

City of Frontenac Police Department

10555 Clayton Road, Frontenac, Missouri 63131

314-994-9300



PERSONAL HISTORY QUESTIONNAIRE FOR CIVILIAN AND POLICE OFFICER CANDIDATES

The City of Frontenac resolves that, subject to all applicable State and Federal statutory or judicial exemptions, all qualified applicants for employment and/or advancement shall be given equal opportunity for consideration, selection, appointment and retention, regardless of race, color, religion, sex, gender identity, sexual orientation, pregnancy, national origin, age, disability or political affiliation.

AN EQUAL OPPORTUNITY EMPLOYER

www.cityoffrontenac.org

**City of Frontenac, Missouri
10555 Clayton Road
Frontenac, Missouri 63131**

**CERTIFICATE OF APPLICANT AND
AUTHORIZATION FOR RELEASE OF INFORMATION**

LAST NAME	FIRST NAME	MIDDLE NAME
SSN	DATE OF BIRTH	APPLICANT # (completed by Personnel Services Unit)

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 Frontenac.

The intent of this authorization is to make available a full and complete disclosure of any and all information pertaining to my person; therefore, I do hereby authorize all present or past employers, all law enforcement agencies, all military agencies, the Veterans Administration, the U.S. Army, U.S. Air Force, U.S. Coast Guard, all Federal, State or local government agencies, State and Federal tax bureaus, all credit bureaus including Experian, TransUnion, and Equifax, schools, insurance companies and universities to furnish the City of Frontenac with any and all available information regarding my past or present performance, conduct or behavior. I further authorize the release of any punitive or disciplinary action, or memorandum, to the City of Frontenac in order that the information be evaluated to assist in the determination of my suitability for employment.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal and business life for the specific purpose of conducting a pre-employment background investigation.

I authorize the City of Frontenac to make an inquiry and gather any documents of my present and past employers regarding my character, integrity, reputation and performance.

I authorize the release of any and all of the aforelisted information regarding my person, employment, credit or any other aspect, whether personal or otherwise, that may or may not be in their written records.

I understand that all materials pertaining to this background investigation become the property of the City of Frontenac and will not be made available or returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented, along with the company or organization therein from any and all claims, damages, losses and expenses, including reasonable attorney's fees arising out of complying with this request.

I understand that in the event my application is disapproved, the sources of information obtained are confidential and cannot be revealed to me.

A copy of this authorization will be considered as effective and valid as the original, even though the copy does not contain an original writing of my signature.

Signature: _____

Address: _____ City: _____

State: _____ Zip: _____ Cell Phone #: _____

I. PERSONAL DATA

<i>FULL NAME</i>	LAST	FIRST	MIDDLE	HOME PHONE
<i>ADDRESS</i>	NUMBER	STREET	CITY	STATE ZIP CODE CELL PHONE
<i>PERMANENT ADDRESS</i>	NUMBER	STREET	CITY	STATE ZIP CODE HOME PHONE
AGE	HEIGHT	WEIGHT	HAIR	EYES DATE OF BIRTH PLACE OF BIRTH
E-MAIL ADDRESS		SOCIAL SECURITY NUMBER		OPERATOR'S LICENSE NUMBER STATE ISSUED

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 (10) 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 WITHIN THE LAST SIX MONTHS?

IF "YES", LIST BELOW: ☐ Yes ☐ No

DATE	ORGANIZATION/FIRM NAME	ADDRESS/ZIP CODE	POSITION APPLIED FOR	STATUS OF APPLICATION

G. ARE YOU ACQUAINTED WITH ANY FRONTENAC POLICE DEPARTMENT EMPLOYEES?

IF "YES", LIST NAMES BELOW: ☐ Yes ☐ No

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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 (4) CHARACTER REFERENCES, TWO OF WHOM 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
BUSINESS NAME AND ADDRESS	OCCUPATION	

2. NAME		PHONE NUMBER		YEARS ACQUAINTED	
RESIDENCE ADDRESS		CITY		STATE	
BUSINESS NAME AND ADDRESS		CITY		STATE	
BUSINESS NAME AND ADDRESS		CITY		STATE	
3. NAME		PHONE NUMBER		YEARS ACQUAINTED	
RESIDENCE ADDRESS		CITY		STATE	
BUSINESS NAME AND ADDRESS		CITY		STATE	
BUSINESS NAME AND ADDRESS		CITY		STATE	
4. NAME		PHONE NUMBER		YEARS ACQUAINTED	
RESIDENCE ADDRESS		CITY		STATE	
BUSINESS NAME AND ADDRESS		CITY		STATE	
BUSINESS NAME AND ADDRESS		CITY		STATE	

