

City of Frontenac Police Department

10555 Clayton Road, Frontenac, Missouri 63131

314-994-9300



PERSONAL HISTORY QUESTIONNAIRE FOR CIVILIAN AND POLICE OFFICER CANDIDATES

The City of Frontenac resolves that, subject to all applicable State and federal statutory or judicial exemptions, all qualified applicants for employment and/or advancement shall be given equal opportunity for consideration, selection, appointment and retention, regardless of race, color, religion, sex, national origin, age, disability or political affiliation.

AN EQUAL OPPORTUNITY EMPLOYER

www.cityoffrontenac.org

**The mission of the Frontenac Police Department
is to:**

- Provide an enhanced level of service and protection to all people with respect and compassion
- Maintain a high level of training and expertise in public safety matters
- Continually educate the public regarding meaningful public safety issues, and
- Create and maintain the highest level of pride, teamwork, and integrity possible

**The men and women of the Frontenac Police Department hold these
values as the central focus of our sense of mission and duty:**

1. *Service to Our Community*

We value the opportunity to provide professional police services in a manner which is fair, responsive, courteous, effective, and efficient.

2. *Integrity*

Our members value honesty, candor, and ethical behavior. We uphold the public trust placed in us by maintaining the highest standards as set forth in the Law Enforcement Code of Ethics.

3. *Impartiality*

We create an environment of respect for the worth, diversity, dignity, and rights of those we serve. This approach is reflected in all that we do.

4. *Professionalism*

As professionals, we value a clear sense of dedication, direction, and the perspective of many viewpoints. While maintaining a high level of training and expertise in police and public safety matters, and while continually educating and soliciting input from our citizens, we constantly evaluate the service we provide.

5. *Pride in our Roles*

We believe our performance is a significant factor in the quality of life of the citizens we serve. We are proud of the integral role we play in our community.

**City of Frontenac, Missouri
10555 Clayton Road
Frontenac, Missouri 63131**

**CERTIFICATE OF APPLICANT AND
AUTHORIZATION FOR RELEASE OF INFORMATION**

| | | |
|-----------|---------------|--|
| LAST NAME | FIRST NAME | MIDDLE NAME |
| SSN | DATE OF BIRTH | APPLICANT # (completed by Personnel Services Unit) |

I _____ (Print full name), hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material facts will cause forfeiture on my part of all rights to initial employment or continued employment by the City of Frontenac.

The intent of this authorization is to make available a full and complete disclosure of any and all information pertaining to my person; therefore, I do hereby authorize all present or past employers, all law enforcement agencies, all military agencies, the Veterans Administration, the U.S. Army, U.S. Air Force, U.S. Coast Guard, all Federal, State or local government agencies, State and Federal tax bureaus, all credit bureaus including Experian, TransUnion, and Equifax, schools, insurance companies and universities to furnish the City of Frontenac with any and all available information regarding my past or present performance, conduct or behavior. I further authorize the release of any punitive or disciplinary action, or memorandum, to the City of Frontenac in order that the information be evaluated to assist in the determination of my suitability for employment.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal and business life for the specific purpose of conducting a pre-employment background investigation.

I authorize the City of Frontenac to make an inquiry and gather any documents of my present and past employers regarding my character, integrity, reputation and performance.

I authorize the release of any and all of the aforementioned information regarding my person, employment, credit or any other aspect, whether personal or otherwise, that may or may not be in their written records.

I understand that all materials pertaining to this background investigation become the property of the City of Frontenac and will not be made available or returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented, along with the company or organization therein from any and all claims, damages, losses and expenses, including reasonable attorney's fees arising out of complying with this request.

I understand that in the event my application is disapproved, the sources of information obtained are confidential and cannot be revealed to me.

A copy of this authorization will be considered as effective and valid as the original, even though the copy does not contain an original writing of my signature.

