN EQUAL OPPORTUNITY EMPLOYER

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, national origin, marital status, veteran status or disability. **NOTE: Applications are kept on file for a period of ninety (90) days only. APPLICATIONS MUST BE RETURNED TO THE ADDRESS ABOVE FOR TIME STAMPED FILING.**

PERSONAL INFORMATION

Name Davis Douglas Alan
Last [REDACTED]
Home Address [REDACTED]
Email Address [REDACTED]
Home Telephone Number N/A Cell Number [REDACTED]
Title of Position Applying For Police Officer Date of Application 10/18/2013
Have you ever been convicted of a felony? Yes X No
If yes, please provide date, place, and charge: N/A
Have you previously worked for the City of Circleville? Yes X No
If yes: Position Held: N/A Dates Employed: N/A
Department/Division: N/A Supervisor's Name: N/A

EDUCATION

Circle highest level accomplished (elementary and secondary): 1 2 3 4 5 6 7 8 9 10 11 12

Circle highest level accomplished: (College Undergraduate): 1 2 3 4 Graduate School: 1 2 3 4

Name of High School <u>WESTFALL HIGH</u> City and State <u>WILLIAMSPORT OHIO</u>	Degree/Area of Study <u>Diploma/ College Prep</u>	Number of Years Attended <u>4</u>	Graduate? <u>Yes</u> or G.E.D.? <u> </u>
Name of High School <u>N/A</u> City and State <u>N/A</u>	Degree/Area of Study <u>N/A</u>	Dates Attended <u>N/A</u>	Graduate? <u>N/A</u>
Name of Other School <u>S.O.P.T.I.</u> City and State <u>CHILICOTHE OHIO</u>	Degree/Area of Study <u>Basic Peace Officer</u>	Dates Attended <u>January 2005 - July 2005</u>	Graduate? <u>Yes</u>

Are you currently enrolled in an educational program? X yes no
If so, what is your main course of study and where are you attending? Criminal Justice / Ashworth College

City of Circleville

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104 East Franklin Street, Circleville, OH 43113
740.477-2551 ext. 5055 (phone) 740.477.5829 (fax)



LICENSES, CERTIFICATIONS, REGISTRATIONS

I possess: a valid Driver's License - please list state and number Ohio [REDACTED]
a valid Commercial Driver's License - please list state and number N/A

Professional/Technical Certifications, Licenses and Registrations

TYPE	STATE	NUMBER	EXPIRATION DATE
Basic Peace Officer	Ohio	N/A	N/A
Basic Corrections Officer	Ohio	N/A	N/A
Basic SWAT	Ohio	N/A	N/A

MILITARY SERVICE (Please attach DD214*)

Were you in the U.S. Armed Forces? yes X no What branch? N/A
Dates of services: From: N/A to N/A Rank N/A

Technical Specialization: N/A

*Applicants participating in a civil service examination receive military service credit when a copy of the DD214 stating honorable discharge is attached prior to the examination.

AWARDS, ACHIEVEMENTS, HONORS, INTERESTS

Please list any awards, honors, achievements, volunteer or community service activities, special interests, hobbies or any organization of which you are/have been a member. Please indicate any positions of leadership previously/currently held.

2005-2008 member of the Pickaway County Sheriff's Office Honor Guard

Assisted with the 2006 John Parsons Fugitive Task Force

member of the Valley of Columbus Scottish Rite

TRAINING, SKILLS, ABILITIES

Please use this space to list any special training, skills, or abilities which you feel will demonstrate your qualifications for the position in which you are interested. Please list any relevant volunteer work, committees, awards, or community service work in which you have participated.

Certifications in Asp baton, chemical agents, CPR & First Aid, X-26 Taser, ADAP, Basic SWAT

2012 ATF & Maglocen Training, 2013 Advanced Undercover Techniques & Survival

City of Circleville

Employment Application
Department of Human Resources
104 East Franklin Street, Circleville, OH 43113
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EXPERIENCE

Please list employment starting with your most recent position. Please include all employment whether full-time, part-time, seasonal, or temporary during the past ten years. You may include additional experience beyond the past ten years if you desire and you are encouraged to do so if it is related to the employment you are seeking. You may need to attach additional pages if necessary. Please do not use a resume as a substitute for completing this section; however, you may attach a resume to supplement the information contained within this employment application.

May we contact your current employer? ☒ yes ☐ no

Current/Most recent employer		Date Employed From:	Date Employed To:
U.S. 23 Major Crimes Task Force		September 2011- Present	
Address		City, State, Zip	
28 North Paint Street		Chillicothe, Oh 45601	
Type of Employment:		Salary	
Law Enforcement		\$14.01/ hr	
List Major Duties		List Reason for Leaving	
Investigate Major Crimes in a 5 county Jurisdiction, which include undercover narcotics operations.		Desire a stable income due to being a grant employee.	
Supervisor's Name	Telephone Number	OFFICE USE ONLY - Ref. Check	
Lt Col Randy Bliss	740-775-1208	☐ Yes ☐ No	

Previous Employer		Date Employed From:	Date Employed To:
Franklin County Sheriff's Office		September 2008 - February 2011	
Address		City, State, Zip	
373 South High Street		Columbus, Ohio 43215	
Type of Employment		Salary	
Law Enforcement		\$54,000 /yr	
List Major Duties		List Reason for Leaving	
Safety and security of the facility and the inmates.		Personal Medical Reasons	
Supervisor's Name	Telephone Number	OFFICE USE ONLY - Ref. Check	
Lt. M. Turner	614-525-3333	☐ Yes ☐ No	

City of Circleville

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Department of Human Resources
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EXPERIENCE (cont.)

Previous Employer Pickaway County Sherff's Office		Date Employed From: February 2004-September 2008	Date Employed To:
Address 600 Island Road		City, State, Zip Circleville, Ohio 43113	
Type of Employment Law Enforcement		Salary \$17.00 / hr	
List Major Duties Safety and security of the facility and the inmates. Patrol region assuring safety and upholding the law.		List Reason for Leaving Desired better pay and benefits.	
Supervisor's Name Lt Larry Mosley / Lt Mike Wears	Telephone Number 740-477-6156	OFFICE USE ONLY - Ref. Check Yes ☐ No ☐	

Previous Employer Ohio Concrete Restoration		Date Employed From: January 1999 - February 2004	Date Employed To:
Address 12812 London Road		City, State, Zip Orient, Ohio 43146	
Type of Employment Construction		Salary \$15.00/hr	
List Major Duties Visit with various commercial job locations to repair damaged concrete.		List Reason for Leaving Desired career in law enforcement	
Supervisor's Name Paul Paige	Telephone Number 614-877-3311	OFFICE USE ONLY - Ref. Check Yes ☐ No ☐	

REFERENCES

Please list three individuals, other than relatives whom we may contact as references regarding your character, ability or experience.

Name	Home Phone (area code)	Work Phone (with area code)	Personal/Professional Ref.?
#1 DOYNE WIGGINS			Personal/Professional
#2 CHARLES REED			Personal/Professional
#3 JANA REISINGER			Personal

City of Circleville

Employment Application
Department of Human Resources
104 East Franklin Street, Circleville, OH 43113
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CERTIFICATION AND STATEMENT OF UNDERSTANDING

I certify that all of the information furnished in this employment application and its addenda is true and complete to the best of my knowledge. I understand that the City of Circleville may investigate the information I have furnished and I realize that any misrepresentation or false information in this application and its addenda may lead to withdrawal of any employment offer or termination after employment.

Signature: _____

Douglas A. Davis

Date: _____

10/18/2013

ACKNOWLEDGEMENT & RELEASE

(Please read thoroughly before signing)

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISQUALIFICATION FROM CONSIDERATION

I hereby acknowledge that I, voluntarily and of my own free will, have applied for employment with the City of Circleville with the understanding that the City may use a variety of screening procedures to evaluate my qualifications and suitability for appointment. I have been advised that these screening procedures may include, but are not limited to, interviews, criminal record checks, driving record checks, polygraph examinations, written testing, reference checks, background investigations, psychological evaluations, medical examinations, and drug testing. I hereby understand that I would not be required to actually participate in a psychological evaluation, medical examination, or drug test until after I have received a conditional offer of employment. I also acknowledge that I may also be subject to other screening procedures, not specifically listed above. I further acknowledge that any such screening procedures, as reasonably required by the City of Circleville, are a prerequisite to my appointment to a position with the City of Circleville.

In addition, I also hereby understand that the City of Circleville cannot guarantee the confidentiality of the results of, or information obtained through, the aforementioned screening procedures. Rulings of the Ohio Supreme Court relative to the Public Records Act indicate that, with certain enumerated exceptions, records maintained by a governmental entity are a matter of public record and, should a proper request be made by a member of the public for such records, the governmental entity would be required to make such records available to that member of the public within a reasonable period of time. Employment-related documents, with the exception of medical records, maintained by the City relative to the aforementioned screening procedures do not appear to fall within any of the enumerated exceptions.

Therefore, in consideration of my employment application being reviewed and considered by the City of Circleville I, being at least 18 years of age and under no legal disability on behalf of my heirs and assigns, hereby release and agree to hold harmless, the City of Circleville and any of its agents, employees, or related officials from any and all liability, whatever the type and nature, resulting from the administration of any such screening procedures and/or the release of the results therefrom. **Note:** This application may be witnessed by the person of your choosing.

Signature of Candidate: _____

Douglas A. Davis

Date: _____

10/18/2013

Signature of Witness: _____

Joneyea L. Adams

Date: _____

10/18/2013



PRE-EMPLOYMENT DRUG TESTING CONSENT

I understand that, as a candidate for employment with the City of Circleville, I must, in order to be appointed to a position with the City of Circleville, voluntarily consent to, and pass, a urinalysis to detect the presence of drugs in my system. I also understand that I will not actually be administered such a test until I have received a conditional offer of employment. I further understand that my application for employment will be rejected if I decline to sign this consent and thereby decline to be tested, if my test results are confirmed to be positive for the presence of illegal drugs or legal drugs for which I cannot submit sufficient proof that such drugs were legally obtained and used, or if masking agents are detected in any specimen I provide as part of the testing procedure. I hereby knowingly and voluntarily consent to participate in a substance abuse urinalysis and authorize the City of Circleville to conduct, through its designated testing laboratory or other licensed/certified medical professionals/technicians, said urinalysis. In addition, I authorize the designated testing laboratory or other licensed/certified medical professionals/technicians to release any and all information regarding the test(s), including results, to the City of Circleville and its representative. I further release the City of Circleville, its officers, directors, employees, agents, representatives from any and all claims, suits, causes of action, liability, and damages arising from my submitting to the test(s) and from the information obtained from the test(s).

Signature of Candidate: *Donna A. Fair* Date: 10/18/2013
Signature of Witness: *Jonnyia L. Adams* Date: 10/18/2013
(anyone can witness)

I refuse to consent to a urinalysis.

Signature of Candidate: _____ Date: _____
Signature of Witness: _____ Date: _____
(anyone can witness)

DRUG AND ALCOHOL TESTING ACKNOWLEDGEMENT, RELEASE AND CONSENT

I acknowledge that the City of Circleville has an Employee Drug Testing Program, which requires employees to submit to drug and/or alcohol testing under the following circumstances: when the City has reasonable suspicion to believe that an employee is under the influence of illegal drugs or alcohol while on City premises or on City business; following a serious violation safety policies, rules, and regulations; or following a work-related accident resulting in any of the following: bodily injury (other than minor abrasions/contusions) to the employee or any third party requiring off-site medical attention; issuance of a traffic citation to the employee for a moving violation in connection with a vehicular accident; vehicular damage in apparent excess of \$1,000; non-vehicular property damage in apparent excess of \$500; any accident involving fatalities. I understand that should I be appointed to a position with the City of Circleville, the City may request my participation in a drug and/or alcohol test one or more times during my employment with the City. I further understand that I would be subject to appropriate disciplinary action including suspension or dismissal if the test results are positive, if masking agents are detected in specimens provided by me in conjunction with the testing procedure, or if I refused to be tested. I hereby knowingly and voluntarily consent to further drug and/or alcohol testing after appointment to a position with the City of Circleville, based upon the terms and conditions specified above, during the term of my employment with the City of Circleville. I authorize the City to conduct, through its designated testing laboratory or other licensed/certified medical professionals/ technicians, urinalysis, blood, saliva, or breath testing. In addition, I authorize the designated testing laboratory or other medical professionals/technicians to release any and all information regarding the tests, including their results, to the City of Circleville and its representatives. I further release the City of Circleville, its officers, directors, employees, agents, representatives from any and all claims, suites, causes of action, liability, and damages arising from my submitting to the tests and from the information obtained from the tests.

Signature of Candidate: *Donna A. Fair* Date: 10/18/2013
Signature of Witness: *Jonnyia L. Adams* Date: 10/18/2013

City of Circleville

Employment Application
Department of Human Resources
104 East Franklin Street, Circleville, OH 43113
740.477-2551 ext. 5055 (phone) 740.477.5829 (fax)



(anyone can witness)

To help us comply with Federal Laws regarding Equal Employment Opportunity record keeping, please answer the following questions as they apply. This form will be retained in a file separate from your employment application. Completion of this form is completely voluntary.

PERSONAL INFORMATION

Name: Davis Douglas Alan
Last First Middle
Social Security Number: [REDACTED] Position of Interest: Police Officer
Source from which you were referred (name of newspaper, agency, friend, etc.): Tonyea Adams
Sex: ☒ Male ☐ Female Date of Birth: 01/29/1980
Month Date Year

RACE/ETHNIC GROUP

- ☒ White: Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- ☐ Black: Persons having origins in any of the black racial groups of Africa.
- ☐ Hispanic: Persons of Mexican, Puerto Rican, Cuban, Central or South American origins or other Spanish culture or origin, regardless of race.
- ☐ American Indian or Alaskan Native: Persons having origins in any of the original people of North American and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ Asian/Pacific Islanders: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands and Samoa.

