

**City of Cleveland Division of Police
Patrol Officer Personal History Statement**

Personal Record

LEGAL LAST NAME		FIRST NAME			FULL MIDDLE NAME		
[REDACTED]		[REDACTED]			[REDACTED]		
OTHER NAMES (MAIDEN, ADOPTED, ALIASES, NICKNAMES, ETC.)							
Nate							
OTHER SOCIAL SECURITY NUMBERS							
N/A							
BIRTH DATE	AGE	WEIGHT	HEIGHT (IN INCHES)	HAIR COLOR	EYE COLOR	SEX	
[REDACTED]	21	165	68"	Brown	Brown	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
IDENTIFICATION INCLUDING SCARS, TATTOOS, ETC.							
Scar, left side of head (visible when hair is very short). Tattoo on chest. Tattoo on right arm. Tattoo on right calf							
ETHNIC IDENTIFICATION (CAN BE USED TO REPORT STATISTICAL DATA PER COURT-ORDERED CONSENT DECREE)							
<input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Other, Specify:							
PLACE OF BIRTH (CITY, STATE, COUNTY OR PARISH)							
[REDACTED]							
DRIVER'S LICENSE #	STATE	TYPE		EXPIRATION DATE	EMAIL ADDRESS		
[REDACTED]	OH	Class D		09/06/2020	[REDACTED]		
HOME PHONE		BUSINESS PHONE			CELL PHONE		
N/A		N/A			[REDACTED]		
FACEBOOK USER NAME		TWITTER USER NAME		OTHER SOCIAL MEDIA USER NAME			
N/A		N/A		[REDACTED]			
CURRENT MARITAL STATUS							
<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed							
IF MARRIED, SPOUSE'S FIRST NAME		MIDDLE NAME		MAIDEN NAME			
N/A		N/A		N/A			
PRIOR MARITAL STATUS							
<input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed							
FORMER SPOUSE'S FIRST NAME		MIDDLE NAME			MAIDEN NAME		
N/A		N/A			N/A		
PRIOR MARITAL STATUS							
<input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed							
FORMER SPOUSE'S FIRST NAME		MIDDLE NAME			MAIDEN NAME		
N/A		N/A			N/A		

**City of Cleveland Division of Police
Patrol Officer Personal History Statement**

Personal Record, Continued

List all previous addresses from the age of 18 or the past ten (10) years. Begin with your current address.

DURATION	LOCATION	LANDLORD
FROM (MONTH, YEAR) 09/1995	ADDRESS: NUMBER, STREET, APT# 18502 Holland RD	LANDLORD NAME AND PHONE WITH AREA CODE N/A
TO (MONTH, YEAR) 12/2016	CITY, STATE, ZIPCODE Brook Park, OH, 44142	LANDLORD ADDRESS: NUMBER, STREET, APT# N/A
COMPLEX NAME N/A	ROOMATE NAME N/A	LANDLORD CITY, STATE, ZIPCODE N/A
FROM (MONTH, YEAR) 08/2014	ADDRESS: NUMBER, STREET, APT# 476 Allyn Street	LANDLORD NAME AND PHONE WITH AREA CODE N/A <i>OFF CAMPUS</i>
TO (MONTH, YEAR) 01/2015	CITY, STATE, ZIPCODE Akron, OH, 44325	LANDLORD ADDRESS: NUMBER, STREET, APT# N/A
COMPLEX NAME N/A	ROOMATE NAME Kyle Kronen	LANDLORD CITY, STATE, ZIPCODE N/A
FROM (MONTH, YEAR) 08/2013	ADDRESS: NUMBER, STREET, APT# 209 Vine ST	LANDLORD NAME AND PHONE WITH AREA CODE The University of Akron
TO (MONTH, YEAR) 01/2014	CITY, STATE, ZIPCODE Akron, OH, 44304	LANDLORD ADDRESS: NUMBER, STREET, APT# 302 E Bechtel Ave
COMPLEX NAME Spicer Residence Hall	ROOMATE NAME Nate Tinny	LANDLORD CITY, STATE, ZIPCODE Akron, OH, 44325
FROM (MONTH, YEAR) N/A	ADDRESS: NUMBER, STREET, APT# N/A	LANDLORD NAME AND PHONE WITH AREA CODE N/A
TO (MONTH, YEAR) N/A	CITY, STATE, ZIPCODE N/A	LANDLORD ADDRESS: NUMBER, STREET, APT# N/A
COMPLEX NAME N/A	ROOMATE NAME N/A	LANDLORD CITY, STATE, ZIPCODE N/A
FROM (MONTH, YEAR) N/A	ADDRESS: NUMBER, STREET, APT# N/A	LANDLORD NAME AND PHONE WITH AREA CODE N/A
TO (MONTH, YEAR) N/A	CITY, STATE, ZIPCODE N/A	LANDLORD ADDRESS: NUMBER, STREET, APT# N/A
COMPLEX NAME N/A	ROOMATE NAME N/A	LANDLORD CITY, STATE, ZIPCODE N/A
FROM (MONTH, YEAR) N/A	ADDRESS: NUMBER, STREET, APT# N/A	LANDLORD NAME AND PHONE WITH AREA CODE N/A
TO (MONTH, YEAR) N/A	CITY, STATE, ZIPCODE N/A	LANDLORD ADDRESS: NUMBER, STREET, APT# N/A
COMPLEX NAME N/A	ROOMATE NAME N/A	LANDLORD CITY, STATE, ZIPCODE N/A

