



BACKGROUND INVESTIGATION QUESTIONNAIRE

St. James Police Department
200 N. Bourbeuse St. James, MO 65559

CONFIDENTIAL

DATE:

FORMAT: (XX/XX/20XX)

INSTRUCTIONS

- This document was designed for the applicant to complete in Microsoft Word. You may download the document from our website at <http://www.sjpd.co>, click on "Career Opportunities". You may type your answers and print this document out once completed or print it out and write your answers in. Save your document often so that you do not lose your work. If you decide to write your answers in, use a black ink pen only.
- All questions must be answered. If a question does not apply to your particular circumstance, leave that portion blank. You may type/write additional information on page 17 if more space is required for your answers.
- Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification, whether by phone, phone books, internet, etc.
- It is imperative that you complete this form accurately. Truthfulness is expected in all circumstances. Deliberate omissions or falsifications will result in disqualification. ALL information is subject to verification via background check and polygraph.
- A copy of the follow forms must be attached with your background packet:
 - High School Diploma/GED, other Educational Diplomas/ Certificates/ Transcripts
 - Training Certificates relative to the job for which you have applied
 - Military Discharge(DD-214)
 - Birth Certificate

APPLICANT INFORMATION	LAST NAME, FIRST NAME, AND MIDDLE NAME		DATE OF BIRTH	GENDER	
	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	LICENSE STATE	
	RESIDENCE ADDRESS		CITY	STATE	ZIP CODE
	HOME PHONE	CELL PHONE	ALTERNATIVE PHONE		
	EMAIL ADDRESS		LIST ALL NAMES AND ALIASES EVER USED		

EMPLOYMENT DESIRED	POSITION APPLYING FOR (CHECK ALL THAT APPLY)		DATE YOU CAN START:
	<input type="checkbox"/> FULL-TIME POLICE OFFICER <input type="checkbox"/> RESERVE POLICE OFFICER		
	ARE YOU EMPLOYED NOW?	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	ARE YOU 21 YEARS OF AGE OR OLDER? (MUST BE 21 YEARS OF AGE FOR POLICE OFFICER POSITIONS)		
<input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER APPLIED TO THIS DEPARTMENT BEFORE?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
IF "YES" WHAT DATES?			

SELECTIVE SERVICE

MALES AGE 18 THROUGH 25 ONLY STATE LAW PROHIBITS LOCAL GOVERNMENT FROM EMPLOYING ANYONE WHO HAS NOT COMPLIED WITH SELECTIVE SERVICE REGISTRATION REGULATIONS. CURRENTLY, MALES FROM THE AGE OF 18 THROUGH 25 ARE REQUIRED TO REGISTER WITH THE FEDERAL GOVERNMENT IN ACCORDANCE WITH THE MILITARY SELECTIVE SERVICE ACT. BY YOUR SIGNATURE BELOW, INDICATE IF YOU HAVE OR HAVE NOT COMPLIED WITH THE REQUIREMENT.

- YES, I HAVE MET SELECTIVE SERVICE REGISTRATION REQUIREMENT.
 NO, I HAVE NOT MET SELECTIVE SERVICE REGISTRATION REQUIREMENT.

EDUCATION BACKGROUND

DO YOU HAVE:

- HIGH SCHOOL DIPLOMA GED ASSOCIATES BACHELORS MASTERS

STARTING WITH THE MOST RECENT, LIST ALL ELEMENTARY, HIGH SCHOOL, COLLEGES, UNIVERSITIES AND TRADE/BUSINESS SCHOOLS YOU HAVE ATTENDED:

ATTENDED		NAME	CITY / STATE	TYPE OF DEGREE
FROM MO/YR	TO MO/YR			

HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO LEAVE ANY SCHOOL FOR DISCIPLINARY REASONS?

- YES NO

HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION?

- YES NO

DO YOU SPEAK ANY LANGUAGES OTHER THAN ENGLISH?

- YES NO

IF YES, WHAT LANGUAGES?

ARE YOU CURRENTLY POST CERTIFIED THROUGH STATE OF MISSOURI DEPARTMENT OF PUBLIC SAFETY?

