

Date of Processing _____

Questionnaire Due Date _____

Goodview Police Department

PRE-EMPLOYMENT
BACKGROUND PACKET

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PRE-EMPLOYMENT BACKGROUND QUESTIONNAIRE DIRECTIONS

Instructions:

1. Read and sign the Data Practices Advisory which immediately follows this page.
2. When completing this form, please print clearly and give complete and accurate information, including, but not limited to, the data practices releases, area codes and zip codes. Use only black ink.
3. If you find that there is not enough space to answer a specific question, provide as much information as space permits. Continue your response on additional sheets of paper if necessary. Include the number of the question and maintain the same format as on the background investigation form.
4. Please complete the proper number of release forms as indicated in this background questionnaire. You will need extra pre-employment release forms. Therefore, complete the background questionnaire first and then determine the number of release form photocopies you will need. The only release you will need to make photocopies of is the pre-employment release found at the end of this questionnaire. Sign each photocopied release with an original signature. A set of release forms are contained at the end of this questionnaire.
5. If a question does not apply to you, please write N/A (not applicable).
6. Include any requested documents.
7. Be sure to sign each of the release forms, the signature page, and the autobiography with an original signature.
8. You must return the Phase I Background Questionnaire by the date indicated on the cover or you may be removed from consideration.
9. If you have any questions, please call the Goodview Police Department at (507) 452-1500 or contact the background investigator directly.

DATA PRACTICES ADVISORY

READ THIS ADVISORY BEFORE COMPLETING THIS QUESTIONNAIRE AND PRELIMINARY FORMS PACKET.

As an applicant for employment with the Goodview Police Department, you are being asked to provide information about yourself which is personal data under the Minnesota Data Practices Act. Under the Data Practices Act, some personal data is classified as public data and the remaining information is classified as private data. You are not legally required to provide the requested information or to sign the authorization and release forms. However, if you do not, the Goodview Police Department will be unable to conduct the necessary background inquiries, which may reduce or eliminate the chance you may have for employment with this agency.

You have been asked to provide the following private data. The specific use of the data is described as follows.

1. Your full name. To conduct a thorough criminal history check, all names by which the applicant is, or has been known by, must be listed. The fingerprint card, authorization and release forms, civil litigation checks, educational and military service verifications, employment and personal references inquiries require the Goodview Police Department to convey your name to third parties. Depending on the position applied for, driver's license check(s) and review of motor vehicle accident records, credit history and social security earnings checks will require the release of your name. For the position of police officer, the Goodview Police Department will post your name in all of the divisions within the department, along with the names of the other applicants, in order to gather information or references from the employees of the department.
2. Your date of birth. In order to access the correct criminal history, military service verification, employment and educational information, your date of birth must be supplied. Depending on the position applied for, driver's license checks, social security earnings and credit history checks also require a date of birth to be listed in order to obtain the correct information.
3. Your sex and race. In order for the BCA and FBI to process fingerprint cards, the race and sex of the person fingerprinted must be entered on the fingerprint card. Your sex and race information will be used solely for the mentioned purpose.
4. Your social security numbers. In order to obtain past and present employment information and educational verifications, your social security number must be conveyed to third parties. It is necessary for your social security number to be used on the fingerprint card. Depending on the position you applied for, a social security earnings and credit history check may be conducted, which will require the release of your social security number.

(please initial that you read this page)

The information gained by the use of the previous name(s), date of birth, sex or race, will be forwarded to the hiring authority without reference to the date of birth, sex or race. Only those in the appointing authority, who have a bona-fide need for your background information will have access. The information obtained by the use of protected class data will be available to you after the investigation has been completed.

The data may also be used for other purposes necessary for the administration of law, rule or ordinance, but will be disseminated only as required by law.

Under the Government Data Practices Act, the following information which is personal data, is defined to be public once you become employed: your name, actual gross salary, salary range, contract fees, actual gross pension, value and nature of employer paid fringe benefits, the basis for and amount of any compensation, including expense reimbursement in addition to salary, job title, job description, education and training background, previous work experience, date of first and last employment, status of any complaints or charges against the employee, whether the complaint or charge resulted in any disciplinary action, and the final disposition of any disciplinary action and supporting documentation, work location, work telephone number, badge number, honors and awards received, payroll time sheets or other comparable data that are only used to account for employee's work time for payroll purposes, except to the extent that release of time sheet data would reveal the employee's reasons for use of sick or other medical leave or other non-public data, and the city and county of residence.

Public data is data which is available to any person upon request. As an applicant, only the following data is public information: veteran status, relevant test scores, rank on eligibility list, job history, education and training, and work availability. Names of applicants shall be private data except when certified as eligible for appointment on a vacancy or when applicants are considered by the appointing authority to be finalists for a position in public employment.