**City of Cleveland Division of Police
Patrol Officer Personal History Statement**

Personal Record, Continued

Father	FIRST NAME	MIDDLE NAME	LAST NAME	DOB
Mother				
Child	FIRST NAME N/A	MIDDLE NAME N/A	LAST NAME N/A	DOB N/A
Child	FIRST NAME N/A	MIDDLE NAME N/A	LAST NAME N/A	DOB N/A
Child	FIRST NAME N/A	MIDDLE NAME N/A	LAST NAME N/A	DOB N/A
Child	FIRST NAME N/A	MIDDLE NAME N/A	LAST NAME N/A	DOB N/A
Child	FIRST NAME N/A	MIDDLE NAME N/A	LAST NAME N/A	DOB N/A
Child	FIRST NAME N/A	MIDDLE NAME N/A	LAST NAME N/A	DOB N/A
Father In Law	FIRST NAME N/A	MIDDLE NAME N/A	LAST NAME N/A	DOB N/A
Mother In Law	FIRST NAME N/A	MIDDLE NAME N/A	LAST NAME N/A	DOB N/A
Sibling <input checked="" type="checkbox"/> SISTER <input type="checkbox"/> BROTHER				
Sibling <input checked="" type="checkbox"/> SISTER <input type="checkbox"/> BROTHER				
Sibling <input type="checkbox"/> SISTER <input type="checkbox"/> BROTHER				
Sibling <input type="checkbox"/> SISTER <input type="checkbox"/> BROTHER	FIRST NAME N/A	MIDDLE NAME N/A	LAST NAME N/A	DOB N/A
Sibling <input type="checkbox"/> SISTER <input type="checkbox"/> BROTHER	FIRST NAME N/A	MIDDLE NAME N/A	LAST NAME N/A	DOB N/A
Sibling <input type="checkbox"/> SISTER <input type="checkbox"/> BROTHER	FIRST NAME N/A	MIDDLE NAME N/A	LAST NAME N/A	DOB N/A
Sibling <input type="checkbox"/> SISTER <input type="checkbox"/> BROTHER	FIRST NAME N/A	MIDDLE NAME N/A	LAST NAME N/A	DOB N/A
Sibling <input type="checkbox"/> SISTER <input type="checkbox"/> BROTHER	FIRST NAME N/A	MIDDLE NAME N/A	LAST NAME N/A	DOB N/A

**City of Cleveland Division of Police
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Personal Record, Continued

List all driving citations or summons you have received, as well as any auto accidents you were involved in as an adult or juvenile. Start with the most recent occurrence. There is no time limitation.

MONTH/ YEAR	CITY, STATE, COUNTY	CHARGE	WHAT OCCURRED?	INJURY OR DEATH INVOLVED?
09/2016	Columbus, OH, Franklin	Failure to register	Sold motorcycle to a friend, allowed him to ride back home to Columbus with my plates. He was the person that committed	No
09/2016	Columbus, OH, Franklin	Parking	Sold motorcycle to a friend, allowed him to ride back home to Columbus with my plates. He was the person that committed	No
09/2016	Columbus, OH, Franklin	Parking	Sold motorcycle to a friend, allowed him to ride back home to Columbus with my plates. He was the person that committed	No
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