- YES NO

IF YES, NAME OF STATE LICENSED TRAINING CENTER:

DATE CERTIFIED:

POST CERTIFICATION #

ARE YOU CURRENTLY ENROLLED IN A MISSOURI LAW ENFORCEMENT TRAINING ACADEMY

- YES NO

IF YES, NAME OF STATE LICENSED TRAINING CENTER:

GRADUATION DATE:

HAS YOUR MO POST LICENSE EVER BEEN SUSPENDED?

- YES NO

NOTE: IF YOU CURRENTLY DO NOT HOLD A POST CERTIFICATION THROUGH THE STATE OF MISSOURI OR IF YOU ARE CURRENTLY NOT ENROLLED IN A MISSOURI LAW ENFORCEMENT TRAINING ACADEMY TO OBTAIN YOUR POST CERTIFICATION YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL BE DISCARDED. PLEASE VISIT [HTTP://WWW.DPS.MO.GOV/DIR/PROGRAMS/POST/](http://www.dps.mo.gov/dir/programs/post/) FOR MORE INFORMATION ON HOW TO OBTAIN A POST CERTIFICATION.

MILITARY BACKGROUND

HAVE YOU EVER BEEN IN THE U.S. MILITARY SERVICE OR ANY OTHER MILITARY ORGANIZATION? (IF NO SKIP THIS ENTIRE SECTION.)

YES **NO**

HAVE YOU EVER RECEIVED A DISCHARGE, RELEASE, OR SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES OR ANY OTHER COUNTRY WHICH WAS OTHER THAN HONORABLE?

YES **NO**

IF YES, PLEASE FULLY EXPLAIN:

WAS ANY TYPE OF DISCIPLINARY ACTION TAKEN AGAINST YOU WHILE A MEMBER OF THE U.S. MILITARY SERVICE OR ANY OTHER MILITARY ORGANIZATION?

YES **NO**

IF YES, PLEASE FULLY EXPLAIN:

WERE YOU EVER COURT-MARTIALED WHILE A MEMBER OF THE U.S. MILITARY SERVICE OR ANY OTHER MILITARY ORGANIZATION?

YES **NO**

LIST DUTIES IN THE SERVICE INCLUDING SPECIAL TRAINING:

LIST ALL ENLISTMENTS OF THE U.S. MILITARY SERVICE (INCLUDING RESERVES AND ANY OTHER MILITARY ORGANIZATIONS.

BRANCH OR ORGANIZATION	DISCHARGE TYPE	RANK AT SEPARATION	ENLIST MO/YR	SEPARATION MO/YR

RESIDENCE HISTORY

LIST FIRST YOUR PRESENT ADDRESS, THEN LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST TEN (10) YEARS, INCLUDING YOUR ADDRESS(ES) IN THE MILITARY SERVICE OR WHILE ATTENDING COLLEGE.

FROM MO/YR	TO MO / YR	STREET ADDRESS	CITY	STATE	ZIP CODE

EMPLOYMENT HISTORY

LIST ALL EMPLOYMENT, STARTING WITH YOUR MOST RECENT EMPLOYER. ACCOUNT FOR ALL PERIODS, INCLUDING ALL UNEMPLOYMENT OF TIME NOT SPENT IN SCHOOL OR MILITARY SERVICE.

1. EMPLOYER		PHONE NUMBER	
ADDRESS		CITY	STATE ZIP CODE
DATES EMPLOYED		HOURLY OR ANNUAL SALARY	JOB TITLE
MO/ YR FROM	MO/ YR TO		
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		SUPERVISOR NAME AND TITLE	
DESCRIBE TYPE OF BUSINESS AND DUTIES PERFORMED			
REASON FOR LEAVING			

2. EMPLOYER		PHONE NUMBER	
ADDRESS		CITY	STATE ZIP CODE
DATES EMPLOYED		HOURLY OR ANNUAL SALARY	JOB TITLE
MO/ YR FROM	MO/ YR TO		
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		SUPERVISOR NAME AND TITLE	
DESCRIBE TYPE OF BUSINESS AND DUTIES PERFORMED			
REASON FOR LEAVING			

3. EMPLOYER		PHONE NUMBER	
ADDRESS		CITY	STATE ZIP CODE
DATES EMPLOYED		HOURLY OR ANNUAL SALARY	JOB TITLE
MO/ YR FROM	MO/ YR TO		
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		SUPERVISOR NAME AND TITLE	
DESCRIBE TYPE OF BUSINESS AND DUTIES PERFORMED			
REASON FOR LEAVING			

EMPLOYMENT HISTORY (CONTINUED)

