



COTTLEVILLE POLICE DEPARTMENT Personal History Questionnaire Instructions

Applications will only be accepted and/or considered from individuals that possess 60 college credits with a minimum GPA of 3.0 from a regionally accredited college and/or Individuals with 3 years of consecutive full time police officer experience.

The personal history questionnaire is a vital step in the hiring process. Please take due care in completing the questionnaire with exacting detail. Every section must be completed with no errors or omissions. Applicants are cautioned that any omission or misleading information is immediate grounds for removal from the hiring process.

The personal history questionnaire must be completed by the applicant. The questionnaire can be typed or hand-printed in black ink. Applicants must include the documents outlined below with their application (copies only, do not include originals as they will not be returned).

Incomplete applications will not be considered.

Please ensure the following documents are included in the order listed below:

1. Recent Photograph (current within 90 days)
2. Copy of Birth Certificate
3. Copy of State Drivers License
4. Copy of POST Class A License
5. Police Academy Certificate
6. Summary of Advanced Police Training (Not Copies of Certificates)
7. DD-214 Long Form (if applicable)
8. Student Copy of College Transcript
9. Copies of 3 police reports the applicant has authored

Should you have any questions or need additional information, please contact Colonel Steve James.

Thank you for considering the Cottleville Police Department!

COLONEL STEVE JAMES
Chief of Police
DSN 400
steve.james@cityofcottleville.com



Mission

Defend, protect and preserve the quality of life in Cottleville.

Vision

The Cottleville Police Department is committed to providing quality police service to our community with the highest level of professionalism and integrity. We dedicate ourselves to proactively solving problems, preventing and fighting crime, and promoting a higher quality of life by working in partnership with the community.

Core Values:

Reverence for the Law

Unwavering support of the freedoms and rights guaranteed to all persons in the Constitution

Integrity in All We Say and Do

A pledge to hold ourselves to the highest legal, moral and ethical standards

Respect for People

We believe in treating every person with dignity and respect

Excellence through Continuous Improvement

We will strive to be at the "tip of the spear", leading change, never satisfied with the status quo

Personal Courage

Ever ready to face fear, danger or adversity both physical and mental



COTTLVILLE POLICE DEPARTMENT

Police Officer Applicant Personal History Questionnaire

PERSONAL The following information is requested of you for verification and contact purposes:

1. Your Name (please print or type)												
Last	First	Middle										
Other names (including nicknames) you have used or been known by:												
2. Please list address at which you can be contacted.												
Number	Street	City State Zip Code										
3. Please list two local telephone numbers at which you can be contacted and the hours during which you will be available at these numbers.		() _____ Hrs. during which you can be contacted:										
		() _____ Hrs. during which you can be contacted:										
4. Birth date		5. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation? <input type="checkbox"/> YES <input type="checkbox"/> NO										
(Month)	(Day) (Year)											
6. Social Security Number												
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> </tr> </table>												In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)
For the purposes of identification, please provide the following:												
Height	Weight	Hair Color	Eye Color									
Scars, tattoos, or other distinguishing marks:												

RELATIVES AND REFERENCES

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of peace officer. Inquiries will be confined to job-relevant matters.

8. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write "N/A."		
If living, name of your:	Address where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
Father	() Home () Work () Other	() Home () Work () Other
Mother	() Home () Work () Other	() Home () Work () Other
Father-in-Law	() Home () Work () Other	() Home () Work () Other
Mother-in-Law	() Home () Work () Other	() Home () Work () Other
Spouse	() Home () Work () Other	() Home () Work () Other
Former Spouse (s)	() Home () Work () Other	() Home () Work () Other



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RELATIVES AND REFERENCES (Continued)

If living, name of your:	Address where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
Spouse (s) Continued	() Home () Work () Other	() Home () Work () Other
Brother (s) and Sister (s)	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
Step-Mother	() Home () Work () Other	() Home () Work () Other
Step-Father	() Home () Work () Other	() Home () Work () Other
Step-brother(s) and Step-sister(s)	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other

Other relatives with whom you have a close personal relationship (including children)

	Relationship	() Home () Work () Other	() Home () Work () Other
	Relationship	() Home () Work () Other	() Home () Work () Other
	Relationship	() Home () Work () Other	() Home () Work () Other
	Relationship	() Home () Work () Other	() Home () Work () Other
	Relationship	() Home () Work () Other	() Home () Work () Other

Below, please list those individuals with whom you have resided during the last 10 years (list no information prior to your 15th birthday.) Exclude family members.