**City of Cleveland Division of Police
Patrol Officer Personal History Statement**

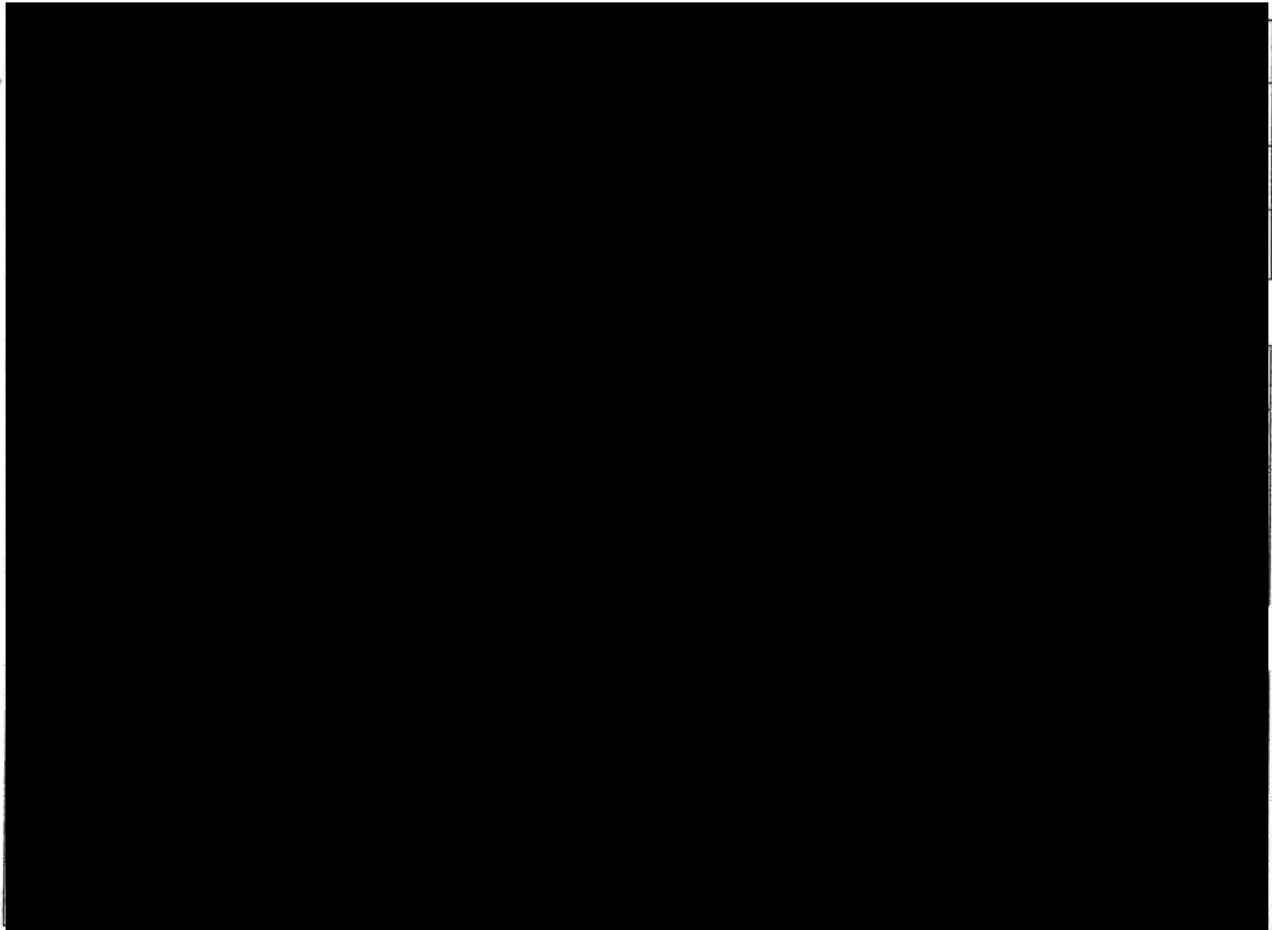
Personal References

Carefully complete the following on at least three (3) persons (other than relatives, past or present employers) who know you well enough to give current or past information about you. Feel free to provide the Personnel Unit with up to six (6) persons if you so choose.

✓

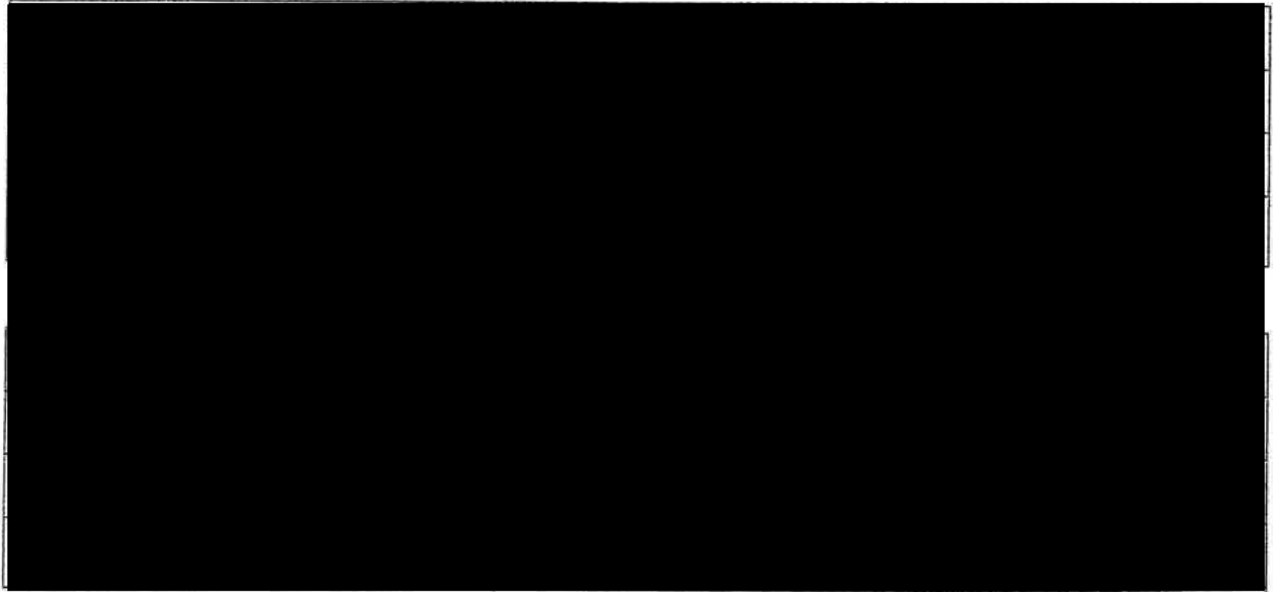
✓

✓



**City of Cleveland Division of Police
Patrol Officer Personal History Statement**

Personal References, Continued



City of Cleveland Division of Police Patrol Officer Personal History Statement

Education

Check Highest level of education completed:

- High School
 Associate Degree
 Bachelor Degree
 Masters
 Doctorate
 College Attendance (no degree)

Check the one which applies:
 High School graduate
 GED

List each high school, trade school, college or university attended. You must provide transcripts to receive consideration for coursework completed. Documentation must be provided for any additional certifications, coursework or training you would like us to consider with your application.

SCHOOL NAME Midpark High School	PHONE W/AREA CODE 216-898-8900	AREA OF CONCENTRATION High School Education		
STREET ADDRESS 7000 Paula Dr.	CITY Middleburg Heights	STATE OH	ZIP 44130	
DATES ATTENDED, FROM - TO 08/2009 - 05/2013	DEGREE/DIPLOMA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE TYPE OR # CREDIT HOURS HS Diploma		

SCHOOL NAME Polaris Career Center	PHONE W/AREA CODE 440-891-7600	AREA OF CONCENTRATION EMT/Fire Training		
STREET ADDRESS 7285 Old Oak Blvd.	CITY Middleburg Heights	STATE OH	ZIP 44130	
DATES ATTENDED, FROM - TO 08/2011-05/2013	DEGREE/DIPLOMA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE TYPE OR # CREDIT HOURS Diploma		

SCHOOL NAME Cuyahoga County Community College	PHONE W/AREA CODE 216-987-5060	AREA OF CONCENTRATION Fire Training		
STREET ADDRESS 2900 Community College Ave.	CITY Cleveland	STATE OH	ZIP 44115	
DATES ATTENDED, FROM - TO 01/2013 - 06/2013	DEGREE/DIPLOMA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE TYPE OR # CREDIT HOURS Fire Fighting 1 and 2		

SCHOOL NAME The University of Akron	PHONE W/AREA CODE 330-972-7111	AREA OF CONCENTRATION Undecided		
STREET ADDRESS 302 E Buchtel Ave.	CITY Akron	STATE OH	ZIP 44325	
DATES ATTENDED, FROM - TO 08/2013 - 01/2014, 08/2014 - 01/2015	DEGREE/DIPLOMA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DEGREE TYPE OR # CREDIT HOURS 12 Credit Hours		

