UNIVERSITY CITY POLICE DEPARTMENT
6801 Delmar Boulevard, University City, Missouri 63130

POSITION APPLIED FOR _____CIVIL SERVICE REGISTER#_____

APPLICANT QUESTIONNAIRE

THIS QUESTIONNAIRE WILL BE USED FOR REFERENCE BY THOSE WHO WILL BE CONSIDERING YOUR APPLICATION FOR EMPLOYMENT WITH THE UNIVERSITY CITY POLICE DEPARTMENT. PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION FORM CORRECTLY.

AN EXTENSIVE BACKGROUND INVESTIGATION WILL BE CONDUCTED ON ALL FINALISTS.

APPLICANTS MAY BE REQUESTED TO TAKE A POLYGRAPH (LIE DETECTOR) EXAMINATION REGARDING THE ACCURACY OF THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE, AND TO DETERMINE OTHER ITEMS OF BACKGROUND INFORMATION.

ANY FALSE, MISLEADING, OR INCOMPLETE INFORMATION WHICH IS REQUESTED IN THIS FORM WILL BE GROUNDS TO DISQUALIFY YOU FOR EMPLOYMENT.

APPLICATIONS WILL NOT BE CONSIDERED COMPLETE UNTIL ALL REQUIRED ATTACHMENTS HAVE BEEN SUBMITTED BY THE APPLICANT.

THESE INCLUDE: (COPIES)

REQUIRED OF ALL APPLICANTS:
_____DRIVER'S LICENSE
_____BIRTH CERTIFICATE
_____HIGH SCHOOL DIPLOMA/STATE EQUIVALENCY CERTIFICATE

REQUIRED, IF APPLICABLE:
_____MILITARY DISCHARGE (DD214)
_____ALL COLLEGE TRANSCRIPTS
_____COLLEGE DIPLOMA

INITIAL THE BOTTOM OF EACH PAGE.
PLEASE CONFIRM THAT YOU HAVE READ AND UNDERSTAND THE FOREGOING. _____
SIGNATURE

_____
DATE

FOLLOW THE DIRECTIONS CAREFULLY!

1. USE INK. COMPLETE THIS FORM IN YOUR OWN PRINTING, USING INK ONLY.
2. BE CERTAIN THAT YOUR ANSWERS MAY BE EASILY READ.
3. READ EACH QUESTION CAREFULLY.
4. MAKE CERTAIN THAT EACH QUESTION IS ANSWERED COMPLETELY AND CORRECTLY BEFORE YOU SUBMIT THIS QUESTIONNAIRE. IF YOU NEED ADDITIONAL SPACE, USE AN ADDITIONAL SHEET, OR WRITE ON THE BACK OF THIS PAGE.
5. DO NOT LEAVE A QUESTION BLANK. IF IT DOES NOT APPLY TO YOU, WRITE N/A IN THE SPACE.

1. PERSONAL DATA					
FULL NAME: LAST	FIRST	MIDDLE			HOME PHONE
CURRENT ADDRESS: STREET AND NUMBER		CITY	STATE	ZIP	BUSINESS PHONE

AGE	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	PLACE OF BIRTH	SSN:

A. LIST ANY OTHER NAMES YOU HAVE USED, INCLUDING NICKNAMES:

B. ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?

C. WHERE YOU NATURALZIED?

D. BEGINNING WITH YOUR PRESENT ADDRESS, LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST TEN (10) YEARS, INCLUDE YOUR ADDRESS WHILE IN THE MILITARY AND WHILE ATTENDING COLLEGE.

DATES FROM/TO	STREET ADDRESS	CITY	COUNTY	STATE	ZIP

E. IF YOU ARE ACQUAINTED WITH OR RELATED TO ANY UNIVERSITY CITY POLICE DEPARTMENT EMPLOYEES, PLEASE LIST THEM.

F. LIST YOUR PRIMARY RECREATION AND SOCIAL ACTIVITIES.

G. IF THE NECESSITY AROSE FOR YOU TO SHOOT A HUMAN BEING IN THE COURSE OF YOUR DUTIES AS A POLICE OFFICER, WOULD YOU HAVE ANY RELUCTANCE TO DO SO?

