

RELEASE OF RECORDS

Last Name	First Name	Middle Initial	Social Security #	Date of Birth	
Race	Sex	Height	Weight	Hair	Eyes
Current Address	Street & Number	City	State	Zip Code	
List any other names you may have ever used:			Position Applied For:		
Place of Birth:					
Home Phone:	Cell Phone:	Business Phone:			

This is to certify that I am an applicant for a position with the Independence Police Department. I, _____ (Print Name), do hereby authorize the release of any and all information to the Independence Police Department from my Selective Service, medical, military, police, personnel, school, and credit records.

Signature Date

Name: _____

Date of Application: _____

Position Applied For: _____

City of Independence, Missouri

Police Department

Applicant Personal Background
Screening Questionnaire

FOLLOW DIRECTIONS CAREFULLY

1. USE INK TO COMPLETE QUESTIONNAIRE. (BLACK INK)
2. COMPLETE THE FORM IN YOUR OWN HANDWRITING, PRINTING, OR TYPED.
3. WRITE OR PRINT LEGIBLY.
4. READ EACH QUESTION CAREFULLY.
5. ANSWER EACH QUESTION COMPLETELY AND ACCURATELY.
6. ANSWER ALL QUESTIONS.
7. IF A QUESTION DOES NOT APPLY TO YOU, WRITE N/A IN THE BOX.
8. IF YOU NEED ADDITIONAL SPACE, WRITE ON BACK OF PAGE.
9. BEFORE RETURNING QUESTIONNAIRE, READ AND SIGN THE LAST TWO PAGES, HAVE YOUR SIGNATURE NOTARIZED.

SPECIAL NOTICE TO ALL POLICE DEPARTMENT APPLICANTS

Please be advised that the following specific past problems and/or indiscretions will cause automatic disqualification of your application.

1. Involvement in depriving anyone's human and/or constitutional rights, individually, or in concert with others.
2. Selling any drug or narcotic which, by Missouri Statutes, is deemed illegal.
3. Any use of illegal drugs or narcotics, recreational abuse (defined as going beyond experimentation) or any drug or narcotic obtained illegally or with fraudulent prescriptions, prior to application.
4. Commission and, or participation in any FELONY crime, whether detected or not.
5. On-going or repetitious history or committing or participating in MISDEMEANOR crimes, whether detected or not.
6. Poor driving history, especially if license is currently revoked or suspended, due to excessive traffic citations or traffic accidents in which you were principally at fault.

IF YOU ARE UNWILLING TO ANSWER RELATED TO THESE AREAS, YOU MAY WANT TO RECONSIDER APPLYING FOR THIS POSITION.

PERSONAL DATA

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY #	HOME PHONE	BUS. PHONE	
CURRENT ADDRESS		STREET & NUMBER	CITY	STATE	ZIP CODE	
LIST ANY OTHER NAMES YOU HAVE EVER USED						
STARTING WITH YOUR PRESENT ADDRESS, LIST ALL ADDRESSES YOU HAVE LIVED FOR THE PAST TEN YEARS. INCLUDE YOUR ADDRESS IN THE MILITARY SERVICE. DO NOT FORGET TO INCLUDE ZIP CODES.						
DATES FROM	TO	STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE

REFERENCES

LIST THREE REFERENCES (NOT RELATIVES, FORMER EMPLOYERS OR NEIGHBORS) WHO ARE RESPONSIBLE ADULTS, AND WHO HAVE KNOWN YOU WELL DURING THE PAST FIVE YEARS.		
NAME	OCCUPATION	HOW LONG KNOWN?
RESIDENCE ADDRESS (NUMBER & STREET)	CITY, STATE ZIP	TELEPHONE NUMBER
BUSINESS ADDRESS (NUMBER & STREET)	CITY, STATE ZIP	TELEPHONE NUMBER
NAME	OCCUPATION	HOW LONG KNOWN?
RESIDENCE ADDRESS (NUMBER & STREET)	CITY, STATE ZIP	TELEPHONE NUMBER
BUSINESS ADDRESS (NUMBER & STREET)	CITY, STATE ZIP	TELEPHONE NUMBER
NAME	OCCUPATION	HOW LONG KNOWN?
RESIDENCE ADDRESS (NUMBER & STREET)	CITY, STATE ZIP	TELEPHONE NUMBER
BUSINESS ADDRESS (NUMBER & STREET)	CITY, STATE ZIP	TELEPHONE NUMBER

EMPLOYMENT HISTORY

HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? YES ____ NO ____
IF YES, EXPLAIN ON REVERSE SIDE

IF YOU DO NOT WANT YOUR PRESENT EMPLOYER TO BE CONTACTED, CHECK THE LINE TO THE RIGHT ____
AND ON THE BACK OF THIS PAGE, EXPLAIN WHY.

BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL OF THE PLACES YOU HAVE WORKED DURING THE LAST TEN YEAR PERIOD. IN PROPER ORDER, LIST PERIODS OF SCHOOL, MILITARY SERVICE, AND PERIODS OF UNEMPLOYMENT. LIST EVERYTHING DURING THE LAST TEN YEAR PERIOD. KEEP IN PROPER SEQUENCE. OMIT NONE! BE SURE TO INCLUDE ZIP CODES. IF ADDITIONAL SPACE IS NEEDED, CONTINUE ON THE BACK OF THIS PAGE.

MONTH & YEAR FROM TO	NAME & ADDRESS OF EMPLOYER	JOB TITLE	SUPERVISOR	TELEPHONE #

DESCRIBE YOUR DUTIES

REASON FOR LEAVING

MONTH & YEAR FROM TO	NAME & ADDRESS OF EMPLOYER	JOB TITLE	SUPERVISOR	TELEPHONE #

DESCRIBE YOUR DUTIES

REASON FOR LEAVING

MONTH & YEAR FROM TO	NAME & ADDRESS OF EMPLOYER	JOB TITLE	SUPERVISOR	TELEPHONE #

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REASON FOR LEAVING

MONTH & YEAR FROM TO	NAME & ADDRESS OF EMPLOYER	JOB TITLE	SUPERVISOR	TELEPHONE #
DESCRIBE YOUR DUTIES				
REASON FOR LEAVING				
MONTH & YEAR FROM TO	NAME & ADDRESS OF EMPLOYER	JOB TITLE	SUPERVISOR	TELEPHONE #
DESCRIBE YOUR DUTIES				
REASON FOR LEAVING				
MONTH & YEAR FROM TO	NAME & ADDRESS OF EMPLOYER	JOB TITLE	SUPERVISOR	TELEPHONE #
DESCRIBE YOUR DUTIES				
REASON FOR LEAVING				
MONTH & YEAR FROM TO	NAME & ADDRESS OF EMPLOYER	JOB TITLE	SUPERVISOR	TELEPHONE #
DESCRIBE YOUR DUTIES				
REASON FOR LEAVING				

ARREST HISTORY

EXPLAIN YES ANSWERS IN DETAIL ON BACK SIDE OF THIS PAGE. THE FOLLOWING QUESTIONS PERTAIN TO YOUR EXPERIENCES IN THIS COUNTRY AND ALL OTHER COUNTRIES AS WELL, OTHER THAN IN REFERENCE TO TRAFFIC VIOLATIONS.

HAVE YOU EVER BEEN CHARGED WITH A CRIME? YES _____ NO _____

HAVE YOU EVER BEEN ARRESTED? YES _____ NO _____

IF YOU HAVE ANSWERED YES TO THE QUESTIONS ABOVE, LIST THE INCIDENT IN THE BELOW SECTION AND MAKE CERTAIN YOU HAVE EXPLAINED IT IN DETAIL ON THE BACK OF THIS PAGE.

DATE	CHARGE	POLICE AGENCY - CITY, STATE	DISPOSITION OR SENTENCE

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN TRAFFIC? YES _____ NO _____ IF YES, EXPLAIN THE INCIDENT IN DETAIL ON THE BACK.

DRIVING HISTORY

HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED OR SUSPENDED? YES _____ NO _____ IF YES, EXPLAIN IN DETAIL THE REASON FOR THE SUSPENSION OR REVOCATION ON THE BACK OF THIS PAGE.

LIST ALL DRIVER'S OR CHAUFFEUR'S LICENSES YOU NOW HOLD, OR HAVE PREVIOUSLY HELD. IF LICENSE WAS REVOKED OR SUSPENDED, LIST DATES OF SUSPENSIONS AND/OR REVOCATIONS BELOW.

STATE	TYPE OF LICENSE	EXPIRATION DATE	LICENSE NUMBER

HAVE YOU EVER ATTENDED A DRIVER IMPROVEMENT SCHOOL? YES _____ NO _____

IF YOU ANSWERED YES, THEN WHEN? _____ WHERE?

LIST EACH AND EVERY TRAFFIC CITATION OR SUMMONS YOU HAVE RECEIVED. LIST IN CHRONOLOGICAL ORDER BEGINNING WITH THE MOST RECENT. IF YOU NEED MORE SPACE TO LIST ADDITIONAL CITATIONS, USE THE BACK OF THIS PAGE.

MONTH/YEAR	CHARGE	CITY OR STATE	DISPOSITION

HAVE YOU EVER BEEN CHARGED WITH DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? YES _____ NO _____ IF YES, EXPLAIN ON BACK

HAVE YOU EVER BEEN CHARGED WITH RECKLESS DRIVING? YES _____ NO _____ IF YES, EXPLAIN ON BACK

HAVE YOU EVER BEEN CHARGED WITH VEHICULAR HOMICIDE? YES _____ NO _____ IF YES, EXPLAIN ON BACK

LIQUOR AND NARCOTICS

DO YOU DRINK ALCOHOLIC BEVERAGES? YES _____ NO _____ WHAT KIND? HOW OFTEN?