A third party is entitled to access of private data only with your consent, or pursuant to a court order or a statutory provision. *Private information will be disclosed only to the extent that is necessary to complete this employment background investigation or as otherwise allowed or required by law.*

I HAVE READ AND UNDERSTAND THE DATA PRACTICES ADVISORY.

Applicant's Signature

Date

**BOARD OF PEACE OFFICERS STANDARDS AND TRAINING
TRAINING AND LICENSING RULES
CHAPTER 6700**

6700.0100 DEFINITIONS.

Subpart 9a. Conviction. "Conviction" means that a person has been charged with a crime and the person was found guilty of that crime, regardless of length of or imposition or execution of any sentence received, any deferred finding of guilt or imposition of sentence by the court, any continuance for dismissal granted by the court, or any expungement of the offense records or conviction.

6700.0200 STATUTORY AUTHORITY.

The Board of Peace Officer Standards and Training, which operates pursuant to Minnesota Statutes, sections 626.84 to 626.863, is authorized to adopt rules and standards relating to the selection, training, and licensing of peace officers and part-time peace officers in Minnesota. The following rules are adopted pursuant to Minnesota Statutes, sections 214.12, 626.843, and 626.863.

6700.0300 PROFESSIONAL PEACE OFFICER EDUCATION.

Subp. 5. Participation requirements.

B. No student may be admitted to the professional peace officer program who:

- (1) poses a serious threat to the health or safety of themselves or others; or
- (2) has been convicted of any crime listed as a disqualification from appointment to the position of peace officer under part 6700.0700, subpart 1. item E.

The school shall submit to the POST board the names of applicants for the purpose of verifying the conviction data. The POST board shall report to the school the names of applicants who do not qualify for admission under this section.

6700.700 MINIMUM SELECTION STANDARDS.

Subp. 1. Selection standards. A person eligible to be licensed shall meet the following minimum selection standards before being appointed to the position of peace officer. The appointing authority may affirm that the applicant has already completed certain of these standards, but the affirmation must be documented pursuant to subpart 2.

- A. The applicant shall be a citizen of the United States.
- B. The applicant shall possess a valid Minnesota driver's license; or in case of residency therein, a valid driver's license from another state; or eligibility to obtain either license.
- C. The applicant shall complete a comprehensive written application.
- D. *The applicant shall submit to a thorough background search, including searches by local, state, and federal agencies, to disclose the existence of any criminal record or conduct which would adversely affect the performance by the applicant of peace officer duties.*
- E. No applicant may be appointed to the position of peace officer who has been convicted:
 - (1) of a felony in this state or in any other state or federal jurisdiction;
 - (2) of any offense in any other state or federal jurisdiction which would have been a felony if committed in Minnesota;
 - (3) under the following Minnesota Statutes section 609.224 (Assault in the fifth degree), 609.2242 (Domestic assault), 609.231 (Mistreatment of residents or patients), 609.2325 (Criminal abuse), 609.233 (Criminal neglect), 609.2335 (Financial exploitation of a vulnerable adult), 609.234

(Failure to report), 609.324 (Other prohibited acts), 609.465 (Presenting false claims to public officer or body), 609.466 (Medical assistance fraud), 609.52 (Theft), or 609.72, subdivision 3 (Disorderly conduct - Care giver against a vulnerable adult); or convicted under any state or federal narcotics or controlled substance law irrespective of any proceeding under Minnesota Statutes, section 152.18, or any similar law of another state or federal law; or (4) of any of the crimes listed in this item in another state or federal jurisdiction, or under a local ordinance that would be a conviction if committed in Minnesota.

- F. The applicant shall be fingerprinted for the purpose of disclosure of any felony convictions. Fingerprint cards shall be forwarded to the appropriate divisions of the Bureau of Criminal Apprehension and the Federal Bureau of Investigation. The chief law enforcement officer shall immediately notify the board if a previous felony conviction is discovered.
- G. A licensed physician or surgeon shall make a thorough medical examination of the applicant to determine that the applicant is free from any physical condition which might adversely affect the performance of peace officer duties.
- H. An evaluation, including an oral interview, shall be made by a licensed psychologist to determine that the applicant is free from any emotional or mental condition which might adversely affect the performance of peace officer duties.
- I. The applicant shall pass a job-related examination of the applicant's physical strength and agility to demonstrate the possession of physical skills necessary to the accomplishment of the duties and functions of a peace officer.
- J. The applicant shall successfully complete an oral examination conducted by or for the agency to demonstrate the possession of communication skills necessary to the accomplishment of the duties and functions of a peace officer.

