

INDEPENDENCE POLICE DEPARTMENT



APPLICANT PERSONAL HISTORY INFORMATION PACKET

***** CONFIDENTIAL *****

**INDEPENDENCE MISSOURI POLICE DEPARTMENT
APPLICANT PERSONAL HISTORY INFORMATION PACKET**

INSTRUCTIONS TO THE APPLICANT

The information you provide in this Personal History Information (PHI) Packet will be used in the investigation into your background, which will assist in determining your suitability for a position within the Independence Police Department. Please complete this PHI **completely** and **accurately**. **Return it to the Independence Police Department by the indicated deadline on the job posting.**

Keep in mind that:

1. The completion of this questionnaire is mandatory.
2. All statements are subject to verification.
3. **Deliberate inaccuracies or omissions (leaving blanks) may disqualify you from further testing and employment.**
4. All time periods in your background must be accounted for.
5. All information contained on the Personal History Information questionnaire and any information you provide will be reviewed with you during your pre-employment interview.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job you are applying for. For example, being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

You must list all arrests and/or convictions, even if you received a release or a pardon. You must also list the time(s) you were detained by the police for any reason. Document this information in the Criminal History section of this questionnaire.

If a question does not apply to you, write "N/A" (not applicable) in the space provided for your answer. If you need more space to respond to a question, attach an additional sheet and reference the inquiry and page number.

Each page needs to be initialed to indicate that you have read the page and/or filled the page out accurately and completely.

RETURN PACKET TO:

**THE INDEPENDENCE POLICE DEPARTMENT
ATTN: Professional Standards Unit
223 N. MEMORIAL
INDEPENDENCE, MO 64050**

**Or Email to:
IPDjobs@indepmo.org**

INDEPENDENCE MISSOURI POLICE DEPARTMENT
APPLICANT PERSONAL HISTORY INFORMATION PACKET

SELECTION STANDARDS

1. Applicant must be at least 21 years of age to be certified as a police officer by the State of Missouri. Applicant must be 18 years of age to be employed by the department in civilian positions.
2. Minimum Education: Proof of high school diploma or a certified GED.
3. UNITED STATES CITIZENSHIP IS REQUIRED TO BE HIRED AS A POLICE OFFICER.
4. MILITARY RECORD: The applicant must not have been discharged under dishonorable conditions.
5. Police Officer applicants must have a valid Driver's License prior to being hired.
6. TRAFFIC RECORD: An applicant's driving record will be thoroughly assessed and may be a factor for disqualification. Examples of infractions/traffic crimes that may be disqualifying include:
 - a. Driving While Intoxicated (DWI), Reckless Driving or Hit & Run Driving.
 - b. Suspension of your driver's license within five years of the date of application.
 - c. Excessive moving violations (speeding, negligent driving, etc.) in the past five years of the date of application will be carefully reviewed.
 - d. Two or more accidents within five years of the date of application, wherein applicant was judged to be at fault and/or charged with a moving violation.
7. CRIMINAL ACTIVITY: An applicant's criminal record, including all arrests, prosecutions, deferred prosecutions, 'Alford' pleas, and non-conviction information will be thoroughly assessed and may be grounds for disqualification. The following will be disqualifying:
 - a. Any adult felony convictions.
 - b. Any misdemeanor or felony conviction while employed in a criminal justice and/or law enforcement capacity.
 - c. Any domestic violence conviction.
8. EMPLOYMENT: An applicant's employment history, including any terminations, or leaving an employer in lieu of termination, will be thoroughly assessed and may be grounds for disqualification.

Residence in the City of Independence is not required

INDEPENDENCE MISSOURI POLICE DEPARTMENT APPLICANT PERSONAL HISTORY INFORMATION PACKET

GENERAL INFORMATION

All applicants will have their Personal History Information Packet, original application, and resume (if applicable) reviewed to determine the best qualified candidates.

If invited, the remaining steps in the process may include the following:

1. Written Examination.
2. Physical Agility Test (Police Officer / Police Cadet).
3. Oral Board Interview.
4. Department Background Investigation.
5. Pre-Employment Polygraph.
6. Pre-Employment Psychological Evaluation.
7. Drug Screen.
8. Police Officer and Police Cadet applicants must pass a medical examination. Telecommunicator applicants must pass a typing test and hearing test. Records Clerk applicants must pass a comprehensive/typing test.

MILITARY VETERANS

If given a conditional offer of employment, applicants will be required to present a DD-214 with the Member-4 page indicating the nature of discharge.

OTHER INFORMATION

1. The Independence Police Department accepts lateral transfers at this time for Police Officer positions.
1. Academic degrees and prior police experience are not required for appointment. Promotions do require varying college credit hours.

