

Black Hawk Police Department Background Questionnaire



| Personal | | | |
|---|------------|-------------------------|------------------|
| Name | | | |
| Last: | First: | Middle: | |
| Other names you have been known by: | | | |
| Address where you reside | | | |
| Street: | | | Apt/unit/PO Box: |
| City: | | State: | Zip: |
| Mailing address if different than physical address: | | | |
| Contact numbers | | | |
| Home () - | Work () - | Other () - | Cell () - |
| Birth date: | | Social Security number: | |
| Email Address: | | | |
| I acknowledge the Black Hawk Police Department or representative may contact my current employer during the application process. Yes <input type="checkbox"/> No <input type="checkbox"/> Explain if needed: | | | |

| EDUCATION | | |
|-----------------------------------|----------------------|---|
| List Name and Address of Schools: | # of Years Completed | Diploma/Degree Certificate/Field of Study |
| High School: | | |
| Address: | | |
| College or University | | |
| Name: | | |
| Address: | | |
| Name: | | |
| Address: | | |

Relatives

| | |
|-------------------|---------|
| Mother name: | Phone # |
| Father name: | Phone # |
| Step mother name: | Phone # |
| Step father name: | Phone # |
| Siblings: | Phone # |
| | Phone # |
| | Phone # |
| | Phone # |

Please list five (5) references

| | |
|-------------|--------------------|
| Name: | Address: |
| Occupation: | Home phone number: |
| Email: | Work phone number: |
| Name: | Address: |
| Occupation: | Home phone number: |
| Email: | Work phone number: |
| Name: | Address: |
| Occupation: | Home phone number: |
| Email: | Work phone number: |
| Name: | Address: |
| Occupation: | Home phone number: |
| Email: | Work number: |

Experience and Employment History

Beginning with the most current employment list all jobs you have had, including part time, temporary or volunteer, within the last 10 years. List all periods of unemployment.

| | | | | |
|--------------------|----|-----------------|--------------------|------------|
| From | To | Name of company | Phone # | Supervisor |
| Address: | | Co-workers | | |
| City, State, Zip: | | | | |
| Duties/assignments | | Starting pay | Reason for leaving | |
| | | Final pay | | |
| From | To | Name of company | Phone # | Supervisor |
| Address: | | Co-workers | | |
| City, State, Zip: | | | | |
| Duties/assignments | | Starting pay | Reason for leaving | |
| | | Final pay | | |
| From | To | Name of company | Phone # | Supervisor |
| Address: | | Co-workers | | |
| City, State, Zip: | | | | |
| Duties/assignments | | Starting pay | Reason for leaving | |
| | | Final pay | | |
| From | To | Name of company | Phone # | Supervisor |

| | | | | |
|--------------------|----|-----------------|---------|--------------------|
| Address: | | Co-workers | | |
| City, State, Zip: | | 1) | | |
| | | 2) | | |
| Duties/assignments | | Starting pay | | Reason for leaving |
| | | Final pay | | |
| From | To | Name of company | Phone # | Supervisor |
| Address: | | Co-workers | | |
| City, State, Zip: | | 1) | | |
| | | 2) | | |
| Duties/assignments | | Starting pay | | Reason for leaving |
| | | Final pay | | |
| From | To | Name of company | Phone # | Supervisor |
| Address: | | Co-workers | | |
| City, State, Zip: | | 1) | | |
| | | 2) | | |
| Duties/assignments | | Starting pay | | Reason for leaving |
| | | Final pay | | |
| From | To | Name of company | Phone # | Supervisor |
| Address: | | Co-workers | | |
| City, State, Zip: | | 1) | | |
| | | 2) | | |
| Duties/assignments | | Starting pay | | Reason for leaving |
| | | Final pay | | |
| From | To | Name of company | Phone # | Supervisor |
| Address: | | Co-workers | | |
| City, State, Zip: | | 1) | | |
| | | 2) | | |
| Duties/assignments | | Starting pay | | Reason for leaving |
| | | Final pay | | |
| From | To | Name of company | Phone # | Supervisor |

| | | | | |
|--------------------|----|-----------------|---------|--------------------|
| Address: | | Co-workers | | |
| City, State, Zip: | | 1) | | |
| | | 2) | | |
| Duties/assignments | | Starting pay | | Reason for leaving |
| | | Final pay | | |
| From | To | Name of company | Phone # | Supervisor |
| Address: | | Co-workers | | |
| City, State, Zip: | | 1) | | |
| | | 2) | | |
| Duties/assignments | | Starting pay | | Reason for leaving |
| | | Final pay | | |
| From | To | Name of company | Phone # | Supervisor |
| Address: | | Co-workers | | |
| City, State, Zip: | | 1) | | |
| | | 2) | | |
| Duties/assignments | | Starting pay | | Reason for leaving |
| | | Final pay | | |
| From | To | Name of company | Phone # | Supervisor |
| Address: | | Co-workers | | |
| City, State, Zip: | | 1) | | |
| | | 2) | | |
| Duties/assignments | | Starting pay | | Reason for leaving |
| | | Final pay | | |
| From | To | Name of company | Phone # | Supervisor |
| Address: | | Co-workers | | |
| City, State, Zip: | | 1) | | |
| | | 2) | | |
| Duties/assignments | | Starting pay | | Reason for leaving |
| | | Final pay | | |
| From | To | Name of company | Phone # | Supervisor |