2. RELATIVES

A. FULL NAME OF YOUR FIANCEE (IF APPLICABLE) AND D.O.B. ADDRESS (FULL) PHONE

B. INFORMATION CONCERNING MARRIAGES:

DATE MARRIED	WHERE PERFORMED	WHO OFFICIATED	SPOUSE'S FULL NAME (WIFE'S MAIDEN NAME)	D.O.B.

C. NAME AND PRESENT ADDRESS OF SPOUSE(S) IF DIVORCED OR SEPARATED:

IF EVER SEPARATED, ANNULLED, OR DIVORCED, INDICATE BELOW THE FOLLOWING INFORMATION:

SEPARATED, ANNULLED OR DIVORCED	DATE OF ORDER OR DECREE	BY WHOM	COURT AND STATE WHERE ISSUED	OFFENDING PARTY AS DECREED BY LAW	REASON

E. GIVE THE FOLLOWING INFORMATION ON ALL YOUR DEPENDENTS, INCLUDING CHILDREN, STEPCHILDREN, AND ADOPTED CHILDREN.

FULL NAME	BIRTHDATE	BIRTHPLACE	ADDRESS-ZIP	LIVING WITH WHOM	SUPPORTED BY WHOM

F. OTHER DEPENDENTS. IF YOU CLAIM INCOME TAX EXEMPTIONS FOR SUPPORT OF DEPENDENTS OTHER THAN SPOUSE AND CHILDREN, PROVIDE THE FOLLOWING INFORMATION.

NAME	ADDRESS	RELATIONSHIP	% SUPPORTED

G. WHAT DOES YOUR SPOUSE OR FIANCE THINK OF YOU BECOMING AN EMPLOYEE OF THE POLICE DEPARTMENT? GIVE A DETAILED RESPONSE.

H. BEGINNING WITH YOUR SPOUSE, LIST FULL NAME OF YOUR IMMEDIATE FAMILY SUCH AS FATHER, MOTHER (MAIDEN NAME), BROTHERS AND SISTERS:

NAME	RELATIONSHIP	ADDRESS AND ZIP CODE	OCCUPATION	D.O.B.

I. LIST FULL NAME OF YOUR SPOUSE'S IMMEDIATE FAMILY, SUCH AS FATHER, MOTHER, BROTHERS & SISTERS:				
NAME	RELATIONSHIP	ADDRESS & ZIP CODE	D.O.B.	OCCUPATION

3. REFERENCES

A. LIST THREE (3) CHARACTER REFERENCES (NOT RELATIVES OR IN-LAWS) WHO ARE RESPONSIBLE ADULTS AND WHO HAVE KNOWN YOU WELL DURING THE PAST THREE (3) YEARS OR MORE:

NAME	RESIDENCE ADDRESS AND ZIP CODE	PHONE
HOW LONG ACQUAINTED:	OCCUPATION AND BUSINESS ADDRESS	
NAME	RESIDENCE ADDRESS AND ZIP CODE	PHONE
HOW LONG ACQUAINTED:	OCCUPATION AND BUSINESS ADDRESS	
NAME	RESIDENCE ADDRESS AND ZIP CODE	PHONE
HOW LONG ACQUAINTED:	OCCUPATION AND BUSINESS ADDRESS	

4. EDUCATION

A. CHECK ALL YOU HAVE: GED CERTIFICATE ☐ HIGH SCHOOL DIPLOMA ☐ COLLEGE DEGREE ☐

B. LIST ALL ELEMENTARY, HIGH SCHOOL, COLLEGES, AND UNIVERSITIES YOU HAVE ATTENDED:

NAME OF SCHOOL	DATES ATTENDED	ADDRESS AND ZIP CODE	YEARS COMPLETED	SEM. HRS. PASSED	DIPLOMA/DEGREE RECEIVED

C. IF YOU ATTENDED COLLEGE, WHAT WAS YOUR MAJOR AND YOUR MINOR?

D. HAVE YOU EVER BEEN SUSPENDED, EXPELLED, OR ASKED TO LEAVE ANY SCHOOL FOR DISCIPLINARY REASONS? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN.