INDEPENDENCE MISSOURI POLICE DEPARTMENT
APPLICANT PERSONAL HISTORY INFORMATION PACKET

IDENTIFYING INFORMATION

POSITION(S) APPLIED FOR: _____

NAME: _____
Last First (Complete) Middle

ALIAS (nicknames, maiden name, any other names you have used): _____

CURRENT ADDRESS: _____
Number Street City State Zip

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____

E-MAIL ADDRESS: _____ @ _____

SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER: _____ STATE ISSUED: _____

DATE OF BIRTH: _____ AGE: ____ HEIGHT: ____ WEIGHT: ____ Male Female

PLACE OF BIRTH: _____
City, County or Town State Country

ARE YOU A U.S. CITIZEN: Yes No

If you are a naturalized citizen of the U.S., then fill out the information below and bring documentation to interview.

Certificate Number Date Court City State

HOW DID YOU HEAR ABOUT THIS JOB?

- MEDIA (TV / RADIO / NEWS PAPER)
- MAGAZINE AD: Please Identify: _____
- WEBSITE / SOCIAL MEDIA: Please Identify: _____
- FRIEND / FAMILY
- CURRENT POLICE DEPARTMENT EMPLOYEE Please Identify: _____
- OTHER: Please Identify: _____

INDEPENDENCE MISSOURI POLICE DEPARTMENT **APPLICANT PERSONAL HISTORY INFORMATION PACKET**

RESIDENCE RECORD

Begin by listing your **present address first** and then work backwards. Please list each address that you have resided at since you left high school: Attach additional paper if necessary.

<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Date of Occupancy</u>	
				<u>From</u>	<u>To</u>

INDEPENDENCE MISSOURI POLICE DEPARTMENT
APPLICANT PERSONAL HISTORY INFORMATION PACKET

FAMILY RECORD / HISTORY

List below the full legal name(s) of all your children; alive or deceased:

<u>First</u>	<u>Middle</u>	<u>Last</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List relatives by number on first line: 1-Spouse or Domestic Partner, 2-Parents, 3-Guardians, 4-Step-Parents, 5-Foster Parents, 6-Parents-in-Law, 7-Brothers, 8-Sisters, 9-Former Spouse/Domestic Partner

___ Name _____ Phone _____ E-Mail _____
Street _____ City _____ State _____ Zip _____

___ Name _____ Phone _____ E-Mail _____
Street _____ City _____ State _____ Zip _____

___ Name _____ Phone _____ E-Mail _____
Street _____ City _____ State _____ Zip _____

___ Name _____ Phone _____ E-Mail _____
Street _____ City _____ State _____ Zip _____

___ Name _____ Phone _____ E-Mail _____
Street _____ City _____ State _____ Zip _____

INDEPENDENCE MISSOURI POLICE DEPARTMENT
APPLICANT PERSONAL HISTORY INFORMATION PACKET

RELATIVES (Continued)

___ Name _____ Phone _____ E-Mail _____
Street _____ City _____ State _____ Zip _____

___ Name _____ Phone _____ E-Mail _____
Street _____ City _____ State _____ Zip _____

___ Name _____ Phone _____ E-Mail _____
Street _____ City _____ State _____ Zip _____

___ Name _____ Phone _____ E-Mail _____
Street _____ City _____ State _____ Zip _____

___ Name _____ Phone _____ E-Mail _____
Street _____ City _____ State _____ Zip _____

___ Name _____ Phone _____ E-Mail _____
Street _____ City _____ State _____ Zip _____

___ Name _____ Phone _____ E-Mail _____
Street _____ City _____ State _____ Zip _____

___ Name _____ Phone _____ E-Mail _____
Street _____ City _____ State _____ Zip _____

___ Name _____ Phone _____ E-Mail _____
Street _____ City _____ State _____ Zip _____

___ Name _____ Phone _____ E-Mail _____
Street _____ City _____ State _____ Zip _____

INDEPENDENCE MISSOURI POLICE DEPARTMENT
APPLICANT PERSONAL HISTORY INFORMATION PACKET

PERSONAL REFERENCES

List **THREE** references (not relatives or employers) you have known for a minimum of three years.

