City of Grandview, MO

POLICE DEPARTMENT

APPLICANT PRE-EMPLOYMENT BACKGROUND AND PERSONAL DATA QUESTIONNAIRE

"POLICE OFFICER & DISPATCHER"

APPLICANT NAME:_____

DATE: _____

All candidates seeking employment as a **Police Officer or Dispatcher** with the Grandview, Missouri Police Department are required to sign, complete and submit the information requested in this document.

All questions must be answered truthfully and as explicitly as possible. Failure to submit the requested information in its entirety may remove any candidate from the evaluation and selection process.

In addition, certified copies of the following documents must be attached prior to submission:

Proof of Citizenship – a certified copy of any one of the following may be utilized

*	Birth Certificate	*	Certificate of Naturalization
*	Passport	*	Certificate of US Citizenship

Proof of Identity - copies of each of the following documents must be attached

DD-214 (if applicable)
Valid Driver's License
Social Security Card
High School Diploma or GED

Proof of Paid Jackson County Property Tax or Current County Residing in:

- Receipt indicating payment of Personal Property Tax

Proof of Certification - Police Officer applicants must also provide copies of all of the following as applicable:

- Post Certification-Class A
- POST Training Certificates for Past Two Years
- Academy Diploma listing POST hours completed

GRANDVIEW MISSOURI POLICE DEPARTMENT
POLICE OFFICER / DISPATCHER
SELF ASSESSMENT QUESTIONNAIRE / PERSONAL HISTORY STATEMENT

The purpose of this questionnaire is to determine if you meet the minimum qualifications necessary to apply for the position of police officer or dispatcher with the Grandview Missouri Police Department. This document will become a permanent part of your personnel file and will be compared with other phases in the process, including the background investigation, computer inquiries, etc. ***ANY MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS MAY RESULT IN YOUR DISQUALIFICATION.***

The Grandview Missouri Police Department is committed to recruiting and employing individuals with the highest degree of integrity and reliability. The Department strives to provide our citizens quality services by selecting those individuals that meet the basic employment requirements and demonstrate the most potential. Answers must by typed or printed legibly in blue or black ink.

PERSONAL

The following information is requested of you for verification and contact purposes:

1. Your Name *(Please print or type)*

Last	First	Middle

Other names (including nicknames) you have used or been known by:

2. Please list address at which you can be contacted.

Number	Street	City	State	Zip Code

3. Please list the local telephone number(s) at which you can be contacted.	( ) _____ Hrs. you can be contacted:	( ) _____ Hrs. you can be contacted:

4. Birthdate			5. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation? ☐ Yes ☐ No
(Month)	(Day)	(Year)	

6. Social Security Number			(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained)

7. For the purposes of identification, please provide the following:

Height	Weight	Hair Color	Eye Color

Scars, tattoos, or other distinguishing marks

PERSONAL HISTORY STATEMENT

RELATIVES AND REFERENCES

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of peace officer. Inquiries will be confined to job-relevant matters.

8. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write "N/A".

If living, name of your:	Address where person can be contacted (Include City, State and Zip Code)	Telephone at which person can be contacted during the day
Father	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Mother	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Father-in-Law	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Mother-in-Law	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Spouse	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Former Spouse(s)	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Brother(s) and Sister(s)	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Step-mother	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Step-father	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
Step-brother(s) and step-sister(s)	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other

PERSONAL HISTORY STATEMENT

RELATIVES AND REFERENCES continued

Other relatives with whom you have a close personal relationship (including children)

	Relationship		
		( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
		( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
		( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
		( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other

9. Below, please list those individuals with whom you have resided during the last 10 years (list no information prior to your 15th birthday. Exclude family members.

	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other

10. In the space below, please list as references 3-5 individuals who have knowledge of you and your qualifications. **Exclude relatives and former employers.**

Name	Address where person can be contacted (Include City, State and Zip Code)	Telephone at which person can be contacted during the day
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other
	( ) Home ( ) Work ( ) Other	( ) Home ( ) Work ( ) Other

PERSONAL HISTORY STATEMENT

EDUCATION

11. Please indicate your current educational experience by checking the appropriate boxes (check all that apply).

☐ I possess a high school diploma from a US institution.

☐ I passed the G.E.D. (General Educational Development) test.

☐ I possess a two- year college degree.

☐ I possess a four-year college or university degree.

☐ I possess a Graduate level degree.

☐ I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future as follows:

When

How

12. Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Location of School (City & State)	Dates Attended From Month/Yr.	To Month/Yr.	School References (Teachers, Counselors, etc.)

RESIDENCE

Individuals who have become aquainted with you by reason of your residing in different locations are often helpful in providing useful information for the background investigation.

13. Please list all of your residences during the last 10 years (list no information prior to your 15th birthday). Begin with your most current residence.

