

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: REQUIRED OF ALL APPLICANTS:

REQUIRED, IF APPLICABLE:

(COPIES)

_____ HIGH SCHOOL DIPLOMA/STATE
EQUIVALENCY CERTIFICATE

_____ 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

PERSONAL HISTORY QUESTIONNAIRE-UNIVERSITY CITY POLICE DEPARTMENT INITIALS _____

A. OVER 21 YEARS OF AGE?	B. DO YOU HAVE A VALID DRIVER'S LICENSE? <i>Candidate may be required to show proof of valid driver's license upon a conditional offer of employment. Candidate required to possess a valid driver's license by date of employment.</i>					
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C. LIST ANY OTHER NAMES YOU HAVE USED, INCLUDING NICKNAMES:

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

In compliance with Federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility document form upon hire.

E. 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

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

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?

H. AN EMPLOYEE OF THE DEPARTMENT WORKS A MINIMUM EIGHT-HOUR DAY, FIVE DAYS A WEEK, 52 WEEKS PER YEAR WHICH MAY INCLUDE NIGHTS, WEEKENDS, AND/OR HOLIDAYS. ARE YOU ABLE TO MEET THESE REQUIREMENTS?

YES _____ NO _____.

2. 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	

3. 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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN.						
4. EMPLOYMENT HISTORY						
A. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> 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?			
D. HAVE YOU EVER APPLIED FOR A POSITION WITH THIS POLICE DEPARTMENT OR OTHER POLICE DEPARTMENTS?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE ANSWER THE FOLLOWING:			
MONTH/DATE	POSITION	DEPARTMENT/AGENCY	WHAT WAS THE DISPOSITION?

PERSONAL HISTORY QUESTIONNAIRE-UNIVERSITY CITY POLICE DEPARTMENT INITIALS_____

5. FINANCE

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

- A. HAVE YOU EVER BEEN DELINQUENT IN ANY OF YOUR FINANCIAL OBLIGATIONS? YES NO
- B. HAVE YOU EVER BEEN REFUSED CREDIT? YES NO
- C. HAVE YOU OR YOUR SPOUSE EVER HAD A GARNISHMENT OR WAGE ASSESSMENT PLACED AGAINST YOU? YES NO
- D. HAVE YOU, EVER FILED BANKRUPTCY? YES NO
- E. HAVE YOU EVER HAD YOUR PROPERTY REPOSSESSED? YES NO
- F. DO YOU HAVE ANY LIENS OR ENCUMBRANCES ON YOUR PERSONAL PROPERTY? YES NO
- G. HAVE YOU OR YOUR SPOUSE EVER BEEN SUED IN COURT? YES NO
- H. HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES, INJURY, LIBEL, ETC., EITHER WITH OR WITHOUT COURT ACTION? YES NO
- I. HAVE YOU OR YOUR REPRESENTATIVE EVER FILED A LAWSUIT? YES NO
- J. HAVE YOU EVER BEEN EVICTED FROM ANY DWELLING OR APARTMENT HOUSE? YES NO

6. 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:

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 SUPOENA OR SUMMONS (OTHER THAN FOR TRAFFIC)?
- E. HAVE ANY RELATIVES OF YOU OR YOUR SPOUSE EVER BEEN ARRESTED, ACCUSED, CONVICTED, OR IMPRISONED?

7. 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

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

DATE	LOCATION

8. NARCOTICS

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

A. DO YOU NOW OR HAVE YOU EVER TRIED OR USED
ILLEGAL DRUGS WITHOUT A DOCTOR'S PRESCRIPTION?
(INCLUDING MARIJUANA, LSD, PEYOTE, HEROIN, OPIUM,
ETC.)

___ YES ___ NO

B. HAVE YOU EVER BEEN ARRESTED FOR USING
ILLEGAL DRUGS?

___ YES ___ NO

PERSONAL HISTORY QUESTIONNAIRE-UNIVERSITY CITY POLICE DEPARTMENT

INITIALS _____

9. 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 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		

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

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_____