

APPLICANT PERSONAL HISTORY QUESTIONNAIRE
PRE-EMPLOYMENT HISTORY FILE ACCESS RESTRICTED BY GENERAL ORDERS

VERIFICATION OF INFORMATION

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment or training with the Ballwin Police Department. An extensive background investigation will be conducted into your personal history

ANY FALSE, MISLEADING OR INCOMPLETE INFORMATION SUBSTITUTED FOR ACCURATE INFORMATION WILL BE GROUNDS TO DISQUALIFY YOU FROM FURTHER CONSIDERATION IN THE APPLICATION PROCESS WITH THE BALLWIN POLICE DEPARTMENT.

I confirm that I have read and that I understand the above and that all statements and documents presented to the Ballwin Police Department are true, correct, complete and made in good faith.

Signature

Date

Please indicate position for which you are applying: _____

DIRECTIONS

1. Before you begin, read the entire set of directions and listing of documents required for submission. An application checklist is provided on page 14 for your convenience. This is a competitive process; therefore, applications will not be accepted, processed or evaluated unless complete. All addresses and phone numbers must include zip codes and area codes.
2. **Use black ink pen only.** Complete this form in your own handwriting or printing. If you need any special accommodations in completing this questionnaire, contact the Commander of Staff and Auxiliary Services at 636-227-9636.
3. Read each question carefully before answering. Be certain that your answers are legible.
4. Be certain that each question is answered **completely** and **correctly**. Submit all documents as requested.
5. Initial each page on the bottom right hand corner.
6. Additional space is provided on pages 11 and 12 for answers which require clarification or further explanation. All entries on pages 11 and 12 will begin with page, section number (Roman numerals I-XIII), and questions (letters A-L) you are explaining or clarifying.
7. Pursuant to Public Law 93-579, the disclosure of your Social Security Number is completely voluntary. Your refusal to reveal it will in no way affect applications for any job or consideration provided by this Department. The Social Security Number assists the Department in differentiating between applicants with similar or identical names.
8. Upon completion, the questionnaire must be returned to the Ballwin Police Department, 300 Park Drive, Ballwin, MO 63011.

I. PERSONAL DATA

Full Name: Last						First			Middle			Home Phone							
Address: Number			Street			City			State			Zip Code			Business phone/pager				
Permanent Address: Number			Street			City			State			Zip Code			Home Phone				
Age		Height		Weight		Hair		Eyes		Date of Birth			Place of Birth						
List any tattoos or body piercings:																			
Social Security Number					Operator's License Number					State Issued					Email Address				
A. List any other names you have ever used:																			
B. Are you a citizen of the United States? ()Yes ()No							C. Were you naturalized? ()Yes ()No												
D. List first your present address, then list all addresses where you have lived for the past ten years, including your address(es) in the military service or while attending college.																			
From		To		Street Address					City/County			State		Zip Code					
E. Have you ever applied for a position with this Department before? ()Yes ()No If "Yes", date of application:																			
F. Have you filed an employment application with any other sources recently? ()Yes ()No If "Yes", list below:																			
Date		Organization/Firm Name					Address/Zip Code			Position Applied For			Disposition						
G. Are you acquainted with any Ballwin Police Department Employees? ()Yes ()No If "Yes", please list:																			
H. Based on the essential functions of the position for which you applied, described in the written job description that accompanied this application, are you able to perform these functions? ()Yes ()No																			

II. REFERENCES

List four character references, two of which are near your same age and are not relatives, in-laws or past employers who have known you well during the past three years or more.

Name		Phone Number		Years Acquainted	
Residence Address		City		State	
Business Name and Address		Occupation		Email Address	
Name		Phone Number		Years Acquainted	
Residence Address		City		State	
Business Name and Address		Occupation		Email Address	
Name		Phone Number		Years Acquainted	
Residence Address		City		State	
Business Name and Address		Occupation		Email Address	
Name		Phone Number		Years Acquainted	
Residence Address		City		State	
Business Name and Address		Occupation		Email Address	

III. ARREST HISTORY

A. Other than traffic citations, have you been arrested, convicted, charged, questioned, accused or detained for any reason by any police, security officer or military police authority, either in the United States of America or in any foreign country?
 Yes No If "Yes", describe below and explain in full detail on pages 11 and 12.

Date	Charge	Department/Agency	Location (City, County, State)	Disposition

B. Were you ever served with a criminal or civil subpoena or summons other than traffic?
 Yes No If "Yes", explain in full detail on pages 11 and 12.

C. Have the police ever been called to any of your former or current residences for any reason?
 Yes No If "Yes", explain in full detail on pages 11 and 12.

