

City of Solon
Department of Public Safety – Division of Police

Personal History Questionnaire

The City of Solon is an Equal Opportunity Employer

| | | | |
|------------------------------------|---|------------|--------|
| Personal History of: | Last Name | First Name | Middle |
| Position Applied For: | <input type="checkbox"/> Police Officer <input type="checkbox"/> Other - specify | | |
| Date this questionnaire completed: | | | |

INSTRUCTIONS

This Personal History Questionnaire is intended for the use of the City of Solon, Ohio, Personnel Administration section. You must be truthful and complete all answers requested on this form. All information contained herein will be subject to verification (i.e., source, documentation, polygraph, and screening procedures). Information contained herein will be considered to be strictly confidential and will not be disclosed to any unauthorized person(s).

The answers to questions contained in this questionnaire must be printed in your own hand, 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. Partial month-year responses are unacceptable. You must provide complete address information when requested. Partial address responses are unacceptable. This document and all documents throughout the testing process must be signed where required with your full legal signature, first name, middle name, last name.

WARNINGS

Applicants are cautioned to answer every question truthfully and without evasion. Both the Ohio Revised Code and Rules and Regulations of the Solon, Ohio Civil Service Commission provide penalties for making a false statement of a material fact, or for practicing fraud or deception in obtaining or attempting to obtain municipal employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code Section 2921.13.

SECTION I – PERSONAL AND MARITAL RECORD

| | | | | | | | | |
|--|----------------------------|----------------------------|-----------------------------|--|---------------------------------------|--------------------------------------|---|-----------------------|
| Legal Name Last | | | First | | | Full Middle Name | | |
| By What Other Names Have You Been Known? (Maiden Name, Former Married Names, Aliases, Nicknames, Etc.) | | | | | | Residence Area Code and Phone Number | | |
| Residence Number, Street, Apt. | | | | City | | County | State | Zip Code |
| Social Security Number | | Age | Height | | Weight | | Color Hair | Color Eyes |
| Date of Birth | | Place of Birth City | | | County | | State | Birth Certificate No. |
| Ohio Drivers License No. | | Type | Expiration Date | | Out-Of-State Operators License No. | | Type State or Terr | Expiration Date |
| List any scars, birthmarks, blemishes, tattoos, deformities, etc. that you may have. | | | | | | | | |
| Present Marital Status | | | | City, County, State Present Marriage Performed | | | Date Present Marriage Performed | |
| Name of Present Spouse (First, Middle) | | | Maiden Name (If Applicable) | | Spouse's Social Security Number | | Birthplace of Spouse | |
| Age | Height | Weight | Birthdate | | Name and Address of Spouse's Employer | | | |
| Father (Natural) | | | | | | | | |
| Last | First | Middle | Date of Birth | Address (Number, Street, City, State & Zip Code) | | | Age/Date of Death | |
| Mother (Natural) Maiden Name First, Former Married Names | | | | | | | | |
| Last | First | Middle | Date of Birth | Address (Number, Street, City, State, & Zip Code) | | | Age/Date of Death | |
| List Your Children: | | | | | | | | |
| <input type="checkbox"/> Son | Name (Last, First, Middle) | | | Birth Date | Birth Place (City and State) | | | |
| <input type="checkbox"/> Daughter | | | | | | | | |
| Address (If Different From Yours) | | | | Relationship To You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster | | | Relationship To Your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster | |
| <input type="checkbox"/> Son | Name (Last, First, Middle) | | | Birth Date | Birth Place (City and State) | | | |
| <input type="checkbox"/> Daughter | | | | | | | | |
| Address (If Different From Yours) | | | | Relationship To You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster | | | Relationship To Your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster | |
| <input type="checkbox"/> Son | Name (Last, First, Middle) | | | Birth Date | Birth Place (City and State) | | | |
| <input type="checkbox"/> Daughter | | | | | | | | |
| Address (If Different From Yours) | | | | Relationship To You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster | | | Relationship To Your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster | |
| <input type="checkbox"/> Son | Name (Last, First, Middle) | | | Birth Date | Birth Place (City and State) | | | |
| <input type="checkbox"/> Daughter | | | | | | | | |
| Address (If Different From Yours) | | | | Relationship To You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster | | | Relationship To Your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster | |
| List Your Relatives in the Following Order: | | | | 1. Brothers 2. Sisters 3. Step-Mother 4. Step-Father 5. Step-Brothers 6. Step-Sisters 7. Father-In-Law 8. Mother-In-Law 9. Sisters-In-Law 10. Brothers-In-Law | | | | |
| Relationship | | Name (Last, First, Middle) | | Address (Number, Street, City, State, Zip Code) | | | Age | |
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SECTION I – PERSONAL AND MARITAL SECTION (CONTINUED)