VETERAN & DISABILITY STATUS

- ☐ Vietnam-Era Veteran: Any veteran of the armed forces who, between August 5, 1964 and May 7, 1975, served on active duty for at 181 consecutive days.
- ☐ Disabled Veteran: Any veteran entitled to disability compensation through the Veterans Administration for a disability rated at 30% or more; or any veteran discharged or released from active duty for a disability incurred or aggravated in the line of duty.
- ☐ Disabled: Any individual with a physical or mental impairment which substantially limits one or more of the major life activities of the individual.



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Notice and Authorization for Use of Consumer Reports

As part of the City of Circleville's procedures for evaluating employment applications and for other employment purposes, including promotion, transfer, or retention during the term of my employment, I understand that a consumer report may be obtained by the City. A consumer report may contain information bearing on my credit worthiness, driving record, criminal record, character, general reputation, personal characteristics, or mode of living. I understand that a Consumer Reporting Agency may not give out information about me without my written consent. I understand that no report containing medical information about me will be provided to the City without my specific prior consent which is in addition to my general authorization below. I hereby authorize the City to request a report(s) from a Consumer Reporting Agency to be used for employment related purposes, including hiring, promotion, transfer, or retention now or in the future. I hereby authorize and request that any employer, school, police department, financial institution, or other person having information or knowledge about me, furnish the bearer of this authorization with all requested information they have regarding me. I agree and release and discharge the City, its employees, officers, agents, and affiliates, from any and all claims, rights of action or liability of any kind or nature that could result from the City's use or reliance upon the information contained in a consumer report.

NOTICE & AUTHORIZATION OF USE OF INVESTIGATIVE CONSUMER REPORTS

As part of the City's procedures for processing employment applications and for other employment purposes, including promotion, transfer, or retention during the term of my employment, I understand that a consumer report and/or an investigative consumer report may be obtained by the City. Such reports may contain information bearing on my credit worthiness, driving record, criminal record, character, general reputation, personal characteristics, or mode of living. I understand that in preparing an investigative consumer report, Consumer Reporting Agencies may conduct personal interviews with the persons I have identified as references, as well as others with whom I am acquainted. I understand that I have the right to request information from the City regarding the nature and scope of such an investigation. I acknowledge that I have received a document entitled "Summary of Your Rights Under the Fair Credit Reporting Act" (printed on the back of this form). I understand that the City will not obtain information from a Consumer Reporting Agency without my written permission. I hereby authorize the City to request consumer reports or investigative consumer reports to be used for employment related purposes, including hiring, promotion, transfer, or retention now or in the future. I hereby authorize and request that any employer, school, police department, financial institution, or other person having information or knowledge about me, furnish the bearer of this authorization with all requested information they have regarding me. I agree and discharge the City, its employees, officers, agents, and affiliates, from any and all claims, rights of action or liability of any kind or nature that could result from the City's use or reliance upon the information contained in a consumer report.

ACKNOWLEDGEMENT

Signature of Applicant/Employee: _____

Name of Applicant/Employee (printed): Douglas A. Davis

Applicant/Employee Social Security Number _____



Date: 10/18/2013



A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "Consumer Reporting Agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681 *et seq.*, at the Federal Trade Commission's Internet web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within sixty days of receiving notice of the action. Where applicable, you also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within sixty days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within thirty days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and reports its findings to the CRA. (The source must also advise national CRAs – to which it has provided the date – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within thirty days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone – such a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; then years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you must be taken off the lists immediately.

You may seek damages from violators. If a CRA or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court. **IF YOU WOULD LIKE A COPY OF THIS SUMMARY TO KEEP, PLEASE CONTACT THE CITY OF CIRCLEVILLE, DEPARTMENT OF HUMAN RESOURCES AT 740.477.2551 ext. 5055.**

REESER POLYGRAPH SERVICE

POLYGRAPH REPORT

Subject: Douglas Davis

PF#: PF 1311251

Date: November 25, 2013

Requester: Circleville Police Department – Pre-employment.

Purpose of Examination:

On November 25, 2013, at the Pickaway County Sheriff's Office, pursuant to your request, a pre-employment examination was administered on Douglas Davis. Mr. Davis is an applicant for employment with the Circleville Police Department. The polygraph examination is an aid in the selection process and should not be used as the only selection tool. The examination consisted of the review of the release of liability, the pre-test interview, the collection of charts, the review of charts and the post test interview.

Results: No significant responses to the relevant questions.

Details:

Douglas Davis appeared for his polygraph examination at the Pickaway County Sheriff's Office at approximately 4:00 PM. Mr. Davis completed the City of Circleville Personal History Statement prior to entering the examination room. The pre-test interview consisted of the following: explanation of the polygraph, the physiology of lying, the review of the polygraph screening booklet and the development of test questions.

The following information was gathered during the pre-test phase of the examination. Five major areas of inquiry were examined: employment related problems, use of illegal and abuse of prescription drugs, application truthfulness, national standards to prevent, detect and respond to prison rape and criminal related background. The examinee had one pre-test admission relating to the above mentioned subjects.

Mr. Davis admitted to using marijuana on one occasion in 2011. He indicated he was going through a difficult time in his life when he used marijuana and has vowed never to use it again.

After reviewing the polygraph screening booklet, the following relevant questions were asked during Douglas Davis' examination:

- 1) Have you lied or withheld information on your personal history statement?
- 2) Have you stolen or helped another steal cash, merchandise or property of another?
- 3) Other than what you told me about, have you used any illegal drugs in the last three years?
- 4) Other than for work purposes, have you bought, sold, traded, manufactured or transported any illegal drugs?
- 5) Have you failed to disclose any arrests, convictions or warrants for your arrest?
- 6) Have you struck or caused physical injury to a spouse, significant other, live-in or family member?
- 7) Have you ever engaged in sexual abuse/misconduct in a prison, jail, community confinement facility or other institution, including a juvenile facility?
- 8) Have you ever used your authority to commit an illegal act?
- 9) Have you been accused of sexual harassment?
- 10) Have you ever been fired or asked to leave a job?

The examinee answered no to all the relevant questions during the polygraph examination.

Description:

The subject received a polygraph examination on the previously mentioned date, resulting in the following **final call**: No significant responses to the relevant questions.

Comments:

Mr. Davis was polite and cooperative throughout the examination process. After reviewing his polygraph charts, his answers to the relevant questions appeared to be truthful. This examination should be viewed as a favorable component of the application process for Douglas Davis.

Signature of Examiner:



Date of Testing:

1/17/2013

JOHN R. KARNIC, COMMISSIONER
Class D

Ohio

USA DRIVER LICENSE

1 DAVIS
2 DOUGLAS A

3 [REDACTED]

4a ISSUED 01-29-1980 01-26-2013

5 CLASS 1 EXPIRES 01-29-2017 M

6 ENDORS A

7 RESTR A

8 Sex: M 16 Ht: 6-00 17 Wt: 250
18 Eyes: BRO 19 Hair: BRO

01-29-1980
D.A.D.

OPCAR 2013

SOCIAL SECURITY

[REDACTED]

THIS NUMBER HAS BEEN ESTABLISHED FOR
DOUGLAS A DAVIS

Douglas A. Davis
SIGNATURE

DOUGLAS A. DAVIS

Employment

September 2011-Present

U.S. 23 Major Crimes Task Force

Chillicothe, OH

- Covert investigations of narcotics and other vice offenses.
- Various Undercover Operations.
- Collect, analyze and disseminate criminal intelligence.
- Prepare reports and forms as needed, participate in court trials as necessary.
- Assist other agencies with various investigations.

September 2008-February 2011

Franklin County Sheriff's Office

Columbus, OH

- Communicate well with the general public and other agencies.
- Prepare reports and forms as needed, participate in court trials as necessary.
- Monitor the activity and safety of the inmates.
- Escort inmates to assigned areas.
- Transport inmates to and from court, doctor, and dentist appointments, hospital, etc.
- Investigate reports of criminal activity and vehicle accidents.

February 2004-September 2008

Pickaway County Sheriff's Office

Circleville, OH

- Investigate reports of criminal activity and vehicle accidents.
- Patrol region assuring safety and upholding the law.
- Communicate well with the general public and other agencies.
- Prepare reports and forms as needed, participate in court trials as necessary.
- Monitor the activity and safety of inmates.
- Escort inmates to assigned areas.
- Conduct "pat downs", fingerprinting, computer booking, and photographing inmates.
- Work Special Duty assignments: Homeland Security, Traffic details, High School sporting events, Festivals, etc.

	• Member of the Honor Guard. <i>January 1999-February 2004</i> <i>Ohio Concrete Restoration</i> <i>Orient, OH</i> • Visit with various commercial job locations to repair damaged concrete. • Worked with heavy machinery, various hand tools and chemicals. • Transported machinery to and from job sites by driving company vehicles. • Experience in pouring concrete and patching appropriate areas needed.
<u>Education</u>	• <i>1998 Graduate of Westfall High School</i> <i>Williamsport, OH</i> • Completed College Preparatory Courses • <i>2004 Completion OPOTC Basic Corrections Officer Training</i> <i>Circleville, OH</i> • Achieved Perfect Attendance • <i>2005 Graduate of Southern Ohio Police Training Institution (SOPTI)</i> <i>Chillicothe, OH</i> • Completed Basic Peace Officer Training • Achieved Perfect Attendance • Certified with ASP baton • Certified with Chemical Agent • 2011 Certified with X-26 Taser+
<u>References</u>	Available Upon Request

 *** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 4981
 DEPT. ID 6151
 DESTINATION ADDRESS 717408452675
 PSWD/SUBADDRESS
 DESTINATION ID
 ST. TIME 03/01 08:39
 USAGE T 00' 51
 PGS. 2
 RESULT OK



MIKE DeWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
 Office 800-346-7682
 Fax 740-845-2675

P.O. Box 309
 London, OH 43140
www.OhioAttorneyGeneral.gov

NOTICE OF PEACE OFFICER APPOINTMENT

1. Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 for a New Appointment. A new appointment occurs when an officer is first sworn into your agency, or has previously left the agency and returns.
4. Submit only page 1 for a Status Change. A status change occurs when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION	1. Name (Last)	(First)	(Middle)	2. Social Security Number
	Davis	Douglas	A.	[REDACTED]
	3. Alias (Last)	(First)	(Middle)	
	4. Birth date (mm/dd/yyyy)	5. Email Address		6. Phone Number
	01/29/1980	[REDACTED]		[REDACTED]
	[REDACTED]			
	8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)	(Academy Name)	(Academy Number)	(Dates of Training)
	[REDACTED]			

AGENCY INFORMATION	9. Agency Name		
	Circleville Police Department		
10. Agency Email Address		11. Agency Phone Number	
cpd@circlevillepolice.com		740.477.8208	
12. Agency Mailing Address (#Street/PO Box)		(City)	(Zip Code) (County Name)
151-E. Franklin Street		Circleville	43113 Pickaway

APPOINTMENT INFORMATION	(Complete Date, Status and ORC)	13. New Appointment Date	14. Status Change Date
		02 / 15 / 2013	/ /
15. Select New Status			
☐ Full-Time ☐ Part-Time ☒ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal			
16. Select New ORC			
☐ City/Municipality Full-Time/Part-Time (737.02) ☒ City/Municipality Auxiliary/Reserve/Special (737.051) ☐ City/Municipality Chief (737.02)			
☐ Village Full-Time/Part-Time/Special (737.16) ☐ Village Auxiliary/Reserve (737.161) ☐ Village Chief (737.15)			
☐ Township Police Officer (505.49) ☐ Township Constable (509.01) ☐ Other Chief - List ORC/Charter _____			
☐ Other - List ORC/Charter _____ ☐ Deputy Sheriff (311.04) ☐ Sheriff (311)			

City of Circleville

Department of Public Safety

Don McIlroy
Mayor

180 S. Court Street
Circleville, Ohio 43113
740/477-2551
fax 740/477-8247

Tom Hamman
Director of Public Safety

Harold Wayne Gray, Jr.
Chief of Police

December 17, 2013

Douglas Davis
46 North Main Street
Kingston, OH 45644

Mr. Davis:

This letter will serve as notification that you have been selected to fill the position of entry level Police Officer for the City of Circleville Police Department effective Sunday, December 29, 2013. Please report to Sgt. Shawn Baer at 0800 hours. Accordingly, your rate of pay is \$16.72 per hour.

In order to complete your new hire paperwork, please bring a copy of your drivers' license and your social security card or birth certificate. You will be given a copy of the City of Circleville Employee Handbook and your benefits will be explained to you. Insurance benefits, if you choose to enroll, are effective 30 days from your date of hire.

Note: As a City of Circleville employee you are required to complete a twelve month probationary period and may be terminated for any reason, including pending results of any background investigations or pre-employment testing, at any time during this period.

Welcome to the City of Circleville. Good luck and we look forward to working with you.

