

Ohio Department of Natural Resources
Division of Parks and Recreation and Division of Watercraft

SWORN STATEMENT

Date _____

Name: _____ SS# _____
 First Middle Last

INSTRUCTIONS

Please read the following checklist and indicate your response by circling Yes or No. Place your initials next to your response. **By initialing, you verify that you have read and understand the information asked of you.**

If you have any questions or do not understand the “application process,” please call the Law Enforcement Training Coordinator at 614-265-6501.

ACKNOWLEDGEMENT

I am willing to undergo a comprehensive background investigation, including contacts with all references, employers, co-workers, close personal associates, neighbors, etc. I understand that a review of my driving record, credit history, criminal history, school record and service in the military will occur. I also will be required to undergo a pre-employment polygraph, psychological evaluation, and a urinalysis drug test.

Yes or No _____

QUESTIONNAIRE

1. Have you ever been convicted of a felony? Yes or No _____
2. Have you ever committed a felony for which you were not caught or not convicted of? Yes or No _____
Explain: _____
3. Have you ever used any illegal drug while employed in any law enforcement or prosecutorial position? Yes or No _____
4. Have you ever used any illegal drug while employed in a position which carries a high level of responsibility or public trust? Yes or No _____
5. Have you had any transaction of drugs including marijuana or prescription drugs within three (3) years before application or after application process initiated. Yes or No _____
6. Have you had more than three (3) transactions of drugs including marijuana or prescription drugs within the past seven (7) years. Yes or No _____

7. Have you had any use or possession of illegal drugs (other than marijuana) within three (3) years before application or after application process initiated. Yes or No _____
8. Have you had more than three (3) uses of illegal drugs (other than marijuana within the past seven (7) years. Yes or No _____
9. Have you used or possessed marijuana within the past 12 months? Yes or No _____
10. Have you abused prescription drugs within three (3) years that were prescribed for the applicant or someone other than the applicant. Yes or No _____
11. Any conviction of vehicular homicide. Yes or No _____
12. Have you had more than three (3) instances of prescription drug abuse within the past seven (7) years. Yes or No _____
13. Do you have four (4) moving violation convictions in the past three (3) years Yes or No _____
14. Have you ever had one (1) revocation or suspension of a driver's license as an adult, in effect during the past three (3) years. Yes or No _____
15. Have you had any use or possession of synthetic (manmade) mind altering substances within three (3) years before application or after application process initiated. More than three (3) uses of synthetic (manmade) mind altering substances within the past seven (7) years. Yes or No _____
16. Have you had an OMVI Conviction within the past five (5) years; or more than one (1) conviction as an adult; or more than two (2) convictions, if one of the convictions was as a juvenile. Yes or No _____
17. Do you have any acts of violence and/or admissions of undefended crimes against persons? Yes or No _____

WARNING: Answering "yes" to any of the above questions will result in the rejection of your application.

WARNING: An applicant who is discovered to have misrepresented his/her drug history in completing the application process will be found unsuitable for employment.

WARNING: Refusal to submit to any of the required elements of the application and background process when requested will result in the rejection of the application.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DECLARATIONS MADE BY ME ON THIS FORM ARE TRUE.

Applicant's Signature: _____

Date: _____

Applicant's Printed Name: _____

Reviewer's Signature: _____

Date: _____

- Photo ID
- Signature
- Notary

NOTARY: _____

EXPIRATION: _____

SEAL