

EDUCATION AND TRAINING

PROVIDE REQUESTED INFORMATION FOR ALL EDUCATION AND TRAINING INCLUDING HIGH SCHOOL, COLLEGE, VOCATIONAL SCHOOL AND POLICE ACADEMIES ATTENDED:

<u>SCHOOL NAME</u>	<u>LOCATION</u>	<u>MAJOR/MINOR COURSE NAME</u>	<u>DEGREE/ HOURS</u>	<u>DATES ATTENDED MO/YR TO MO/YR</u>
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____
_____	_____	_____	_____	_____ to _____

LAW VIOLATION REPORT

PROVIDE REQUESTED INFORMATION FOR VIOLATIONS OF ANY LAW, ORDINANCE OR REGULATION (INCLUDING TRAFFIC), IN WHICH YOU WERE ARRESTED, CHARGED, CITED, TICKETED OR DETAINED:

<u>DATE</u>	<u>CHARGE</u>	<u>LOCATION/AGENCY</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORK EXPERIENCE

BEGIN WITH YOUR CURRENT OR LAST EMPLOYER AND LIST THEM IN REVERSE ORDER:

1. CURRENT OR LAST EMPLOYER: _____

ADDRESS: _____ **TELEPHONE NUMBER:** _____

JOB TITLE: _____ **DUTIES:** _____

STARTING SALARY: _____ **ENDING SALARY:** _____ **SUPERVISOR:** _____

DATE EMPLOYED: _____ **DATE SEPERATED:** _____ **REASON FOR LEAVING** _____

2. CURRENT OR LAST EMPLOYER: _____

ADDRESS: _____ **TELEPHONE NUMBER:** _____

JOB TITLE: _____ **DUTIES:** _____

STARTING SALARY: _____ **ENDING SALARY:** _____ **SUPERVISOR:** _____

DATE EMPLOYED: _____ **DATE SEPERATED:** _____ **REASON FOR LEAVING** _____

3. CURRENT OR LAST EMPLOYER: _____

ADDRESS: _____ **TELEPHONE NUMBER:** _____

JOB TITLE: _____ **DUTIES:** _____

STARTING SALARY: _____ **ENDING SALARY:** _____ **SUPERVISOR:** _____

DATE EMPLOYED: _____ **DATE SEPERATED:** _____ **REASON FOR LEAVING** _____

4. CURRENT OR LAST EMPLOYER: _____

ADDRESS: _____ **TELEPHONE NUMBER:** _____

JOB TITLE: _____ **DUTIES:** _____

STARTING SALARY: _____ **ENDING SALARY:** _____ **SUPERVISOR:** _____

DATE EMPLOYED: _____ **DATE SEPERATED:** _____ **REASON FOR LEAVING** _____

WORK EXPERIENCE (CONT)

5. CURRENT OR LAST EMPLOYER: _____

ADDRESS: _____ TELEPHONE NUMBER: _____

JOB TITLE: _____ DUTIES: _____

STARTING SALARY: _____ ENDING SALARY: _____ SUPERVISOR: _____

DATE EMPLOYED: _____ DATE SEPERATED: _____ REASON FOR LEAVING _____

6. CURRENT OR LAST EMPLOYER: _____

ADDRESS: _____ TELEPHONE NUMBER: _____

JOB TITLE: _____ DUTIES: _____

STARTING SALARY: _____ ENDING SALARY: _____ SUPERVISOR: _____

DATE EMPLOYED: _____ DATE SEPERATED: _____ REASON FOR LEAVING _____

7. CURRENT OR LAST EMPLOYER: _____

ADDRESS: _____ TELEPHONE NUMBER: _____

JOB TITLE: _____ DUTIES: _____

STARTING SALARY: _____ ENDING SALARY: _____ SUPERVISOR: _____

DATE EMPLOYED: _____ DATE SEPERATED: _____ REASON FOR LEAVING _____

8. CURRENT OR LAST EMPLOYER: _____

ADDRESS: _____ TELEPHONE NUMBER: _____

JOB TITLE: _____ DUTIES: _____

STARTING SALARY: _____ ENDING SALARY: _____ SUPERVISOR: _____

DATE EMPLOYED: _____ DATE SEPERATED: _____ REASON FOR LEAVING _____

CAPE GIRARDEAU COUNTY SHEIRFF'S OFFICE
APPLICANT BACKGROUND INFORMATION

INSTRUCTIONS

1. USE INK AND PRINT CLEARLY IN YOUR OWN HANDWRITING (UNLESS FILLING OUT ONLINE)
2. COMPLETE ALL SECTIONS. IF A SECTION DOES NOT APPLY TO YOU, WRITE "N/A"
3. IF MORE SPACE IS NEEDED TO COMPLETE A SECTION, OR IF YOU ANSWER YES TO ANY YES/NO QUESTIONS, USE SECTION K TO CONTINUE AND/OR EXPLAIN YOUR ANSWER. (REFER TO SECTION NUMBER OF THE QUESTION YOU ARE EXPLAINING).

