

BACKGROUND QUESTIONNAIRE



METROPOLITAN POLICE DEPARTMENT



CITY OF ST. LOUIS

**POLICE OFFICER
POSITION**

INSTRUCTIONS

Read every question carefully and answer each question accurately and completely. An applicant may 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 printed legibly in ink. If space is not sufficient, or you wish to furnish a more complete answer, use the "Additional Information" pages. If a question or the information requested does not apply, indicate this by use of the symbol "N/A" (Not Applicable).

Please insure that all addresses have the zip codes and that all phone numbers that are not from the 314 area code have the area code listed on the questionnaire.

All spaces must be completely filled out before the application can be processed. If a question does not apply, print N/A. An incomplete application will not be reviewed.

The last page of the questionnaire is an affidavit. THIS AFFIDAVIT MUST BE NOTARIZED BEFORE THE QUESTIONNAIRE WILL BE ACCEPTED.

If, for any reason, you do not understand any question contained in this questionnaire, call the Human Resources Division at 444-5615 for further explanation and assistance.

DATE: _____

BACKGROUND QUESTIONNAIRE

METROPOLITAN POLICE DEPARTMENT

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 _____ Sex _____ 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) (Months)

8. If you indicate a rural route or box number, give exact directions as to how to get to that location, so any person unfamiliar with the area can find the location in question.

9. List all your previous addresses or residences for the past ten 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			
(Month/Year)	(Month/Year)	(Street Number and Name)	(City)	(State)	(Zip Code)
(County of Residence)		(Police Jurisdiction of Residence)			
(Month/Year)	(Month/Year)	(Street Number and Name)	(City)	(State)	(Zip Code)
(County of Residence)		(Police Jurisdiction of Residence)			
(Month/Year)	(Month/Year)	(Street Number and Name)	(City)	(State)	(Zip Code)
(County of Residence)		(Police Jurisdiction of Residence)			
(Month/Year)	(Month/Year)	(Street Number and Name)	(City)	(State)	(Zip Code)
(County of Residence)		(Police Jurisdiction of Residence)			
(Month/Year)	(Month/Year)	(Street Number and Name)	(City)	(State)	(Zip Code)
(County of Residence)		(Police Jurisdiction of Residence)			
(Month/Year)	(Month/Year)	(Street Number and Name)	(City)	(State)	(Zip Code)
(County of Residence)		(Police Jurisdiction of Residence)			
(Month/Year)	(Month/Year)	(Street Number and Name)	(City)	(State)	(Zip Code)
(County of Residence)		(Police Jurisdiction of Residence)			

(County of Residence)

(Police Jurisdiction of Residence)

(Month/Year) (Month/Year)

(Street Number and Name)

(City)

(State)

(Zip Code)

(County of Residence)

(Police Jurisdiction of Residence)

10. Are you a citizen of the United States? Yes _____ No _____

11. If you are a naturalized citizen, please furnish the following information concerning your naturalization:

Certificate Number _____ Date _____
(Month) (Day) (Year)

Place _____
(City) (County) (State)

12. Social Security Number _____ - _____ - _____

13. Telephone Numbers:

Home (_____) _____ **Business** (_____) _____
Area Code Phone Number Area Code Phone Number

Other contact number (_____) _____
Area Code Phone Number

14. Height _____ **Weight** _____ **Hair Color** _____ **Eye Color** _____

15. Marital Status? (Please Check One)

Single ___ Married ___ Widowed ___ Divorced ___ Separated ___

16. If you are not presently married, 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)

If you are presently married or have ever been married, please furnish all information concerning any marriages on the marriage information portion of this application.

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)

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)

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)

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)

CHILDREN

Please furnish the following information concerning any child of whom you are the parent, natural or adopted.