III. ARREST HISTORY

A. 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 OR IN ANY FOREIGN COUNTRY? IF "YES", DESCRIBE BELOW AND EXPLAIN IN FULL DETAIL ON PAGE 5 .				<input type="checkbox"/> Yes <input type="checkbox"/> No	
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? IF "YES", EXPLAIN IN FULL DETAIL ON PAGE 5.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR FORMER OR CURRENT RESIDENCES FOR ANY REASON? IF "YES", EXPLAIN IN FULL DETAIL ON PAGE 5.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED CRIME, INCLUDING THE BUYING OR SELLING OF ILLICIT DRUGS? IF "YES", EXPLAIN IN FULL DETAIL ON PAGE 5.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW? IF "YES", EXPLAIN IN FULL DETAIL ON PAGE 5.				<input type="checkbox"/> Yes <input type="checkbox"/> No	

IV. EDUCATION AND SKILLS

A. DO YOU HAVE (CHECK APPROPRIATE BOXES):						
<input type="checkbox"/> 64-119 COLLEGE CREDITS <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> POST GRADUATE DEGREE						
B. STARTING WITH THE MOST RECENT, LIST ALL ELEMENTARY, HIGH SCHOOL, COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED:						
MONTH & YEAR ATTENDED		NAME AND LOCATION (STREET, CITY, STATE, ZIP)	# CREDITS COMPLETED	TYPE OF DEGREE	MAJOR	YEAR OF DEGREE
FROM	TO					

C. STUDENT ASSOCIATIONS/ACTIVITIES:

D. HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO LEAVE ANY SCHOOL FOR DISCIPLINARY REASONS? IF "YES", EXPLAIN IN FULL DETAIL ON PAGE 5.

☐ Yes ☐ No

E. HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION? IF "YES", EXPLAIN IN FULL DETAIL ON PAGE 5.

☐ Yes ☐ No

F. ARE YOU A GRADUATE OF OR CURRENTLY ATTENDING A CERTIFIED POLICE ACADEMY OR LAW ENFORCEMENT TRAINING PROGRAM? IF "YES", LIST THE ACADEMY YOU ATTEND/ATTENDED, GRADUATION DATE, AND MISSOURI POST# (IF ASSIGNED) ON PAGE #5:

☐ Yes ☐ No

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:

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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 PAGE . IF YOU ARE PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER?

☐ Yes ☐ Not at this time

1. EMPLOYER		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER
DATES EMPLOYED FROM: TO:		HOURLY OR ANNUAL SALARY	JOB TITLE
WORK PERFORMED		SUPERVISOR	CO-WORKER
REASON FOR LEAVING			
2. EMPLOYER		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER
DATES EMPLOYED FROM: TO:		HOURLY OR ANNUAL SALARY	JOB TITLE
WORK PERFORMED		SUPERVISOR	CO-WORKER
REASON FOR LEAVING			
3. EMPLOYER		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER
DATES EMPLOYED FROM: TO:		HOURLY OR ANNUAL SALARY	JOB TITLE
WORK PERFORMED		SUPERVISOR	CO-WORKER
REASON FOR LEAVING			

CONFIDENTIAL			
4. EMPLOYER		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER
DATES EMPLOYED FROM: _____ TO: _____		HOURLY OR ANNUAL SALARY	JOB TITLE
WORK PERFORMED		SUPERVISOR	CO-WORKER
REASON FOR LEAVING			
B. HAVE YOU EVER BEEN DISMISSED, FIRED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? IF "YES", EXPLAIN IN FULL DETAIL ON PAGE 5.			<input type="checkbox"/> Yes <input type="checkbox"/> No
C. HAVE YOU EVER STOLEN ANY MONEY OR MERCHANDISE FROM ANY PLACE OF EMPLOYMENT? INCLUDE FINAL DISPOSITION OF ALL ITEMS (I.E., SOLD, RETAINED FOR PERSONAL USE, RETURNED, ETC.) IF "YES", EXPLAIN IN FULL DETAIL ON PAGE 5.			<input type="checkbox"/> Yes <input type="checkbox"/> No
D. HAVE YOU HAD ANY COMPLAINTS, DISCIPLINARY ACTIONS, OR INTERNAL INVESTIGATIONS WHILE EMPLOYED WITH ANY OTHER LAW ENFORCEMENT AGENCY? IF "YES", EXPLAIN IN FULL DETAIL IN PAGE 5.			<input type="checkbox"/> Yes <input type="checkbox"/> No
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? IF "YES", EXPLAIN:			<input type="checkbox"/> Yes <input type="checkbox"/> No
C. LIST ALL DRIVING CITATIONS/TICKETS OR SUMMONSES YOU HAVE RECEIVED IN THE PAST 10 YEARS, 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
D. LIST ALL VEHICLES WHICH YOU OWN, LEASE OR HAVE FOR YOUR PERSONAL USE (INCLUDE MOTORCYCLES).			
YEAR	MAKE	MODEL	VEHICLE LICENSE NUMBER
E. HOW MANY TRAFFIC ACCIDENTS HAVE YOU BEEN INVOLVED IN DURING THE PAST THREE YEARS? GIVE DATES AND EXPLAIN CIRCUMSTANCES OF EACH. USE ADDITIONAL SPACE ON PAGE 5 IF NECESSARY.			
DATE	CIRCUMSTANCES		
DATE	CIRCUMSTANCES		

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

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