**City of Cleveland Division of Police
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Education, Continued

SCHOOL NAME N/A	PHONE W/AREA CODE N/A	AREA OF CONCENTRATION N/A		
STREET ADDRESS N/A		CITY N/A	STATE N/A	ZIP N/A
DATES ATTENDED, FROM - TO N/A		DEGREE/DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE TYPE OR # CREDIT HOURS N/A	

SCHOOL NAME N/A	PHONE W/AREA CODE N/A	AREA OF CONCENTRATION N/A		
STREET ADDRESS N/A		CITY N/A	STATE N/A	ZIP N/A
DATES ATTENDED, FROM - TO N/A		DEGREE/DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE TYPE OR # CREDIT HOURS N/A	

SCHOOL NAME N/A	PHONE W/AREA CODE N/A	AREA OF CONCENTRATION N/A		
STREET ADDRESS N/A		CITY N/A	STATE N/A	ZIP N/A
DATES ATTENDED, FROM - TO N/A		DEGREE/DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE TYPE OR # CREDIT HOURS N/A	

SCHOOL NAME N/A	PHONE W/AREA CODE N/A	AREA OF CONCENTRATION N/A		
STREET ADDRESS N/A		CITY N/A	STATE N/A	ZIP N/A
DATES ATTENDED, FROM - TO N/A		DEGREE/DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE TYPE OR # CREDIT HOURS N/A	

SCHOOL NAME N/A	PHONE W/AREA CODE N/A	AREA OF CONCENTRATION N/A		
STREET ADDRESS N/A		CITY N/A	STATE N/A	ZIP N/A
DATES ATTENDED, FROM - TO N/A		DEGREE/DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE TYPE OR # CREDIT HOURS N/A	

SCHOOL NAME N/A	PHONE W/AREA CODE N/A	AREA OF CONCENTRATION N/A		
STREET ADDRESS N/A		CITY N/A	STATE N/A	ZIP N/A
DATES ATTENDED, FROM - TO N/A		DEGREE/DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE TYPE OR # CREDIT HOURS N/A	

**City of Cleveland Division of Police
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Employer History

Begin with most recent job and list complete work history in chronological order. Include all full-time jobs, part-time jobs, casual employment, and military service. Please include correct addresses and zip codes. Make additional copies of these pages as needed. Do NOT use other forms to list employers. ALL JOBS MUST BE LISTED.

Do you object to our contacting your present employer at this time? Yes No

CURRENT EMPLOYER NAME Parkveiv Hauling		PHONE W/AREA CODE 440-409-4729		IMMEDIATE SUPERVISOR NAME Paul Severo	
DATES EMPLOYED FROM :08/2015 TO: PRESENT		TOTAL TIME EMPLOYED 18 Months	SALARY 35\$ Per Hour		JOB TITLE Foreman
STREET ADDRESS 5800 Barton Rd			CITY North Olmsted	STATE OH	ZIP 44070
DESCRIPTION OF DUTIES Maintain materials on Job site, Ensure safety and efficiency					
On this job, were you ever disciplined?					
TYPE	YES	NO	# TIMES	LIST REASONS*	
Verbal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	
Written	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	
Suspension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	
Demotion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	

*Include Civil/Criminal lawsuit(s), deadly force, excessive force, provide detailed explanation on clarification page.

EMPLOYER NAME United States Army (583 MP CO)		PHONE W/AREA CODE 614-336-6738		IMMEDIATE SUPERVISOR NAME Ashley Gorbulja	
DATES EMPLOYED, FROM - TO 10/2014 - Present		TOTAL TIME EMPLOYED 28 Months	SALARY E-4		JOB TITLE Military Police
STREET ADDRESS 5999 W Airport Dr.			CITY North Canton	STATE OH	ZIP 44720
DESCRIPTION OF DUTIES Police work, HAZMAT, Physical Training, Varies from drill to drill					
Were you terminated, fired or asked to resign <i>in lieu of termination</i> from this job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			REASON FOR LEAVING N/A		
On this job, were you ever disciplined?					
TYPE	YES	NO	# TIMES	LIST REASONS*	
Verbal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	
Written	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	
Suspension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	
Demotion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	

*Include Civil/Criminal lawsuit(s), deadly force, excessive force, provide detailed explanation on clarification page.

**City of Cleveland Division of Police
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Employer History, Continued

EMPLOYER NAME Cleveland Fitness Club		PHONE W/AREA CODE 440-886-4545		IMMEDIATE SUPERVISOR NAME Bryan Kmetz	
DATES EMPLOYED, FROM - TO 11/2016 - 01/2017		TOTAL TIME EMPLOYED 3 Months	SALARY 8.50\$ Per Hour	JOB TITLE Floater/Sales	
STREET ADDRESS 6600 W 130th St.			CITY Middleburg Heights	STATE OH	ZIP 44130
DESCRIPTION OF DUTIES Keep Club Clean, Sell memberships, Front Desk, Greet and help members					
Were you terminated, fired or asked to resign <i>in lieu of termination</i> from this job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			REASON FOR LEAVING Conflict in Availability		
On this job, were you ever disciplined?					
TYPE	YES	NO	# TIMES	LIST REASONS*	
Verbal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	
Written	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	
Suspension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	
Demotion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	

*Include Civil/Criminal lawsuit(s), deadly force, excessive force, *provide detailed explanation on clarification page.*

EMPLOYER NAME Olmsted Ice		PHONE W/AREA CODE 440-343-1744		IMMEDIATE SUPERVISOR NAME Tony Dickson	
DATES EMPLOYED, FROM - TO 03/2014 - 08/2015		TOTAL TIME EMPLOYED 17 Months	SALARY 13\$ Per Hour	JOB TITLE Delivery Driver	
STREET ADDRESS 8134 Bronson Rd.			CITY Olmsted Falls	STATE OH	ZIP 44138
DESCRIPTION OF DUTIES Drive box truck on Route, Make deliveries to various establishments, Collect and handle money					
Were you terminated, fired or asked to resign <i>in lieu of termination</i> from this job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			REASON FOR LEAVING Obtained a Better Paying job		
On this job, were you ever disciplined?					
TYPE	YES	NO	# TIMES	LIST REASONS*	
Verbal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	
Written	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	
Suspension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	
Demotion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	