CHILD:

Name _____ Is the child living? _____
(Last) (First) (Middle) (Yes/No)

Date of Birth _____ Place of Birth _____
(Month) (Day) (Year) (City) (State)

With whom does the child reside? _____
(Full Name) (Relationship)

CHILD:

Name _____ Is the child living? _____
(Last) (First) (Middle) (Yes/No)

Date of Birth _____ Place of Birth _____
(Month) (Day) (Year) (City) (State)

With whom does the child reside? _____
(Full Name) (Relationship)

CHILD:

Name _____ Is the child living? _____
(Last) (First) (Middle) (Yes/No)

Date of Birth _____ Place of Birth _____
(Month) (Day) (Year) (City) (State)

With whom does the child reside? _____
(Full Name) (Relationship)

CHILD:

Name _____ Is the child living? _____
(Last) (First) (Middle) (Yes/No)

Date of Birth _____ Place of Birth _____
(Month) (Day) (Year) (City) (State)

With whom does the child reside? _____
(Full Name) (Relationship)

CHILD:

Name _____ Is the child living? _____
(Last) (First) (Middle) (Yes/No)

Date of Birth _____ Place of Birth _____
(Month) (Day) (Year) (City) (State)

With whom does the child reside? _____
(Full Name) (Relationship)

CHILD:

Name _____ Is the child living? _____
(Last) (First) (Middle) (Yes/No)

Date of Birth _____ Place of Birth _____
(Month) (Day) (Year) (City) (State)

With whom does the child reside? _____
(Full Name) (Relationship)

17. Are you now supporting all children born to you, including adopted or step-children?

Yes _____ No _____

If not, please state reason:

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

RELATIVES

Please furnish the following information concerning your relatives. Include step-brothers and sisters and half-brothers and sisters. If you have step-parents, legal guardians or others who raised you, instead of your natural parents, the requested information should be furnished concerning them as well as your natural parents. Please list first, middle and last names and maiden names (where applicable).

Father _____ **Age** _____

Address _____
(City) (State) (Zip Code)

Date of Birth _____ **Place** _____
(Month) (Day) (Year) (City) (State)

Mother _____ **Age** _____
(Please include Maiden Name)

Address _____
(City) (State) (Zip Code)

Date of Birth _____ **Place** _____
(Month) (Day) (Year) (City) (State)

Spouse _____ **Age** _____
(If Wife, include Maiden Name)

Address _____
(City) (State) (Zip Code)

Date of Birth _____ **Place** _____
(Month) (Day) (Year) (City) (State)

Father-in-law _____ **Age** _____

Address _____
(City) (State) (Zip Code)

Date of Birth _____ **Place** _____
(Month) (Day) (Year) (City) (State)

Mother-in-law _____ **Age** _____
(Please include Maiden Name)

Address _____
(City) (State) (Zip) (Code)

Date of Birth _____ **Place** _____
(Month) (Day) (Year) (City) (State)

Step-father _____ **Age** _____

Address _____
(City) (State) (Zip) (Code)

Date of Birth _____ **Place** _____
(Month) (Day) (Year) (City) (State)

Step-mother _____ **Age** _____
(Please include Maiden Name)

Address _____
(City) (State) (Zip) (Code)

Date of Birth _____ **Place** _____
(Month) (Day) (Year) (City) (State)

Legal Guardian _____ **Age** _____

Address _____
(City) (State) (Zip) (Code)

Date of Birth _____ **Place** _____
(Month) (Day) (Year) (City) (State)

Legal Guardian _____ **Age** _____

Address _____
(City) (State) (Zip) (Code)

Date of Birth _____ **Place** _____
(Month) (Day) (Year) (City) (State)

Sibling _____ **Age** _____
(If Sister, please include Maiden Name)

Address _____
(City) (State) (Zip) (Code)

Date of Birth _____ **Place** _____
(Month) (Day) (Year) (City) (State)

Sibling _____ **Age** _____
(If Sister, please include Maiden Name)

Address _____
(City) (State) (Zip) (Code)

Date of Birth _____ **Place** _____
(Month) (Day) (Year) (City) (State)

Sibling _____ **Age** _____
(If Sister, please include Maiden Name)

Address _____
(City) (State) (Zip) (Code)

Date of Birth _____ **Place** _____
(Month) (Day) (Year) (City) (State)