Sincerely,



G. Tom Hamman
Director of Public Safety

cc: Mayor
Chief of Police
Auditor
Civil Service Commission
HR Personnel File

City of Circleville

Employment Application
Department of Human Resources
104 East Franklin Street, Circleville, OH 43113
740.477-2551 ext. 5055 (phone) 740.477.5829 (fax)



AN EQUAL OPPORTUNITY EMPLOYER

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, national origin, marital status, veteran status or disability. **NOTE: Applications are kept on file for a period of ninety (90) days only. APPLICATIONS MUST BE RETURNED TO THE ADDRESS ABOVE FOR TIME STAMPED FILING.**

PERSONAL INFORMATION

Name DAVIS DOUGLAS ALAN [REDACTED]
Last First Middle Social Security Number

Home Address [REDACTED] City State Zip

Email Address [REDACTED]

Home Telephone Number N/A Cell Number [REDACTED]

Title of Position Applying For POLICE OFFICER Date of Application 2/18/13

Have you ever been convicted of a felony? Yes ☒ No

If yes, please provide date, place, and charge: N/A

Have you previously worked for the City of Circleville? Yes ☒ No

If yes:
Position Held: N/A Dates Employed: N/A

Department/Division: N/A Supervisor's Name: N/A

EDUCATION

Circle highest level accomplished (elementary and secondary): 1 2 3 4 5 6 7 8 9 10 11 12

Circle highest level accomplished: (College Undergraduate): 1 2 3 4 Graduate School: 1 2 3 4

Name of High School <u>WESTFALL HIGH SCHOOL</u> City and State <u>WILLIAMSPORT OHIO</u>	Degree/Area of Study <u>COLLEGE PREP</u>	Number of Years Attended <u>4 YEARS</u>	Graduate? <u>YES</u> or G.E.D.? <u> </u>
Name of High School <u>N/A</u> City and State <u>N/A</u>	Degree/Area of Study <u>N/A</u>	Dates Attended <u>N/A</u>	Graduate? <u>N/A</u>
Name of Other School <u>SOUTHERN OHIO POLICE</u> <u>TRAINING INSTITUTE</u> City and State <u>CHILLICOTHE OHIO</u>	Degree/Area of Study <u>BASIC PEACE OFFICER</u>	Dates Attended <u>01/2005 - 06/2005</u>	Graduate? <u>YES</u>

Are you currently enrolled in an educational program? yes ☒ no
If so, what is your main course of study and where are you attending? N/A



LICENSES, CERTIFICATIONS, REGISTRATIONS

I possess: a valid Driver's License - please list state and number OH10 [REDACTED]

a valid Commercial Driver's License - please list state and number N/A

Professional/Technical Certifications, Licenses and Registrations

TYPE	STATE	NUMBER	EXPIRATION DATE
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>I</u>	<u>I</u>	<u>I</u>	<u>I</u>

MILITARY SERVICE (Please attach DD214*)

Were you in the U.S. Armed Forces? yes ☒ no What branch? N/A

Dates of services: From: N/A to N/A Rank N/A

Technical Specialization: N/A

*Applicants participating in a civil service examination receive military service credit when a copy of the DD214 stating honorable discharge is attached prior to the examination.

AWARDS, ACHIEVEMENTS, HONORS, INTERESTS

Please list any awards, honors, achievements, volunteer or community service activities, special interests, hobbies or any organization of which you are/have been a member. Please indicate any positions of leadership previously/currently held.

2005-2008 MEMBER OF PICKAWAY CO. HONOR GUARD

TRAINING, SKILLS, ABILITIES

Please use this space to list any special training, skills, or abilities which you feel will demonstrate your qualifications for the position in which you are interested. Please list any relevant volunteer work, committees, awards, or community service work in which you have participated.

2005 - BASIC PEACE OFFICER TRAINING, ASP BATON CERTIFICATION, CHEMICAL AGENT CERTIFICATION

2011 - X-26 TASER CERTIFICATION

City of Circleville

Employment Application
Department of Human Resources
104 East Franklin Street, Circleville, OH 43113
740.477-2551 ext. 5055 (phone) 740.477.5829 (fax)



EXPERIENCE

Please list employment starting with your most recent position. Please include all employment whether full-time, part-time, seasonal, or temporary during the past ten years. You may include additional experience beyond the past ten years if you desire and you are encouraged to do so if it is related to the employment you are seeking. You may need to attach additional pages if necessary. Please do not use a resume as a substitute for completing this section; however, you may attach a resume to supplement the information contained within this employment application.

May we contact your current employer? ☒ yes ☐ no

Current/Most recent employer		Date Employed From:	Date Employed To:
US 23 MAJOR CRIMES TASK FORCE		SEPT. 2011	To PRESENT
Address		City, State, Zip	
28 N. PAINT ST.		CHILLICOTHE OH 45601	
Type of Employment:		Salary	
LAW ENFORCEMENT		\$12.50 hr.	
List Major Duties		List Reason for Leaving	
Covert Investigations of Narcotics and other Vice offenses.		CURRENTLY EMPLOYED	
Supervisor's Name	Telephone Number	OFFICE USE ONLY – Ref. Check	
LT. COL. RANDY BLISS	(740) 775-1208	☐ Yes ☐ No	

Previous Employer		Date Employed From:	Date Employed To:
FRANKLIN COUNTY SHERIFF		SEPT 2008	To FEB. 2011
Address		City, State, Zip	
370 SOUTH FRONT ST.		COLUMBUS OH 43215	
Type of Employment		Salary	
LAW ENFORCEMENT		\$42,600 yearly	
List Major Duties		List Reason for Leaving	
Provide safety and security to the general public		Personal	
Supervisor's Name	Telephone Number	OFFICE USE ONLY – Ref. Check	
Sgt. M. TURNER	(614) 525-3368	☐ Yes ☐ No	

City of Circleville

Employment Application
Department of Human Resources
104 East Franklin Street, Circleville, OH 43113
740.477-2551 ext. 5055 (phone) 740.477.5829 (fax)



EXPERIENCE (cont.)

Previous Employer	Date Employed From:	Date Employed To:
PICKAWAY COUNTY SHERIFF	Feb 2004	To Sept 2008
Address	City, State, Zip	
600 ISLAND RD.	CIRCLEVILLE OH 43113	
Type of Employment	Salary	
LAW ENFORCEMENT	\$ 17.00 hr.	
List Major Duties	List Reason for Leaving	
Provide safety and security to the general public	Better salary and benefits	
Supervisor's Name	Telephone Number	OFFICE USE ONLY – Ref. Check ____ Yes ____ No
Lt. LARRY MOSLEY	(740) 477-6156	

Previous Employer	Date Employed From:	Date Employed To:
OHIO CONCRETE RESTORATION	JAN 1999	TO FEB 2004
Address	City, State, Zip	
12812 LONDON ROAD	ORIENT OH 43146	
Type of Employment	Salary	
CONSTRUCTION	\$15.50 hr.	
List Major Duties	List Reason for Leaving	
Restoration of concrete	Desired Law Enforcement Career	
Supervisor's Name	Telephone Number	OFFICE USE ONLY – Ref. Check ____ Yes ____ No
PAUL PAIGE	(614) 877-0707	

REFERENCES

Please list three individuals, other than relatives whom we may contact as references regarding your character, ability or experience.

Name	Home Phone (w/area code)	Work Phone (with area code)	Personal/Professional Ref.?
#1 DOYNE "DOC" WIGGINS			PERSONAL / PROFESSIONAL
#2 CHARLES REED			PERSONAL / PROFESSIONAL
#3 RANDY SANDERS			PERSONAL / PROFESSIONAL



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CERTIFICATION AND STATEMENT OF UNDERSTANDING

I certify that all of the information furnished in this employment application and its addenda is true and complete to the best of my knowledge. I understand that the City of Circleville may investigate the information I have furnished and I realize that any misrepresentation or false information in this application and its addenda may lead to withdrawal of any employment offer or termination after employment.

Signature: _____

Date: _____

2/18/13

ACKNOWLEDGEMENT & RELEASE

(Please read thoroughly before signing)

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISQUALIFICATION FROM CONSIDERATION

I hereby acknowledge that I, voluntarily and of my own free will, have applied for employment with the City of Circleville with the understanding that the City may use a variety of screening procedures to evaluate my qualifications and suitability for appointment. I have been advised that these screening procedures may include, but are not limited to, interviews, criminal record checks, driving record checks, polygraph examinations, written testing, reference checks, background investigations, psychological evaluations, medical examinations, and drug testing. I hereby understand that I would not be required to actually participate in a psychological evaluation, medical examination, or drug test until after I have received a conditional offer of employment. I also acknowledge that I may also be subject to other screening procedures, not specifically listed above. I further acknowledge that any such screening procedures, as reasonably required by the City of Circleville, are a prerequisite to my appointment to a position with the City of Circleville.

In addition, I also hereby understand that the City of Circleville cannot guarantee the confidentiality of the results of, or information obtained through, the aforementioned screening procedures. Rulings of the Ohio Supreme Court relative to the Public Records Act indicate that, with certain enumerated exceptions, records maintained by a governmental entity are a matter of public record and, should a proper request be made by a member of the public for such records, the governmental entity would be required to make such records available to that member of the public within a reasonable period of time. Employment-related documents, with the exception of medical records, maintained by the City relative to the aforementioned screening procedures do not appear to fall within any of the enumerated exceptions.

Therefore, in consideration of my employment application being reviewed and considered by the City of Circleville I, being at least 18 years of age and under no legal disability on behalf of my heirs and assigns, hereby release and agree to hold harmless, the City of Circleville and any of its agents, employees, or related officials from any and all liability, whatever the type and nature, resulting from the administration of any such screening procedures and/or the release of the results therefrom. **Note:** This application may be witnessed by the person of your choosing.

Signature of Candidate: _____

Date: _____

2/18/13

Signature of Witness: _____

Date: _____



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PRE-EMPLOYMENT DRUG TESTING CONSENT

I understand that, as a candidate for employment with the City of Circleville, I must, in order to be appointed to a position with the City of Circleville, voluntarily consent to, and pass, a urinalysis to detect the presence of drugs in my system. I also understand that I will not actually be administered such a test until I have received a conditional offer of employment. I further understand that my application for employment will be rejected if I decline to sign this consent and thereby decline to be tested, if my test results are confirmed to be positive for the presence of illegal drugs or legal drugs for which I cannot submit sufficient proof that such drugs were legally obtained and used, or if masking agents are detected in any specimen I provide as part of the testing procedure. I hereby knowingly and voluntarily consent to participate in a substance abuse urinalysis and authorize the City of Circleville to conduct, through its designated testing laboratory or other licensed/certified medical professionals/technicians, said urinalysis. In addition, I authorize the designated testing laboratory or other licensed/certified medical professionals/technicians to release any and all information regarding the test(s), including results, to the City of Circleville and its representative. I further release the City of Circleville, its officers, directors, employees, agents, representatives from any and all claims, suits, causes of action, liability, and damages arising from my submitting to the test(s) and from the information obtained from the test(s).

Signature of Candidate: _____ Date: 2/18/13

Signature of Witness: _____ Date: _____
(anyone can witness)

I refuse to consent to a urinalysis.

Signature of Candidate: _____ Date: _____

Signature of Witness: _____ Date: _____
(anyone can witness)

DRUG AND ALCOHOL TESTING ACKNOWLEDGEMENT, RELEASE AND CONSENT

I acknowledge that the City of Circleville has an Employee Drug Testing Program, which requires employees to submit to drug and/or alcohol testing under the following circumstances: when the City has reasonable suspicion to believe that an employee is under the influence of illegal drugs or alcohol while on City premises or on City business; following a serious violation safety policies, rules, and regulations; or following a work-related accident resulting in any of the following: bodily injury (other than minor abrasions/contusions) to the employee or any third party requiring off-site medical attention; issuance of a traffic citation to the employee for a moving violation in connection with a vehicular accident; vehicular damage in apparent excess of \$1,000; non-vehicular property damage in apparent excess of \$500; any accident involving fatalities. I understand that should I be appointed to a position with the City of Circleville, the City may request my participation in a drug and/or alcohol test one or more times during my employment with the City. I further understand that I would be subject to appropriate disciplinary action including suspension or dismissal if the test results are positive, if masking agents are detected in specimens provided by me in conjunction with the testing procedure, or if I refused to be tested. I hereby knowingly and voluntarily consent to further drug and/or alcohol testing after appointment to a position with the City of Circleville, based upon the terms and conditions specified above, during the term of my employment with the City of Circleville. I authorize the City to conduct, through its designated testing laboratory or other licensed/certified medical professionals/ technicians, urinalysis, blood, saliva, or breath testing. In addition, I authorize the designated testing laboratory or other medical professionals/technicians to release any and all information regarding the tests, including their results, to the City of Circleville and its representatives. I further release the City of Circleville, its officers, directors, employees, agents, representatives from any and all claims, suites, causes of action, liability, and damages arising from my submitting to the tests and from the information obtained from the tests.

Signature of Candidate: _____ Date: 2/18/13

Signature of Witness: _____ Date: _____



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(anyone can witness)

To help us comply with Federal Laws regarding Equal Employment Opportunity record keeping, please answer the following questions as they apply. This form will be retained in a file separate from your employment application. **Completion of this form is completely voluntary.**

PERSONAL INFORMATION

Name: DAVIS DOUGLAS ALAN
Last First Middle

Social Security Number: [REDACTED] Position of Interest: POLICE OFFICER

Source from which you were referred (name of newspaper, agency, friend, etc.): CHIEF H. WAYNE GRAY

Sex: ☒ Male ☐ Female Date of Birth: 01 / 29 / 1980
Month Date Year

RACE/ETHNIC GROUP

☒ White: Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

☐ Black: Persons having origins in any of the black racial groups of Africa.

☐ Hispanic: Persons of Mexican, Puerto Rican, Cuban, Central or South American origins or other Spanish culture or origin, regardless of race.

☐ American Indian or Alaskan Native: Persons having origins in any of the original people of North American and who maintain cultural identification through tribal affiliation or community recognition.

☐ Asian/Pacific Islanders: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands and Samoa.

VETERAN & DISABILITY STATUS

☐ Vietnam-Era Veteran: Any veteran of the armed forces who, between August 5, 1964 and May 7, 1975, served on active duty for at 181 consecutive days.

☐ Disabled Veteran: Any veteran entitled to disability compensation through the Veterans Administration for a disability rated at 30% or more; or any veteran discharged or released from active duty for a disability incurred or aggravated in the line of duty.

