



BACKGROUND QUESTIONNAIRE



POLICE DIVISION

CITY OF ST. LOUIS

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.

If, for any reason, you do not understand any question contained in this questionnaire, call the Department of Personnel, Police Division at 314-444-5615 for further explanation and assistance.

DATE: _____

BACKGROUND QUESTIONNAIRE

POLICE DIVISION

CITY OF ST. LOUIS, 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 10 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. _____					
<i>(Month/Year)</i>	<i>(Month/Year)</i>	<i>(Street Number and Name)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
<i>(County of Residence)</i>			<i>(Local Police Department)</i>		
2. _____					
<i>(Month/Year)</i>	<i>(Month/Year)</i>	<i>(Street Number and Name)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
<i>(County of Residence)</i>			<i>(Local Police Department)</i>		
3. _____					
<i>(Month/Year)</i>	<i>(Month/Year)</i>	<i>(Street Number and Name)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
<i>(County of Residence)</i>			<i>(Local Police Department)</i>		

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 _____
(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)

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

(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?

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

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

If yes, please indicate names and relationships:

<i>Name</i>	<i>Position/Job Title</i>	<i>Relationship</i>
<i>Name</i>	<i>Position/Job Title</i>	<i>Relationship</i>

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

If yes, please provide details: _____

EMPLOYMENT

List below your previous employers for the last five 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. _____ / _____

<i>Company/Firm Name</i>	<i>Position/Job Duties</i>	<i>FROM</i>	<i>TO</i>
		<i>Month/Year</i>	<i>Month/Year</i>
		()	()
<i>Supervisor/Contact Person</i>	<i>Reason For Leaving</i>	<i>Salary</i>	<i>Phone Number</i>
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

2. _____ / _____

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

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

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. May we discuss your application with your present or previous employers? 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:

<u>Employer</u>	<u>Address</u>	<u>Date</u>	<u>Reason For Dismissal</u>

22. Were you ever subjected to disciplinary action in connection with any employment? Yes No

If yes, give details of each account:

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

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

MILITARY SERVICE

24. 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:

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

25. 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:

<i>Name of Unit</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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ARRESTS, SUMMONSES AND CONVICTIONS

26. Were you ever, either as an adult or certified as an adult, arrested, taken into custody, or imprisoned? Have you ever received a summons or citation, excluding traffic? 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 A CASE BY CASE BASIS. Yes No

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

27. Were you ever, as an adult or certified as an adult, convicted of a crime? Yes No

What crime(s)? Give details: _____

28. Indicate below all arrests as an adult or certified adult:

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

29. 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: _____

30. Were you ever 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:

<i>Date</i>	<i>Action/Proceeding</i>	<i>Plaintiff/Defendant/Witness</i>	<i>Court Disposition</i>
<i>Date</i>	<i>Action/Proceeding</i>	<i>Plaintiff/Defendant/Witness</i>	<i>Court Disposition</i>
<i>Date</i>	<i>Action/Proceeding</i>	<i>Plaintiff/Defendant/Witness</i>	<i>Court Disposition</i>

Action: _____

Outcome: _____

Details: _____

REFERENCES

31. Give three social acquaintances:

1. _____

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

2. _____

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

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*

32. Please list all active and inactive email addresses:

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

DRIVING RECORD

34. Indicate below your driver's license information:

License Number _____ State _____ Expiration Date _____

CHECK ONE: Operator's License Chauffeur's License

35. 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:

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

If suspended or revoked, state reason: _____

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

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: _____

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.

Attach additional pages if needed.

SIGNATURE