NAME: _____ BLOOD TYPE: _____
 LAST FIRST MIDDLE

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

ADDRESS: _____
 STREET CITY STATE ZIP

TELEPHONE: (____) _____ - _____ ALTERNATE CONTACT NUMBER (____) _____ - _____

A. MISCELLANEOUS

1. LIST ALL NAMES (OTHER THAN ABOVE) THAT YOU HAVE EVER USED:

2. STARTING WITH YOUR CURRENT ADDRESS, LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST 10 YEARS (INCLUDING MILITARY ADDRESSES):

<u>DATES</u> <u>FROM-TO</u>	<u>ADDRESS</u>	<u>CITY/STATE</u>	<u>LANDLORD</u> <u>NAME/PHONE NUMBER:</u>
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MISCELLANEOUS (CONT)

- 3. IF REQUIRED TO SHOOT SOMEONE IN THE COURSE OF YOUR DUTIES, WOULD YOU BE RELUCTANT TO DO SO FOR ANY REASON? (Deputy Sheriff only) YES ___ NO ___
- 4. HAVE YOU EVER BEEN SERVED A CIVIL OR CRIMINAL SUBPOENA? YES ___ NO ___
- 5. WERE YOU EVER CHARGED WITH ANY VIOLATION OF THE LAW AS A JUVENILE? YES ___ NO ___
- 6. WERE YOU EVER SUSPENDED, EXPELLED FROM, OR ASKED TO LEAVE SCHOOL FOR ANY REASON? YES ___ NO ___
- 7. WERE YOU EVER DISMISSED FROM A JOB OR ALLOWED TO RESIGN TO AVOID DISMISSAL? YES ___ NO ___
- 8. WERE YOU EVER DISCIPLINED BY ANY EMPLOYER? YES ___ NO ___
- 9. LIST ANY JOB APPLICATIONS THAT YOU HAVE EVER FILED WITH A LAW ENFORCEMENT AGENCY AND APPLICATION FILED WITH ANY OTHER EMPLOYERS THAT ARE CURRENT OR THAT YOU HAVE FILED WITHIN THE PAST 6 MONTHS: YES ___ NO ___

DATE FILED	AGENCY/EMPLOYER	JOB APPLIED FOR	DISPOSITION
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B. FAMILY

- 1. MARITAL STATUS: SINGLE ___ ENGAGED ___ MARRIED ___ SEPERATED ___ WIDOWED ___ DIVORCED ___

- 2. PROVIDE INFORMATON FOR ALL MARRIAGES (PAST AND PRESENT):

<u>SPOUSE</u> <u>NAME</u>	<u>DATE</u> <u>MARRIED</u>	<u>STATUS</u>	<u>DATE OF</u> <u>ORDER</u>	<u>LOCAITON</u> <u>COUNTY/STATE</u>	<u>REASON</u>
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- 3. ARE YOU LIVING WITH PARENTS, SIBLINGS OR IN-LAWS? YES ___ NO ___

REFERENCES

1. LIST THREE CHARACTER REFERENCE (NO RELATIVES) WHO HAVE KNOWN YOU WELL FOR AT LEAST TWO YEARS:

<u>NAME</u>	<u>YEARS KNOWN</u>	<u>HOME PHONE</u>	<u>WORK PHONE</u>
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2. ARE YOU ACQUAINTED WITH ANY SHERIFF OFFICE EMPLOYEES? YES ____ NO ____

D. FREE TIME ACTIVITIES

1. LIST YOUR RECREATION AND SOCIAL ACTIVITIES: _____

2. LIST ALL ORGANIZATIONS OF WHICH YOU ARE OR EVER HAVE BEEN A MEMBER:

<u>NAME OF ORGANIZATION</u>	<u>LOCATION</u>
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3. HAVE YOU EVER PARTICIPATED IN ANY DEMONSTRATION, STRIKE OR PICKET LINE SPONSORED BY ANY ORGANIZATION? YES ____ NO ____