Address of Residence	City, State & Zip Code	Dates From Month/Yr.	To Month/Yr.	If rented, give name & address of the person responsible for the collection of rent.

PERSONAL HISTORY STATEMENT

EXPERIENCE AND EMPLOYMENT

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. (For the purposes of this personal history statement, include volunteer work). For identification and verification, please indicate the natureof the acitivity, ie., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

14.

☐ Military Service ☐ Not Employed

Dates of Employment	Name and address of employer	Name of supervisor
From Mo. Yr. ___/___ To Mo. Yr. ___/___		From Mo. Yr.
	___/___	Name(s) of co-worker(s)
☐ Full-time Start Salary:	Title or duties (for identification purposes	
☐ Part-time End Salary:		
☐ Voluntary		

Reason for leaving

☐ Military Service ☐ Not Employed	From: Mo. Yr. /	To: Mo. Yr. /

Dates of Employment	Name and address of employer	Name of supervisor
From Mo. Yr. ___/___ To Mo. Yr. ___/___		
	Telephone No.	Name(s) of co-worker(s)
☐ Full-time Start Salary:	Title or duties (for identification purposes	
☐ Part-time End Salary:		
☐ Voluntary		

Reason for leaving

☐ Military Service ☐ Not Employed	From: Mo. Yr. /	To: Mo. Yr. /

Dates of Employment	Name and address of employer	Name of supervisor
From Mo. Yr. ___/___ To Mo. Yr. ___/___		
	Telephone No.	Name(s) of co-worker(s)
☐ Full-time Start Salary:	Title or duties (for identification purposes	
☐ Part-time End Salary:		
☐ Voluntary		

Reason for leaving

PERSONAL HISTORY STATEMENT

EXPERIENCE AND EMPLOYMENT continued

☐ Military Service ☐ Not Employed	From: Mo. / Yr.	To: Mo. / Yr.
Dates of Employment	Name and address of employer	Name of supervisor
From Mo. Yr. ___/___ To Mo. Yr. ___/___	Telephone No.	Name(s) of co-worker(s)
☐ Full-time Start Salary: ☐ Part-time End Salary: ☐ Voluntary	Title or duties (for identification purposes	
Reason for leaving		

☐ Military Service ☐ Not Employed	From: Mo. / Yr.	To: Mo. / Yr.
Dates of Employment	Name and address of employer	Name of supervisor
From Mo. Yr. ___/___ To Mo. Yr. ___/___	Telephone No.	Name(s) of co-worker(s)
☐ Full-time Start Salary: ☐ Part-time End Salary: ☐ Voluntary	Title or duties (for identification purposes	
Reason for leaving		

☐ Military Service ☐ Not Employed	From: Mo. / Yr.	To: Mo. / Yr.
Dates of Employment	Name and address of employer	Name of supervisor
From Mo. Yr. ___/___ To Mo. Yr. ___/___	Telephone No.	Name(s) of co-worker(s)
☐ Full-time Start Salary: ☐ Part-time End Salary: ☐ Voluntary	Title or duties (for identification purposes	
Reason for leaving		

☐ Military Service ☐ Not Employed	From: Mo. / Yr.	To: Mo. / Yr.
Dates of Employment	Name and address of employer	Name of supervisor
From Mo. Yr. ___/___ To Mo. Yr. ___/___	Telephone No.	Name(s) of co-worker(s)
☐ Full-time Start Salary: ☐ Part-time End Salary: ☐ Voluntary	Title or duties (for identification purposes	
Reason for leaving		

PERSONAL HISTORY STATEMENT

EXPERIENCE AND EMPLOYMENT continued

15. Would any problem result if your present employer was contacted during the course of the background investigation? ☐ Yes ☐ No

    If "no," when should such contact be made?

16. If you have had no prior employment, please explain in the space below.

17. Have you ever been fired or asked to resign from any place of employment? ☐ Yes ☐ No

    If "yes," please give details (include when, where, circumstances).

18. Have you ever been a successful or unsuccessful candidate for another position requiring peace officer powers? ☐ Yes ☐ No

    If "yes," please give details (include when, name of agency, circumstances).

FINANCIAL

19. Have any of your bills ever been turned over to a collection agency? ☐ Yes ☐ No
    If "yes," please give details (include when, firms involved, circumstances).

20. Have you ever had purchased goods repossessed? ☐ Yes ☐ No
    If "yes," please give details (include when, firms involved, circumstances).

PERSONAL HISTORY STATEMENT

LEGAL

21. If you have ever been convicted for any crime (excluding traffic citations), please give the following information:

Approx. Date	Police Agency	Circumstances

22. Have you ever been placed on court probation as an adult? ☐ Yes ☐ No
If "yes," please give details (include when, where, why).