*Include Civil/Criminal lawsuit(s), deadly force, excessive force, *provide detailed explanation on clarification page.*

**City of Cleveland Division of Police
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Employer History, Continued

EMPLOYER NAME United Parcel Service (UPS)		PHONE W/AREA CODE 1-800-742-5877		IMMEDIATE SUPERVISOR NAME Changed Everyday With New Driver	
DATES EMPLOYED, FROM - TO Seasonal DEC-JAN 2013,14,15		TOTAL TIME EMPLOYED 6 Months		SALARY 13.50\$ Per Hour	
JOB TITLE Driver Helper		STREET ADDRESS 17940 Englewood Dr.		CITY Cleveland	STATE OH
				ZIP 44130	
DESCRIPTION OF DUTIES Assist Driver in delivering packages to homes and businesses during peak time of year					
Were you terminated, fired or asked to resign <i>in lieu of termination</i> from this job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			REASON FOR LEAVING Seasonal		
On this job, were you ever disciplined?					
TYPE	YES	NO	# TIMES	LIST REASONS*	
Verbal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	
Written	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	
Suspension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	
Demotion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	

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EMPLOYER NAME City of Brook Park		PHONE W/AREA CODE 216-433-1545		IMMEDIATE SUPERVISOR NAME Andres Gonzalez	
DATES EMPLOYED, FROM - TO 05/2011 - 08/2013		TOTAL TIME EMPLOYED 27 Months		SALARY 8.50\$ Per Hour	
JOB TITLE Lifeguard		STREET ADDRESS 17400 Holland Rd		CITY Brook Park	STATE OH
				ZIP 44142	
DESCRIPTION OF DUTIES Maintain safety around aquatic Areas					
Were you terminated, fired or asked to resign <i>in lieu of termination</i> from this job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			REASON FOR LEAVING Obtained a better paying job/ Went to college		
On this job, were you ever disciplined?					
TYPE	YES	NO	# TIMES	LIST REASONS*	
Verbal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	
Written	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	
Suspension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	
Demotion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	

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**City of Cleveland Division of Police
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Employer History, Continued

EMPLOYER NAME N/A		PHONE W/AREA CODE N/A		IMMEDIATE SUPERVISOR NAME N/A	
DATES EMPLOYED, FROM - TO N/A		TOTAL TIME EMPLOYED N/A	SALARY N/A	JOB TITLE N/A	
STREET ADDRESS N/A			CITY N/A	STATE N/A	ZIP N/A
DESCRIPTION OF DUTIES N/A					
Were you terminated, fired or asked to resign <i>in lieu of termination</i> from this job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			REASON FOR LEAVING N/A		
On this job, were you ever disciplined?					
TYPE	YES	NO	# TIMES	LIST REASONS*	
Verbal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	
Written	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	
Suspension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	
Demotion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	

*Include Civil/Criminal lawsuit(s), deadly force, excessive force, *provide detailed explanation on clarification page.*

EMPLOYER NAME N/A		PHONE W/AREA CODE N/A		IMMEDIATE SUPERVISOR NAME N/A	
DATES EMPLOYED, FROM - TO N/A		TOTAL TIME EMPLOYED N/A	SALARY N/A	JOB TITLE N/A	
STREET ADDRESS N/A			CITY N/A	STATE N/A	ZIP N/A
DESCRIPTION OF DUTIES N/A					
Were you terminated, fired or asked to resign <i>in lieu of termination</i> from this job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			REASON FOR LEAVING N/A		
On this job, were you ever disciplined?					
TYPE	YES	NO	# TIMES	LIST REASONS*	
Verbal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	
Written	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	
Suspension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	
Demotion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	N/A	

*Include Civil/Criminal lawsuit(s), deadly force, excessive force, *provide detailed explanation on clarification page.*

**City of Cleveland Division of Police
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Other Public Safety Applications

Have you ever applied for any other city, county, state or federal public safety position, including police or fire?

Yes No

If "Yes" list every agency to which you have applied. Be sure to list the agency's telephone number. List a contact person if known. All agencies must be listed regardless of the outcome or current status of the application. Check all boxes that apply for each agency. Start with the most recent.

NAME OF AGENCY MOST RECENTLY APPLIED TO N/A		PHONE N/A	DATE APPLIED N/A	
STREET ADDRESS N/A		CITY N/A	STATE N/A	ZIP N/A
POSITION APPLIED FOR N/A		CONTACT PERSON NAME N/A		
Check all that apply				
<input type="checkbox"/> Submitted application only		<input type="checkbox"/> Failed written, oral, or physical agility		
<input type="checkbox"/> Testing in progress		<input type="checkbox"/> Background investigation in progress		
<input type="checkbox"/> Failed polygraph		<input type="checkbox"/> Failed psychological exam		
<input type="checkbox"/> Failed background investigation		<input type="checkbox"/> Hired by this agency		
<input type="checkbox"/> Completed background investigation but not hired		<input type="checkbox"/> Took Polygraph		
<input type="checkbox"/> Disqualified- state reason:				
<input type="checkbox"/> Other:				

AGENCY NAME N/A		PHONE N/A	DATE APPLIED N/A	
STREET ADDRESS N/A		CITY N/A	STATE N/A	ZIP N/A
POSITION APPLIED FOR N/A		CONTACT PERSON NAME N/A		
Check all that apply				
<input type="checkbox"/> Submitted application only		<input type="checkbox"/> Failed written, oral, or physical agility		
<input type="checkbox"/> Testing in progress		<input type="checkbox"/> Background investigation in progress		
<input type="checkbox"/> Failed polygraph		<input type="checkbox"/> Failed psychological exam		
<input type="checkbox"/> Failed background investigation		<input type="checkbox"/> Hired by this agency		
<input type="checkbox"/> Completed background investigation but not hired		<input type="checkbox"/> Took Polygraph		
<input type="checkbox"/> Disqualified- state reason:				
<input type="checkbox"/> Other:				