4. HAVE YOU EVER BEEN A MEMBER OF ANY ACTIVIST GROUP, COMMUNIST PARTY, AMERICAN NAZI PARTY, KU KLUX KLAN, STUDENTS FOR A DEMOCRATIC SOCIETY, MINUTEMEN, STREET GANG OR ANY SIMILAR ORGANIZATION? YES ____ NO ____

5. HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC GROUP OR ORGANIZATION WHICH IS A TOTALITARIAN, FASCISTS, COMMUNIST OR SUBVERSIVE OR WHICH ADVOCATES THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSON THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF MISSOURI OR THE STATE OF MISSOURI BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS? YES ____ NO ____

E. DRIVING HISTORY

1. BEGINNING WITH YOUR CURRENT, LIST ALL DRIVERS LICENSES YOU HAVE EVER HAD:

STATE LICENSE # ISSUE DATE EXPIRATION DATE EVER SUSPENDED/REVOKED?

2. WERE YOU EVER SENTENCED TO A DRIVER IMPROVEMENT SCHOOL? YES ____ NO ____

3. LIST ALL TRAFFIC ACCIDENTS YOU HAVE BEEN INVOLVED IN OVER THE PAST 5 YEARS:

DATE LOCATION

4. PROVIDE THE NAME OF YOUR AUTOMOBILE INSURANCE COMPANY AND AGENT(S) NAME:

5. HAVE YOU EVER BEEN DENIED INSURANCE OR HAD IT CANCELLED? YES ____ NO ____

F. FINANCIAL STATUS

1. LIST YOUR CURRENT SOURCES OF INCOME:

INCOME SOURCE/COMPANY ANNUAL AMOUNT

YOUR SALARY: _____

SPOUSE'S SALARY: _____

OTHER: _____

OTHER: _____

FINANCIAL (CONT)

2. LIST ALL DEBTS, INCLUDING RENT THAT YOU NOW PAY, INCLUDING CREDIT CARD DEBTS, CAR PAYMENTS ETC. TYPE OF PAYMENT REFERS TO WHETHER IT IS CAR, HOUSE, CREDIT CARD, ETC:

<u>TYPE OF PAYMENT</u>	<u>NAME/ADDRESS OF CREDITOR</u>	<u>UNPAID BALANCE</u>	<u>MONTHLY PAYMENT</u>

3. LIST ALL VEHICLES YOU OR YOUR SPOUSE OWN, LEASE OR USE FOR YOUR PERSONAL USE:

YEAR	MAKE	MODEL	LICENSE # AND STATE

PERTAINING TO YOU, YOUR SPOUSE AND EX-SPOUSE(S), HAVE YOU EVER:

- A. BEEN DELIQUENT IN A FINANCIAL OBLIGATION? YES ___ NO ___**
- B. BEEN REFUSED CREDIT? YES ___ NO ___**
- C. HAD A WAGE GARNISHMENT PLACED AGAINST YOU? YES ___ NO ___**
- D. HAD ANY PROPERTY REPOSSESSED? YES ___ NO ___**
- E. BEEN EVICTED FROM ANY DWELLING? YES ___ NO ___**
- F. FILED BANKRUPTCY? YES ___ NO ___**
- G. BEEN SUED IN COURT? YES ___ NO ___**
- H. FILED OR HAD A REPRESENTATIVE FILE A LAWSUIT? YES ___ NO ___**
- I. RECEIVED A PAYMENT IN SETTLEMENT FOR DAMAGE, INJURY, LIBEL, ETC, EITHER WITH OR WITHOUT COURT ACTION? YES ___ NO ___**

G. MILITARY STATUS

1. LIST MILITARY EXPERIENCE:

<u>BRANCH OF MILITARY</u>	<u>ENTRY DATE</u>	<u>DISCHARGE DATE</u>	<u>DISCHARGE TYPE</u>	<u>SERIAL#</u>	<u>RANK</u>
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2. WHAT IS YOUR SELECTIVE SERVICE NUMBER? _____

3. WERE YOU EVER REDUCED IN RANK IN THE MILITARY? _____

4. HAVE YOU EVER SERVED IN A FOREIGN GOVERNMENT MILITARY? _____

5 WERE YOU EVER COURT MARTIALED, TRIED ON CHARGES OR SUBJECT TO SUMMARY COURT, DECK COURT, CAPTAIN'S MAST, COMPANY PUNISHMENT, OR ANY OTHER DISCIPLINARY PUNISHMENT IN THE MILITARY? _____