	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other



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RELATIVES AND REFERENCES (Continued)

10. In the space below, please list as references 3 – 5 individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.

Name:	Address where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other
	() Home () Work () Other	() Home () Work () Other

EDUCATION

11. The Commission on Peace Officer Standards and Training requires a peace officer to possess a U.S. high school diploma or its equivalent. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes.

<input type="checkbox"/> I possess a high school diploma from a U.S. Institution.	<input type="checkbox"/> I possess a Masters Degree
<input type="checkbox"/> I possess a G.E.D. (General Educational Development) test	<input type="checkbox"/> I possess a Doctorate Degree
<input type="checkbox"/> I possess a two-year college degree	<input type="checkbox"/> I have a POST "Class A" Certification
<input type="checkbox"/> I possess a four-year college or university degree	<input type="checkbox"/> I'm currently enrolled in the Police Academy. My scheduled graduation date
<input type="checkbox"/> I possess 60 college credits with a grade of "C" or above	

12. Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Location of School (city and state)	Dates Attended		School References (teachers, counselors, etc.)
		From Month/Year	To Month/Year	



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EDUCATION (continued)

13. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two and four-year colleges, universities, business and vocational schools or any formal education beyond the high school level.)

YES NO

If "yes", please explain (include school, date, and circumstances).

RESIDENCE

Individuals who have become acquainted with you by reason of your residing in different locations, are often helpful in providing useful information for the background investigation.

14. Please list all of your residences during the last 10 years (list no information prior to your 15th birthday.) Begin with your most current residence.

Address of Residence	City, State & Zip Code	Dates Attended		If rented, give name & address of the person responsible for the collection of rent.
		From Month/Year	To Month/Year	



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EXPERIENCE AND EMPLOYMENT

15. Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 15 years. (For the purposes of this personal history questionnaire, volunteer work should be included as employment.) For identification and verification, please indicate the nature of the activity; i.e. full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Dates of Employment	Name and Address of Employer	Name of Supervisor
From Month/Year	Name:	
To Month/Year	Address:	
____/____	Telephone Number: ()	Name (s) of co-worker(s)
<input type="checkbox"/> Full-time	Title or duties (for identification purposes)	
<input type="checkbox"/> Part-time		
<input type="checkbox"/> Voluntary		

Reason for leaving

Military Service Not employed From: Month/Year To: Month/Year
 _____/____ _____/_____

Dates of Employment	Name and Address of Employer	Name of Supervisor
From Month/Year	Name:	
To Month/Year	Address:	
____/____	Telephone Number: ()	Name (s) of co-worker(s)
<input type="checkbox"/> Full-time	Title or duties (for identification purposes)	
<input type="checkbox"/> Part-time		
<input type="checkbox"/> Voluntary		

Reason for leaving

Military Service Not employed From: Month/Year To: Month/Year
 _____/____ _____/_____



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EXPERIENCE AND EMPLOYMENT (continued)

Dates of Employment		Name and Address of Employer	Name of Supervisor
From Month/Year	To Month/Year	Name:	Name (s) of co-worker(s)
____/____/____	____/____/____	Address:	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Telephone Number: ()	
		Title or duties (for identification purposes)	
Reason for leaving:			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		From: Month/Year	To: Month/Year
		____/____/____	____/____/____
Dates of Employment		Name and Address of Employer	Name of Supervisor
From Month/Year	To Month/Year	Name:	Name (s) of co-worker(s)
____/____/____	____/____/____	Address:	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Telephone Number: ()	
		Title or duties (for identification purposes)	
Reason for leaving			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		From: Month/Year	To: Month/Year
		____/____/____	____/____/____
Dates of Employment		Name and Address of Employer	Name of Supervisor
From Month/Year	To Month/Year	Name:	Name (s) of co-worker(s)
____/____/____	____/____/____	Address:	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Telephone Number: ()	
		Title or duties (for identification purposes)	
Reason for leaving			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		From: Month/Year	To: Month/Year
		____/____/____	____/____/____



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EXPERIENCE AND EMPLOYMENT (continued)