D. Have you ever been involved in any undetected crime, including the buying or selling of illicit drugs?
 Yes No If "Yes", explain in full detail on pages 11 and 12.

E. Are you now under charges for any violation of law?
 Yes No If "Yes", explain in full detail on pages 11 and 12.

IV. EDUCATION AND SKILLS

A. Do you have: (check appropriate boxes)
 GED/High School 3-31 College Credit Hours 32-63 College Credit Hours
 64-119 College Credit Hours Bachelor's Degree Post Graduate Degree

B. Starting with the most recent, list all elementary, high school, colleges and universities you have attended:

Month and Year Attended From	To	Name and Location (Street, City, State, Zip)	# Credits Completed	Type of Degree	Major	Year of Degree

C. Student Associations/Activities:

D. Have you even been suspended, expelled or asked to leave any school for disciplinary reasons?
 Yes No If "Yes", explain in full detail on pages 11 and 12.

E. Have you ever been placed on academic probation?
 Yes No If "Yes", explain in full detail on pages 11 and 12.

F. Are you a graduate of a certified police academy or law enforcement training program?
 Yes No If "Yes", explain in full detail on pages 11 and 12

G. Indicate languages you speak, read and/or write other than English:

	Fluent	Above Average	Fair
Speak			
Read			
Write			

H. Special skills, qualifications and awards - summarize special skills, qualifications and accomplishments (including clerical skills) that you wish to be considered:

V. EMPLOYMENT HISTORY

A. Start with your present or last job and list all of the places you have worked for the past ten years. List any additional employers on pages 11 and 12. If you are presently employed, may we contact your employer? ()Yes ()No

Employer		Address/Email	
City	State	Zip Code	Phone Number
Dates Employed: From _____ To _____		Hourly or Annual Salary Start _____ Final _____	
Job Title			
Work Performed		Supervisor	Co-Worker
Reason for Leaving			

Employer		Address/Email	
City	State	Zip Code	Phone Number
Dates Employed: From _____ To _____		Hourly or Annual Salary Start _____ Final _____	
Job Title			
Work Performed		Supervisor	Co-Worker
Reason for Leaving			

Employer		Address/Email	
City	State	Zip Code	Phone Number
Dates Employed: From _____ To _____		Hourly or Annual Salary Start _____ Final _____	
Job Title			
Work Performed		Supervisor	Co-Worker
Reason for Leaving			

Employer		Address/Email	
City	State	Zip Code	Phone Number
Dates Employed: From _____ To _____		Hourly or Annual Salary Start _____ Final _____	
Job Title			
Work Performed		Supervisor	Co-Worker
Reason for Leaving			

B. Have you ever been dismissed, fired or asked to resign from any employment?
()Yes ()No If "Yes", explain in full detail on pages 11 and 12

C. Have you ever stolen any money or merchandise from any place or employment? Include final disposition of all items (i.e. sold, retained for personal use, returned, etc.)
()Yes ()No If "Yes", explain in full detail on pages 11 and 12.

D. Have you ever been unemployed for a period of time in excess of six months?
()Yes ()No If "Yes", explain in full detail on pages 11 and 12

E. Have you ever been disciplined at a previous or current place of employment?
()Yes ()No If "Yes", explain in full detail on pages 11 and 12

VI. ORGANIZATIONAL MEMBERSHIP

A. List all civic or social organizations, fraternities, clubs, brotherhoods, societies or groups of which you are, or have been, a member or associate. Also furnish their locations.

Name of Organization/Email Address	Address	Office Held

B. Are you now, or have you been, a member of any foreign or domestic subversive organization, association, movement, group or club which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or the State of Missouri, by any unlawful or unconstitutional means?
 Yes No If "Yes", explain in full detail on pages 11 and 12.

VII. MILITARY EVENTS

A. Are you registered with the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		B. Registration Number:		C. Location where registered:	
D. Do you have a current obligation with the Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Unit	Address/Phone		Commander
E. Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, ROTC or any other military or semi-military organization? (If there is more than one period, list the separate periods) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Month/Year Entered	Branch/Organization	Discharge Date	Type of Discharge	Rank	Occupational Specialty
F. Were you ever reduced in rank in the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain in full detail on pages 11 and 12. Reduced from _____ to _____					
G. Were you ever court martialed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain in full detail on pages 11 and 12 Type of court martial: <input type="checkbox"/> Summary <input type="checkbox"/> Special <input type="checkbox"/> General Sentence received: Have you ever received a Captain's Mast, Company Punishment or Article 15? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain in full detail on pages 11 and 12					
H. Have you ever served in a military or naval organization of any foreign government? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain: _____ _____ _____					

VIII. FINANCIAL STATUS

A. List the sources of all your income at the present time.

Type of income	Firm or source name	Monthly amount
Your salary		
Other employment		
Dividends/interest		
Military		
Other (specific)		
Total		

B. If your spouse is employed, please complete the following:

Business name	Business address	Zip code
Telephone number	Job title	Monthly amount

C. List all debts and obligations which you now owe, and the individuals or firms with whom you have credit dealings. Use pages 11 and 12 if additional space is needed.