23. Do you have any outstanding criminal warrants? ☐ Yes ☐ No

24. Do you have any outstanding traffic warrants? ☐ Yes ☐ No

25. Are you currently on any criminal probation? ☐ Yes ☐ No

26. Are you currently on any traffic probation? ☐ Yes ☐ No

27. Have you ever been arrested? ☐ Yes ☐ No

28. Have you ever been convicted or pled guilty to the use of physical force or threatened the use of a deadly weapon against a spouse, former spouse, parent or child with whom you lived with now or in the past (domestic abuse)? ☐ Yes ☐ No

29. Have you ever been disciplined as a result fo a sexual harassment or racial harassment incident anywhere you have worked? ☐ Yes ☐ No
If yes, where, when and what employer.

In this space give details if you answered YES to questions 21-29.

PERSONAL HISTORY STATEMENT

SUBSTANCE ABUSE

Keep in mind that you will be taking a pre-employment computer voice stress analyzer test (CVSA) or Polygraph. Any deviation from this form and the CVSA itself may result in automatic disqualification. Please write your initials on this line. _____

30. Please complete the following drug usage information. Answer each category.

HAVE YOU EVER TRIED, USED OR ARE YOU PRESENTLY USING WITHOUT PRESCRIPTION:

	YES	NO	DATE LAST USED	NUMBER OF TIMES EVER USED
1. Morphine				
2. Cocaine				
3. Heroin				
4. Methamphetamines				
5. LSD				
6. Marijuana				
7. PCP				
8. Formaldehyde				
9. Hashish				
10. Opium				
11. Prescription drugs not prescribed for you (example: codeine, dilaudid)				
12. Anabolic Steroids				
13. Inhaled Solvents				
14. Other Hallucinogens				
15. Designer drugs (MDMA, Ecstasy, etc.)				
16. Others				

In this space, give details to questions answered YES in the substance abuse questionnaire (1-16).

MOTOR VEHICLE OPERATION

Operation of a motor vehicle is an integral part of the position of patrol officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

31. Driver's license number	State	Expiration date

Name under which license was granted

32. Please list other states where you have been licensed to operate a motor vehicle

State	State	State	State
Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted

33. Have you ever been refused a driver's license by any state? ☐ Yes ☐ No
If "yes," please explain (include when, where, why).

34. Law requires that operators and owners of motor vehicle be covered by automobile liability insurance or bond with the Department of Motor Vehicles. Therefore, please list the current liability insurance you have with your motor vehicles

Company	Address	Policy Number	Date of Expiration

35. Please list all traffic citations (excluding parking citations) you have received within the last 5 years.

Nature of violation	Location (city)	Approximately Date	Indicate whether fined or action taken on driver's license

36. Have you been involved as a driver in a motor vehicle accident within the last 5 years? ☐ Yes ☐ No

Date	Location	☐ Injury ☐ Noninjury
Police investigation? ☐ Yes ☐ No	Police Agency	
Date	Location	☐ Injury ☐ Noninjury
Police investigation? ☐ Yes ☐ No	Police Agency	

MOTOR VEHICLE OPERATION continued

Date	Location	☐ Injury ☐ Noninjury
Police investigation? ☐ Yes ☐ No	Police Agency	
Date	Location	☐ Injury ☐ Noninjury
Police investigation? ☐ Yes ☐ No	Police Agency	
Date	Location	☐ Injury ☐ Noninjury
Police investigation? ☐ Yes ☐ No	Police Agency	

37. If there is anything you wish to discuss about your driving record, please use the space below.

38. Has your license ever been suspended, revoked, or placed on negligent operator's probation? ☐ Yes ☐ No
If "yes," please give details (include what, when, where, why).

39. Please disclose any health related issues that might prevent you from doing the essential functions of a police officer.(Vision, Hearing, etc.)Please explain and provide any documentation of current or past medical problems.

PERSONAL HISTORY STATEMENT

GENERAL INFORMATION

40. Have you ever been refused insurance (auto, health or life) for any reason other than failure to pay a premium? If "yes," please explain (include company name and address, date, and reason).	☐ Yes	☐ No
41. Have you EVER applied with the Grandview Missouri Police Department for any position? If so, when? What position? Disposition?	☐ Yes	☐ No
42. Can you perform effectively under adverse weather conditions and at all hours of the day?	☐ Yes	☐ No
43. Please provide the e-mail address and user name of any social media website that you are a member of or to which you contribute personal information i.e.: Facebook, MySpace, Twitter.		

COMMENTS

Use this space to list any comments you have and to explain any circumstance you wish us to be aware of.

Additional considerations exist which are not mentioned in these standards. They include, but are not limited to, background investigation and/or character behavior that would reflect undesirably upon the integrity of the Department. We also utilize high physical and mental standards that help ensure our applicants are able to fully perform the duties assigned.

I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.	
Signature in full	Date completed