| | | | | |
|--|-------------------------------------|--|--|------------------------|
| Are You Supporting All Dependents That You Are Required To Support? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are You Paying Alimony Or Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount Per Month \$ |
| Have You Ever Been Sued For Alimony Payments, Child Support, Non-Payment Of Debts Or Fraud? If Yes, Then Give The Name and The Court In Which You Were Sued and The Court Number of The Lawsuit. | | | <input type="checkbox"/> Yes | |
| | | | <input type="checkbox"/> No | |
| Previous Marriages: If previously married, provide the following: | | | | |
| Date Married | Where Married (City, County, State) | Name of Ex-Spouse (Maiden Name) | If Dissolved or Divorced (City, County, State) | Date Finalized |
| | | | | |
| | | | | |

| | | |
|---|---|--|
| Are You a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes <input type="checkbox"/> Native Born <input type="checkbox"/> Naturalized | Are You a Permanent Resident Alien? If Yes, Give Port of Entry to U.S.A. and Date <input type="checkbox"/> Yes <input type="checkbox"/> No Port of Entry: _____ Date: _____ |
| If A Naturalized Citizen, List City and State Where Naturalized | | Date Naturalized _____ Certificate Number _____ |

SECTION II – PREVIOUS RESIDENCE RECORD

Addresses since age 15. Account for all time spans with the most recent address first and descending in order therefrom. Include all military addresses, listing the nearest city in proximity to the base if you resided on base. If renting or leasing, include the agent or management company to whom you pay rent.

| From (Month-Year) TO (Month-Year) | Address (No-Specify N.S.E.W.-St-Pl-Dr-City-State & Zip Code) | With Whom Did You Live? | Relationship |
|-----------------------------------|--|-------------------------|--------------|
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References: Fill in below the names of three adults not related to you & not former employers, who have known you for a period of preferably more than five years.

| | | | |
|-----------|-----------------------------------|---|-------------------------------------|
| 1. Name | | Home Address, City, State, Zip Code | Home Phone (Area Code- Number) |
| Yrs Known | Business Occupation Or Profession | Business Address, City, State, & Zip Code | Business Phone (Area Code – Number) |
| 2. Name | | Home Address, City, State, Zip Code | Home Phone (Area Code- Number) |
| Yrs Known | Business Occupation Or Profession | Business Address, City, State, & Zip Code | Business Phone (Area Code – Number) |
| 3. Name | | Home Address, City, State, Zip Code | Home Phone (Area Code- Number) |

| | | | |
|-----------|-----------------------------------|---|-------------------------------------|
| Yrs Known | Business Occupation Or Profession | Business Address, City, State, & Zip Code | Business Phone (Area Code – Number) |
|-----------|-----------------------------------|---|-------------------------------------|