4. EMPLOYER		PHONE NUMBER	
ADDRESS		CITY	STATE ZIP CODE
DATES EMPLOYED		HOURLY OR ANNUAL SALARY	JOB TITLE
MO/ YR FROM	MO/ YR TO		
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		SUPERVISOR NAME AND TITLE	
DESCRIBE TYPE OF BUSINESS AND DUTIES PERFORMED			
REASON FOR LEAVING			

5. EMPLOYER		PHONE NUMBER	
ADDRESS		CITY	STATE ZIP CODE
DATES EMPLOYED		HOURLY OR ANNUAL SALARY	JOB TITLE
MO/ YR FROM	MO/ YR TO		
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		SUPERVISOR NAME AND TITLE	
DESCRIBE TYPE OF BUSINESS AND DUTIES PERFORMED			
REASON FOR LEAVING			

6. EMPLOYER		PHONE NUMBER	
ADDRESS		CITY	STATE ZIP CODE
DATES EMPLOYED		HOURLY OR ANNUAL SALARY	JOB TITLE
MO/ YR FROM	MO/ YR TO		
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		SUPERVISOR NAME AND TITLE	
DESCRIBE TYPE OF BUSINESS AND DUTIES PERFORMED			
REASON FOR LEAVING			

EMPLOYMENT HISTORY (CONTINUED)

7. EMPLOYER		PHONE NUMBER	
ADDRESS		CITY	STATE ZIP CODE
DATES EMPLOYED		HOURLY OR ANNUAL SALARY	JOB TITLE
MO/ YR FROM	MO/ YR TO		
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		SUPERVISOR NAME AND TITLE	
DESCRIBE TYPE OF BUSINESS AND DUTIES PERFORMED			
REASON FOR LEAVING			

8. EMPLOYER		PHONE NUMBER	
ADDRESS		CITY	STATE ZIP CODE
DATES EMPLOYED		HOURLY OR ANNUAL SALARY	JOB TITLE
MO/ YR FROM	MO/ YR TO		
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		SUPERVISOR NAME AND TITLE	
DESCRIBE TYPE OF BUSINESS AND DUTIES PERFORMED			
REASON FOR LEAVING			

9. EMPLOYER		PHONE NUMBER	
ADDRESS		CITY	STATE ZIP CODE
DATES EMPLOYED		HOURLY OR ANNUAL SALARY	JOB TITLE
MO/ YR FROM	MO/ YR TO		
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		SUPERVISOR NAME AND TITLE	
DESCRIBE TYPE OF BUSINESS AND DUTIES PERFORMED			
REASON FOR LEAVING			

EMPLOYMENT HISTORY (CONTINUED)

HAVE YOU EVER BEEN DISMISSED, FIRED OR ASKED TO RESIGN FROM ANY EMPLOYMENT FOR ANY NON-HEALTH RELATED REASON?
 YES **NO**

IF YES EXPLAIN:

HAVE YOU EVER STOLEN ANY MONEY OR MERCHANDISE FROM ANY PLACE OF EMPLOYMENT?
 YES **NO**

IF YES EXPLAIN. INCLUDE FINAL DISPOSITION OF ALL ITEMS (I.E., SOLD, RETAINED FOR PERSONAL USE, RETURNED, ETC.)

HAVE YOU EVER BEEN UNEMPLOYED FOR A PERIOD OF TIME IN EXCESS OF SIX MONTHS?
 YES **NO**

MEMBERSHIP ORGANIZATIONS

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF AN ORGANIZATION THAT ADVOCATES OR PRACTICES VIOLENCE AND/OR UNLAWFUL ACTS (INCLUDING, BUT NOT LIMITED TO, BOMBING OR BURNING STRUCTURES, MURDER, MAYHEM, RIOTING, KIDNAPPING, EXTORTION, TERRORISM) TO EFFECT POLITICAL OR SOCIAL CHANGE?
 YES **NO**

IF YES EXPLAIN:

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	CITY / STATE OF ORGANIZATION	DATES OF MEMBERSHIP	
		MO / YR TO	MO / YR FROM

REFERENCES

LIST FIVE (5) 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.