Obligation	Name, address, zip code	Account number	Unpaid balance	Monthly payment	Amount past due
<input type="checkbox"/> Mortgage <input type="checkbox"/> Rent					
Auto payment					
Personal loans					
School loans					
Credit card					
Credit card					
Credit card					
Other (specify)					
Other (specify)					
Totals					

If the answer to any of the following questions is "Yes", write details on pages 11 and 12. Mark "Yes" if the question involves you, your spouse, or any ex-spouse.

D. Have you ever been delinquent in any of your financial obligations? <input type="checkbox"/> Yes <input type="checkbox"/> No	J. Have you ever filed a lawsuit or had a representative file a lawsuit on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No
E. Have you ever been refused credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
F. Have you ever had any of your property repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No	K. Has your tax return ever been audited by the IRS for any reason other than a random audit? <input type="checkbox"/> Yes <input type="checkbox"/> No
G. Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
H. Have you ever been sued in court? <input type="checkbox"/> Yes <input type="checkbox"/> No	L. Have you ever failed to file or been delinquent in filing your tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No
I. Have you ever received a settlement in payment for damages, injury, libel, etc., either with or without court action? <input type="checkbox"/> Yes <input type="checkbox"/> No	

IX. NARCOTIC AND LIQUOR USAGE

A. Within the last six months, have you consumed any alcoholic beverages because of an addiction to alcohol?
 Yes No If "Yes", explain in full detail on pages 11 and 12.

B. Within the last six months, have you used a controlled substance without a prescription?
 Yes No If "Yes", explain in full detail on pages 11 and 12.

X. MARITAL STATUS/FAMILY MEMBERS

A. Check your current marital status. Use additional space on pages 11 and 12 if explanation is necessary.
 Single Engaged Married Separated Divorced Widowed

If engaged or married, indicate the following information relative to fiancé(e) or spouse:

Name (include maiden name)		Date of birth	Email Address	Address	
City	State	Zip code	Phone number	Anticipated date of marriage	

If separated or divorced, indicate the following information relative to ex-spouse:

Name (maiden)		Date of birth	Address		
City	State	Zip code	Phone number	Date of separation/divorce Cause #	

If spouse is deceased, indicate the following information:

Name (maiden)		Date deceased
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B. List all children and/or dependents. Use additional space on pages 11 and 12 if necessary.

Name	Date of birth	Place of birth	Relationship	Address	With whom residing	% Support provided

C. Do you now support all children born to you?
 Yes No If "No", explain

X. MARITAL STATUS/FAMILY MEMBERS (cont'd)

D. Are you presently living with anyone else (friend or relative)?
 Yes No If "Yes", explain in full detail on pages 11 and 12.

E. Have you had any serious problems with your relatives or in-laws?
 Yes No If "Yes", explain in full detail on pages 11 and 12.

F. List full name(s) of your immediate family, such as father, mother (maiden name) brothers and sisters.

Name/Email Address	Date of Birth	Relationship	Address	Zip Code	Phone Number	Occupation

Sections XI, XII and XIII are to be completed by police officer and reserve officer applicants only.

XI. USE OF FORCE

A. If the necessity arose for you to shoot a person in the course of your duties as an officer, would you have any reluctance to do so?
 Yes No If "Yes", explain in detail.

B. Have you ever used a weapon to defend yourself?
 Yes No If "Yes", explain in detail.

C. As the need to do so may arise at any time, are you physically capable of making a forceful arrest requiring physical strength and exertion?
 Yes No

XII. NARRATIVE

In 25 to 50 words, explain why you wish to be a police officer or reserve officer.

XIII. DRIVING HISTORY

A. List all driver's or chauffeur's licenses you now hold or have previously held, either in Missouri or any other state or county.

State	Type of License	License Number	Expiration Date

B. Have any of the above licenses ever been suspended or revoked?
 Yes No If "Yes", explain:

C. List all driving citations/tickets or summonses you have received as an adult or juvenile, beginning with the most recent. If you cannot remember exact dates or locations, give approximate dates and locations.