**City of Cleveland Division of Police
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AGENCY NAME N/A		PHONE N/A	DATE APPLIED N/A	
STREET ADDRESS N/A		CITY N/A	STATE N/A	ZIP N/A
POSITION APPLIED FOR N/A		CONTACT PERSON NAME N/A		
Check all that apply				
<input type="checkbox"/> Submitted application only		<input type="checkbox"/> Failed written, oral, or physical agility		
<input type="checkbox"/> Testing in progress		<input type="checkbox"/> Background investigation in progress		
<input type="checkbox"/> Failed polygraph		<input type="checkbox"/> Failed psychological exam		
<input type="checkbox"/> Failed background investigation		<input type="checkbox"/> Hired by this agency		
<input type="checkbox"/> Completed background investigation but not hired		<input type="checkbox"/> Took polygraph		
<input type="checkbox"/> Disqualified- state reason:				
<input type="checkbox"/> Other:				
AGENCY NAME N/A		PHONE N/A	DATE APPLIED N/A	
STREET ADDRESS N/A		CITY N/A	STATE N/A	ZIP N/A
POSITION APPLIED FOR N/A		CONTACT PERSON NAME N/A		
Check all that apply				
<input type="checkbox"/> Submitted application only		<input type="checkbox"/> Failed written, oral, or physical agility		
<input type="checkbox"/> Testing in progress		<input type="checkbox"/> Background investigation in progress		
<input type="checkbox"/> Failed polygraph		<input type="checkbox"/> Failed psychological exam		
<input type="checkbox"/> Failed background investigation		<input type="checkbox"/> Hired by this agency		
<input type="checkbox"/> Completed background investigation but not hired		<input type="checkbox"/> Took polygraph		
<input type="checkbox"/> Disqualified- state reason:				
<input type="checkbox"/> Other:				
AGENCY NAME N/A		PHONE N/A	DATE APPLIED N/A	
STREET ADDRESS N/A		CITY N/A	STATE N/A	ZIP N/A
POSITION APPLIED FOR N/A		CONTACT PERSON NAME N/A		
Check all that apply				
<input type="checkbox"/> Submitted application only		<input type="checkbox"/> Failed written, oral, or physical agility		
<input type="checkbox"/> Testing in progress		<input type="checkbox"/> Background investigation in progress		
<input type="checkbox"/> Failed polygraph		<input type="checkbox"/> Failed psychological exam		
<input type="checkbox"/> Failed background investigation		<input type="checkbox"/> Hired by this agency		
<input type="checkbox"/> Completed background investigation but not hired		<input type="checkbox"/> Took polygraph		
<input type="checkbox"/> Disqualified- state reason:				
<input type="checkbox"/> Other:				

**City of Cleveland Division of Police
Patrol Officer Personal History Statement**

Military History

- I have been in the military. Attach a photocopy of your DD214.
 I have not been in the military.

Check all Military Branches that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Army | <input type="checkbox"/> Air Force | <input checked="" type="checkbox"/> National Guard |
| <input type="checkbox"/> Active Army Reserves | <input type="checkbox"/> Air Force Reserves | State: <u>Ohio</u> |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Marines | |
| <input type="checkbox"/> Naval Reserves | <input type="checkbox"/> Marine Reserves | |

If no military history, list selective service number and specify selection service office location:

N/A

SERVICE DATES 10/2014 to Present		SERVICE LENGTH 28 months	MILITARY BRANCH US Army NG	MILITARY SERIAL NUMBER [REDACTED]
HIGHEST RANK E-4 Specialist		RANK AT DISCHARGE N/A	PRESENT RESERVE RANK E-4 Specialist	
In the spaces below, list any demotions, Article 15, Captain's Mast and Court Martials				
CHARGES AND PENALTIES				
Demotion	N/A			
Article 15	N/A			
Captain's Mast	N/A			
_____	DISCHARGE TYPE	DISCHARGE CHARACTER	CHARGES AND PENALTIES	
Court Martial	<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General	<input type="checkbox"/> Honorable <input type="checkbox"/> Other Than Honorable	N/A	

OHIO ARMY NATIONAL GUARD

**City of Cleveland Division of Police
Patrol Officer Personal History Statement**

Drugs

Have you ever used marijuana? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Estimate # times: Zero	Month/Year last used: Never
Describe circumstances including amount used: N/A		
Have you sold marijuana? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If so, What was the quantity sold, and when was the last transaction?		
Have you ever used or possessed prescription drugs without a Doctor's prescription? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If so, describe the circumstances and the date of most recent occurrence:		

Have you ever possessed, used or sold any of the following drugs?

SUBSTANCE		DESCRIBE CIRCUMSTANCES
Cocaine	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	N/A
Speed	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	N/A
Ecstasy	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	N/A
LSD	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	N/A
Mushrooms	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	N/A
Other, name:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	N/A

**City of Cleveland Division of Police
Patrol Officer Personal History Statement**

Criminal History/Arrests

An arrest record alone without conviction is not sufficient cause for elimination.

Criminal history shall include all arrests, including juvenile cases and any cases that were dismissed, expunged, sealed, or otherwise disposed of, and cases still pending.