☐ Disabled: Any individual with a physical or mental impairment which substantially limits one or more of the major life activities of the individual.



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Notice and Authorization for Use of Consumer Reports

As part of the City of Circleville's procedures for evaluating employment applications and for other employment purposes, including promotion, transfer, or retention during the term of my employment, I understand that a consumer report may be obtained by the City. A consumer report may contain information bearing on my credit worthiness, driving record, criminal record, character, general reputation, personal characteristics, or mode of living. I understand that a Consumer Reporting Agency may not give out information about me without my written consent. I understand that no report containing medical information about me will be provided to the City without my specific prior consent which is in addition to my general authorization below. I hereby authorize the City to request a report(s) from a Consumer Reporting Agency to be used for employment related purposes, including hiring, promotion, transfer, or retention now or in the future. I hereby authorize and request that any employer, school, police department, financial institution, or other person having information or knowledge about me, furnish the bearer of this authorization with all requested information they have regarding me. I agree and release and discharge the City, its employees, officers, agents, and affiliates, from any and all claims, rights of action or liability of any kind or nature that could result from the City's use or reliance upon the information contained in a consumer report.

NOTICE & AUTHORIZATION OF USE OF INVESTIGATIVE CONSUMER REPORTS

As part of the City's procedures for processing employment applications and for other employment purposes, including promotion, transfer, or retention during the term of my employment, I understand that a consumer report and/or an investigative consumer report may be obtained by the City. Such reports may contain information bearing on my credit worthiness, driving record, criminal record, character, general reputation, personal characteristics, or mode of living. I understand that in preparing an investigative consumer report, Consumer Reporting Agencies may conduct personal interviews with the persons I have identified as references, as well as others with whom I am acquainted. I understand that I have the right to request information from the City regarding the nature and scope of such an investigation. I acknowledge that I have received a document entitled "Summary of Your Rights Under the Fair Credit Reporting Act" (printed on the back of this form). I understand that the City will not obtain information from a Consumer Reporting Agency without my written permission. I hereby authorize the City to request consumer reports or investigative consumer reports to be used for employment related purposes, including hiring, promotion, transfer, or retention now or in the future. I hereby authorize and request that any employer, school, police department, financial institution, or other person having information or knowledge about me, furnish the bearer of this authorization with all requested information they have regarding me. I agree and discharge the City, its employees, officers, agents, and affiliates, from any and all claims, rights of action or liability of any kind or nature that could result from the City's use or reliance upon the information contained in a consumer report.

ACKNOWLEDGEMENT

Signature of Applicant/Employee: _____

Name of Applicant/Employee (printed): _____

Applicant/Employee Social Security Number: _____

Date: _____

2/18/13



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A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "Consumer Reporting Agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681 *et seq.*, at the Federal Trade Commission's Internet web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within sixty days of receiving notice of the action. Where applicable, you also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within sixty days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within thirty days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and reports its findings to the CRA. (The source must also advise national CRAs – to which it has provided the date – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within thirty days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone – such a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; then years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you must be taken off the lists immediately.

You may seek damages from violators. If a CRA or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court. **IF YOU WOULD LIKE A COPY OF THIS SUMMARY TO KEEP, PLEASE CONTACT THE CITY OF CIRCLEVILLE, DEPARTMENT OF HUMAN RESOURCES AT 740.477.2551 ext. 5055.**

MARGIN
FOR
CODING

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

Registrar's No. 36

Reg. Dist. No. 65
Primary Reg. Dist. No. 6501

Birth No. 134 —

CHILD-NAME First Middle Last <u>Douglas Alan Davis</u>			SEX 2. <u>Male</u>	DATE OF BIRTH (Month, Day, Year) 3a. <u>1-29-80</u>	HOUR 3b. <u>2251 p</u>
1. HOSPITAL-NAME (If not in hospital, give street and number) <u>Berger</u>			CITY, VILLAGE OR LOCATION OF BIRTH 4b. <u>Circleville</u>		COUNTY OF BIRTH 4c. <u>Pickaway</u>
4a. REGISTRAR-SIGNATURE <u>Loraine Miller</u>			DATE RECEIVED BY LOCAL REGISTRAR 5b. <u>Mar. 10, 1980</u>		
6a. SIGNATURE <u>William A. Myers</u> (Type or Print)			DATE SIGNED 5d. <u>2-14-80</u>		ATTENDANT-M.D., D.O., midwife, other (Specify) 6c. <u>M.D.</u>
6a. ATTENDANT-NAME <u>William A. Myers M.D.</u>			MAILING ADDRESS (Street or R.F.D. No., City or Village, State, Zip) 6e. <u>111 Island Rd. Circleville, Ohio 43113</u>		
7a. MOTHER-MAIDEN NAME First Middle Last [REDACTED]			AGE (At time of this birth) 7b. <u>21</u>	STATE OF BIRTH (If not in U.S.A., name country) 7c. <u>Ohio</u>	
7a. RESIDENCE-STATE <u>Ohio</u>			COUNTY 8b. <u>Pickaway</u>	CITY, VILLAGE OR LOCATION 8c. [REDACTED]	INSIDE CITY LIMITS (Specify year only) 8e. <u>NO</u>
8a. MOTHER'S MAILING ADDRESS (Street or R.F.D. No., City or Village, State, Zip) (If same as above, enter Zip Code only) [REDACTED]					
9. FATHER-NAME First Middle Last [REDACTED]			AGE (At time of this birth) 10b. <u>22</u>	STATE OF BIRTH (If not in U.S.A., name country) 10c. <u>Ohio</u>	
10a. INFORMANT'S NAME OR SIGNATURE [REDACTED]			RELATION TO CHILD 11b. <u>mother</u>		
11a. [REDACTED]					

True and Correct Copy of Certificate on File In
The Pickaway County General Health District

Certified Mar. 8, 1980

Paula Johnston
Registrar Vital Statistics - District #65

CIRCLEVILLE POLICE DEPARTMENT

PERSONAL HISTORY STATEMENT

FOR

POLYGRAPH INTERVIEW

Rob Reeser

Member: **American Polygraph Association**
 Ohio Association of Polygraph Examiners

Examiner Use: *Department:* _____ *PF Number:* _____ *Video recorded: Yes* ____ *No* ____

Date: _____ *Time: Arrived:* _____ *Departed:* _____

PRE-EMPLOYMENT POLYGRAPH INTERVIEW

As an applicant for employment with a law enforcement agency, you are required to complete this PERSONAL HISTORY STATEMENT. There is no time limit for this activity. You will be here for about two (2) hours. If you are pressed for time and feel you can not complete this questionnaire and polygraph examination within that time frame, please let me know and I will reschedule your appointment to a later date and time.

During your polygraph examination you will be asked whether or not you have intentionally lied to questions in your PERSONAL HISTORY STATEMENT or intentionally omitted information in this statement. We are not expecting you to be perfect. We are expecting you to be truthful.

It is in your best interest to cooperate completely with the polygraph examiner. The examiner will explain the polygraph process to you in detail. If you do not understand any part of the polygraph process or any of the questions reviewed with you, you must ask the examiner to stop and explain the process or question so that you do understand. You will not be asked any questions on the test which have not been reviewed with you. You will have the opportunity to modify any questions which you feel do not fit your particular circumstance. During the actual test, you will not be asked any trick or unreviewed questions.

No one "passes" or "fails" a pre-employment polygraph interview. I report to the requesting agency your statements and opinion of your truthfulness. I will not make any employment recommendation to the requesting agency. That decision rests only with the requesting agency.

My objective is to get you through your polygraph interview. With your help and cooperation, together, we can accomplish that objective.

PERSONAL HISTORY STATEMENT

The information you provide in this Personal History Statement will be used in the course of your polygraph examination. Fill out the statement completely and accurately. You will have the opportunity to discuss all of your answers.

During the course of your polygraph interview you will be asked if you have on purpose lied or withheld information on this Personal History Statement.

Your name: DAVIS DOUGLAS ALAN
Last First Middle
Other than a maiden name, have you every used any other name? DOUG DAVIS
Present Address: Street: [REDACTED]
City: [REDACTED]
Phone Number where you can be reach [REDACTED] Date of birth: 01-29-1980

EMPLOYMENT HISTORY

Starting with your present or last employer, list the last four (4) places you have worked, either full-time or part-time. Do not omit any employer. Account for all periods of time. If unemployed for any period *, so indicate.

1. Present or last employer: U S 23 MAJOR CRIMES TASK FORCE
City: Chillicothe State: OH
Position held: Agent From: Sept 2011 To: Present
Are you presently employed by this company? Yes
If not presently employed, give a detailed reason for leaving: _____
Are you eligible for re-hire? _____
Unemployed * From: Apr 2011 To: Sept 2011
2. Present or last employer: American Income Life
City: Columbus State: OH
Position held: SAlesman From: Feb 2011 To: Apr 2011
Are you presently employed by this company? No
If not presently employed, give a detailed reason for leaving: Tired of being forced to be untruthful to clients
Are you eligible for re-hire? Yes
Unemployed * From: Feb 2011 To: Apr 2011
3. Present or last employer: FRANKLIN COUNTY Sheriff OFFICE
City: Columbus State: OH
Position held: Deputy Sheriff From: Sept 2008 To: Feb 2011
Are you presently employed by this company? No
If not presently employed, give a detailed reason for leaving: Personal INsury
Are you eligible for re-hire? Yes
Unemployed * From: _____ To: _____
4. Present or last employer: PICKAWAY County Sheriff OFFICE
City: Circleville State: OH
Position held: Deputy Sheriff From: Feb 2004 To: Sept 2008
Are you presently employed by this company? No
If not presently employed, give a detailed reason for leaving: Desired Better Salary
Are you eligible for re-hire? Yes
Unemployed * From: _____ To: _____

- YES Do you have the legal right to work in the United States?
No Have you ever used a Social Security Number (SSN) other than your own?
No Have you ever been employed under someone else's Social Security Number (SSN)?
No Have you ever been employed outside the United States?

Many employees have taken something from an employer that they did not really have permission to take. This includes the actual taking, illegally giving away merchandise to friends, relatives or co-workers, borrowing without permission and failing to return merchandise company property or equipment. Please estimate the total dollar value of all such merchandise, company property or equipment you may have taken, if any, and write that amount here: \$ 0.

Many people who have held jobs in which they handled money or had expense accounts have probably taken some cash without the permission of their employer. This includes the direct taking of cash, borrowing and not returning money or padding expense accounts. Please estimate the total amount of cash you may have taken from all employers and write that amount here: \$ 0.

Occasionally peer group pressure will force an employee to help another employee take things from an employer. Please estimate the total dollar amount of cash and merchandise you may have received from such acts and write that amount here: \$ 0.

Will any prior employer tell your background investigator you have stolen cash, merchandise or company property?
No If "yes", which employer(s)? _____

Answer all of the following questions by placing a "Y" (yes) or a "N" (no) on the line to the left of each question. If any question requires a "Y" (yes) answer, make your explanation on the lines to the right of the question.

- No Have you ever been accused of on-the-job misconduct? _____
- No Have you ever been fired from any job? _____
- No Have you ever left a job to avoid being fired? _____
- No Have you ever been formally disciplined by any employer?
If so, for what reason(s)? _____
- YES Within the past year, have you called in sick when in fact you were not sick? leg issues
- No Have you ever consumed alcohol in violation of company policy? _____
- No YES Other than for medical reasons, have you been absent from work more than 3 times in the past year? _____
- No Other than for medical reasons, have you ever been disciplined for violation of any employer's attendance policy? _____
- No Will any employer or supervisor say you have lied to get out of trouble? _____
- No Will any of your references tell us you frequently lie to get out of trouble? _____
- No Will any prior employer give you a poor recommendation? _____
- No Would any previous employer not hire you back? If so, Which employer(s)? _____

EDUCATIONAL BACKGROUND

- No Do you have a GED?
- Yes Have you graduated from any high school with a high school diploma?
If "yes": What was the name of the high school Westfall High
Where was the high school located? City: Williamsport State: OH County: Pickaway
- No Have you ever been expelled from any high school, community college, college or university for violation of law or school rules?

This is page 2 of 8 pages. Place your initials here: DAD.

CRIMINAL HISTORY

Most people have committed "crimes" at some time in their life. Such behavior must be judged within the total circumstances that they occurred. It is important that you answer all of the following questions truthfully. You will be given the opportunity to explain any answer you may feel is a problem.

Have you committed any of the following incidents by yourself of with another?
Answer each item "YES" or "NO"

If "YES", your
age at the time

↓		↓
<u>No</u>	Arson (burning the property of another for money, sexual gratification, spite or malice)	_____
<u>No</u>	Assaulted the person of another with any weapon or physical object	_____
<u>No</u>	Auto theft (taking the vehicle of another without the owner's consent or knowledge)	_____
<u>No</u>	Bought, sold, traded or taken pictures of nude children	_____
<u>No</u>	Burglary (going into a home or place of business intending to steal or commit any crime)	_____
<u>No</u>	Carried a concealed weapon without a permit	_____
<u>No</u>	Committed any sex act in any place open to public view	_____
<u>No</u>	Committed any physical sex act with any animal	_____
<u>No</u>	Committed any illegal sex act with any member of your immediate family	_____
<u>No</u>	Committed any physical sex act with any person under the age of sixteen (16)	_____
<u>No</u>	Exposed yourself or masturbated in any public place	_____
<u>No</u>	Filed a false worker's compensation insurance claim	_____
<u>No</u>	Forgery (creating a false document or signing the name of another without consent)	_____
<u>No</u>	Impersonated a police officer	_____
<u>No</u>	Intentionally filed or falsified any tax return, state or federal	_____
<u>No</u>	Intentionally filed or falsified any insurance claim	_____
<u>No</u>	Intentionally issued checks knowing there were not sufficient funds in the bank	_____
<u>No</u>	Kidnapping (taking any person from one place to another without his or her consent)	_____
<u>No</u>	Knowingly received or sold stolen property	_____
<u>No</u>	Made obscene or threatening phone calls	_____
<u>No</u>	Murder (taking a human life by premeditation, lying in wait or torture)	_____
<u>No</u>	Paid for the services of a prostitute (male or female)	_____
<u>No</u>	Possessed or detonated any illegal explosive devise (bomb)	_____
<u>No</u>	Rape (having sexual intercourse with one who expressly did not wish to do so)	_____
<u>No</u>	Received payment for any physical sex act	_____
<u>No</u>	Robbery (taking money or property from another by force or fear)	_____
<u>No</u>	Shoplifting (intentionally taking merchandise from a merchant without paying for it)	_____
<u>No</u>	Turned in a false fire alarm	_____
<u>No</u>	Vandalism (destroying the property of another)	_____
<u>No</u>	Watched others undress or commit physical sex acts without their knowledge or consent	_____

No Since your 18th birthday, have you been arrested for any of the above incidents?