Signature: _____

Address: _____ City: _____

State: _____ Zip: _____ Cell Phone #: _____

APPLICANT RECORD SEARCH

(THIS SECTION TO BE COMPLETED BY APPLICANT)

PLEASE PRINT

| | | | | | | | |
|--|------|--|----------------|-----|--|----------|--|
| | DATE | | | | | | |
| NAME | | | | SEX | | RACE | |
| ADDRESS | | | | | | | |
| OTHER NAMES USED <small>I.E., MAIDEN, ALIAS, ETC.</small> | | | | | | | |
| CITY | | | STATE | | | ZIP CODE | |
| DATE OF BIRTH | | | PLACE OF BIRTH | | | | |
| SOCIAL SECURITY NUMBER | | | | | | | |
| LICENSE PLATE NUMBER | | | STATE/YEAR | | | | |

(THIS SECTION TO BE COMPLETED BY PERSONNEL SERVICES)

✓ RECORDS CHECKLIST

- | | |
|---|--|
| <input type="checkbox"/> MOI <input type="checkbox"/> ALERT <input type="checkbox"/> HISTORY <input type="checkbox"/> CORRECTIONS <input type="checkbox"/> SUMMONS <input type="checkbox"/> GANG MEMBER/ASSOCIATIONS | <input type="checkbox"/> MULES RECORD <input type="checkbox"/> NCIC RECORD <input type="checkbox"/> DOR <input type="checkbox"/> SIL (COUNTY) <input type="checkbox"/> LICENSE PLATE <input type="checkbox"/> LMU STARS |
|---|--|

| | | | | | |
|-------|--|-----|--|------|--|
| CLERK | | DSN | | DATE | |
|-------|--|-----|--|------|--|

RETURN TO THE DEPARTMENT HEAD WITH ATTACHED REPORT(S) AND PRINTOUT SHEET(S).

APPLICANT PERSONAL HISTORY QUESTIONNAIRE

PRE-EMPLOYMENT HISTORY FILE ACCESS RESTRICTED

VERIFICATION OF INFORMATION

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment with the City of Frontenac. An extensive background investigation will be conducted into your personal history. Applicants for City positions may be required to take a CVSA (lie detector) examination to confirm the information in this questionnaire, and to determine other items of background information.

Any false, misleading or incomplete information substituted for accurate information will be grounds to disqualify you from further consideration in the application process with the City of Frontenac.

I confirm that I have read and that I understand the above, and that all statements, and documents presented to the City of Frontenac are true, correct, complete, and made in good faith.

Signature

Date

Please indicate position(s) for which you are applying: _____

DIRECTIONS

1. BEFORE YOU BEGIN, read the entire set of directions and listing of documents required for submission. An application checklist is provided on page 10 for your convenience. This is a competitive process, therefore, applications will not be accepted, processed or evaluated unless complete. All addresses and phone numbers must include zip codes and area codes.
2. USE BLACK INK PEN ONLY. Complete this form in your own handwriting or printing. If you need any special accommodations in completing this questionnaire, contact the Frontenac Police at 314-994-9300.
3. Read each question carefully before answering. Be certain that your answers are legible.
4. Be certain that each question is answered COMPLETELY and CORRECTLY. Submit all documents as requested. If a question does not apply to you, write "N/A" (not applicable) in the space.
5. Initial EACH page on the bottom right corner.
6. Additional space is provided on Pages 11 and 12 for answers that require clarification or further explanation. All entries on Pages 11 and 12 will begin with page, section number (Roman numerals I-XIII) and question (letters A-L) you are explaining or clarifying.
7. Pursuant to Public Law 93-579, the disclosure of your Social Security Number is completely voluntary. Your refusal to reveal it will in no way affect applications for any job or consideration provided by this Department. The Social Security Number assists the Department in differentiating between applicants with similar or identical names.
8. Upon completion, the questionnaire must be returned to the City of Frontenac Police Department at 10555 Clayton Road, Frontenac, Missouri 63131.

