



CALVERTON PARK POLICE DEPARTMENT

Personal History Questionnaire Instructions

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.)

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

1. Recent Photograph (taken within the last 90 days)
2. Copy of Birth Certificate
3. Copy of State Driver's 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

Incomplete applications will not be considered. Should you have any questions or need additional information, please contact Captain Scott Amos at 314-524-1212, Ext. 117.

Good luck and thank you for considering the Calverton Park Police Department.



Mission

Defend, protect and preserve the quality of life in Calverton
Park Police Department.

Vision

The Calverton Park 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

CALVERTON PARK 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 | | | | | |
| | | | | | |
| 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) | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other |
|-------------------|--|--|

CALVERTON PARK POLICE DEPARTMENT

Police Officer Applicant

| 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 |

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 |

[Type here]

**CALVERTON PARK POLICE
DEPARTMENT
Police Officer Applicant**

| | | |
|--|--|--|
| | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other |
|--|--|--|

[Type here]

CALVERTON PARK POLICE DEPARTMENT

Police Officer Applicant

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

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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CALVERTON PARK POLICE DEPARTMENT

Police Officer Applicant

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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**CALVERTON PARK POLICE
DEPARTMENT
Police Officer Applicant**

EXPERIENCE AND EMPLOYMENT (continued)

16. Would any problem result if your present employer was contacted during the course of the background investigation?

Yes **No** If no, when should such contact be made? _____

17. If you have had no prior employment, please explain in the space below.

18. Have you had any extended work absences for reason other than earned vacations? **Yes** **No**
If yes, please explain. (Include when, name of employer, and why).

19. Have you ever been fired or asked to resign from any place of employment? **Yes** **No**
If yes, please give details. (Include when, where, and circumstances).

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). **Yes** **No**

**CALVERTON PARK POLICE
DEPARTMENT
Police Officer Applicant**

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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CALVERTON PARK POLICE DEPARTMENT

Police Officer Applicant

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 | \$ | |

**CALVERTON PARK POLICE
DEPARTMENT**
Police Officer Applicant

FINANCIAL (continued)

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

FINANCIAL (continued)

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|--|--|
| 31. Have your wages ever been garnished? If yes, please give details. (Include when, where, why). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| | |
| 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 |
| | |
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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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**CALVERTON PARK POLICE
DEPARTMENT
Police Officer Applicant**

LEGAL (continued)

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|---|
| 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 |
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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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**CALVERTON PARK POLICE
DEPARTMENT**
Police Officer Applicant

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. <input type="checkbox"/> Yes <input type="checkbox"/> 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 | | |

**CALVERTON PARK POLICE
DEPARTMENT**
Police Officer Applicant

MOTOR VEHICLE OPERATION (continued)

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

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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

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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

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47. Have you ever applied for a permit to carry a concealed weapon? Yes No

If yes, please provide the following information:

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

**CALVERTON PARK POLICE
DEPARTMENT**
Police Officer Applicant

PERSONAL DECLARATIONS

| | |
|--|--|
| 48. Describe your frequency and extent of alcohol consumption: | |
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| | |
| 49. Have you ever used marijuana or any other non-prescribed drug? If yes, please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| | |
| 50. Have you ever taken prescription medication that was NOT prescribed to you? If yes, please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| | |
| 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 |
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| | |
| 52. Are you currently taking any prescription medication? If yes, please list the medication and what it is prescribed for. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| | |
| 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 |
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| | |
| 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 |
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| | |
| 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 |
| | |