No Since your 18th birthday, has a warrant been issued for your arrest?

No Are there any warrants out for your arrest at the present time?

No Since your 18th birthday, have you been named as a *suspect* in any police report?

No Since your 18th birthday, have you plead guilty to, been convicted of or plead No Contest to any felony crime(s)?

No Since your 18th birthday, have you been arrested for any misdemeanor crime(s) which resulted in imprisonment?

No Will any of your references tell us you have ever planned to commit a serious crime?

MILITARY HISTORY

Are you required to register for the draft (Selective Services)? No

If "yes", are you now registered for the draft? _____

Other than for medical reasons, have you ever applied for military service and had your application rejected? No

Have you ever served in any branch of the armed forces or national guard in either active duty or reserve status?
No If "yes":

Branch: _____ From _____ 19____ To _____ 19____ ID# _____
What was the highest rate/rank you attained? _____ E/O _____
Were you ever reduced in rate/rank? _____ If so, why? _____
Were you ever AWOL or did you ever miss movement? _____ If so, how many times? _____
Have you been the subject of any non-judicial disciplinary action(s)? _____ If so, why? _____
Have you been the subject of any court martial? If so, for what reason(s) _____
What was your rate/rank upon discharge? _____ E/O _____

Have you ever served in any other branch(s) of the armed forces or national guard in either active duty or reserve status? _____ If "yes": What branch? _____ When? _____
What branch? _____ When? _____

LAW ENFORCEMENT HISTORY

Have you ever completed any law enforcement training academy or academies? Yes If "yes", which?

Academy	Location	When?
<u>SOPTI</u>	<u>Chillicothe</u>	<u>2005</u>

Have you ever been terminated, resigned from or failed to complete any law enforcement academy? No If "yes", which?

Academy	Location	When?
---------	----------	-------

Yes Have you ever been employed as a full-time paid peace officer or reserve peace office in Ohio, any other state or territory of the United States or by any agency of the federal government? If "yes":

What Agency/Department	Where (City, State)	When?
<u>US 23 MCTF</u>	<u>Chillicothe Oh</u>	<u>Present</u>
<u>Franklin Co. S.O.</u>	<u>Columbus Oh</u>	<u>2008-2011</u>
<u>Pickaway Co. S.O.</u>		<u>2004-2011</u>

No Has your employment or appointment as a peace office ever been terminated by any law enforcement agency or have you ever been asked to resign instead of termination. If "Yes":

What Agency/Department	Reason(s) for leaving	When?
------------------------	-----------------------	-------

Other than for medical or psychological reasons, have you ever been rejected for employment by any law enforcement agency No? If "yes":

What Agency/Department	Reason(s) for rejection	When?
------------------------	-------------------------	-------

STANCE EXPERIMENTATION HISTOI

Many people have experimented with marijuana and/or controlled substances in their early life. Such experimentation is generally not a problem. However, any use or experimentation with marijuana and/or controlled substances **within the past three (3) years** must be fully disclosed. **Note: Experimentation includes the ingestion into your body in any manner, including tasting, swallowing, inhaling or injecting.** Indicate the month and year **within the past three (3) years** that you may have experimented with or used any of the following:

☐ Acid	☐ Crosstops	☒ 2011 Marijuana	☐ Rock
☐ Amphetamines	☐ Crystals	☐ Mescaline	☐ Rush
☐ Angel Dust	☐ Downers	☐ Methamphetamine	☐ Sherm
☐ Barbiturates	☐ Ecstasy	☐ Mopers	☐ Speed
☐ Bennies	☐ Glue	☐ Mushrooms	☐ Steroids w/o prescription
☐ Black Beauties	☐ Hashish	☐ Opium	☐ Thai Stick
☐ Bombers	☐ Hashish Oil	☐ PCP	☐ Uppers
☐ Cocaine	☐ Heroin	☐ Peyote	☐ Whites
☐ Crack	☐ Ice	☐ Quaaludes	☐ Xenos
☐ Crank	☐ LSD	☐ Reds	

No Within the past three (3) years, have you experimented with or used any illegal drug(s) or controlled substances(s) not mentioned above? If so, what one(s)? _____

No Have you ever cultivated or manufactured any illegal hard drug or controlled substance?

No Have you ever sold, traded or transported for sale any illegal hard drug or controlled substance?

During your background investigation, is anyone likely to report that you have ever been involved in:

No the cultivation of marijuana for any purpose? If so, who? _____

No the manufacture of illegal hard drugs? If so, who? _____

No the sale of marijuana or illegal hard drugs? If so, who? _____

No the transportation of marijuana or illegal hard drugs? If so, who? _____

No Have you ever personally held or stored marijuana, an illegal hard drug or controlled substance for a friend or co-worker? If for a co-worker, by whom were you employed at the time? _____

No Have you ever used any prescription drug which was not prescribed for you? If so, what drug(s)? _____

No Have you ever bought, sold or traded any prescription drug which was not prescribed for you? If so, what drug(s)? _____

No Have you ever forged or altered a prescription to obtain any prescription drug(s)? If so, what drug(s)? _____

No Have you been stopped (not arrested) by a police officer, either as a pedestrian or the driver of a vehicle, when the officer felt you were under the influence of alcohol, prescription drugs or a controlled substance(s)?

No Have you ever been adjudged by any court to be in danger of or being addicted to dangerous drugs?

DOMESTIC CONDUCT HISTORY

No During your background investigation, is anyone likely to report that you have been involved in family fights?

No Have the police ever come to your home to settle a domestic problem between you and any member of your family?

What police agency? _____ When? _____

What police agency? _____ When? _____

No Have you ever caused physical injury to a spouse, ex-spouse, significant other, live-in relative or adult family member?

No Have you ever caused physical injury to a child family member which required medical attention for the child?

No Have you ever caused physical injury to an adult family member which required medical attention for the adult?

No Has any court in any state ever issued a restraining order against you for any reason?

Yes Are you now required to make child support payments? If "yes", are you current on those payments? Yes

This is page 5 of 8 pages. Place your initials here: DAD

FINANCIAL HISTORY

Answer all of the following questions by placing a "Y" (yes) or a "N" (no) on the line to the left of each question. If any question requires a "Y" (yes) answer, make your explanation on the lines to the right of the question.

Have you ever:

- | | | |
|----------|--|---------------|
| <u>N</u> | Been more than thirty (30) days late in making any mortgage or rent payment? | |
| <u>N</u> | Been more than thirty (30) days late in making any installment payment? | |
| <u>N</u> | Been more than thirty (30) days late in making any income tax payment? | |
| <u>N</u> | Had debt(s) turned over to a collection agency?
If "yes", what agency and when. | |
| <u>N</u> | Filed for protection under the bankruptcy laws? | |
| <u>Y</u> | Had your wages attached by a judgment? | Child Support |
| <u>N</u> | Had anything purchased on credit repossessed? | |
| <u>N</u> | Failed to make child support payments on time? | |
| <u>N</u> | Failed to make alimony payments on time? | |
| <u>N</u> | Used another person's credit card to pay a debt? | |
| <u>N</u> | Used another person's social security number to pay a debt? | |
| <u>N</u> | Lied to a credit agency for the purpose of obtaining credit? | |
| <u>N</u> | Failed to return a credit card after it was recalled? | |
| <u>N</u> | Has anybody ever sued you in Small Claims court? | |
| <u>N</u> | Are there any judgments pending against you now? | |
| <u>N</u> | During your background investigation, is anyone likely to report you have financial problems? If so, who? | |
| <u>N</u> | During your background investigation, will any credit reporting agency report you have poor credit? If so, which one(s)? | |

LICENSING HISTORY

Other than a driver license, have you ever held or been issued any license or licenses from the federal government or any state agency or any political subdivision thereof? If so, what license(s)?

No

Other than a driver license, has any license issued to you, including those mentioned above, ever been suspended or revoked for any reason(s)? If so, what license(s)?

No

DRIVING HISTORY

What is your present driver license number? [REDACTED]
State or jurisdiction which issued the license: OHIO

Date of expiration: 01/29/17

Answer all of the following questions by placing a "Y" (yes) or a "N" (no) on the line to the left of each question. If any question requires a "Yes" answer, make your explanation on the lines to the right of the question.

Have you ever:

No Been issued a driver license by any state or country other than your present driver license? If yes" what state or jurisdiction? _____ What is/was the number of that license? _____

No Failed to carry automobile insurance as required by state law or had your auto insurance canceled for reasons other than failure to pay the premium? _____

No Had your automobile placed with an assigned risk insurer? _____

No Been taken into custody or arrested after being stopped by a police officer while you were operating a motor vehicle? _____

No Left the scene of a motor vehicle collision, in which you were the driver of one of the involved vehicles, without exchanging information with other driver(s) or reporting it to a law enforcement agency? (Hit & Run) _____

No Had your driver license suspended? _____

No Had your driver license revoked? _____

No Driven a motor vehicle while under the influence of controlled substances or illegal hard drugs? _____

No Had your vehicle removed by a tow truck from the scene of a vehicle collision? _____

No Been the driver of a vehicle that caused personal injury to another person? _____

No Been a passenger in a vehicle that caused personal injury to another person? _____

No Will any of your references tell us you have driven a motor vehicle while under the influence of marijuana or any illegal hard drug? If so, who? _____

How many traffic citations for moving violations have you received within the past three (3) years? 0

Issuing Agency:	For what violation?	What year?

No Are there now (as of today) any traffic warrants out for your arrest?

No Will any law enforcement agency report you have been involved in a motor vehicle collision or received a traffic citation which you have not disclosed above? If so, what agency? _____

GROUP AFFILIATION HISTORY

Answer all of the following questions by placing a "Y" (yes) or a "N" (no) on the line to the left of each question.

- N Have you ever belonged to any group or gang which engages in unlawful activities?
- N Have you ever belonged to a street gang or taken part in street gang activities?
- N Do you have any gang related tattoos on your body?
- N Do you now or have you ever belonged to, worked with or for any group which advocates or advocated the violent overthrow of the United States government, any state government or any political subdivision thereof?
- N Do you now or have you ever belonged to, worked with or for any group which advocates or advocated acts of violence against persons because of their race, color, religious creed, sex, age, national origin, physical handicap or sexual preference?
- N During the course of your background investigation, will anybody say you belong or have belonged to any such group(s)? If so, who? _____
- N During your background investigation, is anyone likely to report you have prejudices which might affect either your on-the-job conduct or your off-the-job conduct? If so, who? _____
- N Within the past three (3) years, have you carried a concealed weapon without a permit?
- N During your background investigation, is anyone likely to report you have carried a concealed weapon without a permit? If so, who? _____
- N During your background investigation, is anyone likely to report you are unfit for the position for which you are applying? If so, who? _____

YOUR AREAS OF CONCERN

Answer each of the following two questions by placing a "Y" (yes) or a "N" (no) on the line to the left of each question.

- N Is there anything in your background that you have not been asked in this Personal History Statement that might adversely affect your application for employment? If so, what? _____
- N Is there anything in your background that you have not been asked in this Personal History Statement that you would like to discuss with the polygraph examiner? If so, what? _____

**ANY DELIBERATE INACCURACIES OR INCOMPLETE
STATEMENTS ON THIS PERSONAL HISTORY STATEMENT
MAY BAR YOU FROM EMPLOYMENT**

City of Circleville

Conditional Offer of Probationary Employment



I. PURPOSE

The purpose of this agreement is to extend to you a conditional offer of probationary employment at this time for the listed position of Police Officer/Patrolman.

All candidates for this position are required to successfully comply with the terms and conditions listed below. A final offer of employment will be offered to you **ONLY** after you have satisfied all remaining requirements for appointment to this position and there is a funded vacancy.

This is an agreement between the City of Circleville, Division of Police and candidate, Doug Davis.

II. TERMS AND CONDITIONS

A candidate for appointment as a POLICE OFFICER is required to comply with the terms and conditions checked below, by successful completion of:

- ☒ Psychological Assessment
- ☒ Polygraph or Voice Stress Analyzer Examination
- ☒ Medical Examinations (includes "drug screening", vision exam and hearing exam)
- ☐ Respirator Evaluation
- ☐ Psychological Examination
- ☐ Oral Interviews

III. LENGTH OF AGREEMENT

This conditional offer of probationary employment shall remain valid and in effect until the expiration date of the City of Circleville Civil Service Commission eligibility list for the above position. In the event that the above position is not controlled by an eligibility list issued by the City of Circleville Civil Service Commission, this conditional offer of probationary employment shall remain in effect for one year from the effective date of this agreement. In addition, this offer shall be immediately withdrawn upon the candidate's failure to meet any of the above stated terms and conditions.

The effective date of this conditional offer of probationary employment is.

