

CONFIDENTIAL

**APPLICANT PERSONAL HISTORY
QUESTIONNAIRE**



FOR POLICE DEPT. USE ONLY

APPLICATION NO. _____

DATE: _____

**POSITION APPLIED FOR:
POLICE DISPATCHER**

AN EQUAL OPPORTUNITY EMPLOYER

The Chief of Police resolves that subject to all applicable State and Federal statutory or judicial exemptions, all qualified applicants for employment and/or advancement whether commissioned or civilian, shall be given equal opportunity for consideration, selection, appointment and retention regardless of race, color, religion, sex, national origin, age, disability or political affiliation.

VERIFICATION OF INFORMATION

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment or training with the Creve Coeur Police Department. An extensive background investigation will be conducted into your personal history. Applicants will be required to take a CVSA (Computer Voice Stress Analyzer) or other lie detector examination to confirm the information in this questionnaire, and to determine other items of background information.

Any FALSE, MISLEADING, OR INCOMPLETE information substituted for accurate information will be grounds to disqualify you from further consideration in the application process with the Creve Coeur Police Department.

I confirm that I have read and that I understand the above and that all statements and documents presented to the Creve Coeur Police Department are true, correct, complete and made in good faith.

Signature

Date

PLEASE INDICATE THE POSITION FOR WHICH YOU ARE APPLYING **POLICE DISPATCHER**

DIRECTIONS

1. **USE BLACK INK PEN ONLY.** Complete this form in your own handwriting or printing. If you need any special accommodation in completing this questionnaire, contact the Administrative Division Commander in person or by phone (314) 872-0946 EXT 2541 or 872-2527.
2. Be certain that your answers are legible.
3. Read each question carefully before answering.
4. Be certain that each question is answered COMPLETELY and CORRECTLY. Submit all documents as requested. If a question does not apply to you, write N/A (Not Applicable) in the space. Leave no blank spaces.
5. Initial EACH page on bottom right corner.
6. Additional space is provided on page 10 for answers which require clarification or further explanation. All entries on page 10 will begin with page, section number (Roman Numerals (I-XIII) and question (letters A-P) you are explaining or clarifying.
7. The disclosure of your Social Security Number is completely voluntary. Your refusal to reveal it will in no way effect applications for any job or consideration provided by this department. The Social Security Number assists the department in differentiating between applicants with similar or identical names.

Initials _____

I. PERSONAL DATA

NAME _____
LAST FIRST MIDDLE HOME PHONE #

ADDRESS _____
NUMBER STREET CITY STATE ZIP BUSINESS PHONE #

ADDRESS IF DIFFERENT FROM ABOVE _____
STREET CITY STATE ZIP

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER _____ STATE _____

AGE _____ WEIGHT _____ HEIGHT _____ HAIR _____ EYES _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

A. LIST ANY OTHER NAMES YOU HAVE EVER USED:

1. _____ 2. _____ 3. _____

B. ARE YOU A CITIZEN OF THE UNITED STATES: _____ YES _____ NO C. WERE YOU NATURALIZED? _____ YES _____ NO

D. LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST 10 YEARS, INCLUDE ANY ADDRESSES IN THE MILITARY SERVICE.

FROM	TO	STREET ADDRESS	CITY	STATE/ZIP

E. HAVE YOU EVER APPLIED FOR A POSITION WITH THIS DEPARTMENT BEFORE? __ YES__ NO IF YES, DATE OF APPLICATION _____

F. DOES YOUR CURRENT EMPLOYER KNOW YOU HAVE APPLIED WITH THIS DEPARTMENT? _____ YES _____ NO

G. ARE YOU ACQUAINTED WITH ANY CREVE COEUR POLICE DEPARTMENT EMPLOYEES? _____ YES _____ NO. IF YES, PLEASE LIST

1. _____ 2. _____ 3. _____

H. HAVE YOU FILED AN EMPLOYMENT APPLICATION WITH ANY OTHER SOURCES RECENTLY? _____ YES _____ NO

ORGANIZATION OR FIRM	ADDRESS	ZIP	POSITION APPLIED FOR	DATE	DISP.

I. BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU APPLIED, ARE YOU ABLE TO PERFORM THESE FUNCTIONS? _____ YES _____ NO

II. REFERENCES

A. LIST FOUR (4) CHARACTER REFERENCES, NOT RELATIVES, IN-LAWS OR PAST EMPLOYERS, WHO HAVE KNOWN YOU DURING THE PAST THREE YEARS.

1. NAME _____ PHONE # _____ YEARS ACQUAINTED _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DAYTIME PHONE # _____ OCCUPATION _____

2. NAME _____ PHONE # _____ YEARS ACQUAINTED _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DAYTIME PHONE # _____ OCCUPATION _____

Initials _____

REFERENCES CONTD.

3. NAME _____ PHONE # _____ YEARS ACQUAINTED _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DAYTIME PHONE # _____ OCCUPATION _____

4. NAME _____ PHONE # _____ YEARS ACQUAINTED _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DAYTIME PHONE # _____ OCCUPATION _____

III. ARREST HISTORY

- A. OTHER THAN TRAFFIC CITATIONS, HAVE YOU BEEN ARRESTED, CONVICTED, CHARGED, QUESTIONED, ACCUSED OR DETAINED FOR ANY REASON BY ANY POLICE OR SECURITY OFFICER, MILITARY POLICE AUTHORITY, EITHER IN THE UNITED STATES OF AMERICA OR IN ANY FOREIGN COUNTRY? ____ YES ____ NO

DATE	CHARGE	DEPT. OR AGENCY	LOCATION-CITY, COUNTY, STATE	DISPOSITION

- B. WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS OTHER THAN TRAFFIC? ____ YES ____ NO IF "YES" EXPLAIN _____

- C. HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR FORMER OR CURRENT RESIDENCES FOR ANY REASON? ____ YES ____ NO IF "YES" EXPLAIN _____

- D. HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED CRIME, INCLUDING THE BUYING OR SELLING OF ILLICIT DRUGS? ____ YES ____ NO IF "YES" EXPLAIN _____

- E. ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW? ____ YES ____ NO. IF "YES" EXPLAIN _____

IV. EDUCATION AND SKILLS

- A. DO YOU HAVE: (CHECK APPROPRIATE LINES)

____ GED CERT. ____ HIGH SCHOOL DIPLOMA ____ COLLEGE DEGREE ____ POSTGRADUATE DEGREE ____ VOCATIONAL-TECHNICAL CERT.

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

MONTH/YEAR ATTENDED FROM TO	NAME & LOCATION STREET, CITY, STATE, ZIP	# OF CREDITS COMPLETED	TYPE OF DEGREE	MAJOR	YR. OF DEGREE

Initials _____

EDUCATION & SKILLS CONTD.

- C. STUDENT ASSOCIATIONS/ACTIVITIES _____
- D. HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO LEAVE ANY SCHOOL FOR DISCIPLINARY REASON? ____ YES ____ NO
IF "YES" EXPLAIN _____
- E. HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION? ____ YES ____ NO. IF "YES" EXPLAIN _____
- F. HAVE YOU EVER RECEIVED ANY POLICE ACADEMY TRAINING TO BE A POLICE OFFICER? ____ YES ____ NO
DATE _____ ACADEMY _____ CLASS _____
- G. INDICATE LANGUAGES YOU SPEAK, READ, AND/OR WRITE OTHER THAN ENGLISH?

	FLUENT	ABOVE AVERAGE	FAIR
SPEAK			
WRITE			
READ			

- H. SPECIAL SKILLS, QUALIFICATIONS AND AWARDS. (Summarize special skills, qualifications, and accomplishments (including clerical skills that you wish to be considered. _____

V. EMPLOYMENT HISTORY

- A. START WITH YOUR PRESENT OR LAST JOB AND LIST ALL OF THE PLACES YOU HAVE WORKED. LIST EVERYTHING FOR THE PAST TEN YEARS. LIST ANY ADDITIONAL EMPLOYERS ON PAGE 10.