H. ALCOHOL/DRUGS/GAMBLING

1. ALCOHOL:

A. DO YOU DRINK ALCOHOLIC BEVERAGS? YES ____ NO ____

B. HAVE YOU EVER DRANK MORE ALCOHOLIC BEVERAGES THAN YOU DO NOW? YES ____ NO ____

2. DRUGS:

A. DO YOU USE NARCOTICS OR ILLEGAL DRUGS? YES ____ NO ____

B. HAVE YOU EVER USED NARCOTIC OR ILLIEGAL DRUGS? YES ____ NO ____

3. GAMBLING:

A. DO YOU PARTICIPATE IN GAMBLING? YES ____ NO ____

B. HAVE YOU EVER GAMBLED MORE THAN YOU DO NOW? YES ____ NO ____

C. HAVE YOU EVER HAD GAMBLING DEBTS? YES ____ NO ____

D. HAVE YOU EVER GAMBLED WITH AN EMLOYER'S MONEY OR WITH BORROWED MONEY? YES ____ NO ____

E. HAVE YOU EVER WORKED FOR A GAMBLING OPERATION OR BOOKED BETS? YES ____ NO ____

ALCOHOL/DRUGS/GAMBLING (CONT)

4. IN REFERENCE TO ALCOHOL, DRUGS OR GAMBLING, HAVE YOU EVER:

- A. HAD ANY FAMILY PROBLEMS RELATED TO THESE ITEMS? YES ____ NO ____
- B. RECEIVED TREATMENT FOR DEPENDENCY OR PROBLEM USE? YES ____ NO ____
- C. KNOWN OTHERS WHO GAMBLED OR USED ALCOHOL/DRUGS ILLEGALLY?
YES ____ NO ____

I. DOCUMENTS AND CERTIFICATES

WHERE APPLICABLE, ATTACH COPIES OF THE FOLLOWING DOCUMENTS TO THIS APPLICATION:

1. BIRTH CERTIFICATE
 2. DRIVER'S LICENSE
 3. POLICE ACADEMY CERTIFICATE AND POST CERTIFICATE
 4. HIGH SCHOOL DIPLOMA (OR GED) AND TRANSCRIPT OF GRADES
 5. COLLEGE DIPLOMA AND TRANSCRIPT OF GRADES
 6. TRAINING CERTIFICATES
 7. NATURALIZATION PAPERS
 8. ADOPTION PAPERS
 9. MILITARY CERTIFICATE OF SERVICE AND DISCHARGE PAPERS
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J. ADDITIONAL INFORMATION

USE THIS SECTION TO:

1. COMPLETE A PREVIOUS SECTION WHERE YOU DIDN'T HAVE ENOUGH ROOM.
2. EXPLAIN ANY "YES" ANSWER TO A "YES/NO" QUESTION.
3. PROVIDE ANY ADDITIONAL INFORMATION THAT YOU FEEL IS RELEVANT TO YOUR APPLICATION.

SECTION AND
QUESTION #

ADDITIONAL INFORMATION/EXPLANATION

NOTE: IT IS *VERY IMPORTANT* THAT EACH QUESTION IN EVERY SECTION IS ANSWERED. IF A PARTICULAR SECTION DOES NOT PERTAIN TO YOU, THAT SECTION OR QUESTIONS IN THE SECTION SHOULD BE MARKED "N/A". IF THE APPLICATION IS NOT COMPLETED IN ITS ENTIRETY AND IF THE DOCUMENTS REQUESTED IN SECTION I DO NOT ACCOMPANY THE APPLICATION IT MAY BE CONSIDERED INCOMPLETE AND INVALID.

CERTIFICATION 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 questionnaire are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omission of material facts will be cause for denial of, or dismissal from, employment with the Cape Girardeau County Sheriff's Office.

I here by authorize all law enforcement agencies, military agencies, federal, state and 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 me in order to determine my suitability for employment with the Cape Girardeau County Sheriff's Office.

I authorize the holder of this release to make inquiry of my present and past employers regarding my character, integrity, reputation and job performance.

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 for any damage whatsoever that may arise form furnishing such information to the holder of this release.

A photocopy of this authorization will be considered as effective and valid as the original.

SIGNATURE OF APPLICANT

DATE

This questionnaire and all documents submitted become property of the County of Cape Girardeau and will not be returned.

(if this form is being filled out and submitted on-line, typed signature will be applicable the same as a written signature)