

Instructions for Completing the Background Questionnaire

1. All questions must be answered completely and honestly. Blank and incomplete answers are unacceptable and may be considered deceptive.
2. “Unknown” or “I don’t remember” are **unacceptable** answers. If you don’t know or don’t remember, do your research!
3. If a former supervisor no longer works for the company/department you previously worked for, please make a note, and provide us with the contact information for Human Resources.
4. Please type or print legibly in black ink.
5. Make sure all of the information you provide is current.
6. Provide daytime phone numbers. If possible provide multiple phone numbers to ensure that the person who needs to be contacted can be reached.
7. If divorced, please provide the name, address and phone number of your ex-spouse(s).
8. Provide a complete listing of all children along with their mother’s/father’s name even if they do not currently live with you.
9. In the section entitled “List any and all crimes you have committed which have gone undetected or for which you were never charged,” include any illegal acts committed during your life time including illegal drug usage, if applicable.
10. Please follow all instructions carefully.

Please note that you must keep the background investigator informed of any changes even after you have submitted the Background Questionnaire. (For example, you must notify the investigator if you, in the meantime, have been terminated from a job, received a speeding citation, moved, changed cell phone numbers, etc.)

Providing accurate and complete information will help expedite the Hiring Process.

Thank you.

Supporting Documentation

The following list is required documentation you must furnish to the background investigator. **You will not pass this portion of the process without it.** Most of the requested items are readily available and are due when the questionnaire is submitted. Some items may be more difficult to retrieve, and with consent from the investigator, may be turned in within a reasonable time.

All submitted information and documentation will be checked and verified by our staff.

You should begin gathering the information and documents immediately!

The investigators do not order or pay for any documentation and will not accept any documentation with a bill attached.

Each document submitted must be an authenticated (notarized) and a legible duplicate of the original.

Do not submit originals. Submitted documentation becomes the property of the Police Department and is not subject to return.

Along with your Employment Background Questionnaire, please provide the following copies, if applicable:

1. Birth certificate or naturalization certificate,
2. High School or GED Diploma,
3. Transcripts from High School, College/University etc.,
4. Military Form DD 214 (long form) and Discharge from Military,
5. Court orders from any divorce(s),
Court orders for any name changes,
Court orders resolving any suits or civil legal actions,
Court orders discharging any bankruptcies,
6. Dispositions or court orders resolving any criminal charges against you,
7. Law enforcement related certifications (at a minimum mandate certificates),
8. Driver's License (you must show original as well),
9. Social Security Card (you must show original as well),
10. Official 7-year Driving History from the appropriate state agency.

Work History

What is your present trade or occupation? _____

How did you find out about this position? _____

Have you ever applied with any other government agency? Yes No (List every agency)

If yes, when and where? _____

Do you have applications pending with other government agencies? Yes No (List every agency)

If yes, what agency, position and date? _____

Have you ever worked for a family member? Yes No

Are you now or have you ever been, engaged in any business as an owner or partner or corporate member? Yes No

If yes, give details. _____

Why did you leave your last job and why would you leave your present job for this position? _____

How many times have you received written reprimands from supervisors or employers for not doing your job correctly or conduct violations? Circle the number of times: 0 1 2 3 4 5 more

How many times have you been counseled or received warning for being late or absent from work?

Circle the number of times: 0 1 2 3 4 5 more

Have you ever been the subject of an internal or criminal investigation by an employer? Yes No

If yes, explain. _____

Do you have any complaints concerning former supervisors or work conditions? Yes No

If yes, explain. _____

Within the past twenty (20) years, how many times have you been fired, asked to resign, or quit to avoid being fired from a job?

Circle the number of times: 0 1 2 3 4 5 6 7 More Why? _____

Have you ever been suspended from a job for any period of time (with or without pay)? Yes No

If yes, explain. _____

Are you available to work any hour of the day, day of the week, including holidays? Yes No

List below, the awards, commendation, etc. you have received from your employers.

