



**DISCLOSURES AND STATEMENT OF UNDERSTANDING**

Name: \_\_\_\_\_  
(Last) (First) (Middle Name)

Previous Name(s) or Alias: \_\_\_\_\_

SSN (Last 5): \_\_\_\_\_ DOB: \_\_\_\_\_

**Please answer the following questions by checking either “Yes” or “No”  
If you answer yes to questions 1-21, please provide a separate statement of explanation and supporting documentation.**

1. Have you ever been convicted of a felony offense in any jurisdiction, including any conviction that has been sealed or expunged? (If so, you may not attend any portion of a Peace Officer Basic Training Academy.) \_\_\_\_\_ YES \_\_\_\_\_ NO
2. Are you a fugitive from justice? \_\_\_\_\_ YES \_\_\_\_\_ NO
3. Have you ever been convicted of a felony offense of violence as defined in ORC 2901.01? \_\_\_\_\_ YES \_\_\_\_\_ NO
4. Have you ever been adjudicated a delinquent child for the commission of an offense that, if committed by an adult, would have been a felony offense of violence? \_\_\_\_\_ YES \_\_\_\_\_ NO
5. Have you ever been convicted of any felony offense involving a drug of abuse? \_\_\_\_\_ YES \_\_\_\_\_ NO
6. Have you ever been adjudicated a delinquent child for the commission of an offense that, if committed by an adult, would have been a felony offense involving a drug of abuse? \_\_\_\_\_ YES \_\_\_\_\_ NO
7. Are you drug dependent, in danger of drug dependence, or a chronic alcoholic? \_\_\_\_\_ YES \_\_\_\_\_ NO
8. Are you under adjudication from any court for mental incompetence? \_\_\_\_\_ YES \_\_\_\_\_ NO
9. Have you been adjudicated by a court as a mental defective? \_\_\_\_\_ YES \_\_\_\_\_ NO
10. Have you been committed by a court to a mental institution? \_\_\_\_\_ YES \_\_\_\_\_ NO
11. Have you been found by a court to be a mentally ill person subject to hospitalization by court order, or have you been an involuntary patient other than one who is a patient only for purposes of observation? \_\_\_\_\_ YES \_\_\_\_\_ NO
12. Have you even been convicted of a crime that had a possible sentence of more than one year? \_\_\_\_\_ YES \_\_\_\_\_ NO
13. Are you an alien, illegally or unlawfully in the United States? \_\_\_\_\_ YES \_\_\_\_\_ NO
14. Have you been discharged from the Armed Forces under dishonorable conditions? \_\_\_\_\_ YES \_\_\_\_\_ NO
15. Have you renounced your United States citizenship? \_\_\_\_\_ YES \_\_\_\_\_ NO
16. Are you under a court order that restrains you from harassing, stalking, or threatening an intimate partner or the child of such intimate partner, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child? \_\_\_\_\_ YES \_\_\_\_\_ NO

- 17. Has any licensing or regulatory authority, in this or another state, ever denied you a license or government certification, or subjected you to discipline, including but not limited to suspension, revocation, or censure, because of professional misconduct or any other reason? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 18. Are you currently the subject of any complaints, allegations, investigations, or legal proceedings that relate to professional conduct, violations of laws regulating a profession, occupation, or occupational activity, or any alleged crimes, whether in this state or elsewhere? This includes matters pending before courts, administrative agencies, or other regulatory entities. \_\_\_\_\_ YES \_\_\_\_\_ NO
- 19. Have you been convicted of a misdemeanor crime of domestic violence? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 20. Have you been convicted of a misdemeanor crime that has, as an element of that crime, the use or attempted use of physical force, or the threatened use of a deadly weapon? If yes, please explain your relationship with the victim (stranger, present or former spouse, household member, child, other family member, other – please describe) \_\_\_\_\_ YES \_\_\_\_\_ NO
- 21. Do you currently have criminal charges pending in any jurisdiction? \_\_\_\_\_ YES \_\_\_\_\_ NO

**If you answer no to questions 22-23, please provide a separate statement of explanation and supporting documentation.**

- 22. Do you currently possess a valid driver’s license and have driving privileges in the state of Ohio or any other state? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 23. Have you been awarded, and do you possess a high school diploma or certificate of high school equivalency? \_\_\_\_\_ YES \_\_\_\_\_ NO

**BY INITIALING BESIDE EACH STATEMENT, I ACKNOWLEDGE AND UNDERSTAND THE FOLLOWING:**

If I provide false information on this form, I may become ineligible for certification, and may be charged with a crime.

If a criminal or delinquency charge is filed against me while I am in the process of certification, I MUST report it to OPOTC immediately.

If I am charged with any offense that may result in a felony conviction or in a state or federal weapons disability, I may become ineligible for certification until the case is complete, and at that time, my eligibility would be re-examined.

If I am convicted of a felony offense or one that results in a state or federal weapons disability, I may be ineligible for certification.

I hereby grant OPOTC consent to disclose to potential employers or training academies, information regarding all of my criminal or delinquency history information that might impact my ability to participate as a student in an OPOTC- approved school or obtain an OPOTC certificate.

**By signing this document, I attest that I have not surrendered or had revoked a license, out-of-state occupational license, or government certification because of negligence or intentional misconduct as it relates to my work in the same profession or occupation for which I am applying. I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided in this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.**

Signature	Printed Name (First, Middle, & Last Name)	Date
Witness Signature	Witness Printed Name (First, Middle, & Last Name)	Date