SECTION III – FINANCIAL RECORD

| | |
|---|--|
| Are You Now Delinquent On Any Financial Obligation? (If Yes, Explain On Last Page.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do Your Monthly Bills Exceed Your Take-Home Pay? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Indebtedness: Involving you, your spouse, or your ex-spouses for which you are liable. | | | | | |
|--|---------|---------------|------------|----------|-------------|
| To Whom Owed | Address | Date Incurred | Orig. Amt. | Amt. Due | Mo. Payment |
| | | | | | |
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| Name & Address Of Your Bank(s) | Checking Account(s) | Savings Account(s) |
|--|---------------------|---------------------|
| | | |
| | | |
| | | |
| Year, Make, Body Type, & License No. Of Your Present Vehicle | Date Purchased | Name of Legal Owner |
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When answering the questions below: If there are any “Yes” blocks checked, explain fully on the continuation sheet, citing the reference and page numbers. Be complete on all explanations requested.

| | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do You, Your Spouse, Or Ex-Spouses Have Any Immediate Civil Action Pending Against You? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | If employed by the police department, do you anticipate any income other than your police salary? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have You Ever Been Refused A Life, Automobile, Health, Or Other Insurance Policy? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have You Ever Been Garnished, Filed For Bankruptcy, Or Been Declared Bankrupt? |

SECTION IV – WORK HISTORY

| <input type="checkbox"/> Yes <input type="checkbox"/> No Have You Ever Applied For A Position With Any Law Enforcement Or Other Government Agency? | | | |
|--|--------------|--|--|
| Name Of Department Or Agency | Date Applied | Accepted | If No, Give Reason For Rejection Or Declining Of Appointment |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

EMPLOYMENT

Begin with your most recent job and list your complete work history in chronological order. **Include in sequence all part-time jobs, periods of unemployment and military service.** When listing military service, substitute for the name and address of immediate supervisor, the name, address and rank of the last commissioned officer who was your immediate commissioned superior and substitute for the name and address of co-workers, the name and address of a non-commissioned officer with whom you served. When listing periods of unemployment, indicate dates in space provided. In that block designated "name of employer" write-in unemployed. In that block designated "reason for leaving" indicate from what source you received income during that period of unemployment. **ADDRESS INFORMATION MUST BE COMPLETE – STREET, APT. OR SUITE, CITY STATE AND ZIP CODE.**

| | | |
|--|--|------------------------------|
| May We Contact Your Current Employer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, Explain On Last Page. |
| Have You Ever Been Discharged Or Asked To Resign From A Job? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, Explain On Last Page. |
| If Currently Unemployed, Indicate So In First Block. | | |

| | | | |
|------------------|-----------------------------------|---------------------------------|--|
| From Date | Name Of Employer | Job Title | List Hours Worked And Days Off On Present Job |
| To Date | Address Of Employer | Description Of Duties | |
| Total Time Exp | Full Name Of Immediate Supervisor | Address Of Immediate Supervisor | Ph# Of Business |
| Salary | Full Name Of Co-Worker | Address Of Co-Worker | Ph# Of Co-Worker |
| From Date | Name Of Employer | Job Title | Reason For Leaving |
| To Date | Address Of Employer | Description Of Duties | |
| Total Time Exp | Full Name Of Immediate Supervisor | Address Of Immediate Supervisor | Ph# Of Business |
| Salary | Full Name Of Co-Worker | Address Of Co-Worker | Ph# Of Co-Worker |
| From Date | Name Of Employer | Job Title | Reason For Leaving |
| To Date | Address Of Employer | Description Of Duties | |
| Total Time Exp | Full Name Of Immediate Supervisor | Address Of Immediate Supervisor | Ph# Of Business |
| Salary | Full Name Of Co-Worker | Address Of Co-Worker | Ph# Of Co-Worker |
| From Date | Name Of Employer | Job Title | Reason For Leaving |
| To Date | Address Of Employer | Description Of Duties | |

| | | | |
|----------------|-----------------------------------|---------------------------------|------------------|
| Total Time Exp | Full Name Of Immediate Supervisor | Address Of Immediate Supervisor | Ph# Of Business |
| Salary | Full Name Of Co-Worker | Address Of Co-Worker | Ph# Of Co-Worker |