Do you speak any foreign languages? Yes No

If yes, which languages? _____

Name of employer: _____ Employed: From (mo/yr) _____ To (mo/yr) _____

Address: _____ Telephone: (_____) _____

_____ Salary: Start: _____ End: _____

Position Held: _____ Business type: _____

Specific Duties: _____

Supervisor: _____ Title: _____ Supervisor Phone No. _____

Reason for leaving: _____



Name of employer: _____ Employed: From (mo/yr) _____ To (mo/yr) _____

Address: _____ Telephone: (_____) _____

_____ Salary: Start: _____ End: _____

Position Held: _____ Business type: _____

Specific Duties: _____

Supervisor: _____ Title: _____ Supervisor Phone No. _____

Reason for leaving: _____



Name of employer: _____ Employed: From (mo/yr) _____ To (mo/yr) _____

Address: _____ Telephone: (_____) _____

_____ Salary: Start: _____ End: _____

Position Held: _____ Business type: _____

Specific Duties: _____

Supervisor: _____ Title: _____ Supervisor Phone No. _____

Reason for leaving: _____

Education

Begin with most recent, list ALL High Schools, Colleges, Universities, Professional, Vocational and Trade Schools you have attended.

School Name: _____ Attended: From: _____ To: _____

Address: _____ Field of Study: _____

City State Zip Hours or Degree: _____



School Name: _____ Attended: From: _____ To: _____

Address: _____ Field of Study: _____

City State Zip Hours or Degree: _____



School Name: _____ Attended: From: _____ To: _____

Address: _____ Field of Study: _____

City State Zip Hours or Degree: _____



School Name: _____ Attended: From: _____ To: _____

Address: _____ Field of Study: _____

City State Zip Hours or Degree: _____

If more space is needed, use additional sheet.

Military History

Note You are required to provide Military Records.

Have you served in the active Military, reserve or National Guard? Yes No

If not, you may skip this section.

Are you now a member of any Military organization? Yes No

Identify what component (s) of the Military you were enlisted in:

Regular Active Reserve National Guard

Identify which branch (es) you were enlisted in or a member of:

Army Air Force Marines Navy Coast Guard Foreign Military

Give Period (s) of Military Service:

Dates: From	To	Branch	Highest Rank Held	Type Discharge
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What was your military service number? _____

List all decorations, awards, medals and citations you received while in the Military. _____

Were you ever listed as AWOL (Absent Without Leave) or listed as unauthorized absence? Yes No

Did you ever commit a criminal act while in the military service while off duty? Yes No

If yes, explain. _____

Criminal Record

List **ALL** convictions or pending charges against you:

List all arrests, indictments and convictions for all felonies and misdemeanors, either civilian or military:

Offense	Arresting Agency	Case No.	Date	City, State and Court

List any and all crimes you have committed which have gone undetected or for which you never were charged:

Offense	Approximant Date	Explanation

Driving History

List **ALL** traffic citations, arrests, and convictions for all traffic offenses, including pleas of guilty and nolo contendere, and including a list of **ALL** traffic accidents you've been involved in (whether charged or not):

Offense	Disposition (fine, etc.)	Date	City, State and Court

If more space is needed, use additional sheet.

List other family members living in your household.

Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City County State

Relationship: _____ Telephone: Cell: _____

Employer Employer's Address (Number, street, city, state) Telephone



Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City County State

Relationship: _____ Telephone: Cell: _____

Employer Employer's Address (Number, street, city, state) Telephone



Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City County State

Relationship: _____ Telephone: Cell: _____

Employer Employer's Address (Number, street, city, state) Telephone



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Month/Day/Year City County State

Relationship: _____ Telephone: Cell: _____

Employer Employer's Address (Number, street, city, state) Telephone



Name: _____
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Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City County State

Relationship: _____ Telephone: Cell: _____

Employer Employer's Address (Number, street, city, state) Telephone



Name: _____
Last First Middle Maiden

Date of Birth: _____ Age: _____ Place of Birth: _____
Month/Day/Year City County State

Relationship: _____ Telephone: Cell: _____

Employer Employer's Address (Number, street, city, state) Telephone

Previous Addresses

List the name of the Law Enforcement Agencies for each of the locations that you have resided. List the agency that would have come to your home in an emergency.