As a Juvenile have you ever been arrested, received a criminal citation (i.e., misdemeanor, other than traffic), or been summoned/subpoenaed to appear as the defendant in a criminal court proceeding? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
WHEN? N/A	WHERE? N/A	WHAT FOR? N/A
Explain each instance, attach additional sheets if necessary		
N/A		

As an adult have you ever been arrested, received a criminal citation (i.e., misdemeanor, other than traffic), or been summoned/subpoenaed to appear as the defendant in a criminal court proceeding? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
WHEN? N/A	WHERE? N/A	WHAT FOR? N/A
Explain each instance, attach additional sheets if necessary		
N/A		

Please add any additional explanation you wish to give. Attach additional sheets as necessary

**City of Cleveland Division of Police
Patrol Officer Personal History Statement**

Criminal History/Arrests, Continued

How many times have you been convicted of criminal offenses (misdemeanors and felonies including military) as a Juvenile? Zero Indicate details and circumstances of each occasion below.

WHEN?	NATURE OF OFFENSE	WHERE	DISPOSITION
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

How many times have you been convicted of criminal offenses (misdemeanors and felonies including military) as an Adult? Zero Indicate details and circumstances of each occasion below.

WHEN?	NATURE OF OFFENSE	WHERE	DISPOSITION
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

Have you ever committed or been an accomplice to an undetected/unprosecuted crime? YES NO

If yes, indicate details and circumstances of each occasion below.

WHEN?	NATURE OF OFFENSE	WHERE	WHY?
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

**City of Cleveland Division of Police
Patrol Officer Personal History Statement**

Criminal History/Arrests, Continued

HAVE YOU STOLEN FROM:		EXPLANATION
Employer (Past)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	N/A
Employer (Present)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	N/A
Relatives	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	N/A
Co-Workers	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	N/A
Customers	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	N/A
Strangers	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	N/A
Neighbor	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	N/A
Friends	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	N/A
Businesses	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	N/A
Others	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	N/A

Have you ever committed arson? YES NO If yes, when, where and explain:
N/A

Have you set or attempted to set fire with the intent to destroy property or cause injury to another person?
 YES NO If yes, when, where and explain:
N/A

Have you ever intentionally turned in a false alarm or caused one to be transmitted? YES NO If yes, when, where and explain:
N/A

**City of Cleveland Division of Police
Patrol Officer Personal History Statement**

Criminal History/Arrests, Continued

Have you ever been a member of a gang? YES NO If yes, when, where and explain:

N/A

Do you have any gang tattoos? YES NO If yes, where on your body and explain.

N/A

In the last year, how many times have you binged on alcohol? Zero When was the last time? N/A

How many times in the past year have you consumed alcohol and operated a motor vehicle to the extent that your ability to drive safely was impaired? Zero

Civil

Do you have any civil court actions pending or past civil cases against you? YES NO If yes, explain:

N/A

Have you ever had a restraining order or temporary protection order served against you?

YES NO If yes, explain:

N/A

Have you ever refused to sign or accept a restraining order or temporary protection order against you?

YES NO If yes, explain:

N/A

Have you ever disobeyed a restraining order or a temporary protection order or a court order?

YES NO If yes, explain:

N/A

Organizational Membership

Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or the State of Ohio, by any unlawful or unconstitutional means? YES NO If yes, explain:

N/A

**City of Cleveland Division of Police
Patrol Officer Personal History Statement**

Financial History

Note: financial history will not be the sole basis for disqualification.

<p>Have you ever been an owner, co-owner, or partner of any business? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, explain and give details (dates, company name, address, etc.):</p> <p>N/A</p>
<p>Do you have an income from any source other than your principal occupation? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain and give details:</p> <p>Military Service</p>
<p>Have you been refused credit in the past eight (8) years? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, explain and give details:</p> <p>N/A</p>
<p>Have you failed to repay a loan in the past eight (8) years? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, explain and give details:</p> <p>N/A</p>
<p>In the past eight (8) years, have any of your bills been turned over to a collection agency? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain and give details:</p> <p>Medical bills. Appendix almost ruptured while on orders for military, had to be taken to surgery to remove appendix. <u>Military is to pay off bills because i was on orders when this happened. Bills were sent to me and i were to turn them</u></p> <p>In the past eight (8) years, have you had any items repossessed or turned back to a finance company? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, explain and give details:</p> <p>N/A</p>
<p>In the past eight (8) years, have your wages been attached or garnished? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, explain and give details:</p> <p>N/A</p>
<p>In the past eight (8) years, have you filed or declared bankruptcy? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, explain and give details INCLUDING CASE NUMBERS:</p> <p>N/A</p>
<p>Have you ever had a judgment served against you? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, explain and give details INCLUDING CASE NUMBERS:</p> <p>N/A</p>
<p>Has the Internal Revenue Service or any other governmental agency ever initiated action to collect past due income or other tax payments? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, explain and give details:</p> <p>N/A</p>
<p>Have you ever failed to file a tax return when required to do so? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, explain and give details:</p> <p>N/A</p>
<p>Have you ever failed to pay court-ordered support payment(s) for any children of whom you are the mother/father? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, explain and give details INCLUDING CASE NUMBERS:</p> <p>N/A</p>
<p>Have you taken out student loans for education/training? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, the loan is: <input type="checkbox"/> Paid <input checked="" type="checkbox"/> Unpaid If the loan is not paid; do you have a monthly payback agreement? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain and give details: Took out loan to attend college. Paying monthly on load via automatic withdraw from my bank account</p>

**City of Cleveland Division of Police
Patrol Officer Personal History Statement**

ATTENTION CANDIDATE: PLEASE ALSO COMPLETE THE ADDITIONAL QUESTIONS ATTACHED


State of:
City of:
County of: S.S

[REDACTED], being duly sworn/affirmed, do hereby depose and say that I am the above named person and that I have completed the foregoing Personal History Statement, including the additions and attachments thereto, and that I understand the contents. I further state that the answers contained herein are complete and correct in every respect. I also understand that any material misrepresentation of fact may be cause for rejection before appointment or disqualification and prosecution after appointment.