SECTION IV – WORK HISTORY (CONTINUED)

| | | | |
|------------------|-----------------------------------|---------------------------------|---------------------------|
| From Date | Name Of Employer | Job Title | Reason For Leaving |
| To Date | Address Of Employer | Description Of Duties | |
| Total Time Exp | Full Name Of Immediate Supervisor | Address Of Immediate Supervisor | Ph# Of Business |
| Salary | Full Name Of Co-Worker | Address Of Co-Worker | Ph# Of Co-Worker |
| From Date | Name Of Employer | Job Title | Reason For Leaving |
| To Date | Address Of Employer | Description Of Duties | |
| Total Time Exp | Full Name Of Immediate Supervisor | Address Of Immediate Supervisor | Ph# Of Business |
| Salary | Full Name Of Co-Worker | Address Of Co-Worker | Ph# Of Co-Worker |
| From Date | Name Of Employer | Job Title | Reason For Leaving |
| To Date | Address Of Employer | Description Of Duties | |
| Total Time Exp | Full Name Of Immediate Supervisor | Address Of Immediate Supervisor | Ph# Of Business |
| Salary | Full Name Of Co-Worker | Address Of Co-Worker | Ph# Of Co-Worker |
| From Date | Name Of Employer | Job Title | Reason For Leaving |
| To Date | Address Of Employer | Description Of Duties | |
| Total Time Exp | Full Name Of Immediate Supervisor | Address Of Immediate Supervisor | Ph# Of Business |
| Salary | Full Name Of Co-Worker | Address Of Co-Worker | Ph# Of Co-Worker |
| From Date | Name Of Employer | Job Title | Reason For Leaving |
| To Date | Address Of Employer | Description Of Duties | |
| Total Time Exp | Full Name Of Immediate Supervisor | Address Of Immediate Supervisor | Ph# Of Business |
| Salary | Full Name Of Co-Worker | Address Of Co-Worker | Ph# Of Co-Worker |
| From Date | Name Of Employer | Job Title | Reason For Leaving |
| To Date | Address Of Employer | Description Of Duties | |
| Total Time Exp | Full Name Of Immediate Supervisor | Address Of Immediate Supervisor | Ph# Of Business |
| Salary | Full Name Of Co-Worker | Address Of Co-Worker | Ph# Of Co-Worker |

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SECTION VI – GENERAL INFORMATION INQUIRY

NOTICE: The following questions and answers will be verified through the use of the polygraph (lie detector test). If the answer to any of the following is yes – it will be necessary for you to explain, in detail, on the continuation sheet provided.