1. NAME	PHONE NUMBER	YEARS ACQUAINTED	
RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
EMAIL	RELATIONSHIP		

2. NAME	PHONE NUMBER	YEARS ACQUAINTED	
RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
EMAIL	RELATIONSHIP		

3. NAME	PHONE NUMBER	YEARS ACQUAINTED	
RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
EMAIL	RELATIONSHIP		

4. NAME	PHONE NUMBER	YEARS ACQUAINTED	
RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
EMAIL	RELATIONSHIP		

5. NAME	PHONE NUMBER	YEARS ACQUAINTED	
RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
EMAIL	RELATIONSHIP		

CRIMINAL HISTORY

OTHER THAN TRAFFIC CITATIONS, HAVE YOU, AS AN ADULT OR JUVENILE, 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 STATE ALL CONTACTS BELOW:

DATE	DEPARTMENT / AGENCY	CHARGE	LOCATION (CITY, COUNTY, STATE)	DISPOSITION

WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS OTHER THAN TRAFFIC?

YES NO

HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR FORMER OR CURRENT RESIDENCES FOR ANY REASON?

YES NO

ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW?

YES NO

HAVE YOU EVER HAD A CRIMINAL CONVICTION SEALED OR EXPUNGED?

YES NO

HAVE YOU EVER TAKEN AN EMPLOYMENT RELATED POLYGRAPH/ VOICE STRESS ANALYSIS EXAM?

YES NO

IF YES TO ANY OF THE LAST FIVE (5) QUESTIONS ABOVE FULLY EXPLAIN EACH YES BELOW:

HAVE YOU EVER COMMITTED OR BEEN AN ACCOMPLICE TO AN UNDETECTED NON-PROSECUTED CRIME? THIS INCLUDES ASSAULT, RAPE, DESTRUCTION OF PROPERTY, ACTS USING A WEAPON, STEALING, SELLING NARCOTICS, ETC.

YES NO

IF YES, LIST ALL OFFENSES BELOW:

DATE	NATURE OF OFFENSE	WHERE	WHY

FINANCIAL STATUS

LIST ALL DEBTS AND OBLIGATIONS WHICH YOU NOW OWE, AND THE INDIVIDUALS OR FIRMS WITH WHOM YOU HAVE CREDIT DEALINGS.

OBLIGATION	COMPANY (NAME, CITY, STATE)	MONTHLY PAYMENT	AMOUNT OWED	AMOUNT PAST DUE
<input type="checkbox"/> MORTGAGE <input type="checkbox"/> RENT				
PERSONAL LOAN				
AUTO LOAN # 1				
AUTO LOAN # 2				
FINANCE CO.				
FINANCE CO.				
CREDIT CARD				
CREDIT CARD				
CREDIT CARD				
STUDENT LOAN				
CREDIT UNION				
CRIMINAL COURT				
CHILD SUPPORT				
BANKRUPTCY				
CIVIL SUITS				
OTHER				
OTHER				
HAVE YOU EVER BEEN DELINQUENT IN ANY OF YOUR FINANCIAL OBLIGATIONS?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN REFUSED CREDIT?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER FILED BANKRUPTCY?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN SUED IN COURT?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
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	
HAVE YOU EVER FILED A LAWSUIT OR HAD A REPRESENTATIVE FILE A LAWSUIT ON YOUR BEHALF?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
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	
HAVE YOU EVER FAILED TO FILE OR BEEN DELINQUENT IN FILING YOUR TAX RETURN?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER HAD YOUR WAGES ATTACHED OR GARNISHED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN DECLARED DELINQUENT IN CHILD SUPPORT PAYMENTS?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

FINANCIAL STATUS (CONTINUED)

IF YES TO ANY OF THE LAST ELEVEN (11) QUESTIONS ON PAGE ELEVEN (11), FULLY EXPLAIN EACH YES BELOW:

Empty space for explaining financial status.

MOVING TRAFFIC VIOLATIONS

LIST THE NUMBER OF MOVING TRAFFIC VIOLATIONS YOU HAVE HAD SINCE AGE 18.

OFFENSE	# TOTAL	DATE(S)	# IN MISSOURI	# NON-MISSOURI
D.U.I. / D.W.I				
SPEED				
DRIVING W/O LICENSE				
CARELESS & IMPRUDENT				
DRIVING WHILE SUSPENDED				
DRIVING WHILE REVOKED				
OTHER				

DO YOU CURRENTLY HAVE A VALID MISSOURI DRIVER'S LICENSE? YES NO

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO

HAVE YOU HAD A DRIVER'S LICENSE IN ANOTHER STATE? YES NO

IF YES TO ANY OF THE LAST THREE (3) QUESTIONS ABOVE, FULLY EXPLAIN EACH YES BELOW:

Empty space for explaining driver's license status.