I. PERSONAL DATA

| | | | | | | |
|--------------------------|--------|------------------------|--------|---------------------------|---------------|----------------|
| <i>FULL NAME</i> | LAST | FIRST | MIDDLE | HOME PHONE | | |
| <i>ADDRESS</i> | NUMBER | STREET | CITY | STATE | ZIP CODE | CELL/PAGER |
| <i>PERMANENT ADDRESS</i> | NUMBER | STREET | CITY | STATE | ZIP CODE | HOME PHONE |
| AGE | HEIGHT | WEIGHT | HAIR | EYES | DATE OF BIRTH | PLACE OF BIRTH |
| E-MAIL ADDRESS | | SOCIAL SECURITY NUMBER | | OPERATOR'S LICENSE NUMBER | | STATE ISSUED |

A. LIST ANY OTHER NAMES YOU HAVE EVER USED:

B. ARE YOU A CITIZEN OF THE UNITED STATES? Yes No

C. WERE YOU NATURALIZED? Yes No

D. LIST FIRST YOUR PRESENT ADDRESS, THEN LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST TEN (10) YEARS, INCLUDING YOUR ADDRESS(ES) IN THE MILITARY SERVICE OR WHILE ATTENDING COLLEGE.

| FROM | TO | STREET ADDRESS | CITY/COUNTY | STATE | ZIP CODE |
|------|----|----------------|-------------|-------|----------|
| | | | | | |
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| | | | | | |
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E. HAVE YOU EVER APPLIED FOR A POSITION WITH THIS DEPARTMENT BEFORE? Yes No

IF "YES," DATE OF APPLICATION:

F. HAVE YOU FILED AN EMPLOYMENT APPLICATION WITH ANY OTHER SOURCES WITHIN THE LAST SIX MONTHS? IF "YES," LIST BELOW: Yes No

| DATE | ORGANIZATION/FIRM NAME | ADDRESS/ZIP CODE | POSITION APPLIED FOR | STATUS OF APPLICATION |
|------|------------------------|------------------|----------------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |

G. ARE YOU ACQUAINTED WITH ANY FRONTENAC POLICE DEPARTMENT EMPLOYEES? IF "YES," LIST NAMES BELOW: Yes No

| | | |
|--|--|--|
| | | |
|--|--|--|

H. BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU APPLIED, DESCRIBED IN THE WRITTEN JOB DESCRIPTION THAT ACCOMPANIED THIS APPLICATION, ARE YOU ABLE TO PERFORM THESE FUNCTIONS? Yes No

II. REFERENCES

LIST FOUR (4) CHARACTER REFERENCES, TWO OF WHOM ARE NEAR YOUR SAME AGE AND ARE NOT RELATIVES, IN-LAWS OR PAST EMPLOYERS WHO HAVE KNOWN YOU WELL DURING THE PAST THREE YEARS OR MORE:

| | | | |
|---------------------------|--------------|------------------|----------|
| 1. NAME | PHONE NUMBER | YEARS ACQUAINTED | |
| RESIDENCE ADDRESS | CITY | STATE | ZIP CODE |
| BUSINESS NAME AND ADDRESS | | OCCUPATION | |

| | | | |
|---------------------------|------|--------------|------------------|
| 2. NAME | | PHONE NUMBER | YEARS ACQUAINTED |
| RESIDENCE ADDRESS | CITY | STATE | ZIP CODE |
| BUSINESS NAME AND ADDRESS | | OCCUPATION | |
| 3. NAME | | PHONE NUMBER | YEARS ACQUAINTED |
| RESIDENCE ADDRESS | CITY | STATE | ZIP CODE |
| BUSINESS NAME AND ADDRESS | | OCCUPATION | |
| 4. NAME | | PHONE NUMBER | YEARS ACQUAINTED |
| RESIDENCE ADDRESS | CITY | STATE | ZIP CODE |
| BUSINESS NAME AND ADDRESS | | OCCUPATION | |