List previous addresses beginning with last address:

Number	Street	City	State	Zip
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Apt. No.	Complex Name	County	Dates	From	To
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Name of Law Enforcement Agency	Phone Number
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Number	Street	City	State	Zip
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Apt. No.	Complex Name	County	Dates	From	To
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Name of Law Enforcement Agency	Phone Number
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Number	Street	City	State	Zip
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Apt. No.	Complex Name	County	Dates	From	To
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Name of Law Enforcement Agency	Phone Number
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Number	Street	City	State	Zip
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Apt. No.	Complex Name	County	Dates	From	To
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Name of Law Enforcement Agency	Phone Number
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If more space is needed, use additional sheet.

Neighborhood Background Inquiry

A neighborhood inquiry will be made on each applicant. Please provide the names, addresses, and telephone numbers of all the neighbors on both sides, upstairs, downstairs, front and rear. If you do not know your neighbors, you must still provide the information. Do not list neighbors that are not immediately adjacent to your residence. The section must be completed without fail.

Neighbor:

Name: _____ Daytime Telephone No. (____) _____

Address: _____
Number Street City County State Zip



Neighbor:

Name: _____ Daytime Telephone No. (____) _____

Address: _____
Number Street City County State Zip



Neighbor:

Name: _____ Daytime Telephone No. (____) _____

Address: _____
Number Street City County State Zip



Neighbor:

Name: _____ Daytime Telephone No. (____) _____

Address: _____
Number Street City County State Zip



Neighbor:

Name: _____ Daytime Telephone No. (____) _____

Address: _____
Number Street City County State Zip



Neighbor:

Name: _____ Daytime Telephone No. (____) _____

Address: _____
Number Street City County State Zip

References

List the names of ALL clubs, organizations, labor and professional groups with which you are, or have been associated.

Association:

Organization Name	Organization Purpose	Dates	From	To
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Address (Number, Street, City, County, State and Zip)	Telephone Number
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Association:

Organization Name	Organization Purpose	Dates	From	To
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Address (Number, Street, City, County, State and Zip)	Telephone Number
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Association:

Organization Name	Organization Purpose	Dates	From	To
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Address (Number, Street, City, County, State and Zip)	Telephone Number
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If more space is needed, use additional sheet.

Personal References

List three people who are personally acquainted with you. Do not give the names of relatives or former employers.

Name	Phone: Cell	Home	Years Known
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Address	City	State	Zip
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Employer	Occupation
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Address	City	State	Zip
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Name	Phone: Cell	Home	Years Known
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Address	City	State	Zip
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Employer	Occupation
----------	------------

Address	City	State	Zip
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Name	Phone: Cell	Home	Years Known
------	-------------	------	-------------

Address	City	State	Zip
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Employer	Occupation
----------	------------

Address	City	State	Zip
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Legal Responsibilities

What is your monthly net income? \$ _____ Total monthly expenditures? \$ _____

Are you current in these obligations? Yes No

If no, explain. _____

Have you ever been sued? Yes No If yes, explain: _____

Have you ever filed bankruptcy? Yes No If yes, explain: _____

Have you ever had your wages garnished? Yes No If yes, explain: _____

Are there any unpaid judgments against you? Yes No If yes, explain: _____

Are you delinquent in property taxes or other taxes? Yes No If yes, explain: _____

Did you file Federal and State Income Taxes last year? Yes No If no, explain: _____

Have you ever had a charge, complaint, or lawsuit filed against you alleging the use of excessive force? Yes No

If yes, explain with particularity the details of such and the disposition of same. _____

Have you ever had a charge, complaint or lawsuit filed against you alleging false arrest? Yes No

If yes, explain with particularity the details of such and the disposition of same. _____

Have you ever been a complainant, victim or been involved in a complaint of domestic violence? Yes No

If yes, explain: _____

Are you currently paying court ordered child support? Yes No

If yes: List court(s) of jurisdiction: (Locations) _____

Are you current in these payments? Yes No

If no, explain: _____

Skills

List any police or office equipment you can operate.

Do you have basic computer skills? Yes No

Can you type? Yes No If yes, word per minute: _____

List any other special skills or training.

Do you know of anything that might disqualify you from appointment or prevent the full discharge of the duties of the position for which you are applying?

Yes No

If yes, explain: _____

Do you have any visible tattoos and/or brands? Yes No If yes, provide location and meaning of each one on an attached sheet of paper.