NARCOTICS

COMPLETE THE TABLE BELOW OF ALL ILLEGAL NARCOTICS THAT YOU HAVE EITHER BOUGHT, SOLD OR USED.

DRUG	LARGET AMOUNT BOUGHT	LARGEST AMOUNT USED	LARGEST AMOUNT SOLD	HOW OFTEN	DATE MOST RECENT OCCURRENCE
MARIJUANA					
HASHISH OR ANY DERIVATIVE THEREOF					
AMPHETAMINES OR METHAMPHETAMINES					
POWDER COCAINE					
CRACK COCAINE					
LYSERGIC ACID DIETHYLAMIDE (L.S.D.)					
PHENCYCLIDINE (P.C.P.)					
ILLEGAL DESIGNER OR SYNTHETIC DRUGS					
HALLUCINOGENIC MUSHROOMS					
HEROIN					
MORPHINE					
OTHER(S)					

HAVE YOU EVER MISUSED ANY PRESCRIPTION DRUGS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER OBTAINED PRESCRIPTION MEDICATION THROUGH THEFT OR BY DECEPTIVE MEANS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER POSSESSED NARCOTICS OR PRESCRIPTION DRUGS NOT INCLUDING MARIJUANA THAT YOU OBTAINED WITHOUT A PRESCRIPTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER SOLD NARCOTICS OR PRESCRIPTION DRUGS, NOT INCLUDING MARIJUANA TO ANYONE ELSE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER PURCHASED ANY NARCOTICS OR PRESCRIPTION DRUGS, NOT INCLUDING MARIJUANA WITHOUT A DOCTOR'S PRESCRIPTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER USED ANY NARCOTICS OR PRESCRIPTION DRUGS, NOT INCLUDING MARIJUANA WITHOUT A DOCTOR'S PRESCRIPTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER TRANSPORTED MARIJUANA?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU TRANSPORTED ILLEGAL NARCOTICS?	<input type="checkbox"/> YES <input type="checkbox"/> NO

IF YES TO ANY OF THE LAST EIGHT (8) QUESTIONS ABOVE, FULLY EXPLAIN EACH YES BELOW:

ALCOHOL	DO YOU CONSUME ALCOHOLIC BEVERAGES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	APPROXIMATELY HOW MANY DRINKS DO YOU HAVE PER WEEK?	
	WHERE DO YOU CONSUME ALCOHOLIC BEVERAGES?	
	<input type="checkbox"/> OWN HOME <input type="checkbox"/> FRIENDS' HOME <input type="checkbox"/> BARS/RESTAURANTS <input type="checkbox"/> IN VEHICLES <input type="checkbox"/> OTHER	
	WITHIN THE PAST YEAR HAVE YOU OPERATED A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, APPROXIMATELY HOW MANY TIMES:	
HAVE YOU EVER VIOLATED ANY LAWS CONCERNING THE FOLLOWING?		
<input type="checkbox"/> PUBLIC INTOXICATION <input type="checkbox"/> UNDERAGE PURCHASE OR CONSUMPTION OF ALCOHOL <input type="checkbox"/> PURCHASING OR PROVIDING ALCOHOL TO MINORS		

SEXUAL BEHAVIOR PATTERNS	HAVE YOU EVER HAD SEX IN A PUBLIC PLACE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF YES, GIVE THE CIRCUMSTANCES AND DATES:		
	HAVE YOU EVER PARTICIPATED IN THE FOLLOWING:		
	ACT	YES / NO	DATE(S) OF ACTS
	SEX WITH ANIMALS	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	SOLICITING FOR PROSTITUTION	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	"PEEPING TOM"	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	EXPOSING YOURSELF "MOONING"	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	HAVE YOU EVER HAD SEXUAL CONTACT WITH ANOTHER PERSON WHO WAS TWELVE (12) YEARS OF AGE OR YOUNGER AT THE TIME?		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, YOUR AGE AT THE TIME:		PARTNER'S AGE AT THE TIME:	
HAVE YOU EVER HAD SEXUAL CONTACT WITH ANOTHER PERSON WHO WAS A JUVENILE AND FOUR (4) OR MORE YEARS YOUNGER THAN YOURSELF?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, YOUR AGE AT THE TIME:		PARTNER'S AGE AT THE TIME:	
AFTER REACHING YOUR SEVENTEENTH (17TH) BIRTHDAY, HAVE YOU EVER HAD SEXUAL CONTACT WITH ANOTHER PERSON WHO WAS THIRTEEN (13) YEARS OF AGE OR YOUNGER AT THE TIME?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, YOUR AGE AT THE TIME:		PARTNER'S AGE AT THE TIME:	