III. ARREST HISTORY

A. OTHER THAN TRAFFIC CITATIONS, HAVE YOU, AS AN ADULT OR JUVENILE, BEEN ARRESTED, CONVICTED, CHARGED, QUESTIONED, ACCUSED OR DETAINED FOR ANY REASON BY ANY POLICE, SECURITY OFFICER OR MILITARY POLICE AUTHORITY, EITHER IN THE UNITED STATES OR IN ANY FOREIGN COUNTRY? IF "YES," DESCRIBE BELOW AND EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. Yes No

| DATE | CHARGE | DEPARTMENT/AGENCY | LOCATION (CITY, COUNTY, STATE) | DISPOSITION |
|------|--------|-------------------|--------------------------------|-------------|
| | | | | |
| | | | | |
| | | | | |

B. WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS OTHER THAN TRAFFIC? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. Yes No

C. HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR FORMER OR CURRENT RESIDENCES FOR ANY REASON? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. Yes No

D. HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED CRIME, INCLUDING THE BUYING OR SELLING OF ILLICIT DRUGS? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. Yes No

E. ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. Yes No

IV. EDUCATION AND SKILLS

A. DO YOU HAVE (CHECK APPROPRIATE BOXES:)

Note: Applicants must have a minimum of an Associates Degree, or 64 college credit hours

64-119 COLLEGE CREDITS BACHELOR'S DEGREE POST GRADUATE DEGREE

B. STARTING WITH THE MOST RECENT, LIST ALL ELEMENTARY, HIGH SCHOOL, COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED:

| MONTH & YEAR ATTENDED | | NAME AND LOCATION (STREET, CITY, STATE, ZIP) | # CREDITS COMPLETED | TYPE OF DEGREE | MAJOR | YEAR OF DEGREE |
|-----------------------|----|--|---------------------|----------------|-------|----------------|
| FROM | TO | | | | | |
| | | | | | | |
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C. STUDENT ASSOCIATIONS/ACTIVITIES:

D. HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO LEAVE ANY SCHOOL FOR DISCIPLINARY REASONS? IF "YES," EXPLAIN IN FULL DETAIL ON Pages 11 and 12.

Yes No

E. HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION? IF "YES," EXPLAIN IN FULL DETAIL ON PAGE 4.

Yes No

F. ARE YOU A GRADUATE OF A CERTIFIED POLICE ACADEMY OR LAW ENFORCEMENT TRAINING PROGRAM? IF "YES," LIST THE ACADEMY OR ACADEMIES YOU ATTENDED:

Yes No

G. INDICATE LANGUAGES YOU SPEAK, READ AND/OR WRITE, OTHER THAN ENGLISH:

| | FLUENT | ABOVE AVERAGE | FAIR |
|-------|--------|---------------|------|
| SPEAK | | | |
| READ | | | |
| WRITE | | | |

H. SPECIAL SKILLS, QUALIFICATIONS AND AWARDS – SUMMARIZE SPECIAL SKILLS, QUALIFICATIONS AND ACCOMPLISHMENTS (INCLUDING CLERICAL SKILLS) THAT YOU WISH TO BE CONSIDERED:

V. EMPLOYMENT HISTORY

A. START WITH YOUR PRESENT OR LAST JOB AND LIST ALL OF THE PLACES YOU HAVE WORKED FOR THE PAST TEN YEARS. LIST ANY ADDITIONAL EMPLOYERS ON PAGES 11 AND 12. IF YOU ARE PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER?