5. EMPLOYMENT HISTORY

A. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? ☐ YES ☐ NO
IF YES, EXPLAIN AND GIVE THE NAME OF THE COMPANY OR COMPANIES.

B. BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL OF THE PLACES YOU HAVE WORKED IN THE PAST TEN YEARS. LIST PERIODS OF SCHOOL, MILITARY SERVICE, AND UNEMPLOYMENT, KEEP IN PROPER SEQUENCE: INCLUDE PART-TIME, TEMPORARY, AND SEASONAL EMPLOYMENT.

MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER-ZIP	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO

DESCRIBE YOUR DUTIES

REASON FOR LEAVING

MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER-ZIP	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO

DESCRIBE YOUR DUTIES

REASON FOR LEAVING

MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER-ZIP	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO

DESCRIBE YOUR DUTIES

REASON FOR LEAVING

MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
DESCRIBE YOUR DUTIES						
REASON FOR LEAVING						
MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
DESCRIBE YOUR DUTIES						
REASON FOR LEAVING						
MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
DESCRIBE YOUR DUTIES						
REASON FOR LEAVING						
MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
DESCRIBE YOUR DUTIES						
REASON FOR LEAVING						

C. HAVE YOU EVER RECEIVED ANY POLICE TRAINING?	WHEN?	WHERE?
TYPE OF TRAINING		
WHAT TYPE OF POLICE WORK INTERESTS YOU MOST, AND WHY?		

E. HAVE YOU EVER APPLIED FOR A POSITION WITH THIS POLICE DEPARTMENT OR OTHER POLICE DEPARTMENTS?
☐ YES ☐ NO
IF YES, PLEASE ANSWER THE FOLLOWING:

MONTH/DATE	POSITION	DEPARTMENT/AGENCY	WHAT WAS THE DISPOSITION?

6. FINANCIAL STATUS

A. LIST THE SOURCES OF ALL YOUR INCOME AT THE PRESENT TIME.

TYPE OF INCOME	FIRM OR SOURCE	AMOUNT
YOUR SALARY		
SPOUSE'S SALARY		
OTHER, PLEASE ITEMIZE		

B. IS YOUR SPOUSE EMPLOYED? ☐ YES ☐ NO FIRM NAME AND ADDRESS

C. LIST ALL DEBTS AND OBLIGATIONS WHICH YOU NOW OWE, AND THE INDIVIDUALS OR FIRMS WITH WHOM YOU HAVE CREDIT DEALINGS: (USE PAGE 13, IF NEEDED)

OBLIGATIONS	NAME AND ADDRESS OF CREDITOR	UNPAID BAL.	MO. PYMT.	PAST DUE
MORTGATE/RENT				
AUTO PAYMENT				
	TOTAL			

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, WRITE THE DETAILS ON PAGE 13.

D. HAVE YOU EVER BEEN DELIQUENT IN ANY OF YOUR FINANCIAL OBLIGATIONS? ____YES ____NO

E. HAVE YOU EVER BEEN REFUSED CREDIT? ____ YES ____ NO

F. HAVE YOU OR YOUR SPOUSE EVER HAD A GARNISHMENT OR WAGE ASSESSMENT PLACED AGAINST YOU? ____YES ____NO

G. HAVE YOU, YOU SPOUSE, OR YOUR EX-SPOUSE EVER FILED BANKRUPTCY? ____YES ____NO

H. HAVE YOU EVER HAD YOUR PROPERTY REPOSSESSED? ____YES ____NO

I. HAVE YOU OR YOUR SPOUSE EVER BEEN SUED IN COURT? ____YES ____NO

J. HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES, INJURY, LIBEL, ETC., EITHER WITH OR WITHOUT COURT ACTION? ____YES ____NO

