



## BACKGROUND QUESTIONNAIRE

### CITY OF ELSBERRY

#### POLICE OFFICER POSITION

#### INSTRUCTIONS

Read every question carefully and answer each question accurately and completely. An applicant could be disqualified from further processing if he/she intentionally makes a false statement of a material fact, practices or attempts to practice any deception or fraud on this questionnaire. An extensive background investigation will be conducted of your character and reputation. All information is verified; therefore, accuracy is essential. All entries, except signature, must be typed or printed legibly in ink. If space is not sufficient, or you wish to provide a more complete answer, use the "Additional Information" pages. If a question or the information requested does not apply, indicate that by inserting "N/A" (Not Applicable).

Please ensure that all addresses include the zip codes and all phone numbers have the area code listed on the questionnaire.

All spaces must be completely filled out before the application can be processed. An incomplete application will not be reviewed.

Bring the following with you:

1. Copy of your Elsberry application
2. Valid Driver's license
3. Original Social security card
4. Original Birth certificate
5. U.S. High School or GED Diploma
6. High School transcripts or GED transcripts (sealed original in envelope)
7. University or College Diploma w/ transcripts (if applicable)
8. Original marriage license (if applicable)
9. Copy of divorce Decree (if applicable)
10. Naturalization document (if applicable)
11. DD-214 or NGB-22 form (if applicable)
12. Court documents of all court dispositions (not traffic violations)
13. MO POST license (if applicable)

DATE: \_\_\_\_\_

BACKGROUND QUESTIONNAIRE

POLICE DIVISION

CITY OF ELSBERRY, MISSOURI

A. PERSONAL DATA

1. Name

\_\_\_\_\_

(Last)

(First)

(Middle)

2. List all other names you have, or have used (including maiden name, nicknames, and aliases):

\_\_\_\_\_

3. Race      Gender

Age

\_\_\_\_\_

4. Date of Birth

\_\_\_\_\_

(Month)

(Date)

(Year)

5. Place of Birth

\_\_\_\_\_

(City)

(County)

(State)

(Country)

6. Present Address

\_\_\_\_\_

(Street Number and Name)

(Apartment Number)

\_\_\_\_\_

(City)

(County)

(State)

(Zip Code)

7. How long have you lived at this address?

\_\_\_\_\_

(Years)

(Month)

8. List your previous addresses or residences for the past five years, excluding your present address, but including extended periods of stay (longer than one month) at school, for military service, for employment, etc.

FROM	TO	LOCATION			
1.					
(Month/Year)	(Month/Year)	(Street Number and Name)	(City)	(State)	(Zip Code)
(County of Residence)			(Local Police Department)		
2.					
(Month/Year)	(Month/Year)	(Street Number and Name)	(City)	(State)	(Zip Code)
(County of Residence)			(Local Police Department)		
3.					
(Month/Year)	(Month/Year)	(Street Number and Name)	(City)	(State)	(Zip Code)
(County of Residence)			(Local Police Department)		

9. Are you a citizen of the United States? Yes  NO

10. If you are a naturalized citizen, please furnish the following information concerning your naturalization:

Certificate Number \_\_\_\_\_ Date \_\_\_\_\_

(Month) (Day) (Year)

Place of Birth \_\_\_\_\_

(City) (County) (State)

11. Social Security Number \_\_\_\_\_

12. Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_  
 Area Code Phone Number Area Code Phone Number  
 Other contact number (\_\_\_\_) \_\_\_\_\_  
 Area Code Phone Number

13. \_\_\_\_\_  
 (Height) (Weight) (Hair Color) (Eye Color)

14. Marital Status? (Please Check One) Single  Married  Widowed  Divorced   
 Separated  Domestic Partner

15. With whom do you reside?

(Name)	(Relationship)	(Birth Date)	(Place of Birth)

MARITAL INFORMATION

If you are now, or have ever been married, please furnish the following information concerning each marriage, including information concerning the termination of the marriage (death, annulment, separation, divorce, etc.) Please list current marriage or last marriage first.

MARRIAGE:

(Name)	(Birth Date)	(Social Security #)	(Address)

Date	Place
(Month) (Day) (Year)	(City) (County) (State)

How Terminated	Date
(Death, Divorce, etc.)	(Month) (Day) (Year)

Location
(City) (County) (State) (Country)

16. Are you required to pay child support? Yes  No

If so, in what city and state are you required to pay child support?

\_\_\_\_\_

\_\_\_\_\_  
 initials

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17. Are you now or have you ever been delinquent in child support payments? If yes, please explain:

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18. Do you have any close friends or relatives employed by this department? Yes  No

If yes, please indicate names and relationships:

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Name	Position/Job Title	Relationship
Name	Position/Job Title	Relationship

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19. Have you ever received any police academy training? Yes  No

If yes, please provide details:

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EMPLOYMENT

List below your previous employers for the last **ten years** starting with your present position and working backwards. Include all periods of unemployment, part-time employment, temporary or seasonal employment, military service, employment while a member of military service, periods in school, and volunteer service. Account for all of your time, and do not leave any lapses. Indicate the complete name of the company/firm, exact address (include number and name of street, city, state and zip code). If you need to add additional employment information, continue on page 11.

1.

Company/Firm Name	Position/Job Duties	FROM Month/Year	TO Month/Year	
Supervisor/Contact Person	Reason for Leaving	Salary	Phone Number	
Address	City	State	Zip Code	

May we discuss your application with your present employer? Yes  No

2.

