

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 be 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 <i>(Please print or type)</i>				
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Mother	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Father-in-Law	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Mother-in-Law	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Spouse	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Former Spouse(s)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Brother(s) and Sister(s)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Step-mother	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Step-father	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Step-brother(s) and step-sister(s)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> 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		School References (Teachers, Counselors, etc.)
		From Month/Yr.	To Month/Yr.	

RESIDENCE

Individuals who have become acquainted 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		If rented, give name & address of the person responsible for the collection of rent.
		From Month/Yr.	To Month/Yr.	

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 nature of the activity, i.e., 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.														
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Dates of Employment</th> </tr> <tr> <td style="text-align: center;">From Mo. Yr.</td> <td style="text-align: center;">To Mo. Yr.</td> </tr> <tr> <td style="text-align: center;">___/___</td> <td style="text-align: center;">___/___</td> </tr> </table>	Dates of Employment		From Mo. Yr.	To Mo. Yr.	___/___	___/___	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Name and address of employer</th> </tr> <tr> <td style="width: 60%;"></td> <td style="width: 40%; text-align: center;">___/___</td> </tr> </table>	Name and address of employer			___/___	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Name of supervisor</th> </tr> <tr> <td style="text-align: center;">Name(s) of co-worker(s)</td> </tr> </table>	Name of supervisor	Name(s) of co-worker(s)
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Reason for leaving														
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed														
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PERSONAL HISTORY STATEMENT

EXPERIENCE AND EMPLOYMENT continued

<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		From: Mo. / Yr.	To: Mo. / Yr.
Dates of Employment From Mo. Yr. To Mo. Yr. ____ / ____ ____ / ____	Name and address of employer		Name of supervisor
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	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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date	Location		<input type="checkbox"/> Injury <input type="checkbox"/> Noninjury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location		<input type="checkbox"/> Injury <input type="checkbox"/> Noninjury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		

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).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41. Have you EVER applied with the Grandview Missouri Police Department for any position? If so, when? What position? Disposition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
42. Can you perform effectively under adverse weather conditions and at all hours of the day?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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