K. HAVE YOU OR YOUR REPRESENTATIVE EVER FILED A LAWSUIT? ____YES ____NO

L. HAVE YOU EVER BEEN EVICTED FROM ANY DWELLING OR APARTMENT HOUSE? ____YES ____NO

7. ARREST HISTORY

A. HAVE YOU EVER BEEN ARRESTED, CHARGED, QUESTIONED, ACCUSED, WARNED, OR DETAINED FOR ANY OFFENSE, OR ALLEGED VIOLATION OF ANY STATUTE, ORDINANCE, LAW, REGULATION BY ANY CIVIL OR MILITARY AUTHORITY, EITHER IN THIS COUNTRY OR ANY OTHER COUNTRY? ____YES ____NO IF YES, DESCRIBE THEM BELOW (INCLUDE DETENTION AS A JUVENILE OR MINOR):

DATE	CHARGE	CITY, COUNTY, STATE	DISPOSITION	POLICE AGENCY

B. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN TRAFFIC?
IF YES, EXPLAIN IN DETAIL:

C. LIST ALL VEHICLES WHICH YOU AND/OR YOUR SPOUSE OWN, LEASE, OR HAVE FOR PERSONAL USE:

YEAR	MAKE	MODEL	LICENSE NUMBER	STATE

WHEN ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, WRITE THE DETAILS ON PAGE 13.

D. WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS (OTHER THAN FOR TRAFFIC)?

E. HAVE ANY RELATIVES OF YOU OR YOUR SPOUSE EVER BEEN ARRESTED, ACCUSED, CONVICTED, OR IMPRISIONED?

8. DRIVING HISTORY

A. LIST ALL DRIVER'S OR CHAUFFEURS LICENSES YOU HOLD NOW, OR HAVE PREVIOUSLY HELD. INDICATE IF YOU HAVE EVER HAD YOUR LICENSE REVOKED OR SUSPENDED.

STATE	TYPE OF LICENSE	EXPIRATION DATE	LICENSE NUMBER	REVOKED OR SUSPENDED

B. HAVE YOU EVER BEEN SENTENCED TO A DRIVER'S IMPROVEMENT SCHOOL? _____YES _____NO

WHEN? WHERE?

C. LIST ALL DRIVING CITATIONS OR SUMMONS YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, BEGINNING WITH THE MOST RECENT.

MONTH/YEAR	CHARGE	CITY AND STATE	DISPOSITION

D. LIST ALL TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED IN THE PAST FIVE YEARS.

DATE	LOCATION

E. GIVE THE NAME AND ADDRESS OF THE INSURANCE COMPANY WITH WHOM YOU NOW HAVE AUTOMOBILE INSURANCE.

F. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE OR HAD YOUR INSURANCE CANCELLED?
IF YES, PLEASE EXPLAIN:

9. GAMBLING

A. WHAT FORMS OF GAMBLING HAVE YOU PARTICIPATED DURING THE PAST FIVE YEARS?

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON PAGE 13.

B. DO YOU NOW, OR HAVE YOUR EVER, HAD ANY GAMBLING DEBTS? ____YES ____NO

C. HAVE YOU EVER USED AN EMPLOYER'S MONEY TO GAMBLE WITH? ____YES ____NO

D. HAVE YOU EVER WORKED FOR A GAMBLING OPERATION, OR BOOKED ANY BETS? ____YES ____NO

10. LIQUOR AND NARCOTICS

A. DO YOU DRINK ALCOHOLIC BEVERAGES? ____YES ____NO	WHAT KIND?	HOW OFTEN?

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON PAGE 13.

