



CHESTERFIELD POLICE DEPARTMENT



Application for Employment Applicant Personal History Questionnaire

*An Equal Opportunity Employer
Supporting A Smoke-free Environment*

confidential

VERIFICATION OF INFORMATION

Note: A City of Chesterfield Application for Employment must be submitted first. Upon receipt, and after initial screening, applicants selected for further testing/consideration are provided this personal history questionnaire.

Those who will be considering your application for employment or training with the Chesterfield Police Department will use the information requested on this questionnaire for reference. Please fill out the questionnaire neatly, completely, and accurately! An extensive background investigation will be conducted into your personal and professional history.

I confirm that I have read and understand the “Verification of Information” section (above). I certify that all statements and documents presented to the Chesterfield Police Department by me are true, correct, complete and made in good faith.

NAME (Please Print) _____

Signature Date

DIRECTIONS

1. Contact the Commander responsible for personnel should you require any special accommodations in completing this questionnaire.
2. Read each question carefully before answering, be certain that all questions are answered **COMPLETELY** and **CORRECTLY**. If a question does not apply to you, enter “N/A” (not applicable) in the space provided. No spaces should be left blank.
3. Additional space is provided on pages 13 & 14 for answers which require clarification or further explanation. All such entries should be marked with the page number and section title of the original question for which the entry pertains.
4. Pursuant to Public Law 93-579, the disclosure of your social security number is completely voluntary. Any refusal to reveal it shall in no way affect your opportunity for equal consideration for employment with the department. Our purpose in requesting an applicant’s social security number is to allow us to differentiate between applicants with similar or identical names.
5. Initial each page at the bottom right hand corner indicating that you have completed it and verified the accuracy of the information it contains.

PERSONAL DATA

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

List All Other Names You Have Used: _____

Social Security Number: _____

Address: _____ Apartment No.: _____

City: _____ State: _____ Zip: _____

How long have you lived at this address? _____

Home Phone:(_____) _____ Cell Phone:(_____) _____

Work Phone: (_____) _____ Other:(_____) _____

Email Address: _____

Age: _____ Date of Birth: ____/____/____ Place of Birth: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Driver License Number: _____ State: _____

Are you currently a Citizen of the United States? Yes No

Were you Naturalized? Yes No

List all other home addresses you have had for the past ten (10) years in chronological order beginning with the most recent.(Include addresses during military service):

DATE		STREET ADDRESS	COUNTY	STATE/ZIP CODE
From	To			

LAST NAME: _____ FIRST NAME: _____

PERSONAL DATA (continued)

MARITAL STATUS: SINGLE ENGAGED MARRIED
 SEPARATED DIVORCED WIDOWED

FIANCE’S/SPOUSE’S FULL NAME (including MAIDEN NAME): (if applicable)	Date of Marriage:
	Date of Birth:

Address	City	State	Zip	Phone Number:
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Occupation/Job Title:	Employer
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Address	City	State	Zip
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EX-SPOUSE’S FULL NAME (including MAIDEN NAME): (if applicable)	Date of Separation/Divorce:
	Date of Birth:

Address	City	State	Zip	Phone Number:
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List all dependents:

NAME	DATE OF BIRTH	RELATIONSHIP	RESIDENCE ADDRESS	% SUPPORT PROVIDED

Do you now support all children born to you (if no explain)? Yes No

INITIALS _____

LAST NAME: _____ FIRST NAME: _____

PERSONAL DATA (continued)

Are you presently living with anyone else? ___ Yes ___ No

If yes, provide the following information:

NAME	ADDRESS	PHONE	OCCUPATION	D.O.B.

List the full names of your immediate family such as father, mother (maiden name), brothers and sisters:					
NAME	RELATIONSHIP	ADDRESS	PHONE	OCCUPATION	D.O.B.

LAST NAME: _____ FIRST NAME: _____

PERSONAL DATA (continued)

Have you ever been arrested for any non-traffic offense?

___Yes ___No

If you answered "Yes" please list charges below and explain in detail on page _____.

Date	Charge(s)	Police Department or Law Enforcement Agency	Case Disposition (Guilty, Not Guilty, Dismissed, SIS, SES)

Have you ever used a drug that is illegal to possess?

___Yes ___No

Drug Name	Quantity Used	Approx. Date When Last Used	Describe Circumstances

Has your driver's license ever been suspended or revoked?

___Yes ___No

If Yes, explain _____

List all traffic tickets/driving citations or summons you have received beginning with the most recent:

Date	Charge(s)	Police Department or Law Enforcement Agency	Case Disposition (Paid Fine, Not Guilty, Dismissed, etc.)

Were you ever served with a civil subpoena or summons other than for a traffic offense?

___Yes ___No

LAST NAME: _____ FIRST NAME: _____

EDUCATION

Please check all degrees that you have attained to date:

GED CERTIFICATE HIGH SCHOOL DIPLOMA VOC/TECH CERTIFICATE

ASSOCIATE'S DEGREE BACHELOR'S DEGREE MASTER'S DEGREE

List All Elementary, High Schools, Colleges And Universities You Have Attended
(In chronological order of first to most recently attended)

ATTENDED		NAME & LOCATION (Street, City, State, Zip)	NUMBER OF CREDITS	DEGREE TYPE	MAJOR	YEAR OF DEGREE
From	To					

Have You Had Any Police Academy Training? Yes No

Dates Attended	Academy Name	Academy Location	Missouri P.O.S.T. Hours

Have you ever been suspended, expelled, or asked to leave any school for disciplinary reasons? Yes No

Explain: _____

Have you ever been placed on Academic Probation? Yes No

Explain: _____

List any specialized skills, qualifications, accomplishments or awards (including clerical skills, foreign languages, etc.) that you wish to be considered:

LAST NAME: _____ FIRST NAME: _____

MILITARY

Are you registered with the Selective Service? __ Yes __ No	Date of Registration:	Registration Number:
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List all periods of military service (including Army, Navy, Marine Corps, Air Force, Coast Guard, R.O.T.C., or any other military or semi-military organization):

Month/Year Entered	Branch or Organization	Discharge Date	Type of Discharge	Rank	Occupational Specialty

Were you ever reduced in rank in the military (if yes, explain circumstances)? __ Yes __ No

Were you ever Court Martialed (if Yes, explain circumstances and sentence received)? __ Yes __ No

Type: __ Summary __ Special __ General

Have you ever received non-judicial punishment? ____ Yes ____ No

Explain _____

Have you ever served in a military or national organization of any foreign government (if yes, explain)? __ Yes __ No

LAST NAME: _____ FIRST NAME: _____

EMPLOYMENT

Have you ever been suspended, terminated from or asked to leave any job? ___ Yes ___ No

If Yes, explain here: (continue on pages 15 & 16 if needed)

Have you ever been unemployed for a period of time in excess of six (6) months? ___ Yes ___ No

If Yes, explain here:

Start with your present or last job and list all of the places you have worked over the past ten (10) years below. Account for all dates over past ten (10) years, including dates of unemployment.

1	Employer	Phone Number		
Address		City	State	Zip
Dates Employed FROM: TO:		Hourly or Annual Salary START FINISH		Job Title
Supervisor's Name		Employment Status <input type="checkbox"/> Presently Employed <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Asked To Resign <input type="checkbox"/> Other		
Reason For Leaving			Are You Eligible For Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERIOD OF UNEMPLOYMENT FROM: TO:	Reason: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:
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2	Employer	Phone Number		
Address		City	State	Zip
Dates Employed FROM: TO:		Hourly or Annual Salary START FINISH		Job Title
Supervisor's Name		Employment Status <input type="checkbox"/> Presently Employed <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Asked To Resign <input type="checkbox"/> Other		
Reason For Leaving			Are You Eligible For Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERIOD OF UNEMPLOYMENT FROM: TO:	Reason: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:
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LAST NAME: _____ FIRST NAME: _____

EMPLOYMENT (continued)

3	Employer	Phone Number		
Address		City		State
				Zip
Dates Employed FROM: TO:		Hourly or Annual Salary START FINISH		Job Title
Supervisor's Name		Employment Status <input type="checkbox"/> Presently Employed <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Asked To Resign <input type="checkbox"/> Other		
Reason For Leaving			Are You Eligible For Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERIOD OF UNEMPLOYMENT FROM: TO:	Reason: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:
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4	Employer	Phone Number		
Address		City		State
				Zip
Dates Employed FROM: TO:		Hourly or Annual Salary START FINISH		Job Title
Supervisor's Name		Employment Status <input type="checkbox"/> Presently Employed <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Asked To Resign <input type="checkbox"/> Other		
Reason For Leaving			Are You Eligible For Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERIOD OF UNEMPLOYMENT FROM: TO:	Reason: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:
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5	Employer	Phone Number		
Address		City		State
				Zip
Dates Employed FROM: TO:		Hourly or Annual Salary START FINISH		Job Title
Supervisor's Name		Employment Status <input type="checkbox"/> Presently Employed <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Asked To Resign <input type="checkbox"/> Other		
Reason For Leaving			Are You Eligible For Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERIOD OF UNEMPLOYMENT FROM: TO:	Reason: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:
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6	Employer	Phone Number		
Address		City		State
				Zip
Dates Employed FROM: TO:		Hourly or Annual Salary START FINISH		Job Title
Supervisor's Name		Employment Status <input type="checkbox"/> Presently Employed <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Asked To Resign <input type="checkbox"/> Other		
Reason For Leaving			Are You Eligible For Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERIOD OF UNEMPLOYMENT FROM: TO:	Reason: <input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Travel <input type="checkbox"/> Other:
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LAST NAME: _____ FIRST NAME: _____

FINANCIAL

TYPE OF INCOME	FIRM OR SOURCE NAME	AMOUNT
SALARY		
SECONDARY EMPLOYMENT		
OTHER (specify)		
OTHER (specify)		
SPOUSE'S INCOME		
TOTAL		

OBLIGATION (Name & Address of Creditor)	ACCOUNT NUMBER	UNPAID BALANCE
MORTGAGE/RENT		
AUTO PAYMENT		
PERSONAL LOANS		
SCHOOL LOANS		
CREDIT CARD		
CREDIT CARD		
CREDIT CARD		
OTHER (Specify)		
OTHER (Specify)		

If you answer yes to any of these questions please write details on page 13 or 14:	YES	NO
Have you ever received a settlement in payment for damages, injury or libel either with/without court action?		
Have you ever filed a lawsuit or had a lawsuit filed on your behalf?		
Have you ever filed for bankruptcy?		
Have you ever been sued in court?		

LAST NAME: _____ FIRST NAME: _____

ORGANIZATIONAL MEMBERSHIPS

List All Civic or Social/Professional Organizations, Fraternities, Clubs, Brotherhoods, Societies, Or Groups Of Which You Are Or Have Been A Member Or Associate:

NAME OF ORGANIZATION	ADDRESS	OFFICE HELD

Are you now, or have you ever 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 in order to deny other persons rights under the Constitution of the United States or the State of Missouri, by any unlawful or unconstitutional means?

Yes No

If yes, explain: _____

LAST NAME: _____ FIRST NAME: _____

TRANSPORTATION

List all vehicles, which you own, lease or have at your disposal for your personal use:

Year	Make	Model	License Plate	State

Current Automobile Insurance Coverage Level: _____

Insurance Company: _____

Address/City/State/Zip: _____

Insurance Policy Number: _____

Insurance Agent's Name: _____ Phone Number() _____

Have you ever been denied automobile insurance or had your insurance cancelled?

___ Yes ___ No

Have you recently changed Automobile Insurance Companies?

___ Yes ___ No

If Yes, Indicate date, name, address, and phone number of previous company/agent:

List all traffic accidents that you have been involved in (as a driver) during the past seven years.

Date	Location (City/State)	Who was determined to be at fault?	Briefly Describe Circumstances

LAST NAME: _____ FIRST NAME: _____

CHESTERFIELD

Have you ever applied for a position with this department before? Yes No

Position applied for: _____ Date of Application: _____

Have you filed an employment application with any other police departments in the last 6 months?

Yes No

List Departments: _____

Are you acquainted with any current employees of the Chesterfield Police Department?

Yes No

List Chesterfield employee names: _____

ESSAY

Explain why you wish to be hired by the Chesterfield Police Department:

USE OF FORCE

	YES	NO
If the necessity arose for you to shoot a person in the course of your duties as an officer, would you have any reluctance to do so? (If "Yes" explain circumstances on page 15 or 16.)		
Have you ever had to use a weapon to defend yourself or others? (If "Yes" explain circumstances on page 15 or 16.)		
If the need to do so arises, are you physically capable of making a forceful arrest requiring physical strength and exertion?		

LAST NAME: _____ FIRST NAME: _____

EVALUATORS

List three individuals, other than relatives, in-laws, or past employers, who have known you well during the past three (3) or more years and can evaluate you as a person.			
1	Name	Phone Number	Years Acquainted
	Residence Address	City	State/Zip Code
	Business Name/Address/Phone Number		Occupation
	Email Address:		
2	Name	Phone Number	Years Acquainted
	Residence Address	City	State/Zip Code
	Business Name/Address/Phone Number		Occupation
	Email Address:		
3	Name	Phone Number	Years Acquainted
	Residence Address	City	State/Zip Code
	Business Name/Address/Phone Number		Occupation
	Email Address:		

**CHESTERFIELD POLICE DEPARTMENT
690 CHESTERFIELD PARKWAY WEST
CHESTERFIELD, MO 63017
636-537-3000**

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

(Read Carefully Before Signing)

I, _____ hereby certify that all statements made on or in connection with this applicant personal history questionnaire are true and complete to the best of my knowledge and belief, and I understand and agree that any misstatements or omission of material facts will cause forfeiture on my part of all rights to initial employment or continued employment by the Chesterfield Police Department.

I understand additional testing of job-related skills and for the presence of drugs in my body may be required prior to employment. After an offer of employment, and prior to reporting to work, I understand I may be required to submit to a medical review. Depending on City Policy and the needs of the job, I understand I may be required to complete a medical history form and may be required to be examined by a medical professional designated by the City. Further, I understand that the use of illegal drugs is prohibited during employment. As City policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. Additionally, I acknowledge that I must successfully complete a physical fitness test for employment, and annually thereafter as a condition of continued employment.

I hereby authorize all persons, companies, law enforcement agencies, the Veterans Administration, all military agencies, all Federal, State or local government agencies, State and Federal Tax Bureaus, Credit Bureaus, schools and universities to furnish the Police Department and/or Personnel Department of the City of Chesterfield with any and all available information regarding me including for the release of any physical agility, and psychological evaluation records (behavioral traits only) to the Chesterfield Police Department in order that the Department may determine my suitability for police work.

I also release any said persons, agencies, schools, companies and law enforcement authorities from liability for any damage whatsoever for issuing (as provide by law) this information.

A photostatic or Xerox copy of this authorization will be considered as effective and valid as the original.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF WITNESS

DATE