HAVE YOU EVER HAD DIFFICULTY WITH YOUR EMPLOYMENT DUE TO DRINKING? YES _____ NO _____
IF YES, EXPLAIN ON BACK.

HAVE YOU EVER TRIED OR USED ANY NARCOTIC OR DANGEROUS DRUG WITHOUT A DOCTOR'S PRESCRIPTION?
YES _____ NO _____ IF YES, EXPLAIN ON BACK.

IF YOU HAVE TRIED OR USED ANY OF THE DRUGS LISTED BELOW, CHECK THE "YES" LINE. IF NOT, CHECK "NO".

HASH (HASHISH, GANGA, ETC.)	YES _____ NO _____	COCAIN (SNOW, BLOW, TOOT, CRACK)	YES _____ NO _____
THAI STICKS	YES _____ NO _____	HEROIN	YES _____ NO _____
BARBITUARATES (DOWNERS, SEDATIVES)	YES _____ NO _____	OPIUM	YES _____ NO _____
AMPHETAMINES (SPEED, METH, CRYSTAL)	YES _____ NO _____	OTHER (LIST BELOW)	YES _____ NO _____
HALLUCINOGENIC (LSD, ACID, ANGEL DUST)	YES _____ NO _____	_____	_____

HAVE YOU TRIED OR USED MARIJUANA? YES _____ NO _____

IF YOU HAVE TRIED OR USED ANY OF THE DRUGS LISTED ABOVE, OR IF YOU HAVE TRIED OR USED ANY OTHER DRUG WITHOUT A DOCTOR'S PRESCRIPTION, EXPLAIN IN DETAIL BELOW. IF ADDITIONAL SPACE IS NEEDED, USE THE BACK OF THIS PAGE. (LIST DATES OF USAGE.)

MILITARY STATUS

HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, R.O.T.C. OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? YES _____ NO _____
IF SO, LIST THEM. IF THERE WAS MORE THAN ONE PERIOD, THEN LIST THE SEPARATE PERIODS.

MONTH/YEAR ENTERED	BRANCH OR ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK

LIST ALL MILITARY SERVICE NUMBERS:

EDUCATION

INDICATE BY CHECKING THE LINES BELOW IF YOU HAVE ANY OF THE FOLLOWING:
_____ HIGH SCHOOL DIPLOMA _____ GED CERTIFICATE _____ COLLEGE DEGREE

LIST ALL SCHOOLS, COLLEGES, AND UNIVERSITIES YOU HAVE ATTENDED IN CHRONOLOGICAL ORDER:

DATES	NAME	ADDRESS	DIPLOMA/CREDENTIALS

The statements contained herein are true and accurate to the best of my knowledge.

Signature of Applicant

Date

Name _____
Notary Public
State of Missouri
Jackson County

My commission expires _____

INDEPENDENCE POLICE DEPARTMENT

Applicant's Waiver of Liability and Release Form

READ CAREFULLY BEFORE SIGNING:

In order to permit the Independence Police Department to make a thorough investigation of my background, health, family, personal habits, and reputation for the purpose of determining my fitness and suitability for employment with the department, I, _____ hereby release from liability and promise to hold harmless from any liability under any and all possible causes of legal action any and all persons who shall furnish any information or opinions regarding my background, health, family, personal habits or reputation. The undersigned hereby authorizes any person or legal entity who may be contacted by the Independence Police Department officers, agents, or employees to release and transmit to such officers, agents, or employees, to release and transmit to such officers, agents, or employees, any information, data, or opinions they may have regarding my background, health, family, personal entities contacted by the Independence Police Department any and all legal privileges I may have to maintain such information as confidential, including but not limited to the following privileges: attorney-client, physician-patient, psychotherapist-patient, clergyman-penitent, husband-wife, and accountant-client.

The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action, the Independence Police Department, it's officers, it's agents, and it's employees, for any statements, acts, or omissions in the course of it's investigation into my background, health, family, personal habits, and reputation.

I further realize that it is necessary for the Independence Police Department to thoroughly investigate all aspects of my personal background and qualifications, and by applying for employment with the department. I expressly waive all of my legal rights and causes of action to the extent that the Independence Police Department's investigation (for purposes of evaluating my suitability or application for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

This release from liability given by me to the Independence Police Department, it's officers, employees, agents, and all others as heretofore provided, shall apply to any right of action that might accrue to myself, my heirs, and my personal representatives.

Date: _____ Signature: _____

STATE OF MISSOURI)
COUNTY OF JACKSON) :SS

_____ being duly sworn on oath depose and states that the answers to the attached
(Applicant's Name)
questionnaire, consisting of 8 pages are true and correct to their best knowledge, information, and belief.

Applicant's Signature

Subscribed and sworn before me, a notary public, this _____ day of _____, 2006.

Notary Public

My Commission Expires: _____