B. WAS THERE EVER A PERIOD IN YOUR LIFE WHEN YOU DRANK MORE THAN YOU DO NOW? ____YES ____NO

C. HAVE YOU EVER HAD DIFFICULTY WITH YOUR FAMILY DUE TO DRINKING? ____YES ____NO

D. HAVE YOU EVER RECEIVED TREATMENT FOR ALCOHOLISM OR A DRINKING PROBLEM? ____YES ____NO

E. DO YOU KNOW ANYONE WHO HAS USED NARCOTICS ILLEGALLY? ____YES ____NO

F. HAVE YOU EVER BEEN TREATED FOR DRUG USE OR NARCOTIC ADDICTION? ____YES ____NO

G. HAVE YOU EVER TRIED OR USED A NARCOTIC OR DANGEROUS DRUG WITHOUT A DOCTOR'S PRESCRIPTION? (INCLUDES MARIJUANA, LSD, PEYOTE, HEROIN, OPIUM, ETC.) ____YES ____NO

11. ORGANIZATION MEMBERSHIP

A. LIST ALL CIVIC OR SOCIAL ORGANIZATIONS, FRATERNITIES, CLUBS, BROTHERHOODS, SOCIETIES, OR GROUPS OF WHICH YOU ARE, OR HAVE EVER BEEN A MEMBER OR ASSOCIATE AND FURNISH LOCATION.

NAME OF ORGANIZATION	ADDRESS

B. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR CLUB (INCLUDING THE COMMUNIST PARTY, NAZI PARTY, KU KLUX KLAN, BLACK PANTHER PARTY, MINUTEMEN), OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST, OR SUBVERSIVE, OR 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 OF THE STATE OF MISSOURI, BY AN UNLAWFUL MEANS OR UNCONSTITUTIONAL MEANS? ____YES ____NO

IF YES, EXPLAIN ON PAGE 13.

C. HAVE YOU EVER PARTICIPATED IN ANY PARADE, DEMONSTRATION, STRIKE, PICKET LINE, DELEGATION SPONSORED BY ANY GROUP OR ORGANIZATION? _____YES _____NO IF SO, PLEASE EXPLAIN ON PAGE 13.

12. MILITARY STATUS

A. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE?	SELECTIVE SERVICE #	DRAFT CLASSIFICATION	DATE CLASSIFIED
LOCAL BOARD NUMBER	ADDRESS		

B. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, R.O.T.C. OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? _____YES _____NO. IF THERE WAS MORE THAN ONE PERIOD, LIST LIST THE SEPARATE PERIODS.

MONTH/YEAR	BRANCH OR ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK

C. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT? _____YES _____NO. IF YES, EXPLAIN ON PAGE 13.

D. LIST ALL MILITARY SERIAL NUMBERS:

IF EITHER OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON PAGE 13.

E. WERE YOU EVER REDUCED IN RANK IN THE MILITARY? _____YES _____NO

F. 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 IN THE MILITARY? _____YES _____NO

13. PHYSICAL AND MENTAL CONDITION

A. DESCRIBE ANY PAST OR PRESENT PHYSICAL DEFECTS OR DISABILITIES (INCLUDE THE EXTENT OF DEFECTIVE VISION WITH OR WITHOUT GLASSES, IF ANY, AND DEFICIENCIES IN COLOR VISION OR HEARING). WARNING: ANY OMISSION IS GROUNDS FOR DISQUALIFICATION.

B. HAVE YOU HAD ANY SERIOUS ILLNESSES OR OPERATIONS? _____YES _____NO IF SO, LIST THE DATES AND EXTENT OF EACH:

C. HOW MANY DAYS HAVE YOU LOST FROM WORK OR SCHOOL IN THE PAST TWELVE (12) MONTHS?

WHY?

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE EXPLAIN ON PAGE 13.

D. HAVE YOU EVER SUFFERED FROM OR BEEN TREATED FOR A NERVOUS BREAKDOWN OR MENTAL CONDITION? ____YES ____NO

E. HAVE YOU EVER ATTEMPTED SUICIDE? ____YES ____NO

F. WERE YOU EVER DISCHARGED OR RELEASED FROM ANY EMPLOYMENT FOR POOR HEALTH OR A PHYSICAL OR MENTAL DISABILITY? ____YES ____NO

G. DO YOU OR ANY MEMBERS OF YOUR FAMILY HAVE ANY SERIOUS HEALTH PROBLEMS? ____YES ____NO

H. HAVE YOU EVER BEEN HOSPITALIZED (INCLUDE TIME IN MENTAL INSTITUTIONS)? IF SO, PLEASE LIST BELOW. ____YES ____NO

LIST THE PLACES, DATES, AND ILLNESSES BELOW:

MONTH/YEAR	HOSPITAL, INJURY/ILLNESS, LOCATION

I. DO YOU HAVE ANY DEFORMITY OR DISABILITY WHICH IS NOT READILY VISIBLE OR NOTICEABLE? _____YES _____NO
IF YES, GIVE DETAILS.