[REDACTED]

Signature of applicant in presence of Notary Public

Sworn to/affirmed before me this 7 day of March 2017


Signature of Notary Public



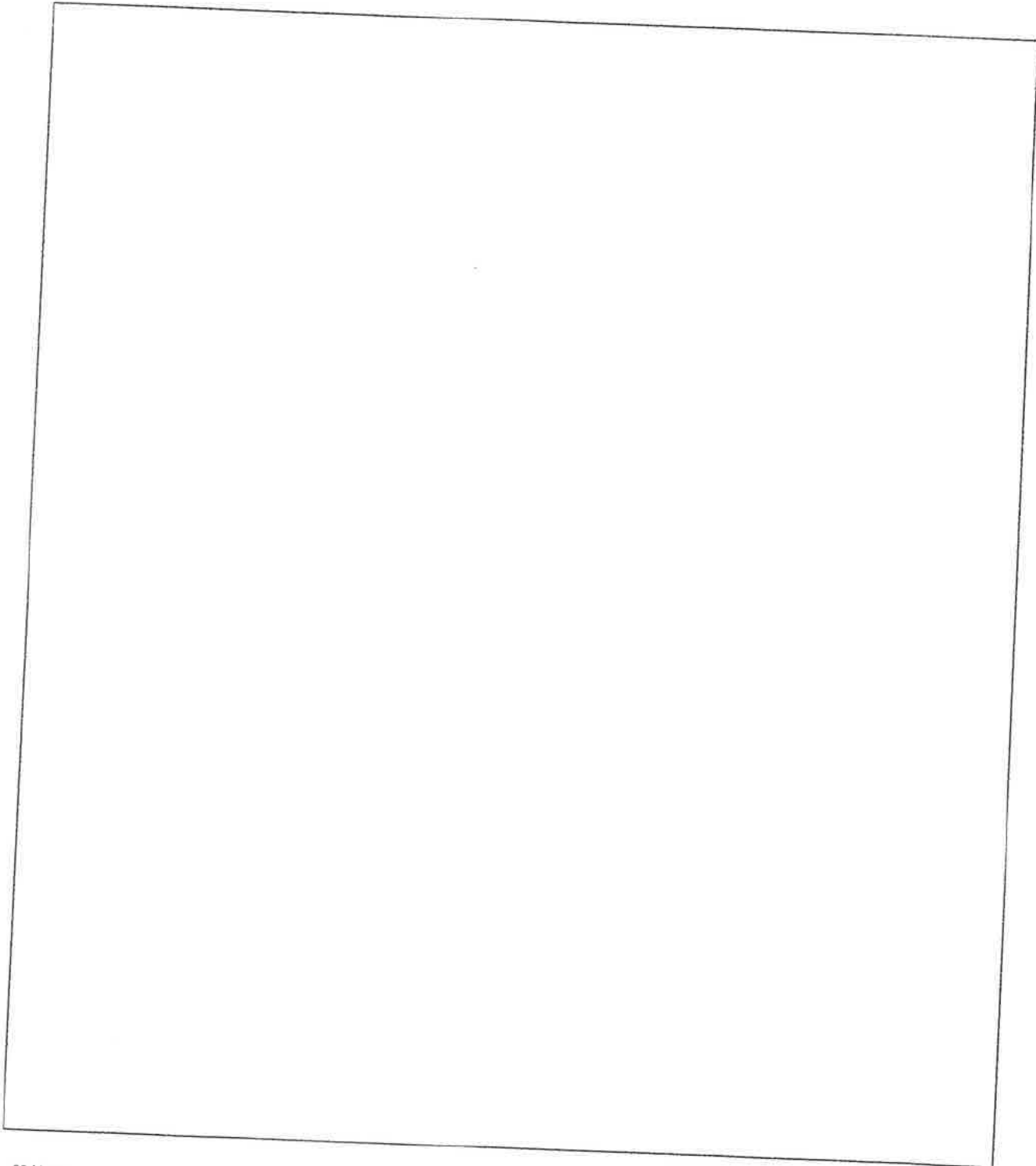
Ryan VanDerSchaegen
Notary Public, State of Ohio
My Comm. Expires 9/27/2020

Notary Seal

Notary Stamp

**City of Cleveland Division of Police
Patrol Officer Personal History Statement**

CLARIFICATION PAGE



**City of Cleveland Division of Police
Patrol Officer Personal History Statement**

Personal History Questions

Have you ever started a community group or project? If so, what and why?
Started and Organized a Softball team. To continue being involved in our community.
Are you engaged in any community groups or teams? If so, what are they?
Yes, Softball teams.
Have you volunteered before/currently? When and for what?
Volunteered for the Leukemia Lymphoma Society in 2014. Relay For life.
Have you ever held a supervisory role? If so, how many people have you managed?
Yes, Platoon Sgt. Managed 56 people for over 2 months time.
Do you/Have you lived in an Urban community? If not, what type of experience do you have with an Urban community if any?
Yes i live in an urban community.

**City of Cleveland Division of Police
Patrol Officer Personal History Statement**

Personal History Questions

Why do you want to be a police officer?

I Want to continue to serve the community and assist in making the city a better place to raise a family and thrive. I was raised in a family of law enforcement and saw the pride they held while working, which pushed me to join the military as a police officer and now wanting to bring my passion to the civilian side of law enforcement. My Grandfather was a retired Cleveland Police officer and I was exposed to many parts of the law enforcement lifestyle, mounted unit, motorcycle division and also many things in the city you would only come to discover if you were an officer.

Why the City of Cleveland and what do you know about the City?

I've lived and worked near and in Cleveland my whole life so I am aware of the city's layout and various streets. Also I have been very involved with activities within the city seeing and meeting some of the best people that deserve the very most out of the department.

What qualities do you possess that would make you a good police officer?

Passionate, Motivated, Punctual, Good Verbal Communication Skills, Physically fit, Current Military Police Officer.

Is there any additional information about yourself that you would like to share that would separate you from other candidates?

I am currently a Police Officer In the Army National Guard. Honor Graduate of my platoon from Boot Camp. I Understand what is it to work for something bigger than yourself and be motivated to move up and be the best you can be within that organization.