Sub. 4. *More rigid standards. An appointing authority may require an applicant to meet more rigid standards than those prescribed in this part.*

6700.1600 VIOLATION OF STANDARDS OF CONDUCT.

Violations of any of the following standards of conduct by a licensee constitutes grounds for disciplinary action:

- A. engaging in conduct prohibited by, or listed as, grounds for disciplinary action in this chapter, Minnesota Statutes, chapter 214, or sections 626.84 to 626.90, or engaging in conduct which violates any statute enforced by the board;
- B. *obtaining a license from the board by fraud or cheating, or attempting to subvert the examination process;*
- C. being convicted of a felony or gross misdemeanor in this state, or in any other state or federal jurisdiction of an offense that would constitute a felony or gross misdemeanor if committed in Minnesota including a finding or verdict of guilt, whether or not the adjudication of guilt is withheld or not entered, an admission of guilt, or no contest;
- D. having been the subject of revocation, suspension, or surrender of a peace officer license or certificate in resolution of a complaint or other adverse action relating to licensing or certification in another jurisdiction;
- E. failing to report the revocation, suspension, or surrender of a license or certificate in resolution of a complaint, or other disciplinary or adverse action taken against a licensee in this or another jurisdiction, or having been refused a license or certificate by any other jurisdiction;
- F. being convicted of a state or federal narcotics or controlled substance law

- irrespective of any proceedings under Minnesota Statutes, section 152.18, or any similar law of another state or federal law;
- G. being adjudicated by a court of competent jurisdiction, within or without the state, as incapacitated, mentally incompetent, chemically dependent, mentally ill and dangerous to the public, or as having a psychopathic personality;
 - H. violating any order issued by the board;
 - I. practicing outside the scope of Minnesota Statutes, section 626.863;
 - J. making an intentional false statement or misrepresentation to the board;
 - K. engaging in sexual penetration or contact without consent, as defined in Minnesota Statutes, section 609.341, or engaging in conduct that violates Minnesota Statutes, section 617.23. Sexual contact does not include contact that is part of standard police procedure such as search and arrest;
 - L. being convicted, including a finding or verdict of guilt, whether or not the adjudication of guilt is withheld or not entered, an admission of guilt, or a no contest plea of a violation of Minnesota Statutes:
 - 1) Violation of an Order for Protection, 518B.01, subdivision 14;
 - 2) Mistreatment of persons confined, 609.23;
 - 3) Mistreatment of residents or patients, 609.231;
 - 4) Criminal sexual conduct in the 1st, 2nd, 3rd, 4th, 5th, degrees. Minnesota Statutes 609.342, 609.343, 609.344, 609.345, 609.3451;
 - 5) Misconduct of a public officer or employee, 609.43;
 - 6) Presenting false claims to a public officer or body, 609.465;
 - 7) Medical assistance fraud, 609.466;
 - 8) Theft, 609.52;
 - 9) Receiving stolen property, 609.53;
 - 10) Violation of Restraining Order, 609.748 subdivision 6;
 - 11) Maltreatment of vulnerable adults, 626.557;
 - M. failing to cooperate with an investigation of the board as required by part 6700.1610, subpart 4;
 - N. engaging in sexual harassment, as defined by Minnesota Statutes, section 363.01, sub. 41;
 - O. using deadly force when not authorized by Minnesota Statutes, section 609.66; or
 - P. being convicted of solicitation, inducement, or promotion of prostitution in violation of Minnesota Statutes, section 609.322, or any conviction under Minnesota Statutes, section 609.324 (Sex Crimes - Other prohibited acts), or being convicted of similar offenses in another state or federal jurisdiction.

6700.0701 NOTIFICATION OF CONVICTION.

If any background search required by this chapter reveals a conviction of a felony, or the conviction of any crime listed in this chapter, or conviction of a crime which was charged under an ordinance or law of another state but would be a conviction under Minnesota Statutes, section 609.52, if it was charged under state law, *the chief law enforcement officer shall immediately notify the board.*

GOODVIEW POLICE DEPARTMENT REJECTION CRITERIA

The following will result in the rejection of police applicants:

Felony & gross misdemeanor convictions (including pardons & expunctions);

Controlled substance conviction;

Criminal sexual misconduct conviction;

Assaulting, fleeing or eluding a police officer conviction;

Evidence that the applicant has misrepresented or falsified any information;

Falsely reporting a crime.

The following may result in the rejection of police applicants:

D.U.I., Implied Consent, or B.A.C. over .08, on the driving record within the last 5 years.

Misdemeanor conviction (including traffic, D.A.R., & D.A.S.) within the last 3 years.

Dismissal from a police agency or a negotiated resignation in lieu of termination.