USE THIS SHEET FOR ANY ADDITIONAL INFORMATION, LIST QUESTION NUMBERS TO WHICH THE ADDITIONAL INFORMATION APPLIES, PUT YOUR INITIALS AT THE END OF EACH ITEM AND SIGN YOUR NAME AT THE BOTTOM OF THE PAGE.

QUESTION #	ADDITIONAL INFORMATION

PERSONAL HISTORY QUESTIONNAIRE-UNIVERSITY CITY POLICE DEPARTMENT INITIALS_____

UNIVERSITY CITY POLICE DEPARTMENT
6801 DELMAR BOULEVARD
UNIVERSITY CITY, MO. 63130

CERTIFICATE OF APPLICANT
AUTHORIZATION FOR RELEASE OF INFORMATION

(READ CAREFULLY BEFORE SIGNING)

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 AND BELIEF. I UNDERSTAND AND AGREE THAT ANY MIS-STATEMENTS OR OMISSION OF MATERIAL FACTS WILL CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO EMPLOYMENT AS A POLICE OFFICER IN THE CITY OF UNIVERSITY CITY.

I HEREBY AUTHORIZE ALL LAW ENFORCEMENT AGENCIES, THE VETERANS ADMINISTRATION, U.S. ARMY, U.S. NAVY, U.S. AIR FORCE, U.S. MARINE CORPS, 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 ALL AND ANY AVAILABLE INFORMATION REGARDING ME IN ORDER THAT HE/SHE MAY DETERMINE MY SUITABILITY FOR POLICE WORK.

I AUTHORIZE THE HOLDER OF THIS RELEASE TO MAKE INQUIRY OF MY PRESENT AND PAST EMPLOYERS REGARDING MY CHARACTER, INTEGRITY, AND REPUTATION.

I AUTHORIZE THE RELEASE OF ANY AND ALL INFORMATION REGARDING MY EMPLOYMENT, CREDIT, MEDICAL HISTORY, 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 FOR ANY DAMAGE WHATSOEVER THAT MAY ISSUE FROM FURNISHING SUCH INFORMATION TO THE HOLDER OF THIS RELEASE.

A PHOTOSTATIC OR XEROX COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

_____ _____
SIGNATURE OF APPLICANT DATE

*THIS QUESTIONNAIRE, YOUR APPLICATION, AND ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE CITY OF UNIVERSITY CITY POLICE DEPARTMENT AND WILL NOT BE RETURNED.

PERSONAL HISTORY QUESTIONNAIRE UNIVERSITY CITY POLICE DEPARTMENT INITIALS_____

REPORT OF MEDICAL HISTORY PLEASE COMPLETE THIS FORM CAREFULLY AND NEATLY. IT MAY BE USED AS PART OF A PHYSICAL EXAMINATION. THIS HISTORY IS FOR OFFICIAL USE AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS.	OFFICIAL USE ONLY: MEDICAL EXAM APPOINTMENT DATE: _____ TIME_____ PLACE: _____
1. MR. LAST NAME FIRST MIDDLE (MAIDEN) MISS MRS.	2. HOME ADDRESS (STREET, STATE, ZIP)

