

# 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
City	State	Zip
Contact numbers Home ( ) -                      Work ( ) -                      Other ( ) - <input type="checkbox"/> Cell <input type="checkbox"/> Pager		
Birth Date		Social Security number
Email Address		

## Residence

Please list all your residences during the last 10 years starting with most current

From	To	Your address	Owner or rent collector
			Name Phone #
			Name Phone #
			Name Phone #
			Name Phone #
			Name Phone #
			Name Phone #
			Name Phone #
			Name Phone #
			Name Phone #
			Name Phone #

Please list individuals, including family members you have resided with during the past 10 years starting with the most current

Name	Relationship	contact #
Name	Relationship	contact #
Name	Relationship	contact #
Name	Relationship	contact #
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**Relatives**

Mother name	Phone #
Father name	Phone #
Step mother name	Phone #
Step father name	Phone #
Siblings	Phone #
	Phone #
	Phone #
	Phone #
	Phone #

**References: List five persons not related to you**

Name	Address
Occupation	Phone numbers
Name	Address
Occupation	Phone numbers
Name	Address
Occupation	Phone numbers
Name	Address
Occupation	Phone numbers
Name	Address
Occupation	Phone numbers

**Experience and Employment**

**Beginning with the most current, 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:		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		

## Experience and Employment (continued)

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
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City, State, Zip:		1)		
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		Final pay		

## Experience and Employment (continued)

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

## Experience and Employment (continued)

Have you ever been terminated from a job, asked to resign, or resigned after being informed that you were to be fired, 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, suspension, reduction in pay or a demotion?      Yes  No

If yes, give detail including when, why and name of employer.

If a former law enforcement officer, have you ever used excessive force or failed to report excessive force?      Yes  No  NA

If yes, please explain.

### 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 purchased goods repossessed?      Yes  No

If yes, please when and the circumstances.

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

## Financial

Have you ever been served with a lien? Yes  No

Have your wages ever been garnished? Yes  No   
If yes, please explain include when, by whom and why.

Have you ever have wages garnished for failure to pay Child Support? Yes  No

Have you ever failed to file an income tax return? Yes  No   
If yes, please explain when, where and why.

Have you ever obtained money or merchandise by  
 Writing a check when you knew there were no funds in the account? Yes  No

## Legal

Have you ever been arrested or convicted of any crime in this state or any other? Yes  No   
If yes, list all offenses.

Approximate date	Law enforcement agency
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Explain circumstances

Approximate date	Law enforcement agency
------------------	------------------------

Explain circumstances

Approximate date	Law enforcement agency
------------------	------------------------

Explain circumstances

<p>Have you ever been the subject of a restraining order? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please explain</p>	<p>Have you ever committed perjury or falsified a document? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain</p>
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### Legal (continued)

Have you ever been questioned, investigated, detained, or arrested as a suspect of a crime? Yes  No   
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 episode? Yes  No   
If yes, please explain when, where, who was involved and 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 to others, marijuana or any other controlled substance?  
Yes  No   
If yes, please explain what and when

### Motor Vehicle Operation

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

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List all other states where you have been license

State of issue	DL number
<b>1)</b>	
<b>2)</b>	
<b>3)</b>	

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

Nature of violation	Location	Approximate date

Other than for medical reasons, has you drivers 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 when and why

## General Information

Please list all other law enforcement agencies you have applied with

Agency you applied with	Date	Reason you were not hired

Signature below indicates you personally completed each page of this form and that all statements made are to the best of your knowledge. Signature indicates you understand misstatement of any of the information provided may subject you to disqualifications.

Signature

Date

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