| | |
|---|--|
| 1. If it became necessary in the course of your police duties to take a human life, would you have any reluctance to due to religious or other beliefs? (Police officer applicants only need answer this question.) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Have you ever committed a felony for which you were never arrested or convicted? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Have you ever been placed on or served in a criminal diversion type program that led to the eventual dismissal of any criminal charges? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Have you ever been convicted of a felony? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Have you ever been convicted of a misdemeanor that had been reduced from original felony charges? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Have you ever been convicted of any criminal offense (i.e., theft, assault and battery, wrongful influence of a minor, disorderly conduct, gambling, drug offense, sex offenses, offenses involving immoral or indecent conduct, fraud, trespassing, conversion of trust, offense involving military justice, or any other criminal offenses)? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7. Have you ever been convicted of any traffic offense (i.e., operating a motor vehicle while under the influence of alcohol or drugs, reckless operation, hit skip, vehicle homicide, speeding, drag racing, willfully fleeing or eluding police, operating an unsafe vehicle, driving without a license, passing a school bus receiving or discharging passengers, or any other traffic offense, excluding parking and equipment violations)? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 8. As an adult, have you ever stolen anything? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 9. Have you ever bought or sold property that you know was stolen? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 10. Has your driver's license ever been suspended or revoked? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 11. Have you ever been committed to any penal institution as a result of either a felony or misdemeanor conviction? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 12. Are you presently under indictment or a defendant in any pending criminal, traffic, or civil citations? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 13. Have you ever used any hallucinogens such as marijuana, hashish, mescaline, P.C.P., T.H.C., peyote, P.C.E., T.C.P., angel dust or any of their derivatives, etc.? (If yes, age first used, age last used, total number of usages.) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 14. Have you ever used any narcotics such as opium, morphine, codeine, meperidine, methadone, or any of their derivatives such as darvon, lomitol, etc.? (If yes, age first used, age last used, total number of usages.) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 15. Have you ever used cocaine, heroin, or L.S.D.? (If yes, age first used, age last used, total number of usages.) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 16. Have you ever used any prescription drugs such as barbiturates, amphetamines, valium, librium, sopors, uppers/downers, etc. without the benefit of a prescription? (If yes, age first used, age last used, total number of usages.) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 17. Have you ever used any prescribed medications for purposes other than that for which they were originally prescribed or intended? (If yes, then type and use.) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 18. Have you ever used what are described as designer drugs, (i.e., substances that are chemically altered in make-up but which give the same effect as illicit drugs, etc.)? (If yes, then type and use.) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 19. Have you ever sold, been party to the sale, or in any other way been financially rewarded due to the sale of any controlled substances or prescription drugs or any other substance purported to be a controlled substance? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 20. Have you ever been involved in glue sniffing or used any other such chemical agents for the purpose of obtaining a state of intoxication? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 21. Are you addicted to or use alcohol excessively or suffer from any alcohol related problems, or received any related treatments? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 22. Have you ever filed for or received compensation for any industrial compensation claim? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 23. Have you ever applied for and received unemployment compensation, the amounts of which you were not eligible to receive? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 24. Are you now, or have you ever, received any type of governmental support such as welfare, A.D.C., housing subsidy payments, medical or educational loans or grants that you were not eligible for, received in a fraudulent manner or after receiving became ineligible for but continued receiving? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 25. Do you have any hatreds or prejudices toward others because of their race, sex, national origin, religion or color, which would be detrimental to your functioning as a police officer? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 26. Do you have any problems because of gambling? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 27. Do you have any problem controlling your temper? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 28. Have you ever been involved in an automobile accident? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Signature of Applicant: _____ Date: _____
(Full Legal Signature)

City of Solon

Voluntary Disclosure Form

PLEASE NOTE: COMPLETION OF THIS FORM IS VOLUNTARY. We consider all applicants for positions without regard to race, color, religion, gender, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of unlawful criteria.

TO BE COMPLETED ON A VOLUNTARY BASIS, FILE SEPARATELY FROM PERSONNEL FILE. In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we request you complete this Voluntary Disclosure Form. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not part of our Employment Application. It will not be used in any employment decision. This information will be used and kept confidential in accordance with applicable laws and regulations.

NAME: _____ DATE: _____

POSITION HIRED FOR: _____ Male Female

WHAT IS YOUR ETHNIC RACE GROUP? (Check one):

- (1) White (3) Hispanic (5) American Indian or
 (2) Black (4) Asian or Pacific Islander Alaskan Native

REFERRAL SOURCE? (Check one):

- Government Employment Agency Private Employment Agency
 Walk-In School
 Relative Advertisement
 Current Employee Other: _____

ARE YOU A VETERAN? (Check one): YES NO

- Military Status: Active Reserve Retired
 Inactive Reserve Disabled Veteran Other

AUTHORITY TO RELEASE INFORMATION

SOLON POLICE DEPARTMENT

To Whom It May Concern:

I hereby authorize any Police Officer or other authorized representative of the Solon Police Department bearing this release, or copy thereof, within two years of its date, to obtain any information in your files pertaining to my employment, military, credit, or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, disciplinary records, medical records, and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Solon Police Department. Consent is granted for the Solon Police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by Federal statute or regulation. I have been advised the Solon Police Department will utilize this number only to facilitate the location of employment, military credit, and educational records concerning me in connection with this application. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name: _____
(Signature)

Full Name: _____
(Typed or Printed Name)

Social Security No: _____

Current Address: _____

Telephone Number: _____

Date: _____

Notary: _____