An undesirable discharge from the military, or an honorable discharge which indicates the applicant is not eligible for re-enlistment.

More than two (2) "at fault" motor vehicle accidents within the past two (2) years.

Documented instances of misconduct by prior employers.

Documented instances of undesirable work habits.

Documented pattern of unfitness or patterns of misconduct.

Documented history of behavior, which indicates that the applicant will not succeed as a Goodview police officer.

Insufficient or unsatisfactory references.

Unsatisfactory personal qualifications.

BACKGROUND INVESTIGATOR'S QUICK REFERENCE

1. Name: _____
(last) (first) (middle)

Nicknames: _____

Have you ever changed your name? Yes No

If yes, list other name(s) used and the date and location of the name change: _____

Date of Birth (month/day/year): _____

2. Current Address: _____
(number) (street) (apt)

(city)

(county)

(state)

(zip)

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email address(es): _____

3. List the full names and dates of birth of everyone over the age of 16 that live in your household:

(last)

(first)

(middle)

(DOB)

(last)

(first)

(middle)

(DOB)

(last)

(first)

(middle)

(DOB)

4. Driver's License Number:

State Issued: _____

5. Highest education attained (circle one):

High School College: 1 2 3 4 Graduate School

Name/location of college: _____

Major area of study: _____

Minor area of study: _____

Name/location of skills course: _____

Date of skills completion: _____

Date of POST exam: _____

6. Do you have a peace officer license? Yes No

7. Have you ever been employed as a peace officer with another agency?

Yes No

If yes, which law enforcement agency? _____

Police academy attended: _____

Academy attendance dates: _____

8. List any prior law enforcement/criminal justice employment experience:
(Include agency, position, dates of employment, including internships)

9. Have you ever served in the military?

Yes No

If yes, complete the following:

Branch: _____

Length of Service: _____ years _____ months

Highest rank: _____

10. What are your hobbies/special interests?

11. List all volunteer and community service positions you have held. Include: name and address of organization, phone number, dates, total hours worked, services performed, and name of supervisor.

ESSENTIAL FUNCTIONS OF A POLICE OFFICER

With or without reasonable accommodations, can you perform the following tasks that describe the essential functions of a police officer?

13. Do you have the ability to communicate fluently, both speaking and writing, in English?

Yes No

14. Do you have the ability to understand and follow detailed oral and written instructions?

Yes No

15. Do you have the ability to be mobile for long periods of time, including, but not limited to, standing, walking, running, jumping, crawling, stooping, kneeling, and crouching?

Yes No

16. Do you have the ability to work in conditions in which exposure to dust, disagreeable odors, eye irritants (such as tear gas) and change in temperatures and environmental conditions occur?

Yes No

17. Do you have the ability to work in a fairly confined space? Most patrol officers are required to ride in a squad car for long periods of time. If assigned to foot patrol (less than 10% of patrol officers) this would still involve riding in a squad car if necessary and also the ability to conduct building searches and respond to calls which might require entering small, confined spaces.

Yes No

18. Do you have adequate eyesight (corrected if necessary) to perform patrol duties, detect crime, complete arrest processes and write necessary reports?

Yes No

19. Do you have adequate hearing (corrected if necessary) to perceive detailed information through oral communication including radio and telephonic as well as to perform patrol duties and detect possible crime and/or calls for assistance?

Yes No

20. Do you have the ability to competently use a handgun, rifle, taser and baton?

Yes No

APPLICANT INFORMATION

21. What is your full name?

(last) (first) (middle)

22. Give any other names you have used or have been known by. (If none, so state)

23. Are you a United States citizen? (POST requirement)

Yes No

If yes, provide a copy of your birth certificate or other documentation that proves citizenship.

24. Are you currently licensed as a peace officer in Minnesota?

Yes No

If yes, provide a copy of your license and current renewal card and complete the following.

Current status of your peace officer license:

_____ Valid-Active Status _____ Valid-Inactive Status

_____ Lapsed _____ Surrendered

_____ Suspended _____ Revoked

License number: _____

Original issue date: _____

Expiration date: _____

Current number of continuing education (C.E.) hours for this renewal period: _____

If no, and licensed elsewhere, please provide the following information:

State where licensed: _____ Lic. # _____

Expiration date: _____

Current number of continuing education (C.E.) hours for this renewal period: _____

25. Have you ever had any disciplinary action taken against your license? YesNo

If yes, explain below:

- 26. Academic component of professional peace officer program completed at:
(Complete a release form for this school)

_____	_____
(school)	(degree)

_____	_____
(from: month/year)	(to: month/year)

_____	_____	_____
(number)	(street)	(phone)

_____	_____	_____	_____
(city)	(county)	(state)	(zip)

- 27. Are you eligible for a P.O.S.T. license?