3. D.O.B.	4. AGE	5. OCCUPATION	6. WHAT IS THE MOST YOU HAVE EVER WEIGHED (STRIPPED)? WHEN?

7. HAVE YOU EVER HAD OR HAVE NOW (CHECK YES OR NO)?

	Y	N		Y	N		Y	N		Y	N
TUBERCULOSIS			HIGH BLOOD PRESSURE			RUPTURE			CHEST PAIN		
MALARIA			LOW BLOOD PRESSURE			VENEREAL DISEASE			PALPITATION		
DYSENTERY			ABNORMAL BLEEDING			EPILEPSY			LEG CRAMPS		
FREQUENT COLDS			ABNORMAL BRUISING			CANCER			JAUNDICE		
ASTHMA			DIABETES			CYST/TUMOR			BOILS		
CHRONIC COUGH			ALCOHOLISM			FLAT FEET			ARTHRITIS		
SINUS TROUBLE			CONVULSIONS			VARICOSE VEINS			LAMENESS		
HAY FEVER			HEADACHES			APPENDICITIS			NEURITIS		
ALLERGIES			DIZZINESS			FAINTING			MUMPS		
RHEUMATISM			KIDNEY TROUBLE			PARALYSIS			SCARLET FEVER		
STOMACH/ INTESTINAL TROUBLE			PROSTRATE TROUBLE			DRUG OR NARCOTIC HABIT			GALL BLADDER TROUBLE		
CONSTIPATION			DRAINING EARS			RHEUMATIC FEVER			PNEUMONIA		
BLOOD IN STOOL			DEAFNESS			BROKEN BONES			AMNESIA		
HEMORRHOIDS			EYE INFECTION			JOINT TROUBLE			BACK TROUBLE		
HEART TROUBLE			IMPAIRED VISION			GOITER			NERVOUSNESS		
BEDWETTING AFTER SIX YEARS OF AGE						FEMALE DISORDERS			MENINGITIS		
FREQUENT OR PAINFUL URINATION						RECENT LOSS OR GAIN OF WEIGHT					
SUGAR OR ALBUMIN IN URINE						SEVERE EYE, EAR, NOSE, OR THROAT TROUBLE					

ANSWER QUESTIONS BELOW YES OR NO. IF ANSWER IS YES, DESCRIBE AND GIVE AGE AT WHICH OCCURRED ON BACK OF THIS FORM.

8. HAVE YOU HAD ILLNESS OR INJURY, ACCIDENTS OTHER THAN THOSE LISTED ABOVE?
9. HAVE YOU EVER BEEN ADVISED TO HAVE AN OPERATION?
10. HAVE YOU EVER BEEN A PATIENT IN A HOSPITAL OR SANITARIUM?
11. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH?
12. HAVE YOU EVER BEEN DISQUALIFIED FOR DUTY IN OR DISCHARGED FROM THE ARMED FORCES FOR PHYSICAL, MENTAL, OR ANY REASON?
13. HAVE YOU EVER RECEIVED, APPLIED FOR, IS THERE PENDING, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR ANY PAST DISABILITY?

14. SIGNATURE_____ DATE_____

DO NOT WRITE BELOW THIS LINE

15. SUMMARY OF HISTORY AND ADDITIONAL HISTORY, (TO BE SUPPLIED BY PHYSICIAN OR EXAMINER)

CITY OF UNIVERSITY CITY
Applicant Survey - Voluntary Disclosure

TO ALL APPLICANTS:

The following information is not used in hiring decisions, but the information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in the validation of our selection methods. This information is stored separately from your application.

INSTRUCTIONS: Place your numbered answer to each question in the box indicated by the arrow.

A. What sex are you? → ☐
1. Male
2. Female

B. Of what ethnic group do you consider yourself a member? → ☐
1. White
2. Black
3. American Indian or Alaskan Native
4. Hispanic
5. Asian or Pacific Islander
6. Other

C. Are you able to perform the essential functions of the position with or without a reasonable accommodation? → ☐
1. Yes
2. No

D. Are you a disabled or Vietnam Era veteran? → ☐
1. Yes
2. No

E. How did you learn about jobs at University City? → ☐
1. Walk in – no referral
2. Referral from one of our employees
3. Referral from Missouri State Employment Service
4. Responding to a newspaper ad
5. Website
6. Other

_____
Position for which you are now applying

_____
Date