



APPLICANT QUESTIONNAIRE - INSTRUCTIONS

TO THE APPLICANT: (Read completely before going to Page #1)

This Applicant Questionnaire is intended to help gather information as we investigate you for possible appointment to the Westshore Enforcement Bureau, Drug Task Force. You must complete all parts of this questionnaire and sign the Applicant's Statement. **If any part does not apply to you, mark the blank "N/A".**

Also, you must sign the release form at the end of the questionnaire. We will use this certificate as we request information or confirmation of facts from various sources given by you through this questionnaire.

On the last page of this application, describe in your own words, why you are interested in a position with the Westshore Enforcement Bureau, Drug Task Force.

**FOR OFFICE USE ONLY. APPLICANT DO NOT WRITE IN THIS AREA.**

DATE RECEIVED: \_\_\_\_\_ INITIAL: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

WESTSHORE ENFORCEMENT BUREAU  
 P.O. BOX 40056  
 BAY VILLAGE, OHIO 44140-0056

**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.**

(PLEASE PRINT)

Position(s) Applied For:		Date of Application
How Did You Learn About Us?		
Last Name	First Name	Middle Name
Address Number	Street	City State Zip Code
Telephone Number(s)	Social Security Number	
Driver's License	State	License Number
If you have been previously licensed to drive in another state, please list the date(s) and state(s).		

Do you have prior undercover/drug enforcement experience?  Yes  No

Have you ever filed an application with us before?  Yes  No

If yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony?  Yes  No

If yes, please explain \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# EDUCATION

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	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.


Describe any job-related training received in the United States Military.


\* Please attach clear copies of any available diplomas or certificates of training listed in your application.

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		From	Dates Employed   To	Work Performed
Address				
Telephone Number(s)			Hourly Rate/Salary Starting Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		From	Dates Employed   To	
Address				
Telephone Number(s)			Hourly Rate/Salary Starting Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		From	Dates Employed   To	
Address				
Telephone Number(s)			Hourly Rate/Salary Starting Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		From	Dates Employed   To	
Address				
Telephone Number(s)			Hourly Rate/Salary Starting Final	
Job Title	Supervisor			
Reason for Leaving				

## ADDITIONAL INFORMATION

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### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

### **Specialized Skills      List Skills and/or Equipment Operated**

Personal Computer Software:

Photography/Videography:

Specialized Law Enforcement Equipment:

Other:

State any additional information you feel may be helpful to us in considering your application.

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes

No

### **References**

1.

(      )

(Name)

Phone #

(Address)

2.

(      )

(Name)

Phone #

(Address)

3.

(      )

(Name)

Phone #

(Address)

## APPLICANT'S STATEMENT

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I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position of \_\_\_\_\_ with the Westshore Enforcement Bureau, Drug Task Force, I, \_\_\_\_\_, authorize a review of and full disclosure of information for use in determining my moral, physical and mental qualifications. I authorize release of information including, but not limited to, my educational history, employment history, credit history, affiliation with other law enforcement agencies and any information held by any and all others in determining my qualifications for employment. I authorize release of any and all information that you may have concerning me, including information of a public, private or confidential nature.

I hereby release you, your organization and agents from any and all liabilities which may result from furnishing the information requested. Photo static or other reproductive copies of this original may be used in place of this original.

\_\_\_\_\_  
Witness Signature  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Phone  
\_\_\_\_\_  
Social Security Number

**NOTIFICATION AND AUTHORIZATION FORM  
FOR EMPLOYMENT CREDIT REPORT**

I authorize the WESTSHORE ENFORCEMENT BUREAU, DRUG TASK FORCE to obtain a credit report on myself through the credit reporting agency of its choice. If employed, I further authorize WESTSHORE ENFORCEMENT BUREAU, DRUG TASK FORCE to check my credit record, as needed, on a continuing basis as it relates to my employment.

If an adverse employment decision is made due totally or partially to the information on the credit report, WESTSHORE ENFORCEMENT BUREAU, DRUG TASK FORCE will give me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact them if I wish.

\_\_\_\_\_

Name

\_\_\_\_\_

Date

## AGENT APPLICATION ADDENDUM

Please list all law enforcement agencies to which you have applied during the past two years, regardless of the outcome.

1.

Agency:	
Address:	
Date of Application:	Outcome:

2.

Agency:	
Address:	
Date of Application:	Outcome:

3.

Agency:	
Address:	
Date of Application:	Outcome:

4.

Agency:	
Address:	
Date of Application:	Outcome:

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Signature

EMPLOYMENT APPLICATION VERIFICATION

TO: FROM: WESTSHORE ENFORCEMENT BUREAU, DRUG TASK FORCE  
P.O. BOX 40056  
BAY VILLAGE, OHIO 44140-0056

APPLICANT NAME: POSITION APPLIED FOR:

DOB: \_\_\_/\_\_\_/\_\_\_ RACE: \_\_\_ SEX: \_\_\_ SSN: \_\_\_/\_\_\_/\_\_\_ DATE OF APPLICATION: \_\_\_/\_\_\_/\_\_\_

The applicant above applied with our agency and indicated that he/she had applied with your agency. We are requesting that you provide information regarding applicant's status with your agency. Please check off the form below and return it in the envelope provided as soon as possible.

- [ ] APPLIED ONLY. [ ] NOT CONSIDERED. WHY?
[ ] TESTED - SCORE \_\_\_ STANDING \_\_\_. [ ] FORMER OR PRESENT EMPLOYEE.
[ ] STILL IN PROCESS. WHAT STEP? [ ] FAVORABLE POLYGRAPH.
[ ] RECOMMENDED. [ ] UNFAVORABLE POLYGRAPH.
[ ] NOT RECOMMENDED. WHY? [ ] OTHER (Use reverse side to explain.)

EXPLAIN ON REVERSE SIDE

Signature of Releasing Person Name and Title (Printed) Phone Number

Applicant: Complete this section Only!

RELEASE FROM LIABILITY

I respectfully request and authorize you to furnish the Westshore Enforcement Bureau, Drug Task Force with any and all information that you have concerning me, my work record, my school record, my reputation, my financial and credit status and my criminal record. This information is to be used to assist the Westshore Enforcement Bureau, Drug Task Force in determining my qualifications and fitness for the position I am seeking with the Westshore Enforcement Bureau, Drug Task Force. I further authorize the use of photocopies of this document.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

Applicant Signature Date

Address (Numerical, Street, City, State, Zip Code)

Witness





II. List the drugs you have purchased in an undercover capacity, in descending order from most frequent to least frequent. Also, provide an accurate accounting of the circumstances, number of transactions and quantities.

	Drug Purchased	Transaction # Direct Undercover Transactions	Types # Controlled Informant Transactions	Average Quantity	Largest Quantity
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____