| | | | | |
|-----------------------------------|----|---------------------------------|---------------------|------------|
| From | To | Name of company | Phone # | Supervisor |
| Address: City, State, Zip: | | Co-workers 1) 2) | | |
| Duties/assignments: | | Starting pay: Final pay: | Reason for leaving: | |
| From | To | Name of company | Phone # | Supervisor |
| Address: City, State, Zip: | | Co-workers 1) 2) | | |
| Duties/assignments | | Starting pay Final pay | Reason for leaving | |

General Employment Questions

Have you ever been terminated from a job; asked to resign; resigned after learning your employer intended to terminate your employment; or resigned for similar reasons? Yes No If yes, please explain.

Have you had any extended work absences for reasons other than approved vacations, sick leave or disability leave?
Yes No If yes, please explain.

Have you ever been disciplined at work? This includes written warnings, formal letters, reprimands, suspensions, demotion, or received a reduction in pay? Yes No If yes, give detail including when, why and name of employer.

If a former law enforcement officer, have you ever been accused of using excessive force, been investigated for using excessive force, used excessive force, or failed to report excessive force? Yes No NA If yes, please explain.

Certifications and Special Skills

List any certifications related to law enforcement:

Do you speak a second language? Yes No If yes, please explain.

Please list any professional accomplishments:

Military Experience

Have you ever served in one of the following?

Armed Forces

National Guard

Military Reserves

Branch of service:

Dates of service:

Type of discharge:

Financial

Have you ever filed for or declared bankruptcy? Yes No If yes, please explain and include when, where and the circumstances.

Have you ever had personal property repossessed? Yes No If yes, please explain the circumstances.

Have you ever been behind in paying debts for four or more months? Yes No

Have you ever been served with a lien? Yes No

| |
|--|
| Have your wages ever been garnished? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide when, by whom and why. |
| Have you ever have wages garnished for failure to pay child support? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you ever failed to file an income tax return? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide when, where and why. |
| Have you ever obtained money or merchandise by writing a check knowing there were insufficient funds in the account? Yes <input type="checkbox"/> No <input type="checkbox"/> |

| |
|--------------|
| Legal |
|--------------|

| | |
|--|-------------------------|
| Have you ever been arrested or convicted of any crime in this state or any other? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list all offenses. | |
| Approximate date: | Law enforcement agency: |
| Explain circumstances: | |
| Approximate date: | Law enforcement agency: |
| Explain circumstances: | |
| Approximate date: | Law enforcement agency: |
| Explain circumstances: | |
| Have you ever been the subject of a restraining order? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain. | |
| Have you ever committed perjury or falsified a document? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain. | |
| Have you ever been questioned, investigated, detained, or arrested as a suspect of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain why, when and where. Please include incidents as a juvenile and as an adult. | |

What undetected crimes have you committed? Please explain what, when and where.

How many physical fights have you been involved in? Please explain details.

Have you ever been involved in a domestic violence incident? Yes No If yes, please provide details of the incident.

Have you ever damaged property out of anger? Yes No If yes, please explain.

Drug Use

Have you ever used any illegal narcotic drug, barbiturates, amphetamines, or any hallucinogenic drugs? Yes No
If yes, please list what, when and how many times.

Have you ever illegally sold or given any controlled substance to another person? Yes No If yes, please explain.

Have you habitually used marijuana, alcohol, or any illegal substances in the past five years? Yes No If yes, please explain.

Motor Vehicle License

| | | | |
|-------------------|----------------|-----------------|---------------------------------|
| Current DL number | State of issue | Expiration Date | Name under which DL was granted |
|-------------------|----------------|-----------------|---------------------------------|

List all other states where you have been licensed

| | |
|-----------------|------------|
| State of issue: | DL number: |
|-----------------|------------|

1)

2)

Motor Vehicle Violations
List all traffic citations you have received in the past 7 years.

| Nature of violation: | Location: | Approximate date: |
|----------------------|-----------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Other than for medical reasons, has your driver's license ever been suspended, revoked, cancelled or denied? Yes No
 If yes, please explain.

As a driver, have you been involved in any motor vehicle accidents within the last 7 years? Yes No If yes, please explain, include where, when and action taken.

Have you ever driven a motor vehicle while impaired or under the influence of drugs or alcohol? Yes No If yes, please explain.

Have you ever been arrested for driving while impaired or under the influence? Yes No If yes, please explain when and where.

Has your car insurance ever been cancelled or been placed into a high-risk category? Yes No If yes, please explain.

General Information

Please list all other law enforcement agencies you have applied with or have pending applications.

| Agency: | Date: | Reason you were not hired: |
|---------|-------|----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Signature below indicates the information provided in this background questionnaire is true and accurate to the best of your knowledge. Any inaccurate or false information may be result in your disqualification from the application process.

Signature

Date