1. EMPLOYER	TELEPHONE	DATES EMPLOYED FROM TO	WORK PERFORMED
ADDRESS	CITY	STATE/ZIP	
JOB TITLE		HOURLY OR ANNUAL SALARY STARTING FINAL	SUPERVISOR
2. EMPLOYER	TELEPHONE	DATES EMPLOYED FROM TO	WORK PERFORMED
ADDRESS	CITY	STATE/ZIP	
JOB TITLE		HOURLY OR ANNUAL SALARY STARTING FINAL	SUPERVISOR
3. EMPLOYER	TELEPHONE	DATES EMPLOYED FROM TO	WORK PERFORMED
ADDRESS	CITY	STATE/ZIP	
JOB TITLE		HOURLY OR ANNUAL SALARY STARTING FINAL	SUPERVISOR
4. EMPLOYER	TELEPHONE	DATES EMPLOYED FROM TO	WORK PERFORMED
ADDRESS	CITY	STATE/ZIP	
JOB TITLE		HOURLY OR ANNUAL SALARY STARTING FINAL	SUPERVISOR

- B. HAVE YOU EVER BEEN DISMISSED, FIRED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? ____ YES ____ NO. IF "YES" EXPLAIN IN DETAIL _____
- C. HAVE YOU EVER STOLEN ANY MONEY OR MERCHANDISE FROM ANY PLACE OF EMPLOYMENT? ____ YES ____ NO. INCLUDE FINAL DISPOSITION OF ALL ITEMS (i.e. sold, retained for personal use, returned, etc.) IF "YES" EXPLAIN _____
- D. HAVE YOU EVER BEEN UNEMPLOYED FOR A PERIOD OF TIME IN EXCESS OF SIX MONTHS? ____ YES ____ NO

Initials _____

VI. ORGANIZATION MEMBERSHIP

- A. 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 ITS LOCATION.

NAME OF ORGANIZATION	ADDRESS	OFFICE HELD

- B. ARE YOU NOW, OR HAVE YOU BEEN, A MEMBER OF ANY FOREIGN OR DOMESTIC SUBVERSIVE ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR CLUB 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 OR THE STATE OF MISSOURI, BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS? ____ YES ____ NO

VII. MILITARY STATUS

- A. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE? ____ YES ____ NO
- B. REGISTRATION # _____
- C. LOCATION WHERE REGISTERED _____
- D. 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? (IF THERE IS MORE THAN ONE PERIOD, LIST THE SEPARATE PERIODS) ____ YES ____ NO

MONTH/YEAR ENTERED	BRANCH/ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK	OCCUPATIONAL SPECIALTY

- E. WERE YOU EVER REDUCED IN RANK IN THE MILITARY? ____ YES ____ NO. RANK REDUCED FROM _____ TO _____
- F. WERE YOU EVER COURT MARTIALED? ____ YES ____ NO TYPE OF COURT MARTIAL ____ SUMMARY ____ SPECIAL ____ GENERAL
SENTENCED RECEIVED: _____
- G. HAVE YOU EVER RECEIVED A CAPTAIN'S MAST, COMPANY PUNISHMENT OR ARTICLE 15? ____ YES ____ NO. EXPLAIN ON PAGE 10
- H. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT? ____ YES ____ NO
IF "YES" EXPLAIN ON PAGE 10

VII. FINANCIAL STATUS

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

TYPE OF INCOME	FIRM OR SOURCE OF NAME	ANNUAL AMOUNT
YOUR SALARY		
OTHER EMPLOYMENT		
DIVIDENDS/INTEREST		
MILITARY		
SPOUSE'S SALARY (IF APPLICABLE)		
OTHER (SPECIFY)		
		TOTAL

Initials _____

FINANCIAL STATUS CONTD.**B. SPOUSE EMPLOYER**

FIRM NAME _____ OCCUPATION _____

ADDRESS _____ PHONE # _____

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

OBLIGATION	NAME/ADDRESS OF CREDITOR	ACCOUNT #	UNPAID BALANCE	MONTHLY PAYMENT	AMOUNT PAST DUE
MORTGAGE/RENT					
AUTO PAYMENT					
PERSONAL LOANS					
SCHOOL LOANS					
CREDIT CARD					
CREDIT CARD					
OTHER (SPECIFY)					
OTHER (SPECIFY)					

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES", WRITE DETAILS BELOW. MARK "YES" IF THE QUESTION INVOLVES YOU, YOUR SPOUSE OR ANY EX-SPOUSE.