Dates of Employment		Name and Address of Employer	Name of Supervisor
From Month/Year	To Month/Year	Name: Address: Telephone Number: ()	Name (s) of co-worker(s)
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Title or duties (for identification purposes)	
Reason for leaving			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		From: Month/Year	To: Month/Year
		_____ / _____	_____ / _____
Dates of Employment		Name and Address of Employer	Name of Supervisor
From Month/Year	To Month/Year	Name: Address: Telephone Number: ()	Name (s) of co-worker(s)
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Title or duties (for identification purposes)	
Reason for leaving			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		From: Month/Year	To: Month/Year
		_____ / _____	_____ / _____
Dates of Employment		Name and Address of Employer	Name of Supervisor
From Month/Year	To Month/Year	Name: Address: Telephone Number: ()	Name (s) of co-worker(s)
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Title or duties (for identification purposes)	
Reason for leaving			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed		From: Month/Year	To: Month/Year
		_____ / _____	_____ / _____



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EXPERIENCE AND EMPLOYMENT (continued)

<p>16. Would any problem result if your present employer was contacted during the course of the background investigation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, when should such contact be made? _____</p>
<p>17. If you have had no prior employment, please explain in the space below.</p>
<p>18. Have you had any extended work absences for reason other than earned vacations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain. (Include when, name of employer, and why).</p>
<p>19. Have you ever been fired or asked to resign from any place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please give details. (Include when, where, and circumstances).</p>
<p>20. Have you ever been either a successful or unsuccessful candidate for another position requiring peace officer powers? If yes, please give details. (Include when, name of agency, and circumstances). <input type="checkbox"/> Yes <input type="checkbox"/> No</p>



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MILITARY SERVICE

21. If you are male and under age 26, please provide the following:				
Selective Service Number	Approximate Date of Registration		Address at Time of Registration	
22. Have you ever served in the armed forces, National Guard, or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please supply the following information:				
Branch of Service	Service Number	Dates of Service ____/____ to ____/____	Type of Discharge	
23. Are you <u>currently</u> participating in any military reserve or National Guard program? <input type="checkbox"/> Yes <input type="checkbox"/> No				
24. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard, or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please give details. (Include branch of service, when, where, and circumstances).				
25. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.				
Name	Contact Address	Contact Telephone	Years Known	
			From	To



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FINANCIAL

26. The management of personal finances is relevant to an individual's qualifications for the position of peace officer. Therefore, please fill in the financial questionnaire below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluation of your qualifications, but rather the behavior exhibited in meeting your financial obligations will be considered.

CURRENT MONTHLY INCOME			CURRENT MONTHLY EXPENDITURES		
Monthly Salary	\$		Real Estate (mortgage) payment(s)	\$	
Spouse's Salary			Rent		
Other monthly income – Describe:			Other monthly payments – Describe:		
			Estimated monthly cost of living (including utilities, food, gasoline, home and car maintenance, entertainment, etc.) and any other obligations.		
TOTAL MONTHLY INCOME	\$		TOTAL MONTHLY EXPENDITURES	\$	

CURRENT ASSETS			CURRENT LIABILITIES		
Savings	\$		Real Estate Indebtedness	\$	
Checking			Long-term Loans		
Real Estate			Charge Accounts		
Stocks and Bonds			Auto Loans		
Life Insurance (cash value of whole life policy)			Other Liabilities – Describe		
Other Assets – Describe:					
TOTAL ASSETS	\$		TOTAL LIABILITIES	\$	



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FINANCIAL (continued)

27. Please supply more detailed information about your charge accounts, contracts, or other financial liabilities.		
Name of Firm	Address	Account Number
28. Have you ever filed for or declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details. (Include when, where, why).		
29. Have any of your bills ever been turned over to a collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details. (Include when, firms involved, circumstances).		
30. Have you ever had purchased goods repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details. (Include when, firms involved, circumstances).		



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FINANCIAL (continued)

31. Have your wages ever been garnished? If yes, please give details. (Include when, where, why).	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Have you ever been delinquent on income or other tax payments? If yes, please give details. (Include when, where, why).	<input type="checkbox"/> Yes <input type="checkbox"/> No

LEGAL

33. If you have ever been arrested or convicted for any crime (excluding traffic citations), please give the following information:		
Approx. Date	Police Agency	Circumstances
34. Have you ever been placed on court probation as an adult? If yes, please give details. (Include when, where, why).		<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? If yes, please give details (Include when, where, why).		<input type="checkbox"/> Yes <input type="checkbox"/> No



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LEGAL (continued)

36. Have you ever been reported to a law enforcement agency as a missing person or a runaway? If yes, please give details. (Include date, law enforcement agency, circumstances). <input type="checkbox"/> Yes <input type="checkbox"/> No
37. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? If yes, please give details. (Include when, where, name and location of court, circumstances). <input type="checkbox"/> Yes <input type="checkbox"/> No

MOTOR VEHICLE OPERATION

Operation of a motor vehicle is an integral part of the position of patrol officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information.