PRIOR APPLICATIONS AND FIT FOR DUTY

HAVE YOU EVER APPLIED FOR A POSITION WITH THE ST. JAMES POLICE DEPARTMENT OR ANY OTHER LAW ENFORCEMENT AGENCY IN THE U.S.?

YES NO

IF YES, LIST ALL DEPARTMENTS BELOW, FOR DISPOSITION STATE IF YOU WERE HIRED, REJECTED OR CURRENTLY IN THE HIRING PROCESS.

DATE	DEPARTMENT	POSITION	DISPOSITION

DO YOU OBJECT TO WEARING A UNIFORM? YES NO

DO YOU OBJECT TO WORKING NIGHTS? YES NO

DO YOU OBJECT TO WORKING ROTATING SHIFTS? YES NO

DO YOU OBJECT TO OCCASIONALLY BEING AWAY FROM HOME FOR PERIODS OF TIME ATTENDING MEETINGS, ACQUIRING TRAINING, COURT, AND OTHERWISE PERFORMING OFFICIAL DUTIES? YES NO

DO YOU OBJECT GETTING CALLED IN TO WORK WITH LITTLE OR NO NOTICE TO WORK A SHIFT? YES NO

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

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

SOME EMPLOYEES OF THIS DEPARTMENT WORK A MINIMUM OF 48 HOURS ON SOME WEEKS. ARE YOU ABLE TO MEET THESE REQUIREMENTS WITHOUT EXCESSIVE ABSENCES? YES NO

LIST ALL TATTOOS, WITH LOCATION AND A DESCRIPTION OF EACH INDIVIDUAL TATTOO.

ADDITIONAL INFORMATION

USE THIS PAGE IF YOU NEED ADDITIONAL SPACE TO WRITE ADDITIONAL INFORMATION PERTAINING TO ANY OF THE QUESTIONS ASKED.

The St. James Police Department provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, the St. James Police Department complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

The St. James Police Department expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of St. James Police Department's employees to perform their job duties may result in discipline up to and including discharge.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT, AND THAT I HAVE NOT DELIBERATELY FALSIFIED OR OMITTED ANY INFORMATION. I ACKNOWLEDGE THAT DELIBERATE FALSIFICATIONS, OMISSIONS OR MISSTATEMENTS SHALL BE GROUNDS FOR DISQUALIFICATIONS.

SIGNED: X _____ **DATE:** _____

IF YOU COMPLETED THIS DOCUMENT IN MICROSOFT WORD YOU SHOULD REVIEW ALL OF THE QUESTIONS TO MAKE SURE YOU DID NOT SKIP ANY. AFTER REVIEW PRINT THIS PACKET. THE NEXT 3 THREE (3) PAGES ARE TO BE COMPLETED BY BLACK INK PEN ONLY AND SIGNED IN THE PRESENCE OF A NOTARY. DO NOT FORGET TO ATTACH THE REQUIRED FORMS LISTED ON PAGE 1. AFTER THESE STEPS HAVE BEEN COMPLETED YOU MAY DROP OFF OR MAIL YOUR PACKET TO:

**St. James Police Department
200 N. Bourbeuse St.
St. James, MO 65559**



AUTHORIZATION FOR RELEASE OF INFORMATION

St. James Police Department
200 N. Bourbeuse St. James, MO 65559

I, _____, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized officer, employee or agent of the City of St. James, Missouri, and its Police Department, whether the said records are of public, private or confidential nature. In addition, I do hereby waive, release and forever relinquish any right I might otherwise have pursuant to Missouri's Sunshine Law, Sections 610.010 through 610.200, inclusive, RSMo, or pursuant to any other provision of federal or state statute or regulation, local ordinance or common law, to review and/or copy any background investigation report, including but not limited to the final and any draft reports, and all written or otherwise recorded documents or data created, compiled or collected in connection with such background investigation, completed on me or any part thereof.

