

BRATENAHL POLICE DEPARTMENT **BACKGROUND QUESTIONNAIRE FORM**

APPLICANT INSTRUCTIONS: If you need help filling out this questionnaire form or for any other questions, please notify the person that gave you this form and every effort will be made to accommodate your needs.

1. Please read "Applicant Note"
2. Complete this form
3. If more space is needed to complete any questions, use comment section in the back.
4. Print clearly; incomplete or illegible forms will not be processed.

APPLICANT NOTE: This form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form will result in applicant being disqualified for employment. If false or misleading statements are discovered after employment, employment will be terminated. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A misdemeanor conviction will not necessarily bar an applicant from employment. Additional testing of job related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to employment, you are required to submit to a medical review and other related examinations as required by the Department. Depending on departmental policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the Department.

Position Applied For: _____

I. PERSONAL

1. Today's Date _____
2. NAME _____
3. Social Security Number _____
4. E-mail _____
5. Are you over twenty-one (21) years old? YES _____ NO _____
6. Are you a citizen of the United States? YES _____ NO _____
7. Have you ever had your name legally changed? YES _____ NO _____
If yes, previous name _____

V. **MILITARY**

22. Have you ever served in a military organization of the United States?
YES____ NO____
23. If "YES" give periods of active military service and other data requested.
- a. From _____ To _____
- Branch of Service _____
- Rank _____
- b. From _____ To _____
- Branch of Service _____
- Rank _____
24. Were you ever found guilty or did you plead guilty to any infraction of military rules and regulations? YES____ NO____ If yes, indicate in comment section: (1) date, (2) charges, (3) type of court martial or other disciplinary proceedings and (4) the disposition of the charges.

VI. **RESERVE AND / OR NATIONAL GUARD RECORD**

25. Are you now or were you ever an active member of any branch of the United States Reserve or State National Guard? YES____ NO____
26. If yes, indicate whether it was a United States Reserve Force or State National Guard along with other data requested.
- a. From _____ To _____
- Branch of Service _____
- Present or Last Rank _____
- Unit _____
- Mailing Address of Unit _____
- _____
27. While serving with the Reserves or National Guard were you ever found guilty or plead guilty to infraction of military rules and regulations? YES____ NO____ If yes, indicate in comment section (1) date, (2) charges, (3) type of court martial or other disciplinary proceedings and (4) the disposition of the charges.

VII. EMPLOYMENT / UNEMPLOYMENT RECORD

28. List all employment, including part-time employment:

Dates Name and Mailing Address Position Reason left

If any employers listed were relatives, please indicate which ones.

29. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service? YES___ NO___ If yes, indicate in comment section those employers who either (1) disciplined you, (2) discharged you or (3) requested your resignation.

30. Do you object to your present employer being contacted? YES___ NO___

31. Have you ever applied for a position with any law enforcement agency? YES___ NO___ If yes, please indicate in the comment section (1) law enforcement agency which you made application, (2) the date you applied, (3) rejected or accepted, (4) if rejected the reason for rejection, (5) if accepted why you refused employment and (6) what position.

32. The average number of times per month that you were tardy for school or work for the past year. _____

33. Are you now on any eligibility list? YES___ NO___ If yes, where and for what position? _____

VIII. HISTORY

- 34. Do you or your spouse, have any immediate civil action pending against you? YES____ NO____
- 35. Have you ever had a automobile insurance policy canceled? YES____ NO____
- 36. Have you ever been bonded? YES____ NO____
- 37. If employed by this Department, do you anticipate any income other than your salary from this Department? YES____ NO____

38. List all motor vehicles presently owned by you or by your spouse.
Date of Purchase Make Model Registration Cost

IX. CRIMINAL RECORD

- 39. Have you ever been found guilty or plead guilty to any crime other than traffic? YES____ NO____ If yes, indicate in the comment section (1) the police agency, (2) the charges, (3) the final disposition, (4) date and (5) details of the case.
- 40. Have you ever been reported as a missing person? YES____ NO____
If yes, indicate in the comment section (1) complete details, (2) jurisdiction, (3) date and (4) final disposition.

X. MOTOR VEHICLE OPERATOR RECORD

- 41. Can you operate a motor vehicle? YES____ NO____
- 42. Do you possess a valid Drivers License? YES____ NO____
- 43. Drivers License Type:
 - a. Operator Yes____ No____
 - b. CDL Yes____ No____

- c. License Number _____
- d. Expiration Date _____
- e. State of Issuance _____

- 44. Has your drivers license ever been revoked or suspended? YES ___ NO ___
If yes, indicate in comment section (1) the state, (2) date and (3) all details.
- 45. Have you ever been involved in a motor vehicle accident? YES ___ NO ___
If yes, indicate in the comment section (1) date, (2) location, (3) injuries, (4) charges or civil liability.
- 46. Have you ever been found guilty or plead guilty to a moving traffic violation?
YES ___ NO ___ If yes, indicate in the comment section (1) city, county, state, (2) name of agency issuing citation, (3) date, (4) charges and (5) final disposition.

XI. FAMILY BACKGROUND

- 47. List all members of your immediate family including spouse.
Relationship Surname, first, middle Address Occupation D.O.B.

XII. REFERENCE

48. Fill in the names of three persons not related to you and not former employers, who have known you for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality, and other qualities.

NAME _____

ADDRESS _____

HOME PHONE _____ WK _____

BUSINESS, OCCUPATION, OR PROFESSION _____

NAME OF BUSINESS _____

BUSINESS ADDRESS _____

YEARS KNOWN _____

NAME _____

ADDRESS _____

HOME PHONE _____ WK _____

BUSINESS, OCCUPATION, OR PROFESSION _____

NAME OF BUSINESS _____

BUSINESS ADDRESS _____

YEARS KNOWN _____

NAME _____

ADDRESS _____

HOME PHONE _____ WK _____

BUSINESS, OCCUPATION, OR PROFESSION _____

NAME OF BUSINESS _____

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CERTIFICATION AND RELEASE

I certify that I have read and understand the Applicant Note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this form may result in rejection of my application or discharge at any time during my employment. I authorize the Department, and or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If the Department policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature

Date

Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____, 20____ at _____
County of _____ and State of _____.

Notary Public

Seal