Sibling _____ **Age** _____
(If Sister, please include Maiden Name)

Address _____
(City) (State) (Zip) (Code)

Date of Birth _____ **Place** _____
(Month) (Day) (Year) (City) (State)

Sibling _____ **Age** _____
(If Sister, please include Maiden Name)

Address _____
(City) (State) (Zip) (Code)

Date of Birth _____ **Place** _____
(Month) (Day) (Year) (City) (State)

19. Do you have any close friends or relatives employed by this department?

Yes _____ No _____

If yes, please indicate names and relationships:

Name	Position/Job Title	Relationship

EDUCATION

List all educational institutions, part-time and full-time, in the order attended. Please include all high schools, trade schools, correspondence and night schools, training seminars, business schools, colleges and universities. Indicate name and address of each school, dates attended and course of study.

From Month/Year	To Month/Year	Name Of School	Exact Address (City, State, Zip)	Last Grade/Term

20. Did you receive a high school diploma? Yes _____ No _____

If no, do you have a high school equivalency certificate?

Yes _____ No _____ Certificate Number _____

21. If you attended college, what was your major? _____

What was your minor? _____

What degree(s), if any, were conferred? _____

If no Degree was conferred, indicate the total number of credit hours earned. _____

22. Were you ever dismissed from a school or college, or was any other disciplinary action, including scholastic probation, ever taken against you?

Yes _____ No _____

If yes, please indicate below:

(School or College) (Date) (Type of Action)

(School or College) (Date) (Type of Action)

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

If yes please provide details:

24. Check or circle below any other special skills or specifications you may possess:

Circle yes or no for each language listed below and indicate whether you are proficient/fluent:

<u>Language</u>	<u>Understand</u>	<u>Read</u>	<u>Speak</u>	<u>Write</u>
Braille	__ Yes __ No	__ Yes __ No	__ Yes __ No	__ Yes __ No
Chinese	__ Yes __ No	__ Yes __ No	__ Yes __ No	__ Yes __ No
French	__ Yes __ No	__ Yes __ No	__ Yes __ No	__ Yes __ No
German	__ Yes __ No	__ Yes __ No	__ Yes __ No	__ Yes __ No
Italian	__ Yes __ No	__ Yes __ No	__ Yes __ No	__ Yes __ No
Japanese	__ Yes __ No	__ Yes __ No	__ Yes __ No	__ Yes __ No
Russian	__ Yes __ No	__ Yes __ No	__ Yes __ No	__ Yes __ No
Spanish	__ Yes __ No	__ Yes __ No	__ Yes __ No	__ Yes __ No

Other? Please list _____

Comments: _____

Check each of the following skills and licensed / certified abilities that you possess:

_____ Aircraft Pilot

_____ Artist

_____ Audio-Visual Technician

_____ Bus Driver

_____ Computer Operator

_____ Demolition

_____ Fingerprinter

_____ Firefighter

_____ Heavy Equipment Operator

_____ Photographer

_____ Other Detail: _____

_____ Other Detail: _____

_____ Other Detail: _____

_____ Other Detail: _____

_____ Other Detail: _____

EMPLOYMENT

List below your complete work history. Start with your present position, working backward, to your first employment. 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). Continue on the following pages, if necessary.

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

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

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

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

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

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

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

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

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

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

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

25. May we discuss your application with your present employer?

Yes _____ No _____

26. 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

27. Were you ever subjected to disciplinary action in connection with any employment?

Yes _____ No _____

If yes, give details of each account:

28. 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:

29. Are you now engaged in any business as an owner or partner (active or silent)?

Yes _____ No _____

If yes, give details: _____

MILITARY SERVICE

30. Are you registered with the U.S. Selective Service? Yes _____ No _____

If no, please state reason: _____

31. 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 or semi-military organization?

Yes _____ No _____

If yes, indicate below all active military service:

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

32. Were you ever reduced in rank in the military? Yes _____ No _____

If yes, give details: _____

33. Were you ever court-martialed, tried on charges, subject to a Summary Court, Deck Court, Captain's Mast, Company Punishment, or any other disciplinary action?