Yes No

If yes, when does your eligibility expire? _____

If yes, provide a photocopy of P.O.S.T. Board eligibility letter.

- 28. Have you ever possessed a part-time peace officer license?

Yes No

If yes, which one? _____

Current status of this license:

_____ Valid-active status	_____ Valid-inactive status
_____ Lapsed	_____ Other (please explain)

- 29. Skills component of professional peace officer education completed at:

(Complete a release form for this school)

(school)

(from: month/year) (to: month/year)

(number) (street) (phone)

(city) (county) (state) (zip)

Date of completion: _____

Date you passed peace officer licensing examination: _____

30. Have you participated in an internship with any police agency?
Use additional sheets if necessary. (Complete a release form for each agency)

Yes No

If yes, please list agencies below:

(agency) (supervisor's name)

(number) (street) (phone)

(city) (state) (zip)

31. If you completed academy training outside of Minnesota, please complete the following:

Use additional sheets if necessary (Complete a release form for each academy and/or school)

 (name of training program)

 (number)

 (street)

 (phone)

 (city)

 (state)

 (zip)

Date of completion: _____

Length of Course: _____

Date of certification: _____

Date you passed the Minnesota POST Reciprocity Exam: _____

RESIDENCY

32. In chronological order, list each and every place you have lived, beginning with your present address. Include all addresses while in school and the military. Make photocopies of page 18 if additional space is needed. (Complete a release form for every city and county)

A.

 (from: month/year)

 (to: month/year)

 (number)

 (street)

 (apt)

 (city)

 (county)

 (state)

 (zip)

 (phone)

B.

 (from: month/year)

 (to: month/year)

 (number)

 (street)

 (apt)

 (city)

 (county)

 (state)

 (zip)

 (phone)

C.

(from: month/year)

(to: month/year)

(number)

(street)

(apt)

(city)

(county)

(state)

(zip)

(phone)

D.

(from: month/year)

(to: month/year)

(number)

(street)

(apt)

(phone)

E.

(from: month/year)

(to: month/year)

(number)

(street)

(apt)

(city)

(county)

(state)

(zip)

(phone)

F.

(from: month/year)

(to: month/year)

(number)

(street)

(apt)

(city)

(county)

(state)

(zip)

(phone)

G.

(from: month/year)		(to: month/year)	
(number)	(street)	(apt)	
(city)	(county)	(state)	(zip)
(phone)			

FAMILY INFORMATION

33. Provide the requested information regarding your father, mother, brothers, sisters, stepfather, stepmother, stepbrothers and stepsisters, including those that are deceased. If deceased, please note in the left margin. For all females, include any and all last names ever used. If the individual is currently under the age of 16, please note in the left margin. Make photocopies of page 20 if additional space is needed.

A.

(name)	(relationship)	(occupation/student)	
(number)	(street)	(apt)	
(city)	(county)	(state)	(zip)
(H)	(C)	(W)	
(phone)			

B.

(name)	(relationship)	(occupation/student)	
(number)	(street)	(apt)	
(city)	(county)	(state)	(zip)
(H)	(C)	(W)	
(phone)			

C.

(name)	(relationship)	(occupation/student)	
(number)	(street)	(apt)	
(city)	(county)	(state)	(zip)
(H)	(C)	(W)	
(phone)			

D.

(name)	(relationship)	(occupation/student)	
(number)	(street)	(apt)	
(city)	(county)	(state)	(zip)
(H)	(C)	(W)	
(phone)			

E.

(name)	(relationship)	(occupation/student)	
(number)	(street)	(apt)	
(city)	(county)	(state)	(zip)
(H)	(C)	(W)	
(phone)			

PEACE OFFICER ACQUAINTANCES

34. List any peace officers you are acquainted with. (Limit your response to 7)

A.

(name)	(rank)	(department)
(number)	(street)	(apt)
(city)	(county)	(state) (zip)
(H) (phone)	(C)	(W)

B.

(name)	(rank)	(department)
(number)	(street)	(apt)
(city)	(county)	(state) (zip)
(H) (phone)	(C)	(W)

C.

(name)	(rank)	(department)
(number)	(street)	(apt)
(city)	(county)	(state) (zip)
(H) (phone)	(C)	(W)

D.

(name)	(rank)	(department)
(number)	(street)	(apt)

(city) (county) (state) (zip)

(H) (C) (W)

(phone)

E.

(name) (rank) (department)

(number) (street) (apt)

(city) (county) (state) (zip)

(H) (C) (W)

(phone)

F.

(name) (rank) (department)

(number) (street) (apt)

(city) (county) (state) (zip)

(H) (C) (W)

(phone)

FRIENDS AND ASSOCIATES

35. List the names of friends and/or associates. Do not list additional peace officers. (Limit your response to 7)

A.

(name)

(number) (street) (apt)

(city) (county) (state) (zip)

(H) (C) (W)

(phone)

B.

(name)

(number) (street) (apt)

(city) (county) (state) (zip)

(H) (C) (W)

(phone)

C.

(name)

(number) (street) (apt)

(city) (county) (state) (zip)

(H) (C) (W)

(phone)

D.

(name)

(number) (street) (apt)

(city) (county) (state) (zip)

(H) (C) (W)

(phone)

E.

(name)

(number) (street) (apt)

(city) (county) (state) (zip)

(H) (C) (W)

(phone)

F.

(name)

(number) (street) (apt)

(city) (county) (state) (zip)

(H) (C) (W)

(phone)

EDUCATION HISTORY

36. In chronological order, list all colleges and high schools you have attended, beginning with the most recent. (Complete a release form for each school.) Make photocopies of page 26 if additional space is needed.

A.

(name of school)	(phone)		
(major)	(degree)		
(from: month/year)	(to: month/year)		
(number)	(street)		
(city)	(county)	(state)	(zip)

B.

(name of school)	(phone)		
(major)	(degree)		
(from: month/year)	(to: month/year)		
(number)	(street)		
(city)	(county)	(state)	(zip)

C.

(name of school)	(phone)		
(major)	(degree)		
(from: month/year)	(to: month/year)		
(number)	(street)		
(city)	(county)	(state)	(zip)

D.

(name of school) (phone)

(major) (degree)

(from: month/year) (to: month/year)

(number) (street)

(city) (county) (state) (zip)

E.

(name of school) (phone)

(major) (degree)

(from: month/year) (to: month/year)

(number) (street)

(city) (county) (state) (zip)

37. List any disciplinary action (behavior or academic) taken against you by the college(s) and/or high school(s) you attended. Include name of school, date, infraction(s) and a brief explanation for each one.

38. List any awards or certificates you received in college or high school. Include name of school, dates, award/certificate, and a brief explanation.

39. Have you participated in any internship programs not related to law enforcement?
If yes, please include name of internship program, address, dates, description of services performed and name of supervisor.

IMMEDIATELY FORWARD transcripts from all skills programs, academies, college(s) and high school(s) that you have attended to your background investigator at the following address: Goodview Police Department, 201 W. 3rd St., Goodview, MN 55987.

MILITARY AND SELECTIVE SERVICE

40. If you are a male and were born after 1960, have you registered with the Selective Service?

Yes No

If no, explain why _____

41. Upon registration for military service, have you ever been disqualified for reasons other than medical?

Yes No

If yes, explain below:

42. Have you ever served as an ACTIVE member in the United States military? (Reserves or National Guard, see question #50)

Yes No

If yes, enclose a copy of your DD 214 and complete a Standard Form 180 (Request Pertaining to Military Records.)

If yes, give details: _____

43. Branch of service: _____

Military specialty (MOS): _____

44. Rank held at time of discharge: _____

Highest rank you achieved: _____

Service serial number: _____

Name of commanding officer at time of discharge: _____

45. List period(s) of active service:

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

46. How many discharges or separations from the service were issued to you?

Discharges: _____ Separations: _____

47. Has your discharge or separation notice ever been corrected or changed?

Yes No

48. What was the nature of the change?

From: _____

To: _____

49. Were you ever the subject of any military disciplinary action?

Yes No

If yes, give details of charges, agency concerned, dates and dispositions:

50. Have you ever been a member of the reserve forces (any branch) of the United States, or the National Guard of any state? (If yes, complete Standard Form 180, Request Pertaining to Military Records)

Yes No

If yes, state which, active or inactive: _____

Branch: _____

Regiment: _____

Unit: _____

Rank: _____

Address: _____

From: _____ To: _____

51. List any awards or decorations you received while in the military:

52. Have you ever served in a military organization of any foreign government?

Yes No

If yes, give details: _____

EMPLOYMENT HISTORY

53. In chronological order, list your past employment history. Begin with your present employer and continue listing all places previously employed (include full time, part time, seasonal, etc.) since the age of 18 years. OMIT NONE. Give correct and current information. Give dates of non-employment between periods of employment in proper sequence. Indicate name under which you were employed if different than present name. (Complete a release form for each employer.) Make photocopies of page 32 if additional space is needed.

A.

_____ (present employer) (phone)

_____ (immediate supervisor) (phone)

_____ (number) (street)

_____ (city) (county) (state) (zip)

_____ (from: month/year) (to: month/year)

_____ (position)

Duties and/or reason for leaving:

B.

(employer) (phone)

(immediate supervisor) (phone)

(number) (street)

(city) (county) (state) (zip)

(from: month/year) (to: month/year)

(position)

Duties and/or reason for leaving: _____

C.

(employer) (phone)

(immediate supervisor) (phone)

(number) (street)

(city) (county) (state) (zip)

(from: month/year) (to: month/year)

(position)

Duties and/or reason for leaving: _____

D.

(employer) (phone)

(immediate supervisor) (phone)

(number) (street)

(city) (county) (state) (zip)

(from: month/year) (to: month/year)

(position)

Duties and/or reason for leaving: _____

E.

(employer) (phone)

(immediate supervisor) (phone)

(number) (street)

(city) (county) (state) (zip)

(from: month/year) (to: month/year)

(position)

Duties and/or reason for leaving: _____

F.

(employer) (phone)

(immediate supervisor) (phone)

(number) (street)

(city) (county) (state) (zip)

(from: month/year) (to: month/year)

(position)

Duties and/or reason for leaving: _____

G.

(employer) (phone)

(immediate supervisor) (phone)

(number) (street)

(city) (county) (state) (zip)

(from: month/year) (to: month/year)

(position)

Duties and/or reason for leaving: _____

54. Were you ever terminated or asked to resign from employment?
Attach additional sheets if necessary.

Yes No

If yes, please complete the following:

(employer) (phone)

Date left and reason for leaving: _____

55. Were you ever the subject of any disciplinary action or have you grieved any action in connection with any employment? Attach additional sheets if necessary.

Yes No

(employer) (phone)

If yes, give details: _____

56. Have you, or any corporation or partnership of which you were an officer, director, or partner, ever possessed a license or permit (excluding driver's license or learner's permit) issued by any governmental agency?

Yes No

If yes, give details: _____

57. Are you now engaged, or have you ever been, in any business as an owner (active or silent), partner, stockholder, and/or corporate member? (Complete a release form if you answered yes)

Yes No

If yes, give details: _____

58. Have you ever possessed a professional or occupational license, permit or certificate (excluding peace officer license)? (Complete a release form if you answered yes)

Yes No

If yes, give details: _____

59a. Has any license or permit (excluding driver's license or learner's permit) issued to you ever been denied, revoked, suspended or canceled? (Complete a release form if you answered yes)

Yes No

If yes, give details: _____

59b. Has any license or permit (excluding driver's license or learner's permit) issued to any corporation or partnership, of which you were an officer, director, or partner ever been denied, revoked, suspended or canceled? (Complete a release form if you answered yes)

Yes No

If yes, give details: _____

FINANCIAL HISTORY

63. The following information will be used for obtaining a credit report.

(last name)

(first name)

(middle name)

(generation: Jr., III, etc.)

(social security number)

(date of birth)

64. Have you ever declared bankruptcy (Chapter 7, Chapter 11, Chapter 13)? Yes No

If yes, provide date(s) of bankruptcy and the county and state in which it occurred:

65. List the institutions, businesses, and/or persons, with whom you have accounts, and/or are indebted to. Include any and all mortgage(s), rent(s), loan(s), savings account(s), checking account(s), bank card(s), credit card(s), stock(s), bond(s), money market account(s), and any other debt(s) and/or payment(s). Make photocopies of page 40 if additional space is needed. (Complete a release form for each institution)

A.

_____	_____
(name of institution)	(phone)
_____	_____
(type of account)	(account number)
_____	_____
(total balance owed)	(monthly payment)
_____	_____
(number)	(street)
_____	_____
(city)	(state) (zip)

B.

(name of institution)	(phone)	
(type of account)	(account number)	
(total balance owed)	(monthly payment)	
(number)	(street)	
(city)	(state)	(zip)

C.

(name of institution)	(phone)	
(type of account)	(account number)	
(total balance owed)	(monthly payment)	
(number)	(street)	
(city)	(state)	(zip)

D.

(name of institution)	(phone)	
(type of account)	(account number)	
(total balance owed)	(monthly payment)	
(number)	(street)	
(city)	(state)	(zip)

E.

(name of institution)	(phone)
(type of account)	(account number)
(total balance owed)	(monthly payment)
(number)	(street)
(city)	(state) (zip)

F.

(name of institution)	(phone)
(type of account)	(account number)
(total balance owed)	(monthly payment)
(number)	(street)
(city)	(state) (zip)

G.

(name of institution)	(phone)
(type of account)	(account number)
(total balance owed)	(monthly payment)
(number)	(street)
(city)	(state) (zip)

LITIGATION

66. Were you ever a party to any civil action or proceeding, or have you been named in a notice of claim that you may be a defendant in a civil action or proceeding? Civil action includes: automobile accidents, orders for protection, restraining orders, child custody, credit or bank business, student loans, etc...

Yes No

If yes, indicate EVERY civil action or proceeding. Use additional sheets if necessary.

A. _____
(date) (plaintiff, defendant, petitioner, respondent)

(action or proceeding) (county)

(disposition)

B. _____
(date) (plaintiff, defendant, petitioner, respondent)

(action or proceeding) (county)

(disposition)

C. _____
(date) (plaintiff, defendant, petitioner, respondent)

(action or proceeding) (county)

(disposition)

D. _____
(date) (plaintiff, defendant, petitioner, respondent)

(action or proceeding) (county)

(disposition)

TRAFFIC LAW VIOLATIONS

71. Have you ever received a traffic ticket or summons for violation of the traffic laws in any state?

Yes No

If yes, include EVERY ticket or summons, providing the date of offense, charging agency, location of incident (including city, county and state), charge(s) and disposition:

72. Have you ever been fingerprinted?

Yes No

If yes, provide the date, agency (including city, county and state), and reason for fingerprinting:

MOTOR VEHICLE & DRIVER'S LICENSE HISTORY

73. Has your driver's license or other vehicle operator's license ever been revoked, suspended or canceled?

Yes No

If yes, complete the following:

Type of License: _____

Which (circle one): Revocation / Suspension / Cancellation:

Date: _____

Agency: _____

Reason: _____

74. If you answered yes to question #73, was your license ever restored?

Yes No

If yes, complete the following:

Date of Restoration: _____

Agency: _____

Reason: _____

75. Have you ever been involved in a motor vehicle accident as the driver?

Yes No

If yes, list all of the motor vehicle accidents you have been involved in. Include date, city, county, state, agency, violations (if any) and type of accident. Attach additional sheets if necessary.

76. Have you ever possessed a Minnesota Driver's License? Yes No

If yes, complete the following:

Driver's License Number: _____

Type of License: _____

(Complete a Minnesota Department of Public Safety Driver & Motor Vehicle Section release form)

77. Have you ever possessed a driver's license issued by any state other than Minnesota?

Yes No

If yes, complete a release form listing the state and the driver's license number on the release.

State Issued: _____

License Number: _____

Type of License: _____

78. Give the name, address and phone number of your current auto insurance company and provide the policy number. (Complete a release form for your insurance company)

Provide a copy of your auto insurance card.

79. Has any auto insurance company taken action against your insurance coverage?

Yes No

If yes, provide the auto insurance company name, including address and phone number if known, and provide the policy number:

80. List all vehicles that are registered to you, either as the sole owner or a co-owner, including the year, make, model, license plate number and registering state.

AUTOBIOGRAPHY

Tell Us Who You Are

Please provide an autobiographical portrait of your life. Include in your response the following:

Describe some of your significant life experiences. How have these experiences affected you? How have these experiences influenced your decision to become a police officer?

Instructions:

1. This must be in your own handwriting;
2. Use black ink pen, no pencil.
3. Sign your autobiography using your normal signature.

Signature Page

This statement must be signed

I attest that all of the statements made by me in this background questionnaire and the documents that I have submitted are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made with the intent to commit fraud, any fraudulent conduct, or any attempted deception by me or by others with my knowledge, approval or support, in any application, paper or document submitted, shall bar me from further examinations for at least two (2) years; or omission of any information from this questionnaire may be cause for my rejection, or removal from any eligible list, or dismissal if employed.

I fully understand the questions in this background questionnaire and what is being inquired of me throughout this booklet. I further acknowledge the discovery of any omissions or discrepancies may be grounds for dismissal from the Goodview Police Department hiring process.

Applicant Signature _____ **Date** _____

CHECKLIST OF COMPLETED ITEMS

Be sure to include the following in your background packet?

- Copy of birth certificate
- Copy of peace officer license or letter of eligibility of P.O.S.T. license
- General release forms for each the following:
 - Professional peace officer program
 - Academic institutions
 - Skills programs and/or police academies
 - Cities and Counties in which you have lived
 - Employers
 - Stockholder, corporation member (if applicable)
 - Out of state driver's license (if applicable)
 - Minnesota Department of Public Safety (if applicable)
 - Waiver for current police officers (if applicable)
 - Credit report
- Standard Form 180 and DD 214 (for military records, if applicable)
- Professional occupational license(s)
- Copy of driver's license
- Copy of auto insurance card

Have you requested transcripts from all colleges and high schools attended to be mailed to the Goodview Police Department?