The listed position is K is not ____ controlled by an eligibility list issued by the City of Circleville Civil Service Commission.

IV. ACKNOWLEDGEMENT

I have read and understand the terms of this conditional offer of probationary employment.

☒ I agree to abide by these terms and conditions and desire to continue in the selection process.

☐ I do not agree to abide by these terms and conditions and desire to continue in the selection process.

DAD
Candidate

11-14-13
Date

[Signature]
Department Head/Director

11-14-2013
Date

[Signature]
Human Resources Director

11-14-2013
Date

City of Circleville

Records Check and Pre-Employment Checklist



Position: Police Officer

Address: [REDACTED]

Candidate: Douglas A. Davis

Phone #: [REDACTED]

Date of Birth: 1/29/80 SSN: [REDACTED]

Date Interviewed: 11-14-13
(Reserve Officer)

Records Check

Agency	Date Completed	Findings
Ohio BMV		
Pickaway County Court		
Circleville Municipal Court		
Ohio Offender Database		
EScorn		

Date of Conditional Job Offer: _____

Date Accepted: _____

Pre-Employment Screening Schedule

Type of Appointment	Date of Appointment	Date Result Received	Result
Req. 11-14-13 Physical/Drug Screen	12-6-13 2pm	OK	
Req. 11-14-13 Stress Test	11-19-13 8:30 AM	OK	
Req. 11-14-13 Polygraph	11-25-13 4pm	OK 11-26-13	
Psychological	11-20-13 1 PM	OK 11-27-13	

☐ Department Head Notified _____

☐ Disqualified Reason: _____

☐ Hired: Start Date _____

☐ Oath of Office (if applicable) Reserve Officer

Circleville Police Department

Personal History Questionnaire
Page 1 of 18

OLD

PERSONAL HISTORY OF:	<u>DAVIS</u> (Last Name)	<u>DOUGLAS</u> (First Name)	<u>ALAN</u> (Middle Name)
POSITION APPLIED FOR:	☒ POLICE OFFICER		
	☐ COMMUNICATIONS OFFICER/JAILER		
	☐ OTHER – SPECIFY _____		
DATE QUESTIONNAIRE COMPLETED: _____			

This *Personal History Questionnaire* is intended for the use of the City of Circleville Police Department. You are hereby required to be truthful and complete all sections of this Questionnaire. All information contained herein is subject to verification via source information and Polygraph or Voice Stress Analyzer Examination.

The answers to questions contained in this Questionnaire must be printed, in your own handwriting, legibly in black ink only. Each individual question must be answered; there can be no blanks. If a question does not apply to your particular circumstance, insert "DNA" in that blank. When answering questions that require dates insert the full date(s); partial month/year responses are unacceptable. You must provide complete address information when requested; partial address responses are unacceptable.

- NOTE -

Candidates for positions with the Circleville Police Department are cautioned to answer every question truthfully and without evasion. The Ohio Revised Code provides penalties for making a false statement of a material fact, or for practicing any fraud or deception in obtaining or attempting to obtain employment. Such penalties include rejection for appointment, or discharge after appointment, and/or prosecution under ORC section 2921.13.

Circleville Police Department

Personal History Questionnaire

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PERSONAL INFORMATION

Document the following. Include COMPLETE address: Street, City, State, Zip Code, Telephone Numbers.

LEGAL NAME: DAVIS DOUGLAS ALAN
Last Name First Name Middle Name

DATE OF BIRTH 01-29-1980 AGE 27 SOCIAL SECURITY NO. [REDACTED] U.S. CITIZEN [X] YES [] NO
DRIVER'S LICENSE NO. [REDACTED] TYPE R CLASS D STATE OHIO EXPIRATION DATE 01-29-2009

OTHER NAMES KNOWN BY Doug

PRESENT RESIDENCE (Street, City, State, Zip) [REDACTED] PRESENT PHONE NO. [REDACTED]

Are you renting, leasing or buying? ☐ Rent ☒ Lease ☐ Buy

Do you live within the city limits of Circleville? ☐ Yes ☒ No

If you do not live within the city limits, are you willing to do so or move within a 20-mile radius thereof within 180 days of your starting date of employment? ☒ Yes ☐ No

WITH WHOM DO YOU LIVE? [REDACTED] RELATIONSHIP PARENTS
DNA DNA
DNA DNA
DNA DNA

PREVIOUS RESIDENCES

List all your residences since age 18. Include all military addresses, listing the nearest city in proximity to the base if you resided on base.

FROM (MO-YR.) TO (MO-YR.)	STREET, CITY, STATE, ZIP CODE	WITH WHOM DID YOU LIVE	RELATIONSHIP
<u>06-02 TO 10-07</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>WIFE & CHILDREN</u>
<u>11-01 TO 06-02</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>PARENTS</u>
<u>08-99 TO 11-01</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>WIFE & CHILD</u>
<u>01-99 TO 08-99</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>WIFE & CHILD</u>
<u>01-80 TO 01-99</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>FIANCE'</u>
<u>DNA</u>	<u>DNA</u>	<u>DNA</u>	<u>PARENTS</u>
			<u>DNA</u>

Circleville Police Department

Personal History Questionnaire

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PRESENT OCCUPATION

DEPUTY SHERIFF

BUSINESS ADDRESS

600 ISLAND ROAD CIRCLEVILLE OH 43113

PHONE NUMBER

(740) 477-6156

IMMEDIATE SUPERVISOR:

SERGEANT JAMES A. BROWN

IMMEDIATE SUPERVISOR'S HOURS OF WORK:

0800-1600 HOURS MONDAY - FRIDAY

ANSWER THE FOLLOWING QUESTIONS

- | | | | | | |
|----|---|--------------------------|-----|-------------------------------------|----|
| 1. | Have you ever had your wages attached? | ☐ | YES | ☒ | NO |
| 2. | Have you ever been refused credit? | ☐ | YES | ☒ | NO |
| 3. | Have you ever had any of your property repossessed? | ☐ | YES | ☒ | NO |
| 4. | Have you ever filed bankruptcy or been declared bankrupt? | ☐ | YES | ☒ | NO |
| 5. | Have you ever had a bond refused? | ☐ | YES | ☒ | NO |

If any question is answered "YES" explain the specific details on this page; write legibly.

DNA

Circleville Police Department

Personal History Questionnaire

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MARTIAL INFORMATION

Document the following. Include COMPLETE addresses: Street, City, State, Zip Code and Telephone Numbers.

If you are married:

CITY, COUNTY, STATE MARRIAGE PERFORMED

DATE PERFORMED

CIRCLEVILLE, PICKAWAY, OHIO

01-29-00

NAME OF PRESENT SPOUSE

MAIDEN NAME

DATE OF BIRTH

SOCIAL SECURITY NO.

PRESENT ADDRESS/PHONE # OF SPOUSE:

SPOUSE'S OCCUPATION

BUSINESS ADDRESS

PHONE NUMBER

CITY, COUNTY, STATE PREVIOUS MARRIAGE PERFORMED

DATE PERFORMED

DNA

DNA

1

1

COURT ISSUING DIVORCE OR ANNULMENT

DATE DIVORCE FINALIZED

DNA

DNA

1

1

NAME OF FORMER SPOUSE

MAIDEN NAME

DATE OF BIRTH

ADDRESS/PHONE NO.

DNA

DNA

DNA

DNA

1

1

1

1

FORMER SPOUSE'S OCCUPATION

BUSINESS ADDRESS

PHONE NUMBER

1. DNA

DNA

DNA

2. 1

1

1

Are you now supporting all dependants that you are required to support?

☒

YES

☐

NO

Are you paying alimony or child support?

☐

YES

☒

NO

Have you ever been sued for alimony payments or child support?

☐

YES

☒

NO

If payments are not up to date, what is the reason? DNA

Circleville Police Department

Personal History Questionnaire

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MILITARY RECORD

Have you ever served in the U.S. military?

[] YES [X] NO

If answered "YES" document the following:

DATE ENTERED	BRANCH OF SERVICE	DATE DISCHARGED	TYPE OF DISCHARGE	MILITARY BASE & LOCATION
DNA	DNA	DNA	DNA	DNA
I	I	I	I	I
I	I	I	I	I
I	I	I	I	I

Highest military rank or rate held? DNA

Were you ever court marshaled, tried on charges, subject to a summary court martial, captain's mast, article 15, company punishment, or any other disciplinary action while in the military?

[] YES [X] NO

Did you receive a less than Honorable Discharge from military service?

[] YES [X] NO

If either question is answered "YES" explain the specific details on this page; write legibly.

DNA

Circleville Police Department

Personal History Questionnaire

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CRIMINAL HISTORY

1. Have you even been convicted as an Adult for a felony crime as defined in the Ohio Revised Code?
[] YES [x] NO
2. Have you ever been convicted as a Juvenile for a felony crime of violence as defined in the Ohio Revised Code?
[] YES [x] NO
3. Have you ever been incarcerated as an Adult in a federal, state, county or city prison, correctional institute or jail?
[] YES [x] NO
4. Have you even been incarcerated as a Juvenile in a reformatory, detention center, or juvenile home for delinquent offenders?
[] YES [x] NO
5. Have you been convicted as an Adult of an M-1 or M-2 misdemeanor as listed in the Ohio Revised Code within five (5) years preceding the date of your application?
[] YES [x] NO
6. Have you ever been convicted of any article of the Uniform Code of Military Justice that would be equivalent to a felony, domestic violence or misdemeanor act of violence under the Ohio Revised Code?
[] YES [x] NO
7. Have you filed a fraudulent insurance claim or fraudulent application for welfare, workers' compensation or other public assistance program?
[] YES [x] NO
8. As an Adult, have you ever stolen any one item having a value of \$500.00 or more?
[] YES [x] NO
9. During the last 5 years, have you stolen any property and/or cash totaling an amount of \$500.00 or more?
[] YES [x] NO
10. Have you ever afflicted any physical, sexual, or emotional abuse to your spouse, ex-spouse, child, stepchild, parent or any other relative or person with you lived or had a relationship?
[] YES [x] NO
11. Have you ever violated a court order or legal contract to provide child support, alimony, or other financial responsibility as determined by finding of a court of law?
[] YES [x] NO
12. Have you ever intentionally violated any protective or temporary restraining order as determined by finding of a court of law?
[] YES [x] NO
13. Have you ever been a defendant in a civil suit or action?
[] YES [x] NO
14. Do you have any civil suit or action pending against you at this time?
[] YES [x] NO

If any questions is answered "YES" explain the specific details on this page, including the type of offense and disposition or outcome; write legibly.

DNA

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Circleville Police Department

Personal History Questionnaire

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DNA

Circleville Police Department

Personal History Questionnaire

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EDUCATION RECORD

Document the following where applicable; High School, Trade School, College or University. Start with the most recent educational institution that you attended.

NAME OF INSTITUTION	LOCATION (CITY & STATE)	DATES FROM/TO	GRADUATE	DEGREE /CREDITS
<u>SOUTHERN OHIO POLICE</u> 1. <u>TRAINING INSTITUTE</u>	<u>CHILLICOTHE, OHIO</u>	<u>01-05 TO 06-05</u>	☒ YES ☐ NO	<u>BASIC</u> <u>PEACE OFFICER</u> <u>COLLEGE PREP</u> <u>DIPLOMA</u>
2. <u>WESTFALL HIGH SCHOOL</u>	<u>WILLIAMSPORT, OHIO</u>	<u>08-94 TO 06-98</u>	☒ YES ☐ NO	
3. <u>DNA</u>	<u>DNA</u>	<u>DNA</u>	☐ YES ☐ NO	<u>DNA</u>
4. <u>I</u>	<u>I</u>	<u>I</u>	☐ YES ☐ NO	<u>I</u>
5. <u>I</u>	<u>I</u>	<u>I</u>	☐ YES ☐ NO	<u>I</u>

Were you ever suspended or expelled from a school, college or university? ☐ YES ☒ NO

Can you type? ☒ YES ☐ NO If so, how many words per minutes? UNKNOWN

Do you have computer training and/or experience? ☒ YES ☐ NO

OTHER TRAINING (Training/education courses providing knowledge applicable to the position applied for.)

SPECIALIZED TRAINING/EDUCATION	INSTITUTION	DATE
<u>FIRST AID / CPR CERTIFIED</u>	<u>AMERICAN RED CROSS</u>	<u>06/05</u>
<u>RADAR / LIDAR CERTIFIED</u>	<u>OPOTA</u>	<u>06/05</u>
<u>ADAP CERTIFIED</u>	<u>OPOTA</u>	<u>06/05</u>
<u>CHEMICAL AGENT CERTIFIED</u>	<u>OPOTA</u>	<u>06/05</u>
<u>ASP BATON CERTIFIED</u>	<u>OPOTA</u>	<u>06/05</u>
<u>FIREARMS CERTIFIED</u>	<u>OPOTA</u>	<u>06/05</u>
<u>CERTIFIED CORRECTIONS OFFICER</u>	<u>OPOTA</u>	<u>06/05</u>
<u>LAW ENFORCEMENT CONTINUING EDUCATION</u>	<u>OPOTA</u>	<u>11/07</u>
<u>DNA</u>	<u>DNA</u>	<u>DNA</u>
<u>I</u>	<u>I</u>	<u>I</u>
<u>I</u>	<u>I</u>	<u>I</u>
<u>I</u>	<u>I</u>	<u>I</u>

Circleville Police Department

Personal History Questionnaire

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LAW ENFORCEMENT INFORMATION

Have you ever applied for a position with any other law enforcement agency?