Years _____ Name _____ Phone _____ Phone _____
Street _____ City _____ State _____ Zip _____
Email _____

Years _____ Name _____ Phone _____ Phone _____
Street _____ City _____ State _____ Zip _____
Email _____

Years _____ Name _____ Phone _____ Phone _____
Street _____ City _____ State _____ Zip _____
Email _____

EDUCATION

List all high schools you have attended (use a separate piece of paper if additional space is needed):

Name _____ City _____ State / Country _____
Dates Attended _____ Graduated Yes No

Name _____ City _____ State / Country _____
Dates Attended _____ Graduated Yes No

List all Colleges and / or Universities you have attended (use a separate piece of paper if additional space is needed):

Name _____ City _____ State / Country _____
Dates Attended _____ Graduated Yes No

POLICE OFFICER APPLICANTS ONLY:

Are you Missouri Class A POST certified: Yes No If yes, list your POST License #, the name of the academy, address and dates attended: _____

Are you POST certified in another state: Yes No If yes, list the name of the academy, address and dates attended: _____

Are you currently enrolled in a police academy: Yes No If yes, list the name of the academy, address and dates attended: _____

INDEPENDENCE MISSOURI POLICE DEPARTMENT
APPLICANT PERSONAL HISTORY INFORMATION PACKET

EMPLOYMENT

Have you ever been terminated, asked to resign, or subjected to disciplinary actions? Yes No
If yes, please explain: _____

BEGINNING WITH YOUR MOST RECENT JOB, list your complete history for the past **ten years**, including temporary or seasonal employment, and all periods of unemployment, schooling, or military service. (Use a separate piece of paper if additional space is needed): **Deliberate inaccuracies, omissions or leaving blanks may disqualify you from further testing and employment.**

PROVIDE THE COMPLETE ADDRESS AND PHONE NUMBER OF EACH EMPLOYER.

From _____ To _____ Name of Employer _____

Street _____ City _____ State _____ Zip _____

Job Title _____ Supervisor _____ Phone _____

Salary \$ _____ Hourly Annually Reason for leaving? _____

Description of Duties: _____

Co-Worker Name _____ Phone _____ Email _____

Co-Worker Name _____ Phone _____ Email _____

From _____ To _____ Name of Employer _____

Street _____ City _____ State _____ Zip _____

Job Title _____ Supervisor _____ Phone _____

Salary \$ _____ Hourly Annually Reason for leaving? _____

Description of Duties: _____

Co-Worker Name _____ Phone _____ Email _____

Co-Worker Name _____ Phone _____ Email _____

INDEPENDENCE MISSOURI POLICE DEPARTMENT
APPLICANT PERSONAL HISTORY INFORMATION PACKET

EMPLOYMENT (Continued)

From _____ To _____ Name of Employer _____

Street _____ City _____ State _____ Zip _____

Job Title _____ Supervisor _____ Phone _____

Salary \$ _____ Hourly Annually Reason for leaving? _____

Description of Duties: _____

Co-Worker Name _____ Phone _____ Email _____

Co-Worker Name _____ Phone _____ Email _____

From _____ To _____ Name of Employer _____

Street _____ City _____ State _____ Zip _____

Job Title _____ Supervisor _____ Phone _____

Salary \$ _____ Hourly Annually Reason for leaving? _____

Description of Duties: _____

Co-Worker Name _____ Phone _____ Email _____

Co-Worker Name _____ Phone _____ Email _____

From _____ To _____ Name of Employer _____

Street _____ City _____ State _____ Zip _____

Job Title _____ Supervisor _____ Phone _____

Salary \$ _____ Hourly Annually Reason for leaving? _____

Description of Duties: _____

Co-Worker Name _____ Phone _____ Email _____

Co-Worker Name _____ Phone _____ Email _____

INDEPENDENCE MISSOURI POLICE DEPARTMENT
APPLICANT PERSONAL HISTORY INFORMATION PACKET

EMPLOYMENT (Continued)

From _____ To _____ Name of Employer _____

Street _____ City _____ State _____ Zip _____

Job Title _____ Supervisor _____ Phone _____

Salary \$ _____ Hourly Annually Reason for leaving? _____

Description of Duties: _____

Co-Worker Name _____ Phone _____ Email _____

Co-Worker Name _____ Phone _____ Email _____

From _____ To _____ Name of Employer _____

Street _____ City _____ State _____ Zip _____

Job Title _____ Supervisor _____ Phone _____

Salary \$ _____ Hourly Annually Reason for leaving? _____

Description of Duties: _____

Co-Worker Name _____ Phone _____ Email _____

Co-Worker Name _____ Phone _____ Email _____

From _____ To _____ Name of Employer _____

Street _____ City _____ State _____ Zip _____

Job Title _____ Supervisor _____ Phone _____

Salary \$ _____ Hourly Annually Reason for leaving? _____

Description of Duties: _____

Co-Worker Name _____ Phone _____ Email _____

Co-Worker Name _____ Phone _____ Email _____

INDEPENDENCE MISSOURI POLICE DEPARTMENT
APPLICANT PERSONAL HISTORY INFORMATION PACKET

PRIOR APPLICATIONS

Have you previously **applied** with any other law enforcement agency or the Independence Police Department? Yes No If yes, list:

Date _____ **Agency** _____ **Status** _____

Date _____ **Agency** _____ **Status** _____

Date _____ **Agency** _____ **Status** _____

Have you ever had a background investigation done by this or any other agency? Yes No
If yes, list:

Year _____ **Agency** _____ **Backgrounder's Name** _____

Year _____ **Agency** _____ **Backgrounder's Name** _____

Year _____ **Agency** _____ **Backgrounder's Name** _____

MILITARY STATUS

Have you ever served in the military services of the United States? Yes No
If yes, complete the following:

Branch _____ **Dates** _____ **Military Installation** _____

City _____ **State** _____ **Country** _____

Branch _____ **Dates** _____ **Military Installation** _____

City _____ **State** _____ **Country** _____

Branch _____ **Dates** _____ **Military Installation** _____

City _____ **State** _____ **Country** _____

While in the military, were you ever charged with an offense which resulted in a trial by deck court or by summary, special or general court martial; or resulted in an Article 15 or company punishment?

Yes No If yes, explain:

INDEPENDENCE MISSOURI POLICE DEPARTMENT
APPLICANT PERSONAL HISTORY INFORMATION PACKET

CRIMINAL HISTORY

NOTE: Any information of a criminal nature provided herein and/or otherwise during your background investigation with Independence Police Department may be reported to the appropriate authorities.

Have you ever been **cited** for, **arrested**, **charged**, **indicted**, or **convicted** of any **criminal** or **traffic** violations other than parking citations? Yes No

Has your driver's license **ever** been suspended or revoked? Yes No

TRAFFIC VIOLATIONS

List the date, place and full details of each incident below (an arrest or conviction record will not necessarily disqualify you for employment):

Date _____ City / State _____ Country _____
Details of Traffic Citations / Dispositions _____
Date _____ City / State _____ Country _____
Details of Traffic Citations / Dispositions _____
Date _____ City / State _____ Country _____
Details of Traffic Citations / Dispositions _____

TRAFFIC ACCIDENTS

List the date, place and full details of each incident below:

Date _____ City / State _____ Country _____
Details of Accidents (Injury / Non-Injury) _____
Date _____ City / State _____ Country _____
Details of Accidents (Injury / Non-Injury) _____
Date _____ City / State _____ Country _____
Details of Accidents (Injury / Non-Injury) _____

ARRESTS / OFFENSES – Juvenile and Adult

List any time you have been contacted by law enforcement and law enforcement has taken your information.

Date _____ City / State _____ Country _____
Details of Arrests / Offenses / Disposition – was only a report written? Deferred prosecution?

Date _____ City / State _____ Country _____
Details of Arrests / Offenses / Disposition – was only a report written? Deferred prosecution?

INDEPENDENCE MISSOURI POLICE DEPARTMENT
APPLICANT PERSONAL HISTORY INFORMATION PACKET

CRIMINAL HISTORY (Continued)

If your name appears in Case.net, what name will it appear under? _____

Have you ever been involved in any civil court proceedings? Yes No

If yes, list:

_____ vs. _____ Year _____ State _____

_____ vs. _____ Year _____ State _____

_____ vs. _____ Year _____ State _____

Have you ever been named in any legal restraining order (by spouse/romantic partner, employer, etc.)?

Yes No If yes, list:

Dates _____ Reason(s) _____

Dates _____ Reason(s) _____

Have you ever viewed child pornography (Internet, Magazines, Movies, Other Media, etc.)?

Dates _____ How Often? _____

Dates _____ How Often? _____

In your lifetime, either as an adult or juvenile, have you ever committed a crime for which you were not caught? Yes No If yes, list:

Describe _____

List all incidents in which you were a defendant, complainant or a witness in a criminal, civil, juvenile court proceeding, an administrative or investigative hearing by a City, County, State, Federal Agency, or a Grand Jury other than in the performance of duties as a police officer:

**INDEPENDENCE MISSOURI POLICE DEPARTMENT
APPLICANT PERSONAL HISTORY INFORMATION PACKET**

DRUG USE

Have you ever used any of the drugs listed below in your lifetime?

Yes No

Please complete the following information by writing your responses in the spaces below each inquiry specific to each illegal drug listed (including prescription drugs used illegally).

Deliberate inaccuracies, omissions or minimizing may be grounds for automatic disqualification from further testing and employment.

Drugs Used	Indicate whether you have used any drug(s) listed below by selecting YES or NO in the appropriate box.	List the names of all drug(s) that you used.	List the first and last date the drug(s) were used.
Cannabis Substances - Marijuana, Hashish, Hashish Oil, K2, etc.			
Stimulants - Cocaine, Crack, Rock, Crank, Crystal, Angel Dust, Speed, Ice, Amphetamines, Methamphetamines, