

JOPLIN POLICE DEPARTMENT

**Background Investigation Packet**



**Applicant:** \_\_\_\_\_  
Please Print Name

**Telephone:** \_\_\_\_\_

**Packet Return Date:**

*Non-Missouri POST Licensed Applicants:* Backgrounds must be completed and returned within 10 business days after the physical and written tests have been completed.

*Eligible Missouri POST Licensed Applicants:* Backgrounds are accepted anytime.

**Return to:** Joplin Police Department  
303 E Third Street  
Joplin, MO 64801

**Phone Number:** (417) 623-3131

## IMPORTANT NOTICE

PLEASE READ THIS PAGE CAREFULLY

Dear Applicant:

The Joplin Police Department appreciates your endeavor to become a police recruit. We know it is an extremely difficult process. All applicants who are to have a background investigation completed by the Joplin Police Department are required to complete a background investigation packet.

It is imperative that you complete this packet **completely**. All questions must be answered, with full explanations when necessary. Although you may have answered some of these questions elsewhere in the hiring process, it is important that they be answered here as well. The information you supply will be used only by the background investigator to complete their investigation and reports. It will not be used for any purpose other than determining your suitability for employment.

If the information packet is returned incomplete you may automatically be disqualified. Information obtained after the completion of the packet which may indicate intended omission or falsification will be means for dismissal if consideration for hire was determined. It is in your best interest to be as truthful, thorough and complete in your answers as possible. Any deliberate omissions or untruthfulness will be noted in the investigator's final report. IT IS A VIOLATION OF JOPLIN CITY ORDINANCE AND MISSOURI STATE LAW, SUBJECT TO CRIMINAL PROSECUTION, TO FILE FALSE INFORMATION ON A POLICE REPORT.

Some of the information requested may be impossible to obtain due to circumstances beyond your control. In this case, please give a brief explanation. However, this may affect the ability to judge your suitability for hire. **If additional space is needed for any of the sections, attach a sheet of paper to that section with the additional information.**

The selection process is on an inflexible schedule. Therefore, you must return the completed packet on or before the date indicated on the cover.

If you have any questions, feel free to contact the investigating officer assigned to your background investigation, or the Personnel Department.

Good Luck!

## JOPLIN POLICE DEPARTMENT'S

### **AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_ do hereby authorize a review and full disclosure of all records concerning myself and all records concerning myself to any duly authorized officer of the City of Joplin, Missouri, and its Police Department, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for the full and complete disclosure of any and all records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (to include credit reports and/or ratings) and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; current employment and previous employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had interest; traffic and criminal history records, and records involving any incident where I have been arrested or convicted of a crime to include records related to arrests, contacts and or convictions concerning any incidents occurring when I was considered a juvenile. The records referred to in this paragraph shall include, but are not limited to papers, documents, recordings and photographs, whether on paper or stored/transmitted electronically.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, may be considered in determining my suitability for employment by the City of Joplin, Missouri, whether the position sought is a paid or unpaid position, voluntary or educational in nature. I understand that (1) the City states that the use of such information will be in accordance with its employment policies and that such information will not be used for any other purpose other than for consideration of the above as an employee of the City of Joplin, Missouri, and (2) this background check is required because of the nature of the particular position that I have made application in that it involves a sensitive position or that I may be working in an area where confidentiality and security is important. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release such person(s) from any and all liability, which may be incurred as a result of furnishing such information. I further release any City of Joplin, Missouri employee who conducts any part of my background investigation from any and all liability resulting from such investigation.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Witness (age 21 or older)

\_\_\_\_\_  
Applicant's Full Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Maiden Name and/or all other names  
by which you have been known or used

\_\_\_\_\_  
Applicant's Signature (legible)

\_\_\_\_\_  
Current Street Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City, State, Zip Code

**Failure to fill out this form clearly correctly and completely may eliminate the applicant from further consideration and could result in civil or criminal penalties.**

(Notary fills out below information)

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APPLY SEAL OR STAMP

Subscribed to and before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary (Print Name)

\_\_\_\_\_  
Date

**JOPLIN POLICE DEPARTMENT'S  
WAIVER AND RELEASE OF ALL CLAIMS**

and

**WAIVER OF RIGHT TO INSPECT BACKGROUND INVESTIGATION**

I, \_\_\_\_\_, am applying for the position of Police Officer with the Joplin Missouri Police Department. I understand that, to gauge my fitness for the position, the City of Joplin must conduct a thorough and complete background investigation and to ensure complete candor on the part of those providing information, I must:

- a. consent to an investigation by the City of Joplin concerning my background;
- b. waive any and all claims I might otherwise have against those individuals who conduct the investigation, or those who cooperate and provide information to the City; and
- c. waive my right to review the complete background investigation, or any portion thereof.

**WHEREFORE**

I, \_\_\_\_\_, for and in consideration of the City of Joplin's consideration of my application for the position of police officer, do hereby specifically authorize the City of Joplin to conduct a thorough and complete background investigation on me for the purpose of gauging my fitness for the position and, further, I do hereby waive, release and forever relinquish any and all claims and causes of action against the City of Joplin and/or any of its officials or employees that might otherwise accrue to me as a result of the City of Joplin's conduct of the investigation. I understand that, in the event I suffer any injury of any kind as a result of the City of Joplin's conduct of this investigation, I am herein forfeiting any and all right to bring legal action against or seek redress in the courts from the City of Joplin or any of its officials or employees, unless such injury or harm occurs as a direct result of intentional actions to cause me physical harm.

And, also for and in consideration of the City of Joplin's consideration of my application for the position of Police Officer, I do hereby specifically authorize, request and direct any individual, including but not limited to my family, friends, neighbors (past or present), and acquaintances (past or present), my employers (past or present), my references, educational institutions of any kind, credit bureaus or consumer reporting agencies, medical institutions or doctors, or any other person, institution, organization or governmental agency or instrumentality (local, state, federal, military or foreign), wherever situated, to completely and thoroughly answer any and all questions concerning me posed by any official or employee of the City of Joplin and to provide to the City of Joplin, or any of its officials or employees, any requested document, information, record or file concerning me. I do hereby waive, release and forever relinquish any and all claims and causes of action against any such individual that may accrue to me as a result of the individual's cooperation with the conduct of the background investigation or the release of information to the City of Joplin or any of its officials or employees. I understand that, in the event I suffer any injury of any kind as a result of the individual's cooperation with the conduct of the background investigation or release of information to the City of Joplin, I am herein forfeiting any and all right to bring legal action against or seek redress in the courts from the

individual, even if such injury or harm occurs as a direct result of the individual's negligence or actual malice or any other failure on the individual's part to satisfy any duty owed me.

And, also for and in consideration of the City of Joplin's consideration of my application for the position of Police officer, recognizing that complete candor on the part of those from whom information is sought is ensured only by maintaining the confidentiality of a complete background investigation, I do hereby waive, release and forever relinquish any right I might otherwise have pursuant to Missouri's Sunshine Law, RMSO 610.011 and 610.021, to review and/or copy the background investigation completed on me or any part thereof.

A copy of the Waiver and Release shall be deemed as effective as the original.

For purposes of conducting the background investigation and gathering the information necessary to gauge my fitness for the position of Police Officer, this Waiver and Release and waiver of the right to review and copy the background investigation is perpetual.

This Waiver and Release of All Claims is intended to be as broad and inclusive as permitted by the laws of the State of Missouri and, if any portion hereof is held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect. My spouse (if any), heirs and legal representative, and any and all successors assigns, are bound by the terms of this Waiver and Release of All Claims. This Waiver contains the entire agreement between the parties hereto and its terms are contractual and are not a mere recital.

I have carefully read the above and foregoing Waiver and Release consisting of three pages in its entirety. I know and understand the contents thereof and do, of my own free will, sign this Waiver and Release indicating my specific agreement to any and all terms.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

(Notary fills out below information)

APPLY SEAL OR STAMP

Subscribed to and before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary (Print Name)

\_\_\_\_\_  
Date

JOPLIN POLICE DEPARTMENT'S  
**APPLICANT PERSONAL INFORMATION AND HISTORY**

IMPORTANT NOTICE TO THE APPLICANT

READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING.

This form must be completed by using black ink, in the applicant's own handwriting. Please print legibly. No one else may fill out this form for you. All questions must be answered. If a question does not pertain to you, write in "N/A." Use the reverse side of each page to complete your answer if additional space is necessary. Attach all requested documents to the back of the booklet. If you are unable to obtain the document requested in the questionnaire, give a thorough explanation. If you have any questions, feel free to contact the Joplin Police Department.

Failure to return this questionnaire to the Joplin Police Department by the date specified on the front cover will be cause for automatic disqualification. This booklet and any attachments become the property of the City of Joplin, Missouri.

*A POLYGRAPH EXAMINATION (LIE DETECTOR TEST) IS ADMINISTERED TO ALL APPLICANTS WHO SUCCESSFULLY COMPLETE THE BACKGROUND INVESTIGATION.*

**GENERAL INFORMATION**

1. Full Name: \_\_\_\_\_

2. List ALL other names you have used or by which you have been known, officially or unofficially, including aliases, nicknames, monikers, former names, maiden names, abbreviations, previous married names:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Social Security Number: \_\_\_\_\_

5. Are you a United States Citizen? \_\_\_\_\_

6. Your current contact information:

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Primary Email \_\_\_\_\_

7. Your current home address:

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

8. Place of Birth:

Hospital Name \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

9. Father's complete name:

\_\_\_\_\_  
(first) (middle) (last)

Father's Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

10. Mother's complete name:

\_\_\_\_\_  
(first) (middle) (last)

Mother's Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_



11. List all siblings:

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

12. Spouse / Co-habitant:

Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Other names your spouse is known by: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

13. Children:

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

14. Other Parent:

Child's Name: \_\_\_\_\_

Other Parent Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Child's Name: \_\_\_\_\_

Other Parent Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Child's Name: \_\_\_\_\_

Other Parent Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Child's Name: \_\_\_\_\_

Other Parent Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

15. Former Marriages:

Former Spouse's Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of marriage \_\_\_\_\_ Date of divorce \_\_\_\_\_

Reason for divorce \_\_\_\_\_

Former Spouse's Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of marriage \_\_\_\_\_ Date of divorce \_\_\_\_\_

Reason for divorce \_\_\_\_\_

Former Spouse's Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of marriage \_\_\_\_\_ Date of divorce \_\_\_\_\_

Reason for divorce \_\_\_\_\_

16. Has an Ex-Parte or other type of restraining order EVER been placed against you? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Have you ever been accused of or arrested for Domestic Violence? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. List every adult living at your residence:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## EDUCATION

19. Please list the highest diploma / degree you possess: \_\_\_\_\_

20. List ALL high schools that you have attended:

School Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Website \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Website \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Website \_\_\_\_\_

21. List at least three high school teachers or counselors that may be contacted as references:

Name \_\_\_\_\_ School \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

22. List ALL colleges or universities that you have attended:

School Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Website \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Website \_\_\_\_\_

23. List at least three college teachers or counselors that may be contacted as references:

Name \_\_\_\_\_ School \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

24. Describe any academic or disciplinary problems in which you were involved in high school or college  
(including academic suspensions)

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25. Describe ALL contacts you have had with college security or police:

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## SKILLS AND TRAINING

26. List any special skills or training you have received or are licensed for:

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27. List any foreign or sign languages in which you are fluent:

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## EMPLOYMENT HISTORY

*NOTE: You must list ALL jobs you have held since your 17<sup>th</sup> birthday. It does not matter whether you feel they are relevant to the position for which you are applying. Failure to disclose ALL jobs may result in automatic disqualification. Failure to complete ALL required information may limit our ability to assess your suitability for hire and result in disqualification.*

28. List any dates of unemployment since your 17<sup>th</sup> birthday. Include the length of the unemployment and an explanation of efforts to seek employment during this time frame:

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29. List ALL jobs, including part-time, temporary, and volunteer that you have had (**most recent first**):

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ End Salary \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ End Salary \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ End Salary \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ End Salary \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ End Salary \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ End Salary \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ End Salary \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

30. Have you ever been fired from, terminated from, or asked to resign from a job? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

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31. Have you ever been suspended as a form of discipline from a job? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

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## MILITARY RECORD

*NOTE: You should read and answer the question in this section carefully, even if you have never served in the military.*

32. If you have never served in any branch of the United States armed services, verify by signing on the next line. If you have served, do not sign the next line and move to question 33.

I swear or affirm that I have never served in any branch of the United States armed services (including the National Guard or Reserves) at any time.

Signed: \_\_\_\_\_

33. Are you currently in any military reserve or National Guard program? \_\_\_\_\_

34. Service Details:

Induction Date \_\_\_\_\_ Discharge Date \_\_\_\_\_

Discharge Type \_\_\_\_\_

Branch \_\_\_\_\_ MOS \_\_\_\_\_

Initial Rank \_\_\_\_\_ Exit Rank \_\_\_\_\_

Awards / Medals \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

35. List and explain any disciplinary problems (Article 15, UCMJ Convictions, Demotions, including any judicial or non-judicial action, court martials, etc.).

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36. List all duty stations and assignments:

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## LAW ENFORCEMENT EMPLOYMENT

37. List ALL law enforcement organizations you have applied with that DID NOT hire you (Include JPD):

Name \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_



38. List ALL law enforcement organizations that have investigated your background:

Name \_\_\_\_\_

Investigator Name \_\_\_\_\_ Application Date \_\_\_\_\_

Name \_\_\_\_\_

Investigator Name \_\_\_\_\_ Application Date \_\_\_\_\_

Name \_\_\_\_\_

Investigator Name \_\_\_\_\_ Application Date \_\_\_\_\_

Name \_\_\_\_\_

Investigator Name \_\_\_\_\_ Application Date \_\_\_\_\_

Name \_\_\_\_\_

Investigator Name \_\_\_\_\_ Application Date \_\_\_\_\_

## TRAFFIC CITATIONS AND ACCIDENTS

39. List ALL traffic summons, tickets, or citations you have received in the past **10 years**:

Charge \_\_\_\_\_ Date \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Disposition \_\_\_\_\_

Charge \_\_\_\_\_ Date \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Disposition \_\_\_\_\_

Charge \_\_\_\_\_ Date \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Disposition \_\_\_\_\_

Charge \_\_\_\_\_ Date \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Disposition \_\_\_\_\_

Charge \_\_\_\_\_ Date \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Disposition \_\_\_\_\_

Charge \_\_\_\_\_ Date \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Disposition \_\_\_\_\_

Charge \_\_\_\_\_ Date \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Disposition \_\_\_\_\_

Charge \_\_\_\_\_ Date \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Disposition \_\_\_\_\_

40. List ALL traffic crashes in which you were the driver of a vehicle involved in the past **20 years**:

**Location** \_\_\_\_\_ **Date** \_\_\_\_\_

Type of Damages: \_\_\_\_\_ Driver at fault \_\_\_\_\_

Were others injured? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

What were the circumstances? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Location** \_\_\_\_\_ **Date** \_\_\_\_\_

Type of Damages: \_\_\_\_\_ Driver at fault \_\_\_\_\_

Were others injured? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

What were the circumstances? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

41. List EVERY state in which you have been licensed to operate a motor vehicle:

State \_\_\_\_\_ Years \_\_\_\_\_

State \_\_\_\_\_ Years \_\_\_\_\_

State \_\_\_\_\_ Years \_\_\_\_\_

State \_\_\_\_\_ Years \_\_\_\_\_

State \_\_\_\_\_ Years \_\_\_\_\_

42. Have you ever been refused automobile insurance coverage, or has your coverage ever been canceled? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## LAW ENFORCEMENT CONTACT

43. List ALL official contact you have had with any law enforcement organization or court system (including municipal, county, state, federal, military, or other). Official contact would involve incidents that you were questioned, warned, issued a summons, detained, arrested, or convicted including infractions, ordinance violations, misdemeanors, and felonies. Do not include traffic information already provided

Reason for contact \_\_\_\_\_ Date \_\_\_\_\_

Charge (if any) \_\_\_\_\_

Sentence (if any) \_\_\_\_\_ Disposition \_\_\_\_\_

Contact Agency \_\_\_\_\_

Reason for contact \_\_\_\_\_ Date \_\_\_\_\_

Charge (if any) \_\_\_\_\_

Sentence (if any) \_\_\_\_\_ Disposition \_\_\_\_\_

Contact Agency \_\_\_\_\_

Reason for contact \_\_\_\_\_ Date \_\_\_\_\_

Charge (if any) \_\_\_\_\_

Sentence (if any) \_\_\_\_\_ Disposition \_\_\_\_\_

Contact Agency \_\_\_\_\_

44. Have you ever been reported to a law enforcement organization as a missing person or runaway?

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

45. List any friends, associates or relatives (past and present) which have been convicted of a felony or participated in a criminal act:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Criminal Activity (explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Criminal Activity (explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Criminal Activity (explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

45. Briefly explain any neighborhood disputes in which you have been involved, including the names of those involved, dates, and locations:

Names \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_

Brief explanation: \_\_\_\_\_

\_\_\_\_\_

Names \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_

Brief explanation: \_\_\_\_\_

\_\_\_\_\_

46. List all serious disputes you have had with friends, associates, or relatives:

Dispute \_\_\_\_\_

Persons Involved \_\_\_\_\_

Your role: \_\_\_\_\_

Resolution \_\_\_\_\_

Dispute \_\_\_\_\_

Persons Involved \_\_\_\_\_

Your role: \_\_\_\_\_

Resolution \_\_\_\_\_

47. Do you currently or have you ever illegally possessed, used, supplied or sold any narcotic or controlled substance? Examples could be but are not limited to marijuana, hashish, cocaine, LSD, methamphetamine, heroin, steroids, prescription pharmaceuticals or other abused substances.

*Note: Drug use does not necessarily convey an automatic disqualification but failing to disclose does.*

(Circle one)                      YES                      NO

If you answered yes, please complete the following information:

Type of drugs \_\_\_\_\_

Circumstances \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of times possessed/used/sold/supplied \_\_\_\_\_

First time possessed/used/sold/supplied \_\_\_\_\_

Last time possessed/used/sold/supplied \_\_\_\_\_



**FINANCIAL**

48. List and explain all financial problems (past or present). Include overdue accounts, late payments, bankruptcies, or any other delinquent accounts.

*Note: The Joplin Police Department will obtain a complete credit history on your accounts so please be specific about your past issues.*

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49. List and explain all liens or other encumbrances that have been placed against your property, files, transcripts, or other for failure to pay debts:

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50. Have you ever had property repossessed or had any of your bills turned over to collection services?

(Circle one)                      YES                      NO

If yes, explain: \_\_\_\_\_

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51. Have you ever had your wages garnished?

(Circle one)

YES

NO

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

52. Do you owe overdue alimony or child support?

(Circle one)

YES

NO

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

53. Have you ever been or are you now delinquent on taxes to any city, state, or federal government?

(Circle one)

YES

NO

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

54. List and explain all lawsuits (past and present), civil or criminal, that have been filed by or against you.

\_\_\_\_\_

\_\_\_\_\_

55. List all business ventures in which you have had a financial interest (past and present):

Business Name \_\_\_\_\_

Partner Names / Creditor Names \_\_\_\_\_

Business Name \_\_\_\_\_

Partner Names / Creditor Names \_\_\_\_\_

Business Name \_\_\_\_\_

Partner Names / Creditor Names \_\_\_\_\_

## RESIDENCY

56. Have you ever been evicted or asked to vacate a rented residence?

(Circle one)

YES

NO

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

57. List provide information on every place you have resided on a temporary or permanent basis in the past 10 years. Start with most current and work backwards.

Residence Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Landlord Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Landlord Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Landlord Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## REFERENCES

56. List three individuals who can speak directly to your character and the kind of Police Officer you would make for the City of Joplin:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

57. List ALL clubs, groups, associations, or organizations to which you have membership or have affiliation (excluding those that indicate race, religion, color, sex or national origin):

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58. List any additional information you would like for us to consider concerning your personal history background investigation:

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59. Is there any additional information that you would like to add that could help explain anything that relates to your personal background that has not already been asked?

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**PLEASE ATTACH THE FOLLOWING DOCUMENTS IF APPLICABLE**

(Place a checkmark next to each item that has been included with your packet)

- \_\_\_\_\_ Copy of Birth Certificate.
- \_\_\_\_\_ Photocopy of valid driver’s license (front and back).
- \_\_\_\_\_ **Certified** copy of high school diploma or GED certificate.
- \_\_\_\_\_ **Certified** copy of high school transcript(s).
- \_\_\_\_\_ **Certified** copy of college transcript(s).
- \_\_\_\_\_ Copy of Military discharge certificate.
- \_\_\_\_\_ Copy of Military Form DD-214, Member 4, long form.
- \_\_\_\_\_ Copies of any licenses or certificates or training or specialization that you wish to have considered.
- \_\_\_\_\_ Copy of POST certification

*NOTE: Although we have requested only photocopies of some documents, you must have the original documents available for the background investigator’s inspection at a later date.*

I certify that I have read and understand the contents of this document and that I have not deliberately falsified or omitted any information. I acknowledge that deliberate falsifications, omissions or misstatements shall be grounds for disqualification.

Signed: \_\_\_\_\_ (Please sign legibly)

Date: \_\_\_\_\_

Printed Full Name: \_\_\_\_\_