Yes Not at this time

1. EMPLOYER

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

DATES EMPLOYED

HOURLY OR ANNUAL SALARY

JOB TITLE

FROM: _____ TO: _____

START: _____ FINAL: _____

WORK PERFORMED

SUPERVISOR

CO-WORKER

REASON FOR LEAVING

2. EMPLOYER

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

DATES EMPLOYED

HOURLY OR ANNUAL SALARY

JOB TITLE

FROM: _____ TO: _____

START: _____ FINAL: _____

WORK PERFORMED

SUPERVISOR

CO-WORKER

REASON FOR LEAVING

3. EMPLOYER

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

DATES EMPLOYED

HOURLY OR ANNUAL SALARY

JOB TITLE

FROM: _____ TO: _____

START: _____ FINAL: _____

WORK PERFORMED

SUPERVISOR

CO-WORKER

REASON FOR LEAVING

| | | | | | |
|---|-------|--|--------------|-----------|--|
| 4. EMPLOYER | | ADDRESS | | | |
| CITY | STATE | ZIP CODE | PHONE NUMBER | | |
| DATES EMPLOYED FROM: _____ TO: _____ | | HOURLY OR ANNUAL SALARY START: _____ FINAL: _____ | | JOB TITLE | |
| WORK PERFORMED | | SUPERVISOR | | CO-WORKER | |
| REASON FOR LEAVING | | | | | |

| | | |
|--|------------------------------|-----------------------------|
| B. HAVE YOU EVER BEEN DISMISSED, FIRED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. HAVE YOU EVER STOLEN ANY MONEY OR MERCHANDISE FROM ANY PLACE OF EMPLOYMENT? INCLUDE FINAL DISPOSITION OF ALL ITEMS (I.E., SOLD, RETAINED FOR PERSONAL USE, RETURNED, ETC.) IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. HAVE YOU EVER BEEN UNEMPLOYED FOR A PERIOD OF TIME IN EXCESS OF SIX MONTHS? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

VI. ORGANIZATIONAL MEMBERSHIP

| | | |
|---|---------|--|
| A. LIST ALL CIVIC OR SOCIAL ORGANIZATIONS, FRATERNITIES, CLUBS, BROTHERHOODS, SOCIETIES OR GROUPS OF WHICH YOU ARE, OR HAVE BEEN, A MEMBER OR ASSOCIATE. ALSO FURNISH THEIR LOCATIONS. | | |
| NAME OF ORGANIZATION | ADDRESS | OFFICE HELD |
| | | |
| | | |
| | | |
| | | |
| B. ARE YOU NOW, OR HAVE YOU BEEN, A MEMBER OF ANY FOREIGN OR DOMESTIC SUBVERSIVE ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR CLUB 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 MISSOURI, BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

VII. MILITARY STATUS

| | | | | | |
|---|---|--|----------------------------------|----------------------------------|--|
| A. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE? | <input type="checkbox"/> Yes <input type="checkbox"/> No | B. REGISTRATION NUMBER | C. LOCATION WHERE REGISTERED | | |
| D. DO YOU HAVE A CURRENT OBLIGATION WITH THE MILITARY SERVICE? | <input type="checkbox"/> Yes <input type="checkbox"/> No | UNIT | ADDRESS/PHONE | COMMANDER | |
| E. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, ROTC, OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? (IF THERE IS MORE THAN ONE PERIOD, LIST THE SEPARATE PERIODS) | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| MONTH/YEAR ENTERED | BRANCH/ORGANIZATION | DISCHARGE DATE | TYPE OF DISCHARGE | RANK | OCCUPATIONAL SPECIALTY |
| | | | | | |
| | | | | | |
| F. WERE YOU EVER REDUCED IN RANK IN THE MILITARY? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | REDUCED FROM | REDUCED TO | |
| G. WERE YOU EVER COURT MARTIALED? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TYPE OF COURT MARTIAL: | | <input type="checkbox"/> Summary | <input type="checkbox"/> Special | <input type="checkbox"/> General | |
| SENTENCE RECEIVED: | | | | | |
| HAVE YOU EVER RECEIVED A CAPTAIN'S MAST, COMPANY PUNISHMENT OR ARTICLE 15? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|--|
| H. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT? IF "YES," EXPLAIN: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |

VIII. FINANCIAL STATUS

A. LIST THE SOURCES OF ALL YOUR INCOME AT THE PRESENT TIME:

| TYPE OF INCOME | FIRM OR SOURCE NAME | MONTHLY AMOUNT |
|-------------------|---------------------|----------------|
| YOUR SALARY | | |
| OTHER EMPLOYMENT | | |
| DIVIDEND/INTEREST | | |
| MILITARY | | |
| OTHER (Specify) | | |
| TOTAL | | |

B. IF YOUR SPOUSE IS EMPLOYED, PLEASE COMPLETE THE FOLLOWING:

| | | |
|---------------|------------------|----------------|
| BUSINESS NAME | BUSINESS ADDRESS | ZIP CODE |
| PHONE NUMBER | JOB TITLE | MONTHLY SALARY |

C. LIST ALL DEBTS AND OBLIGATIONS WHICH YOU NOW OWE, AND THE INDIVIDUALS OR FIRMS WITH WHOM YOU HAVE CREDIT DEALINGS. USE PAGES 11 AND 12 IF ADDITIONAL SPACE IS NEEDED.

| OBLIGATION | NAME, ADDRESS, ZIP CODE | ACCOUNT NO. | UNPAID BALANCE | MONTHLY PAYMENT | AMT. PAST DUE |
|-----------------------------------|-------------------------|-------------|----------------|-----------------|---------------|
| <input type="checkbox"/> Mortgage | | | | | |
| <input type="checkbox"/> Rent | | | | | |
| Auto Payment | | | | | |
| Personal Loans | | | | | |
| School Loans | | | | | |
| Credit Card | | | | | |
| Credit Card | | | | | |
| Credit Card | | | | | |
| Other (Specify) | | | | | |
| Other (specify) | | | | | |
| TOTALS | | | | | |

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," WRITE DETAILS ON PAGES 11 AND 12. MARK "YES" IF THE QUESTION INVOLVES YOU, YOUR SPOUSE OR ANY EX-SPOUSE.

| | | | |
|--|--|---|--|
| D. HAVE YOU EVER BEEN DELINQUENT IN ANY OF YOUR FINANCIAL | <input type="checkbox"/> Yes <input type="checkbox"/> No | J. HAVE YOU EVER FILED A LAWSUIT OR HAD A REPRESENTATIVE FILE A LAWSUIT ON YOUR BEHALF? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. HAVE YOU EVER BEEN REFUSED CREDIT? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| F. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED? | <input type="checkbox"/> Yes <input type="checkbox"/> No | K. HAS YOUR TAX RETURN EVER BEEN AUDITED BY THE IRS FOR ANY REASON OTHER THAN A RANDOM AUDIT? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| G. HAVE YOU EVER FILED BANKRUPTCY? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| H. HAVE YOU EVER BEEN SUED IN COURT? | <input type="checkbox"/> Yes <input type="checkbox"/> No | L. HAVE YOU EVER FAILED TO FILE OR BEEN DELINQUENT IN FILING YOUR TAX RETURN? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I. HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES, INJURY, LIBEL, ETC., EITHER WITH OR WITHOUT COURT ACTION? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

IX. NARCOTIC AND LIQUOR USAGE

- A. WITHIN THE LAST SIX MONTHS, HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGES BECAUSE OF AN ADDICTION TO ALCOHOL? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. Yes No
- B. WITHIN THE LAST SIX MONTHS, HAVE YOU USED A CONTROLLED SUBSTANCE WITHOUT A PRESCRIPTION? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. Yes No

X. MARITAL STATUS/FAMILY MEMBERS

- A. CHECK YOUR CURRENT MARITAL STATUS. USE ADDITIONAL SPACE ON PAGES 11 AND 12 IF EXPLANATION IS NECESSARY.
 Single Engaged Married Separated Divorced Widowed