Company/Firm Name	Position/Job Duties	FROM Month/Year	TO Month/Year	
Supervisor/Contact Person	Reason for Leaving	Salary	Phone Number	
Address	City	State	Zip Code	

3.

Company/Firm Name	Position/Job Duties	FROM Month/Year	TO Month/Year	
Supervisor/Contact Person	Reason for Leaving	Salary	Phone Number	
Address	City	State	Zip Code	

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\_\_\_\_\_  
initials

4. \_\_\_\_\_ / \_\_\_\_\_

Company/Firm Name	Position/Job Duties	FROM Month/Year	TO Month/Year
Supervisor/Contact Person	Reason for Leaving	Salary	Phone Number
Address	City	State	Zip Code

5. \_\_\_\_\_ / \_\_\_\_\_

Company/Firm Name	Position/Job Duties	FROM Month/Year	TO Month/Year
Supervisor/Contact Person	Reason for Leaving	Salary	Phone Number
Address	City	State	Zip Code

20. If employed with more than one employer may we discuss your application with them? Yes  No

21. Were you ever dismissed or asked to resign from any employment? Yes  NO

If yes, give details of dismissals or forced resignations below:

Employer	Address	Date	Reason for Dismissal

22. You subjected to disciplinary action in connection with any employment? Yes  No

If yes, give details of each account:

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23. Have you ever applied for employment with this department or any other police department, with the City of Elsberry, or with any other governmental agencies? Yes  No

If yes, give details, position(s) sought, dates and agencies:

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MILITARY SERVICE

22. Have you ever served on active duty in the Army, Air Force, Coast Guard, Marine Corps, Navy, R.O.T.C., or any other military organization? Yes  NO

If yes, indicate below all active military service:

Branch/Organization	Primary Duty	Rank
Date Entered	Date Discharged	Type of Discharge

23. Are you now or have you ever been a member of any Reserve or National Guard? Yes  No

If yes, indicate the complete name and address of the unit:

Name of Unit	Address	City	State	Zip Code



ARRESTS SUMMONSES AND CONVICTIONS

24. You either as a juvenile or adult ever been arrest, detained, questioned or received a summons or citation, excluding traffic?

Yes  No

Have you ever been arrested, where the original charge was reduced to a lesser crime? (Exclude all parking and other minor traffic violations) AN ARREST HISTORY/CONVICTION WILL NOT NECESSARILY EXCLUDE YOU FROM THE EXAMINATION PROCESS. EACH APPLICANT'S HISTORY IS REVIEWED ON ACASEBYCASE BASIS.

Yes  No

If yes, give full details of each and every incident:

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25. Were you ever, as a juvenile or adult been convicted of a crime? Yes  No

What crime(s)? Give details:

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26. Indicate below all arrests as a juvenile or adult:

Date	Charge	Location (City, County, State)	Court Disposition	Police Agency

\_\_\_\_\_  
initials

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27. Have the police ever been called to your residence (your current and all former residences) for any reason?  
Yes  NO

If yes, explain in full detail:

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28. Have you ever been summoned or subpoenaed to court in a civil action or proceeding; or were you ever a party (plaintiff or defendant) in a civil action, in this state or elsewhere? Yes  No

If yes, indicate below:

Date	Action/Proceeding	Plaintiff/Defendant/Witness	Court Disposition

Action:

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Outcome:

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Details:

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REFERENCES

29. Give three social acquaintances: (no one already used above as a reference)

1.

Full Name	(Birth Date)	Numeric Street Address (Include City/State/Zip)
Occupation	Business Address (Include City/State/Zip)	
Years Known	Phone Number	Business Phone Number

2.

Full Name	(Birth Date)	Numeric Address (Include City/State/Zip)
Occupation	Business Address (Include City/State/Zip)	
Years Known	Phone Number	Business Phone Number

3.

Full Name	(Birth Date)	Numeric Address (Include City/State/Zip)
Occupation	Business Address (Include City/State/Zip)	
Years Known	Phone Number	Business Phone Number

30. Please list all active and inactive email addresses:

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31. Please provide all active and inactive social network accounts, include your username (i.e. Facebook, MySpace, Twitter, Instagram, YouTube, Bebo, etc.) information:

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DRIVING RECORD

32. Indicate below your driver's license information: License Number \_\_\_\_\_  
State \_\_\_\_\_ Expiration Date \_\_\_\_\_

CHECK ONE: Operator's License  Chauffeur's License

33. Did you ever possess an operator's / chauffeur's license issued by any state other than Missouri?

Yes  No

If yes, indicate the state issuing the other license and expiration date:

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36. Was your license (check one) Surrendered  Suspended  Revoke  N/A

If suspended or revoked, state reason: \_\_\_\_\_

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37. Is your current license suspended or revoked? Yes  No

If yes, please state reason: \_\_\_\_\_

38. List all vehicles which you and your spouse own, lease, or have for your personal use (including motorcycles):

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate Number \_\_\_\_\_ State \_\_\_\_\_

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39. Do you have any knowledge or information, in addition to that specifically called for in the preceding questions, which is or which may be relevant, directly or indirectly, in connection with the investigation of your eligibility or fitness for appointment to the Police Division? This would include, but not limited to, knowledge or information concerning your character, temperament, habits, employment, education, family, criminal record, traffic violations, residence or otherwise? Yes  No

If yes, give details:

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Use the following section for any additional information. List the question number to which the additional information applies. Sign your name at the bottom of this page. Example. pg. 9, line 26.

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Attach additional pages if needed.

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SIGNATURE

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initials

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