Yes _____ No _____

If yes, give details: _____

34. Have you ever served in a military or naval organization of any foreign government?

Yes _____ No _____

If yes, give details: _____

35. If you received a discharge other than honorable, give details:

36. List all military serial numbers (other than your social security number):

37. Did you receive any special training while in military service?

Yes _____ No _____

If yes, please describe: _____

38. Are you now or have you ever been a member of any Reserve or National Guard Organization?

Yes _____ No _____

If yes, indicate the complete name and address of the unit:

Name of Unit	Address	City	State	Zip Code
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39. Are you required to attend military training meetings?

Yes _____ No _____

If yes, please indicate how often (check one):

Weekly _____ Semi-monthly _____ Monthly _____ Annually _____

If annually, for how long of a period are you required to be in training?

40. If you were enrolled in specialist schools while in the military, specify the military school, the length of time attended, and what type of study:

41. List all commendations and citations awarded to you as a member of military service:

ARRESTS, SUMMONSES AND CONVICTIONS

42. Were you ever, as an adult, arrested, taken into custody, or imprisoned in this state, in any other state, in military service, or elsew here? Have you been a suspect in a crime? Have you ever received a summons or citation, excluding traffic? Have you ever been arrested, w here the original charge was reduced to a lesser crime? (Exclude all parking and other minor traffic violations.)

Yes _____ No _____

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

43. Were you ever, as an adult, convicted of a crime?

Yes _____ No _____

What crime(s)? Give details: _____

44. Indicate below ALL arrests:

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

45. Indicate below every traffic summons received in this state or elsewhere in the last three (3) years - (exclude parking violations):

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

46. Has any member of your family or close relative, including in-laws, ever been arrested, accused, convicted, or imprisoned for any reason?

Yes _____ No _____

If yes, give details: _____

47. 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: _____

48. 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:

Date	Action/Proceeding	Plaintiff/Defendant/Witness	Court Disposition

Action: _____

Outcome: _____

Details: _____

FINANCIAL OBLIGATIONS

49. List all debts and obligations which you now owe, and the individuals with whom you have credit dealings:

A) Mortgage Rent: **Name** _____

Address	City	State	Zip Code	Account Number
---------	------	-------	----------	----------------

Unpaid Balance	Monthly Payment	Amount Past Due
----------------	-----------------	-----------------

B) Auto Payment: **Name** _____

Address	City	State	Zip Code	Account Number
---------	------	-------	----------	----------------

Unpaid Balance	Monthly Payment	Amount Past Due
----------------	-----------------	-----------------

C) Personal Loans: **Name** _____

Address	City	State	Zip Code	Account Number
---------	------	-------	----------	----------------

Unpaid Balance	Monthly Payment	Amount Past Due
----------------	-----------------	-----------------

D) School Loans: **Name** _____

Address	City	State	Zip Code	Account Number
---------	------	-------	----------	----------------

Unpaid Balance	Monthly Payment	Amount Past Due
----------------	-----------------	-----------------

E) Credit Card: **Name** _____

Address	City	State	Zip Code	Account Number
---------	------	-------	----------	----------------

Unpaid Balance	Monthly Payment	Amount Past Due
----------------	-----------------	-----------------

F) Credit Card: **Name** _____

Address City State Zip Code Account Number

Unpaid Balance Monthly Payment Amount Past Due

G) Credit Card: **Name** _____

Address City State Zip Code Account Number

Unpaid Balance Monthly Payment Amount Past Due

H) Other: **Name** _____

Address City State Zip Code Account Number

Unpaid Balance Monthly Payment Amount Past Due

I) Other: **Name** _____

Address City State Zip Code Account Number

Unpaid Balance Monthly Payment Amount Past Due

50. Have you ever been delinquent in any of your financial obligations? If yes, please explain.

51. Have any of your financial obligations ever been referred to a collection agency? If yes, how was the matter reconciled?