IF ENGAGED OR MARRIED, INDICATE THE FOLLOWING INFORMATION RELATIVE TO FINACE(E) OR SPOUSE:

| | | | | | |
|----------------------------|-------|---------------|--------------|------------------------------|--|
| NAME (include maiden name) | | DATE OF BIRTH | | ADDRESS | |
| CITY | STATE | ZIP CODE | PHONE NUMBER | ANTICIPATED DATE OF MARRIAGE | |

IF SEPARATED OR DIVORCED, INDICATE THE FOLLOWING INFORMATION RELATIVE TO EX-SPOUSE:

| | | | | | |
|----------------------------|-------|---------------|--------------|------------------------------------|--|
| NAME (include maiden name) | | DATE OF BIRTH | | ADDRESS | |
| CITY | STATE | ZIP CODE | PHONE NUMBER | DATE OF SEPARATION/DIVORCE CAUSE # | |

IF SPOUSE IS DECEASED, INDICATE THE FOLLOWING INFORMATION:

| | | | | | |
|----------------------------|--|--|--|---------------|--|
| NAME (include maiden name) | | | | DATE DECEASED | |
|----------------------------|--|--|--|---------------|--|

- B. LIST ALL CHILDREN AND/OR DEPENDENTS. USE ADDITIONAL SPACE ON PAGES 11 AND 12 IF NECESSARY.

| NAME | DATE OF BIRTH | PLACE OF BIRTH | RELATIONSHIP | ADDRESS | WITH WHOM RESIDING | % SUPPORT PROVIDED |
|------|---------------|----------------|--------------|---------|--------------------|--------------------|
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| | | | | | | |

- C. DO YOU NOW SUPPORT ALL CHILDREN BORN TO YOU? IF "NO," EXPLAIN. Yes No

- D. ALL EMPLOYEES OF THIS DEPARTMENT WORK A MINIMUM 40-HOUR WORKWEEK. ARE YOU ABLE TO MEET THESE REQUIREMENTS WITHOUT EXCESSIVE ABSENCES? Yes No

- E. ARE YOU PRESENTLY LIVING WITH ANYONE ELSE (FRIEND OR RELATIVE)? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. Yes No

- F. HAVE YOU HAD ANY SERIOUS PROBLEMS WITH YOUR RELATIVES OR IN-LAWS? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. Yes No

- G. LIST FULL NAME(S) OF YOUR IMMEDIATE FAMILY, SUCH AS FATHER, MOTHER (MAIDEN NAME) BROTHERS AND SISTERS:

| NAME | DATE OF BIRTH | RELATIONSHIP | ADDRESS | ZIP CODE | PHONE NUMBER | OCCUPATION |
|------|---------------|--------------|---------|----------|--------------|------------|
| | | | | | | |
| | | | | | | |
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SECTIONS XI, XII AND XIII ARE TO BE COMPLETED BY POLICE OFFICER APPLICANTS ONLY.

XI. USE OF FORCE

A. IF THE NECESSITY AROSE FOR YOU TO SHOOT A PERSON IN THE COURSE OF YOUR DUTIES AS AN OFFICER, WOULD YOU HAVE ANY RELUCTANCE TO DO SO? IF "YES," EXPLAIN IN DETAIL: Yes No

B. HAVE YOU EVER USED A WEAPON TO DEFEND YOURSELF OR OTHERS? IF "YES," EXPLAIN IN DETAIL: Yes No

C. AS THE NEED TO DO SO MAY ARISE AT ANY TIME, ARE YOU PHYSICALLY CAPABLE OF MAKING A FORCEFUL ARREST REQUIRING PHYSICAL STRENGTH AND EXERTION? Yes No

XII. NARRATIVE

IN 25 TO 50 WORDS, EXPLAIN WHY YOU WISH TO BE A POLICE OFFICER, RESERVE OFFICER OR SECURITY OFFICER:

XIII. DRIVING HISTORY

A. LIST ALL DRIVER'S OR CHAUFFEUR'S LICENSES YOU NOW HOLD OR HAVE PREVIOUSLY HELD, EITHER IN MISSOURI OR ANY OTHER STATE OR COUNTY.

| STATE | TYPE OF LICENSE | LICENSE NUMBER | EXPIRATION DATE |
|-------|-----------------|----------------|-----------------|
| | | | |
| | | | |
| | | | |

B. HAVE ANY OF THE ABOVE LICENSES EVER BEEN SUSPENDED OR REVOKED? IF "YES," EXPLAIN: Yes No

C. LIST ALL DRIVING CITATIONS/TICKETS OR SUMMONSES YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, BEGINNING WITH THE MOST RECENT. IF YOU CANNOT REMEMBER EXACT DATES OR LOCATIONS, GIVE APPROXIMATE DATES AND LOCATIONS.

| MONTH/YEAR | CHARGE | CITY/STATE | ISSUING AGENCY/DEPARTMENT | DISPOSITION |
|------------|--------|------------|---------------------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

D. LIST ALL VEHICLES WHICH YOU OWN, LEASE OR HAVE FOR YOUR PERSONAL USE (INCLUDE MOTORCYCLES).

| YEAR | MAKE | MODEL | VEHICLE LICENSE NUMBER | STATE |
|------|------|-------|------------------------|-------|
| | | | | |
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E. HOW MANY TRAFFIC ACCIDENTS HAVE YOU BEEN INVOLVED IN DURING THE PAST THREE YEARS? GIVE DATES AND EXPLAIN CIRCUMSTANCES OF EACH. USE ADDITIONAL SPACE ON PAGES 11 AND 12 IF NECESSARY.

| | |
|------|---------------|
| DATE | CIRCUMSTANCES |
| DATE | CIRCUMSTANCES |

F. LIST ALL INFORMATION RELATIVE TO YOUR CURRENT AUTOMOBILE INSURANCE.

| | | | | |
|-----------------|---------------|----------|-------|-----------------|
| NAME OF COMPANY | ADDRESS | CITY | STATE | ZIP CODE |
| PHONE # | NAME OF AGENT | POLICY # | | EXPIRATION DATE |

G. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE OR HAD INSURANCE CANCELLED? IF "YES," EXPLAIN. Yes No

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H. IN THE PAST YEAR, HAVE YOU CHANGED AUTOMOBILE INSURANCE COMPANIES? IF "YES," INDICATE THE FOLLOWING INFORMATION RELATIVE TO YOUR PREVIOUS INSURANCE COMPANY: Yes No

| | | | | |
|-----------------|---------|----------|--------------|-------------------|
| NAME OF COMPANY | ADDRESS | ZIP CODE | PHONE NUMBER | DATE DISCONTINUED |
|-----------------|---------|----------|--------------|-------------------|

PERSONAL HISTORY QUESTIONNAIRE (06/06)

APPLICATION CHECKLIST

THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THIS APPLICATION, OR EXPLAIN FULLY WHY THEY ARE NOT INCLUDED. ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE FRONTENAC POLICE DEPARTMENT AND WILL NOT BE RETURNED.

| | |
|---|--|
| 1. Completed Certificate of Applicant and Authorization for Release of Information. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. A photo copy of birth certificate. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Photo copies of all educational transcripts, including high school and college. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Copy of military discharge papers – DD Form 214. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Two recent facial photographs. Polaroid, passport or photo booth photographs are acceptable. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Special awards. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Naturalization papers (if applicable). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Copy of your Social Security card. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Copy of any license, including state issued motor vehicle operator's license, pilot's license, radio operator's license. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Photographs of any existing, or planned tattoos. (If none, check "No".) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |

IF YOU ARE UNABLE TO FURNISH ANY OF THESE DOCUMENTS, PLEASE EXPLAIN:

| DOCUMENT NUMBER | REASON FOR EXCLUSION |
|-----------------|----------------------|
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