38. Missouri driver's license number:		Expiration Date	
Name under which license was granted:			
39. Please list other states where you have been licensed to operate a motor vehicle.			
State:	State:	State:	State:
Name under which License was granted:	Name under which license was granted:	Name under which license was granted:	Name under which license was granted:
40. Have you ever been refused a driver's license by any state? If yes, please explain. (Include when, where, why).			<input type="checkbox"/> Yes <input type="checkbox"/> No



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MOTOR VEHICLE OPERATION (continued)

41. Missouri law requires that operators and owners of motor vehicles be covered by automobile liability insurance. Therefore, please list the current liability insurance you have with your motor vehicles.

Company	Address	Policy Number	Date of Expiration

42. Please list all traffic citations (exclude parking citations) you have received within the last 5 years.

Nature of Violation	Location (City)	Approximate Date	Indicate whether fined or action taken on driver's license

43. Have you ever been involved as a driver in a motor vehicle accident within the last 5 years?

If yes, please give details for each accident. Yes No

Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	



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MOTOR VEHICLE OPERATION (continued)

44. If there is anything you wish to discuss about your driving record, please use the space below.

45. Has your license ever been suspended, revoked, or placed on negligent operator's probation?
 If yes, please give details (Include what, when, where, why). Yes No

GENERAL INFORMATION

46. Have you ever been refused insurance for any reason other than failure to pay a premium?
 If yes, please explain. (Include company name and address, date, and reason.) Yes No

47. Have you ever applied for a permit to carry a concealed weapon?
 If yes, please provide the following information: Yes No

Permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Name of law enforcement agency
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PERSONAL DECLARATIONS

48. Describe your frequency and extent of alcohol consumption:	
49. Have you ever used marijuana or any other non-prescribed drug? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
50. Have you ever taken prescription medication that was NOT prescribed to you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
51. Have you ever given a drug that was prescribed to you to any other person for any reason? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No	
52. Are you currently taking any prescription medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the medication and what it is prescribed for.	
53. Do you have any religious or other beliefs that would prohibit you from doing any duties of a police officer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
54. Is there any reason that would inhibit your ability to act as a police officer? (i.e. working nights, weekends, or variations). <input type="checkbox"/> Yes <input type="checkbox"/> No	
55. Have you ever done anything considered "illegal" for which you have not been caught? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I hereby certify that all statements made in this personal history questionnaire are true and complete, and I understand that any misstatement of material facts will be subject to disqualification or dismissal.	
Signature in Full	Date Completed



CITY OF COTTLEVILLE POLICE DEPARTMENT



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby certify that all statements made on, or in connection with this application are true and complete to the best of my knowledge. I understand the Cottleville Police Department, as part of the hiring process, will conduct a police (criminal) records check and/or a background investigation due to the position for which I have applied. NOTE: I understand and agree that any misstatements or omissions will cause forfeiture on my part of all rights to initial employment or continued employment by the Cottleville Police Department.

I hereby authorize any and all former employers, their employees, law enforcement agencies, all military agencies, the veterans administration, the U.S. Army, U.S. Navy, U.S. Air Force, U.S. Coast Guard, all Federal, State and local government agencies, state and federal tax bureaus, credit bureaus, schools and universities or any individual, to furnish a representative of the Cottleville Police Department, with any and all available information regarding my past or present performance, conduct or behavior. I further authorize the release of information regarding any punitive or disciplinary action any medical, physical, psychiatric, psychological records and all information or opinions regarding my fitness for this position, in order that the information be evaluated to assist in the determination of my suitability for a position with the Cottleville Police Department. I understand that the source of any negative information shall remain confidential.

I authorize the Cottleville Police Department to make an inquiry and gather any documents or information of my present and past employers regarding my character, integrity and reputation. I understand that all information and materials gathered become the property of the Cottleville Police Department.

I authorize the release of any and all of the aforementioned information regarding my person, employment, credit or any other aspect, whether personal or otherwise, that may or may not be in their records. I hereby further release and agree to hold harmless the Cottleville Police Department, any company, corporation, organization, entity, or person from any and all liability or damage whatsoever that may develop from furnishing such information to the Cottleville Police Department.

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

Signature of Applicant

Date

Signed and sworn before me this _____ day of _____.

Notary Public

My Commission Expires: _____