The intent of this authorization is to give my consent for full and complete disclosure of any and all records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (to include credit reports and/or ratings) and other financial statements and records wherever filed; medical and psychiatric treatment or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; current employment and previous employment records, including but not limited to any prior or current law enforcement agency employers, including background reports, efficiency ratings, complaints or grievances filed by or against me; records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; traffic and criminal history records, and records involving any incident where I have been arrested or convicted of a crime. The records referred to in this paragraph shall include, but are not limited to papers, documents, recordings and photographs, whether on paper or stored/transmitted electronically.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, may be considered in determining my suitability for employment by the City of St. James, Missouri, whether the position sought is a paid or unpaid position, voluntary or educational in nature. I also understand that the City may in its sole discretion disclose to any appropriate law enforcement agencies and other governmental authorities any information received in the course of the background investigation indicative of conduct constituting any past, current or future felony or misdemeanor violations of any federal or state law or local ordinance committed or planned by me. I also understand this background check is required because of the nature of the particular position that I have made application in that it involves a sensitive position or that I may be working in an area where confidentiality and security is important. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release, discharge, covenant not to sue and indemnify and hold harmless the City of St. James, Missouri, and all of its employees, agents, and assigns, from and against any and all claims, causes of action, losses, damages and/or liabilities of any kind or type resulting from or in connection with the performance or use of the background investigation, or from the disclosure of any information gathered in the course of the investigation to any person or entity as may be authorized by the terms of this release or at my written direction and consent.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

SIGNATURE	SIGNED: X _____ DATE: _____	
	FULL NAME (Typed or Printed): _____	
	DATE OF BIRTH: ____/____/____ SOCIAL SECURITY NUMBER: _____	
	Apply Seal or Stamp	Subscribed to and before me this ____ day of _____, 20 ____. Commission Expiration Date: _____ Notary Public Signature: _____ Notary (Print Name) _____



BACKGROUND INVESTIGATION WAIVER AND RELEASE

St. James Police Department
 200 N. Bourbeuse St. James, MO 65559

I, _____, am applying for the position of Police Officer with the St. James Missouri Police Department. I understand that, in order to gauge my fitness for the position, the City of St. James must conduct a thorough and complete background investigation. I understand that, to facilitate a thorough and complete background investigation and to ensure complete candor on the part of those providing the necessary information, I must:

- A.) consent to an investigation by the City of St. James concerning my background;
- B.) waive any and all claims I might otherwise have against those individuals who conduct the investigation, or those who cooperate and provide information to the City; and
- C.) waive my right to review the complete background investigation.

WHEREFORE

I, for and in consideration of the City of St. James consideration of my application for the position, do hereby specifically authorize the City of St. James to conduct a thorough and complete background investigation on me for the purpose of gauging my fitness for the position and, further, I do hereby waive, release and forever relinquish any and all claims and causes of action against the City and/or any of its officials or employees that might otherwise accrue to me as a result of the City's conduct of the investigation. I understand that, in the event I suffer any injury of any kind as a result of the City's conduct of this investigation, I am herein forfeiting any and all right to bring legal action against or seek redress in the courts from the City or any of its officials or employees, even if such injury or harm occurs as a direct result of their negligence or any other failure on their part to satisfy any duty owed me.

And, also for and in consideration of the City of St. James consideration of my application for the position, I do hereby specifically authorize, request and direct any individual, including but not limited to my family, friends, neighbors (past or present), and acquaintances (past or present), my employers (past or present), my references, educational institutions of any kind, credit bureaus or consumer reporting agencies, medical institutions or doctors, or any other person, institution, organization or governmental agency or instrumentality (local, state, federal, military, or foreign), wherever situated, to completely and thoroughly answer any and all questions concerning me posed by any official or employee of the City and to provide to the City, or any of its officials or employees, any requested document, information, record or file concerning me. I also hereby authorize access to any and all social networking accounts(s) that have been created under my name and/or email address(s) related to web based internet (Facebook, Twitter, MySpace, etc.) Refusal to allow access to social networking site account(s) created under my name and/or email address(s) shall be grounds for dismissal from the testing process. I do hereby waive, release and forever relinquish any and all claims and causes of action against any such individual that may accrue to me as a result of the individual's cooperation with the conduct of the background investigation or release of information to the City or any of its officials or employees. I understand that, in the event I suffer any injury of any kind as a result of the individual's cooperation with the conduct of the background investigation or release of information to the City, I am herein forfeiting any and all right to bring legal action against or seek redress in the courts from the individual, even if such injury or harm occurs as a direct result of the individual's negligence or actual malice or any other failure on the individual's part to satisfy any duty owed me.