☒ YES

☐ NO

If answered "YES" document the following:

<u>DATE APPLIED</u>	<u>AGENCY</u>	<u>LOCATION (CITY/STATE)</u>	<u>RESULT</u>
12/98	PICKAWAY COUNTY SHERIFF	CIRCLEVILLE / OHIO	EMPLOYED
02/04	PICKAWAY COUNTY SHERIFF	CIRCLEVILLE / OHIO	EMPLOYED
DNA	DNA	DNA	DNA
I	I	I	I

If you have been, or currently are, a law enforcement officer answer the following:

- Did you ever resign from a law enforcement agency? ☒ YES ☐ NO
- Did you ever resign from a law enforcement agency in lieu of prosecution? ☐ YES ☒ NO
- Were you ever asked to resign from a law enforcement agency? ☐ YES ☒ NO
- Did you receive any complaints on your work performance? ☐ YES ☒ NO
- Have you ever received a commendation for your work performance? ☒ YES ☐ NO
- Did you keep or take any property from a person, building or vehicle not belonging to you? ☐ YES ☒ NO
- Did you ever keep any confiscated illegal drug or narcotic? ☐ YES ☒ NO
- Did you ever use any illegal drug or narcotic while you were a law enforcement officer? ☐ YES ☒ NO
- Did you ever keep any confiscated alcoholic beverage? ☐ YES ☒ NO
- Did you ever directly or indirectly solicit or accept a bribe? ☐ YES ☒ NO
- Did you ever directly or indirectly solicit or accept a gratuity? ☐ YES ☒ NO
- Did you ever perform an unauthorized record check (e.g. LEADS, NCIC)? ☐ YES ☒ NO
- Did you ever illegally improperly remove any record from your law enforcement agency? ☐ YES ☒ NO
- Did you ever leak any confidential police information? ☐ YES ☒ NO
- Did you ever lie or distort facts in an official police report? ☐ YES ☒ NO
- Did you ever lie or commit perjury in court or any other official proceeding? ☐ YES ☒ NO
- Did you ever stop or contact someone on official business and then try to date him/her? ☐ YES ☒ NO
- Did you ever engage in sex with a person while you were on duty? ☐ YES ☒ NO
- Did you ever shoot anyone? ☐ YES ☒ NO

Circleville Police Department

Personal History Questionnaire

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- | | | | |
|-----|--|---|--|
| 20. | Did you ever fire any warning shots? | ☐ YES | ☒ NO |
| 21. | Did you ever discharge your firearm while on duty, other than in firearm training/qualification? | ☒ YES | ☐ NO |
| 22. | Did you ever draw your firearm in the line of duty? | ☒ YES | ☐ NO |
| 23. | Did you ever lose your temper with a prisoner, suspect or other citizen? | ☐ YES | ☒ NO |
| 24. | Did you ever use excessive force on a prisoner, suspect or other citizen? | ☐ YES | ☒ NO |
| 25. | Have you ever had a citizen complaint filed against you? | ☐ YES | ☒ NO |
| 26. | Have you ever carried a so-called "throw down" weapon (e.g., gun or knife)? | ☐ YES | ☒ NO |
| 27. | Did you ever write an unwarranted traffic citation? | ☐ YES | ☒ NO |
| 28. | Did you ever effect an unwarranted arrest? | ☐ YES | ☒ NO |
| 29. | Were you ever involved in a high-speed pursuit? | ☒ YES | ☐ NO |
| 30. | Were you ever involved in a traffic crash with a police vehicle? | ☒ YES | ☐ NO |

Additional explanation, if required.

1). I RESIGNED FROM THE PICKAWAY COUNTY SHERIFF'S DEPARTMENT IN OCTOBER 1999
WITH GOOD STANDING.

5). I AM AN ACTIVE MEMBER OF THE SHERIFF'S DEPARTMENT HONOR GUARD, WHICH WAS
EACH GIVEN AN ACCOMMENDATION FOR VOLUNTARY SERVICES.

21). I HAD SEVERAL DEER RELATED ACCIDENTS WHILE WORKING THE ROAD
PATROL. ON MANY OCCASIONS THE DEER HAD TO BE DESPATCHED.

22). ON MANY CALLS: SEVERAL BUILDING CHECKS, FELONY TRAFFIC STOPS, (ETC).

29). ONE THAT I CAN RECALL. STOLEN VEHICLE I WAS ASSISTING ANOTHER AGENCY.

30). WHILE STILL IN TRAINING I BACKED MY PATROL VEHICLE INTO A
MAILBOX CAUSING JUST ENOUGH DAMAGE TO FILE AN ACCIDENT REPORT.

Circleville Police Department

Personal History Questionnaire

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FAMILY INFORMATION

Document the name and relationship of your dependants in the following order: Spouse, Children, Step-Children or Foster Children.

<u>NAME</u>	<u>ADDRESS</u>	<u>BIRTHDATE</u>	<u>PLACE OF BIRTH (County/State)</u>
		12-29-78	PICKAWAY / OHIO
		06-23-00	SAME
		12-15-03	SAME
		07-19-05	SAME
<u>DNA</u>	<u>DNA</u>	<u>DNA</u>	<u>DNA</u>
I	I	I	I

Document the name, address and telephone number of your Father and Mother (to include Stepfather and Stepmother). If deceased, indicate so.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>	<u>PHONE NO.</u>
			
<u>DNA</u>	<u>DNA</u>	<u>DNA</u>	<u>DNA</u>

Circleville Police Department

Personal History Questionnaire

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REFERENCES

Document the names of 7 persons who have known you for at least five years; not to include family relatives. List COMPLETE address: Street, City, State, Zip Code, Telephone Numbers.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NO.</u>	<u>ASSOCIATION</u>
<u>DOYNE "DOC" WIGGINS</u>			<u>PASTOR</u>
<u>CHARLES REED</u>			<u>FRIEND</u>
<u>SCOTT SKINNER</u>			<u>NEIGHBOR</u>
<u>JOHN REISINGER</u>			<u>FRIEND</u>
<u>CONNIE SURGENOR</u>			<u>CO-WORKER</u>
<u>TIM STRAWSER</u>			<u>HIGH SCHOOL ASST. PRINC</u>
<u>DENNIS KARSNER</u>			<u>HIGH SCHOOL PRINCIPAL</u>

Circleville Police Department

Personal History Questionnaire

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EMPLOYMENT HISTORY

Begin with your most recent job and list your complete employment history in chronological order. Include in sequence all part-time employment, periods of unemployment and military service, if any. If documenting military service, substitute for the name and address of Supervisor the name, address and rank of the last commissioned officer that was your immediate superior. If documenting periods of unemployment, indicate dates in space provided. In the section designated Employer, write "unemployed". In the section designated Reason for Leaving, indicate from what source you derived income during that period of unemployment. Document COMPLETE addresses: Street, City, State, Zip Code and Telephone Numbers.

Is your present employer aware of your candidacy for the position of Police Officer for the City of Circleville? ☐ YES ☒ NO

Employer: PICKAWAY COUNTY SHERIFF Address 600 ISLAND RD. CIRCLEVILLE, OH 43113

Phone No. (740) 477-6156 Dates: From/To 2/9/04 - PRESENT Supervisor SGT. BROWN

Position Title DEPUTY SHERIFF Starting Salary \$12.57 HR. End Salary \$14.79 HR.

Promotion DNA Reason for Leaving CURRENT EMPLOYER

Employer: OHIO CONCRETE RESTORATION Address 12812 LONDON RD. ORIENT, OH 43146

Phone No. (614) 877-0707 Dates: From/To 01/00 - 02/04 Supervisor PAUL PAIGE

Position Title LABORER Starting Salary \$10.00 HR. End Salary \$15.50 HR.

Promotion DNA Reason for Leaving DESIRED CAREER IN LAW ENFORCEMENT

Employer: UNEMPLOYED Address DNA

Phone No. DNA Dates: From/To 10/99 - 01/00 Supervisor DNA

Position Title DNA Starting Salary DNA End Salary DNA

Promotion DNA Reason for Leaving FIANCE WAS EMPLOYED

Employer: PICKAWAY COUNTY SHERIFF Address 600 ISLAND RD. CIRCLEVILLE OH 43113

Phone No. (740) 477-6156 Dates: From/To 12/98 - 10/99 Supervisor SGT. PEARCE

Position Title CORRECTIONS OFFICER Starting Salary \$9.50 HR. End Salary \$9.50 HR.

Promotion DNA Reason for Leaving RESIGNED IN GOOD STANDING

Circleville Police Department

Personal History Questionnaire

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Employer: <u>OHIO CONCRETE RESTORATION</u>	Address <u>12812 LONDON RD. ORIENT, OH 43146</u>
Phone No. <u>(614) 877-0707</u>	Dates: From/To <u>06/98-12/98</u> Supervisor <u>PAUL PAIGE</u>
Position Title <u>LABORER</u>	Starting Salary <u>\$10.00 Hr.</u> End Salary <u>\$10.00 Hr</u>
Promotion <u>DNA</u>	Reason for Leaving <u>UNSTABLE BUSINESS AT THE TIME</u>
Employer: <u>DNA</u>	Address <u>DNA</u>
Phone No. <u>DNA</u>	Dates: From/To <u>DNA</u> Supervisor <u>DNA</u>
Position Title <u>DNA</u>	Starting Salary <u>DNA</u> End Salary <u>DNA</u>
Promotion <u>DNA</u>	Reason for Leaving <u>DNA</u>
Employer: <u>DNA</u>	Address <u>DNA</u>
Phone No. <u>DNA</u>	Dates: From/To <u>DNA</u> Supervisor <u>DNA</u>
Position Title <u>DNA</u>	Starting Salary <u>DNA</u> End Salary <u>DNA</u>
Promotion <u>DNA</u>	Reason for Leaving <u>DNA</u>
Employer: <u>DNA</u>	Address <u>DNA</u>
Phone No. <u>DNA</u>	Dates: From/To <u>DNA</u> Supervisor <u>DNA</u>
Position Title <u>DNA</u>	Starting Salary <u>DNA</u> End Salary <u>DNA</u>
Promotion <u>DNA</u>	Reason for Leaving <u>DNA</u>

Circleville Police Department

Personal History Questionnaire

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DRIVING RECORD INFORMATION

- | | | | |
|-----|---|---------|--------|
| 1. | Do you, now, or have you ever had a motor vehicle drivers license from another state? | [] YES | [X] NO |
| 2. | Have you ever obtained a drivers license under an assumed name or falsify your age? | [] YES | [X] NO |
| 3. | Have you ever been refused an Ohio drivers license in any other state? | [] YES | [X] NO |
| 4. | Were you ever involved in a vehicle traffic accident? | [X] YES | [] NO |
| 5. | Were you ever involved in leaving the scene of a vehicle traffic accident? | [] YES | [X] NO |
| 6. | How many reported vehicle accidents have you been involved in as a driver? | ONE | |
| 7. | Were you ever involved in a vehicle accident that went unreported? | [] YES | [X] NO |
| 8. | Have you ever received a traffic citation? If so, how many? | [] YES | [X] NO |
| 9. | Were you ever arrested for driving under the influence of alcohol or drugs? | [] YES | [X] NO |
| 10. | Have you ever had your driving privileges suspended or revoked for any reason? | [] YES | [X] NO |
| 11. | Were you ever cited or arrested for driving while your license was suspended? | [] YES | [X] NO |
| 12. | Have you ever been denied motor vehicle insurance? | [] YES | [X] NO |
| 13. | Have you ever had your motor vehicle insurance revoked? | [] YES | [X] NO |
| 14. | Do you have any unpaid traffic or parking fines anywhere? | [] YES | [X] NO |
| 15. | Have you had 3 or more moving traffic violations within a twelve-month period? | [] YES | [X] NO |
| 16. | Were you ever convicted of vehicular homicide? | [] YES | [X] NO |

Document any traffic violation for which you were convicted.

DATE	VIOLATION	LAW ENFORCEMENT AGENCY	PENALTY
DNA	DNA	DNA	DNA

Additional explanation, if required.

DNA

Circleville Police Department

Personal History Questionnaire

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USE OF ALCOHOLIC BEVERAGES

- | | | | |
|----|---|------------------------------|--|
| 1. | Do you drink alcoholic beverages? | ☐ YES | ☒ NO |
| 2. | Have you ever consumed an alcoholic beverage at work? | ☐ YES | ☒ NO |
| 3. | Were you ever cited or arrested for an offense related to consumption of an alcoholic beverage? | ☐ YES | ☒ NO |
| 4. | Have you ever unlawfully provided an alcoholic beverage to a person under the age of 21? | ☐ YES | ☒ NO |
| 5. | Have you ever driven a motor vehicle while under the influence of alcohol? | ☐ YES | ☒ NO |
| 6. | Were you ever convicted of an OMVI ("drunk driving") offense? | ☐ YES | ☒ NO |

Additional explanation, if required.

DNA

Circleville Police Department

Personal History Questionnaire

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ILLEGAL NARCOPTICS & DRUGS

- | | | | |
|----|--|------------------------------|--|
| 1. | Are you in possession of any illegal narcotic or drug at the present time, including marijuana? | ☐ YES | ☒ NO |
| 2. | Have you ever used or purchased an illegal narcotic or drug, including marijuana? | ☐ YES | ☒ NO |
| 3. | Have you ever sold any illegal narcotic or drug, including marijuana? | ☐ YES | ☒ NO |
| 4. | Have you ever sniffed a chemical agent for the purpose of getting "high"? | ☐ YES | ☒ NO |
| 5. | Do you regularly associate with anyone who you know uses an illegal narcotic or drug, including marijuana? | ☐ YES | ☒ NO |
| 6. | Have you ever provided any illegal narcotic, drug, or marijuana to another person? | ☐ YES | ☒ NO |
| 7. | Have you ever used a prescription drug in a manner considered to be in abuse of its purpose? | ☐ YES | ☒ NO |

Additional explanation, if required.