- D. HAVE YOU EVER BEEN DELINQUENT IN ANY OF YOUR FINANCIAL OBLIGATIONS? _____ YES _____ NO
- E. HAVE YOU EVER BEEN REFUSED CREDIT? _____ YES _____ NO
- F. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED? _____ YES _____ NO
- G. HAVE YOU EVER FILED BANKRUPTCY? _____ YES _____ NO
- H. HAVE YOU EVER BEEN SUED IN COURT? _____ YES _____ NO
- I. HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES, INJURY, LIBEL, ETC? WITH OR WITHOUT COURT ACTION? _____ YES _____ NO
- J. HAVE YOU EVER FILED A LAWSUIT OR HAD A REPRESENTATIVE FILE A LAWSUIT ON YOUR BEHALF? _____ YES _____ NO
- K. HAS YOUR TAX RETURN EVER BEEN AUDITED BY THE IRS FOR ANY REASON OTHER THAN A RANDOM AUDIT? _____ YES _____ NO

IX. NARCOTIC AND LIQUOR USAGE

- A. WITHIN THE LAST SIX (6) MONTHS HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGES BECAUSE OF AN ADDICTION TO ALCOHOL? _____ YES _____ NO IF "YES" EXPLAIN _____
- B. WITHIN THE LAST SIX (6) MONTHS HAVE YOU ABUSED A CONTROLLED SUBSTANCE? _____ YES _____ NO IF "YES" EXPLAIN _____

Initials _____

X. MARITAL STATUS/FAMILY MEMBERS

- A. CHECK MARITAL STATUS: ☐ SINGLE ☐ ENGAGED ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED
- B. SPOUSE'S/FIANCÉE'S MAIDEN NAME _____ PHONE # _____
ADDRESS/ZIP _____ DATE OF BIRTH _____
ANTICIPATED DATE OR DATE OF MARRIAGE _____
EXSPOUSE'S MAIDEN NAME _____ PHONE # _____
ADDRESS/ZIP _____ DATE OF BIRTH _____
DATE OF SEPARATION OR DIVORCE _____ CAUSE # _____
FULL NAME (MAIDEN) OF DECEASED SPOUSE _____ DATE DECEASED _____
- C. LIST ALL DEPENDENTS. USE ADDITIONAL SPACE ON PAGE 10 IF NEEDED.

NAME	BIRTH DATE PLACE	RELATIONSHIP	RESIDENCE ADDRESS & WITH WHOM	% OF SUPPORT PROVIDED

- D. DO YOU NOW SUPPORT ALL CHILDREN BORN TO YOU? ☐ YES ☐ NO. IF "NO" EXPLAIN

- E. AN EMPLOYEE OF THIS DEPARTMENT WORKS A MINIMUM EIGHT-HOUR DAY, FIVE DAYS A WEEK, 50 WEEKS PER YEAR; THE POSITION YOU ARE APPLYING FOR MAY REQUIRE YOU TO WORK 24-HOUR SHIFT WORK, SEVEN DAYS A WEEK, INCLUDING WEEKENDS AND HOLIDAYS; ARE YOU ABLE TO MEET THESE REQUIREMENTS WITHOUT EXCESSIVE ABSENCES? ☐ YES ☐ NO
- F. ARE YOU PRESENTLY LIVING WITH ANYONE ELSE (FRIEND OR RELATIVE) ☐ YES ☐ NO. IF "YES" EXPLAIN

- G. DO YOU HAVE ANY SERIOUS PROBLEMS WITH YOUR RELATIVES OR IN-LAWS? ☐ YES ☐ NO IF "YES" EXPLAIN

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

NAME	RELATIONSHIP	ADDRESS/ZIP	PHONE #	OCCUPATION	DATE OF BIRTH

Initials _____

USE THE REMAINDER OF THIS SHEET FOR ANY ADDITIONAL INFORMATION. LIST QUESTION NUMBER TO WHICH THE ADDITIONAL INFORMATION APPLIES. PUT YOUR INITIALS AT THE END OF EACH ITEM AND SIGN YOUR INITIALS AT THE BOTTOM OF THIS PAGE. SHOULD THIS PAGE BE INSUFFICIENT FOR ALL ADDITIONAL INFORMATION. PLEASE SUBMIT FURTHER INFORMATION ON NOTEBOOK PAPER IN APPLICANT'S OWN HANDWRITING.

QUESTION NO.

[illegible]

Initials _____

APPLICATION CHECK LIST

A copy of the following documents must be included with this application, or explain fully as to why they are not included. All documents submitted become the property of the Creve Coeur Police Department and will not be returned.

The following items should be submitted by all applicants:

- | | | |
|---|-----------|----------|
| 1. Birth certificate (state issued with raised impression, certified or notarized copy) | _____ YES | _____ NO |
| 2. High school diploma and transcript or GED certificate. | _____ YES | _____ NO |
| 3. College diploma and certified transcripts (if applicable) | _____ YES | _____ NO |
| 4. Military discharge DD214, indicating type of discharge (if applicable) | _____ YES | _____ NO |
| 5. Two recent facial photographs | _____ YES | _____ NO |
| 6. Special awards (schools, military, etc.) | _____ YES | _____ NO |
| 7. Naturalization papers (if applicable) | _____ YES | _____ NO |
| 8. Copy of any official training certificates related to law enforcement | _____ YES | _____ NO |

In addition to the above, applicants for police officer must also submit:

- | | | |
|---|-----------|----------|
| 9. Copy of valid state issued motor vehicle operator's license. | _____ YES | _____ NO |
|---|-----------|----------|

Document number and reason not included:

Initials _____

NOTICE FOR APPLICANTS

Documents Required by Federal Government for Employer in the U.S.

A new federal law, the Immigration Reform and Control Act of 1986, enacted November 6, 1986 and enforced June 1, 1987, is designed to prevent employment of aliens who are not authorized to work in the U.S. In order to comply with the law, the Creve Coeur Police Department (and all other employers) must require the following.

1. If you are offered a position with Creve Coeur on or after June 1st, 1987, you must attest by stating under penalty of perjury on or before the first day of employment that you are authorized to work in the U.S. as a citizen of the U.S.
2. IF YOU ARE OFFERED A POSITION ON OR AFTER JUNE 1ST, 1987, YOU MUST PRESENT ON OR BEFORE THE FIRST DAY OF EMPLOYMENT EITHER ONE DOCUMENT FROM GROUP A OR ONE DOCUMENT FROM GROUP B PLUS ONE FROM GROUP C. (These document establish identity and authorization to work)

GROUP A

1. U.S. Passport
2. Certificate of U.S. Citizenship
3. Certificate of Naturalization to U.S. Citizenship
4. Arrival Departure Record (Form I94) issued by the Immigration and Naturalization
5. Alien Registration Receipt Card (green card)

GROUP B

1. Social Security Card
2. Birth Certificate
3. Certificate establishing United States Nationality at Birth

GROUP C

1. Driver's License
2. A State issued ID Card

IF YOU DO NOT CURRENTLY HAVE THE REQUIRED DOCUMENTS, YOU SHOULD APPLY FOR THEM IMMEDIATELY AS IT TAKES SEVERAL WEEKS TO OBTAIN THEM. THESE DOCUMENTS MAY BE PRESENTED TO THE CREVE COEUR POLICE DEPARTMENT ADMINISTRATION DIVISION AT THE TIME OF APPLICATION.

The following information may assist you in locating offices that issue the documents most commonly needed.

Driver's License or State issued ID Card – For various locations and phone numbers, see Blue Pages of phone book under Government Offices – State Revenue, Auto and Drivers License”.

Born any where in Missouri contact:

Bureau of Vital Statistics, 634 North Grand – Room 306, across from Fox Theater, Phone # (314) 658-1132.

Bureau of Vital Records, 111 S. Meramec, 6th floor, Clayton, MO 63105. Phone # (314) 615-1720

Bureau of Vital Records #2 Campbell Plaza, Suite 200. St. Louis, MO 63139 Phone # (314) 781-7825

Bureau of Vital Records 1650 Boonslick, St. Charles, MO Phone # (636) 949-7558

Born in other States/Territories – Contact Health Department for that State/Territory.

Initials _____

Initials _____