52. Have your wages ever been garnished? If yes, why and how was the matter reconciled?

53. Has your tax return ever been audited by the IRS for any reason other than a random audit? If yes, please explain.

54. Have you ever failed to file or been delinquent in filing your tax return? If yes, please explain.

REFERENCES

55. Provide four character references (not relatives, in-laws, or past/present employers) who have known you well for the past five years. Examples of appropriate references would include head of household, business or professional people, former teachers or social acquaintances.

Full	Name	Address (Include City/State/Zip)	
-------------	-------------	----------------------------------	--

Occupation	Business	Address (Include City/State/Zip)	
------------	----------	----------------------------------	--

Years Known	Phone Number	Business Phone Number	
-------------	--------------	-----------------------	--

Full	Name	Address (Include City/State/Zip)	
-------------	-------------	----------------------------------	--

Occupation	Business	Address (Include City/State/Zip)	
------------	----------	----------------------------------	--

Years Known	Phone Number	Business Phone Number	
-------------	--------------	-----------------------	--

Full	Name	Address (Include City/State/Zip)	
-------------	-------------	----------------------------------	--

Occupation	Business	Address (Include City/State/Zip)	
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Full	Name	Address (Include City/State/Zip)	
-------------	-------------	----------------------------------	--

Occupation	Business	Address (Include City/State/Zip)	
------------	----------	----------------------------------	--

Years Known	Phone Number	Business Phone Number	
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56. Give three social acquaintances in your own age group:

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

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

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

57. Please list all active and inactive email addresses:

58. Please provide all active and inactive social network (i.e. Facebook, MySpace, Twitter, Bebo, etc.) information:

DRIVING RECORD

59. Indicate below your driver's license information:

License Number _____ State _____ Expiration Date _____

CIRCLE ONE: Operator's License / Chauffeur's License

60. 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:

61. Was your license (check one)

Surrendered _____ Suspended _____ Revoked _____

If suspended or revoked, state reason: _____

62. Is your current license suspended or revoked? Yes _____ No _____

If yes, please state reason: _____

63. Were you ever involved in an accident while operating a vehicle?

Yes _____ No _____

If yes, give details, including dates, places, injuries, deaths and arrests:

If yes, were police reports made on these accidents? Yes _____ No _____

Specify the police agency(s) concerned: _____

64. 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

65. List all groups with which you are or have ever been a member.

66. Are you now , or have you ever been a member of an organization or religion which advocates the overthrow of the Government, either at the local, State or National level or seeks to alter the form of Government of the United States or any State Government by any unlawful or unconstitutional means?

Yes _____ No _____

Please explain: _____

67. 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 department. This would include, but not limited to, knowledge or information concerning your character, temperament, habits, employment, education, subversive activities, family, associations, criminal record, traffic violations, residence or otherwise?

Yes _____ No _____

If yes, give details: _____

SIGNATURE

DATE

Use the following two pages for any additional information. List the question number to which the additional information applies. Sign your name at the bottom of each page.

SIGNATURE

ADDITIONAL INFORMATION - continued

SIGNATURE

A F F I D A V I T

STATE OF (_____)

COUNTY OF (_____)

On this _____ day of _____, _____ before me personally appeared _____ who, being duly sworn, deposes and says that he/she has read the foregoing questionnaire; that he/she understands the contents therein; that the information provided by him/her is true to the best of his/her knowledge and belief; and that he/she has been informed and understands that any material misrepresentation of fact given shall be cause for rejection before appointment or dismissal from the department after appointment; and that he/she authorizes any company or person listed in the foregoing questionnaire to give any and all the information regarding employment, credit, or any other information, whether personal or otherwise, that may or may not be on their records, and release company or person from all liability for any damages whatsoever that may issue from furnishing such information to the St. Louis Metropolitan Police Department.

In Testimony Whereof, I have hereunto set my hand and affixed my official seal, at my office in _____ the day and year first above written.

My term of office as a Notary Public will expire _____, _____

Applicant must sign before a Notary Public

Notary Public