DNA

Circleville Police Department

Personal History Questionnaire

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MORAL CHARACTER

- | | | | |
|-----|---|---|--|
| 1. | Do you consider yourself to be of good moral character? | ☒ YES | ☐ NO |
| 2. | Were you ever arrested or investigated for anything involving moral turpitude? | ☐ YES | ☒ NO |
| 3. | Have you ever made an obscene phone call? | ☐ YES | ☒ NO |
| 4. | Have you ever performed an act of unlawful voyeurism? | ☐ YES | ☒ NO |
| 5. | Have you ever engaged in any form of an illegal sex act? | ☐ YES | ☒ NO |
| 6. | Did you ever force someone to have sex with you? | ☐ YES | ☒ NO |
| 7. | Do you gamble, other than "friendly wagers"? | ☐ YES | ☒ NO |
| 8. | Have you ever participated in any illegal form of gambling? | ☐ YES | ☒ NO |
| 9. | Were you ever placed in an unstable financial situation or created a bad credit history due to gambling? | ☐ YES | ☒ NO |
| 10. | Do you have any gambling debts at this time? | ☐ YES | ☒ NO |
| 11. | Do you have any prejudices toward others because of their race, national origin, religion or sexual preference that would be detrimental to your performance as a Police Officer? | ☐ YES | ☒ NO |
| 12. | If it became necessary in the course of your police duties to take a human life, would you have any reluctance to do so because of any personal beliefs? | ☐ YES | ☒ NO |
| 13. | Have you knowingly bought or sold stolen property? | ☐ YES | ☒ NO |
| 14. | Are you presently a defendant for any pending criminal, civil, or traffic charge? | ☐ YES | ☒ NO |
| 15. | Have you ever been a member of any organization or group that advocates the overthrow of the U.S. Government by illegal means? | ☐ YES | ☒ NO |
| 16. | In either your written or verbal responses to your application or this questionnaire, have you failed to be completely truthful? | ☐ YES | ☒ NO |

I ATTEST THAT I HAVE COMPLETELY AND TRUTHFULLY ANSWERED ALL THE QUESTIONS IN THIS PERSONAL HISTORY QUESTIONNAIRE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE ANSWERS OR STATEMENTS MADE BY ME MAY BE CAUSE FOR DISAPPROVAL OF MY APPOINTMENT, OR FOR DISMISSAL AFTER BEING APPOINTED. I FURTHER UNDERSTAND THAT ANY FALSEHOOD ON MY PART DEMONSTRATED IN THIS PERSONAL HISTORY QUESTIONNAIRE MAY SUBJECT ME TO PROSECUTION UNDER OHIO REVISED CODE SECTION 2921.13.

SIGNATURE OF CANDIDATE: Douglas A. Davis DATE: 4/22/08

IN PRESENCE OF WITNESS: Dore M. Higgins / Chaplain
(Signature and Title)

RELEASE OF LIABILITY

Circleville HR

FEB 13 2013

RECEIVED

This release is executed on this 6TH day of FEBRUARY
20 13, by DOUGLAS A. DAVIS, hereinafter referred to as "Releasor".
NAME

In consideration of being permitted to participate in the use of the exercise and weight lifting equipment of the City of Circleville and Circleville Police Department at no cost, Releasor, being of lawful age, does, for himself/herself, his/her heirs, executors, administrators and assigns hereby release, waive and discharge the City of Circleville, the Circleville Police Department, and their officers and employees, hereinafter referred to as "Releasees" of and from any and every claim, demand, action, or right of action, of whatever kind or nature, either in law or in equity, arising from, or by reason of, any bodily injury or personal injuries, known or unknown, death or property resulting or to result from any accident which may occur as a result of participating in the use of this exercise and weight equipment and any activities in connection therewith, whether by negligence or not.

By signing this release, Releasor hereby assumes full responsibility for the risk of bodily injury, death or property damage due to the negligence of Releasees or otherwise while in or upon the premises wherein this exercise and weight equipment is located.

Releasor expressly agrees that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

This release contains the entire agreement between the parties hereto and the term of this release are contractual and not a mere recital.

Releasor further states that he/she has carefully read the foregoing release and knows the contents thereof and signs this release of his/her own free and voluntary act and deed.

IN WITNESS WHEREOF, Releasor has executed this release on the day and year first above written.

SIGNED IN THE PRESENCE OF:



Releasor

City of Circleville

Police Department

Harold W. Gray Jr. – Chief of Police
151 East Franklin Street
Circleville, Ohio 43113



Police Services (740) 477-8208 • Offices (740) 477-8221 • Fax (740) 474-8880

City of Circleville Gym Rules

1. When it is during city business hours music will be kept at a reasonable volume.
2. When you leave take trash with you. Empty the trash can into our dumpster whenever it needs it and you are the last person leaving.
3. After using equipment spray and wipe it off with the spray bottle and paper towels. If we are out let the gym manager know.
4. Always put weights back on racks, do not leave any weights on bars.
5. Do not leave any personal items in the gym when you leave.
6. Do not hang anything on the walls without permission from the Chief of Police.
7. If a piece of equipment is broken put an out of service sign on it and do a work order for it to be repaired.
8. If a part of the property is damaged do a work order for it to be repaired and immediately advise Sgt. Baer.
9. Do not allow people into the gym who are not city employees unless they are accompanied by an employee. No guests should be left there unattended.
10. Do not give the gym lock code out to anyone who is not a city employee.
11. Do not add equipment to the gym without approval of the Chief of Police.
12. Always leave the restroom in clean condition.
13. If you find the gym dirty when you get there clean it up and report it to Sgt. Baer.
14. You are not to use the gym while on duty unless for training or another reason approved by the Chief of Police.
15. Failure to follow these rules could result in a loss of your gym use privileges and/or discipline.

Basically treat it like it is your own. It took a while to get it so lets not ruin a good thing. Thanks.

A handwritten signature in dark ink, appearing to read "Douglas A. Davis".

Employee

DOUGLAS A. DAVIS

Badge #

2/6/13
Date

Effective 7/4/08 gsb

AUTHORIZATION FOR PAYROLL DEDUCTION

DEDUCTION \$ _____ pre-tax Deduction AMOUNT: \$ _____ post-tax Begins _____ Date (MM/DD/YYYY)		FREQUENCY OF BILLING ☐ Monthly ☒ Semi-monthly (24 pay periods per year) ☐ Weekly ☐ Every two weeks (26 pay periods per year) ☐ Four Weeks Per Month (28 Day Group) ☐ Other _____			
EMPLOYEE <u>DOUGLAS DAVIS</u>					
EMPLOYEE/PAYROLL # _____ SEC./DEPT. # _____					

I hereby authorize my employer to deduct from my salary until further notice the premium presently payable and which may be hereafter payable for insurance issued or administered by COLONIAL LIFE & ACCIDENT INSURANCE COMPANY and to remit same premium to the above named insurance company.

I understand that premium deduction amounts may change and do hereby consent to such changes without the necessity of additional authorization on my part, verbal or written, provided the insurance company above certifies in writing that the change in premium uniformly affects all members of the class to which I belong.

I agree not to hold my Employer responsible in the event a premium payment is not made when due to the Insurance Company.

5/22/2016
Date (MM/DD/YYYY)

X _____
Employee Signature

_____ Phone Number

_____ Address

COVERAGES	APPLICANT	SPOUSE	DEPENDENT CHILDREN	TOTAL
ACCIDENT	X		NEW	2.30 (post TAX)
LIFE	Gun Shoot Wound			
SICKNESS				
CANCER				
HOSPITAL INCOME				
INTENSIVE CARE				
OTHER				
DISABILITY				
TOTAL PAYMENT	FIRST DEDUCTION ☐	CHANGE IN DEDUCTION ☒	\$ 3.00	

Colonial Life is Not Responsible For Stopping Payroll Deductions.

☐ Return this card to your Payroll Department
☐ Return this card to Colonial Life

attached form

12338-8

City Of Circleville Ohio Fbp | 2016 ANNUAL ENROLLMENT

DOUGLAS A. DAVIS

Enrollment Dates: 4/22/2016 - 5/30/2016
Primary Phone: [REDACTED]
Work Phone: [REDACTED]
Gender: Male
Employee ID: [REDACTED]
Birth Date: 1/29/1980
Date of Hire: 1/1/2013
Classification: [REDACTED]
Location: CIRCLEVILLE
Paychecks per Year: 24
Department: [REDACTED]

NEW ELECTION FORM			Sunday, May 22, 2016	
ID	Election Description	Action	Deduction Employee	Deduction Employer
CLA-Post	☒ Accident * Colonial (DOUGLAS DAVIS) (Enrolled by Plan Code) Public Safety Policy	New	\$2.50 Post-Tax	\$0.00
CLA-Post	☒ Accident Colonial (DOUGLAS DAVIS + Children) On/Off-Job Accident. Employee and Dependent Children coverage.	Existing	\$11.53 Post-Tax	\$0.00
CLA-Pre	☒ Cancer Colonial (DOUGLAS DAVIS + Children) Employee and Dependents Cancer Coverage Initial Diagnosis Benefit (\$5,000.00)	Existing	\$18.75 Pre-Tax	\$0.00
CLA-Pre	☒ Disability Colonial (DOUGLAS DAVIS) On/Off Job Accident and On/Off Job Sickness Disability. On Job benefit amount is 50% of Off Job benefit amount of (\$600.00)	Existing	\$10.50 Pre-Tax	\$0.00
		(Colonial Pre-Tax \$29.25)	Pre-Tax Subtotal	\$29.25
		(Colonial Post-Tax \$14.03)	Post-Tax Subtotal	\$14.03
		(Colonial Total \$43.28)	Grand Total	\$43.28
		(24 deductions per year)		
		\$0.00		

This summary only includes benefits that are processed by this system.

* This application for coverage has been submitted to Colonial for review. If the application is approved you will receive a policy. Coverage under the policy will not be effective until the policy/certificate is issued and the first premium is paid. If the application is declined, you will be notified by Colonial.

I understand that I am allowed to reduce my salary for the purchase of qualified benefits as part of a flexible benefits plan ("plan") under Section 125 of the Internal Revenue Code. I hereby authorize and direct my employer to reduce my salary in the amount necessary to pay for this coverage. I further authorize future adjustment in the amount of the salary reduction in the event that the cost of coverage in any program selected for "Pre-Tax" is changed during the plan year. I further authorize a payroll deduction for the amount necessary to pay for the coverage selected for "Post-Tax", if any.

I further authorize the allocation of funds provided by my employer for the purchase of qualified benefits, if any.

Additional Terms: As required by the Internal Revenue Service (IRS) regulations, contributions under the plan will remain in effect and cannot be revoked or changed during the plan year, unless the revocation and new election are on account of, and consistent with, a change in status (e.g. marriage, divorce, death, and termination of employment of spouse) or as otherwise allowed under IRS regulations.

I understand that the insurance claim payments under certain coverages may be subject to federal and state taxes when the premium is paid by salary reductions or employer contributions.

AUTHORIZATION FOR PAYROLL DEDUCTION

DEDUCTION AMOUNT: \$ _____ pre-tax Deduction Begins _____
 \$ _____ post-tax

EMPLOYEE DOUGLAS A. DAVIS Date (MM/DD/YYYY) _____

EMPLOYEE/PAYROLL # _____ SEC./DEPT. # _____

FREQUENCY OF BILLING

- ☐ Monthly ☐ Every two weeks (26 pay periods per year)
☒ Semi-monthly (24 pay periods per year) ☐ Four Weeks Per Month (28 Day Group)
☐ Weekly ☐ Other _____

I hereby authorize my employer to deduct from my salary until further notice the premium presently payable and which may be hereafter payable for insurance issued or administered by COLONIAL LIFE & ACCIDENT INSURANCE COMPANY and to remit same premium to the above named insurance company.

I understand that premium deduction amounts may change and do hereby consent to such changes without the necessity of additional authorization on my part, verbal or written, provided the insurance company above certifies in writing that the change in premium uniformly affects all members of the class to which I belong.

I agree not to hold my Employer responsible in the event a premium payment is not made when due to the Insurance Company.

Date (MM/DD/YYYY) 5/1/2015

Phone Number _____

Employee Signature [Signature]

Address _____

COVERAGES	APPLICANT	SPOUSE	DEPENDENT CHILDREN	TOTAL
ACCIDENT	X		X	11.53 (PRE TAX)
LIFE				
SICKNESS				
CANCER	X		X	18.75 (PRE TAX)
HOSPITAL INCOME				
INTENSIVE CARE				
OTHER				
DISABILITY	X			10.50 (PRE TAX)
TOTAL PAYMENT	FIRST DEDUCTION X	CHANGE IN DEDUCTION ☐	\$	

Colonial Life is Not Responsible For Stopping Payroll Deductions.

- ☐ Return this card to your Payroll Department
☐ Return this card to Colonial Life

PRE TAX
40.78

City of Circleville

DIRECT DEPOSIT AUTHORIZATION FORM



I hereby authorize, **CITY OF CIRCLEVILLE**, to initiate credit entries to my account(s) indicated below for recurring payroll transactions. I understand that if corrections in the credit amount are necessary, it may involve an adjustment (credit or debit) to my account. This authority is to remain in full force and effect until written notification from me of its termination in such time in such manner as to allow my employer reasonable time to act on it.

(please print)

Name: DOUGLAS A. DAVIS

Social Security Number: [REDACTED]

Complete below and attach a voided check.

Bank Name: HOMELAND CREDIT UNION

Checking Account Number: _____

Routing Transit Number: _____

Signature: [Signature] Date: 10/1/15

\$241.00 WAS BEING DEPOSITED. I NOW NEED ONLY \$226.94 DEPOSITED

PLEASE CANCEL MY CURRENT DIRECT DEPOSIT

Bank Name: _____

Checking Account Number: _____

Signature: _____ Date: _____

[Handwritten signature]