Month/Year	Charge	City/State	Issuing Agency/Department	Disposition

D. List all vehicles which you own, lease or have for your personal use (include motorcycles).

Year	Make	Model	License Number	State

E. How many traffic accidents have you been involved in during the past five years? Explain circumstances of each.

F. List all information relative to your current automobile insurance:

Name of Company	Address	City	State	Zip Code

Phone Number	Name of Agent	Policy Number	Expiration Date

G. Have you ever been denied automobile insurance or had insurance cancelled?
 Yes No If "Yes", explain in detail:

H. Have you recently changed automobile insurance companies?
 Yes No If "Yes", indicate the following information relative to your previous insurance company.

Name of Company	Address	Zip Code	Phone Number	Date Discontinued



BALLWIN POLICE DEPARTMENT

*Colonel Steven Schicker
Chief of Police
300 Park Drive
Ballwin, MO 63011
636-227-9636*

CERTIFICATE OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
SSN	DATE OF BIRTH	APPLICANT #

I, _____ (Print full name), hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material facts will cause forfeiture on my part of all rights to initial employment or continued employment by the City of Ballwin.

I hereby authorize all law enforcement agencies, the Veterans Administration, U.S. Army, U.S. Navy, U.S. Air Force, all Military Agencies, all Federal, State or Local Government Agencies, State and Federal Tax Bureaus, Credit Bureaus, schools and universities to furnish the holder of this release with any and all available information regarding myself in order to determine my suitability for employment.

I authorize the holder of this release to make inquiries of my present and past employers, and co-workers regarding my character, integrity, reputation and efficiency.

I authorize the release of any and all information regarding my employment, credit, or any other information, whether personal or otherwise, that may or may not be on their records, and release said company or person from all liability from any damage whatsoever that may ensue from furnishing such information to the holder of this release. Any part of the undersigned application for employment may be released to any Local, State or Federal Law Enforcement agency.

I, _____, hereby authorize the Human Resources Department of the City of Ballwin to have the Chief of Police of the City of Ballwin make a search to see whether or not I have any record of arrest and/or convictions anywhere in the United States, and that information can be given to the Director of human Resources, as well as the mayor of the City of Ballwin to become a part of my application for employment.

I, _____, hereby agree to take any medical examination, psychological examination or test to determine the presence of drugs or narcotics which the city may require to determine my qualifications for employment. I do further authorize that the results of said tests be furnished to the City of Ballwin and the same shall become a part of my application for employment. Positive testing for the presence of any narcotic substance will result in my disqualification from further consideration for employment.

Photostatic or Xerox copy of this authorization shall be considered as effective as the original.

THIS AUTHORIZATION, YOUR APPLICATION, AND ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE HUMAN RESOURCES DEPARTMENT OF THE CITY OF BALLWIN AND WILL NOT BE RETURNED.

Signature of Applicant

Date

Driver's License #: _____

Subscribed and sworn to me this _____ day of _____, 2_____.

NOTARY PUBLIC



POLICE APPLICANT RECORD SEARCH

(THIS SECTION TO BE COMPLETED BY APPLICANT)

PLEASE PRINT

		DATE			
NAME		SEX		RACE	
OTHER NAMES USED I.E., MAIDEN, ALIAS, ETC.					
CITY		STATE		ZIP	
DATE OF BIRTH		PLACE OF BIRTH			
SOCIAL SECURITY NUMBER					
LICENSE PLATE NUMBER		STATE/YEAR			

(THIS SECTION TO BE COMPLETED BY BALLWIN POLICE RECORDS PERSONNEL)

RECORDS CHECKLIST

PURPOSE CODE "J"

- CRIMINAL HISTORY LOCAL AND III
- GANG MEMBER/ASSOCIATIONS
- WARRANTS/WANTS
- DOR OLN or DL or DRIVERS LICENSE
- LICENSE PLATE
- CORRECTIONS HISTORY

DISPATCHER		DSN		DATE	
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APPLICATION CHECKLIST

The following documents must be included with this application, or explain fully why they are not included. All documents submitted become the property of the Ballwin Police Department, and will not be returned.

- 1. Completed Certificate of Applicant and Authorization for Release of Information. YES NO
- 2. Police Applicant Record Search YES NO
- 3. Certified copy of birth certificate (state issued with raised impression, certified or notarized copy). YES NO
- 4. High school diploma and transcripts or GED certificate. YES NO
- 5. College diploma and certified transcripts (if applicable). YES NO
- 6. Military discharge papers – DD Form 214, indicating type of discharge (if applicable). YES NO
- 7. Two recent facial photographs. Polaroid, passport or photo booth photographs are acceptable. YES NO
- 8. Special awards. YES NO
- 9. Naturalization papers (if applicable). YES NO
- 10. Copy of any license, including state issued motor vehicle operator’s license, pilot’s license, radio operator’s license. YES NO

IF UNABLE TO FURNISH ANY OF THESE DOCUMENTS, PLEASE EXPLAIN:

DOCUMENT #	REASON FOR EXCLUSION