And, also for and in consideration of City of St. James consideration of my application for the position, recognizing that complete candor on the part of those from whom information is sought is ensured only by maintaining the confidentiality of a complete background investigation, I do hereby waive, release and forever relinquish any right I might otherwise have pursuant to Missouri's Sunshine Law, RMSO 610.011 and 610.021, to review and/or copy the background investigation completed on me or any part thereof. A copy of this Waiver and Release shall be deemed as effective as the original.

For purposes of conducting the background investigation and gathering the information necessary to gauge my fitness for the position, this Waiver and Release shall be effective for a period of 18 months from the date of my execution hereof. My waiver of the right to review and copy the background investigation is perpetual. This Waiver and Release of All Claims is intended to be as broad and inclusive as permitted by the laws of the State of Missouri and, if any portion hereof is held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect. My spouse (if any), heirs and legal representative, and any and all successors and assigns, are bound by the terms of this Waiver and Release of All Claims. This Waiver contains the entire agreement between the parties hereto and its terms are contractual and are not a mere recital. I have carefully read the above and foregoing Waiver and Release in its entirety. I know and understand the contents thereof and do, of my own free will, sign this Waiver and Release indicating my specific agreement to any and all terms.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

SIGNATURE	SIGNED: X _____ DATE: _____	
	FULL NAME (Typed or Printed): _____	
	DATE OF BIRTH: ____/____/____ SOCIAL SECURITY NUMBER: _____	
	Apply Seal or Stamp	Subscribed to and before me this ____ day of _____, 20____. Commission Expiration Date: _____ Notary Public Signature: _____ Notary (Print Name) _____



**AUTHORIZATION FOR PROCUREMENT
OF CONSUMER REPORT
St. James Police Department
200 N. Bourbeuse St. James, MO 65559**

I authorize the City of St. James, Missouri ("City" herein) to conduct an investigation with respect to my credit history for the purposes of securing employment, promotion, reassignment or retention as an applicant or employee with the City of St. James. I understand that the Fair Credit Reporting Act (FCRA), 15 USC Section 1681b authorizes consumer reporting agencies to furnish consumer credit reports for use by employers for employment purposes, as defined in 15 USC Section 1681a of the FCRA. This report may include information relating to my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which may be used or collected in whole or in part for the purpose of serving as a factor in establishing my eligibility for employment, promotion, reassignment or retention as an applicant or employee.

I further understand, acknowledge and agree that, in compliance with the terms of the FCRA, 15 USC Section 1681b, the information contained in the report may be used by the City as a basis in whole or part for a denial of employment or as a basis in whole or part with respect to any other decision for employment purposes that would adversely affect me as a current employee or applicant for employment.

I hereby give consent for the procurement of a credit report, and for the use of said report in whole or part by the City, including its employees, officials and agents, for employment purposes, to the full extent allowed under the FCRA.

I also acknowledge that I have received a copy of a document explaining my rights under the Fair Credit Reporting Act, a copy of which is attached to this Authorization, and that I have read and understand said rights as explained to me in that document.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

SIGNATURE	SIGNED: X _____ DATE: _____	
	FULL NAME (Typed or Printed): _____	
	DATE OF BIRTH: ____/____/____ SOCIAL SECURITY NUMBER: _____	
	Apply Seal or Stamp	Subscribed to and before me this ____ day of _____, 20____. Commission Expiration Date: _____ Notary Public Signature: _____ Notary (Print Name) _____

SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you –such as if you pay your bills on time or have filed bankruptcy –to creditors, employers, landlords, and other businesses. CRAs also include criminal background searches. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you –such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and list of anyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months if you certify that (1) you are unemployed and plan to seek employment with 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (unusually within thirty days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your files unless it is outdated (as described below) or cannot be verified. If you dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source

You can dispute inaccurate items with the source of the information. If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurer, or employers without your permission

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the list for two years. If you request, complete, and return the CRA from provided for this purpose, you must be taken off the list indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.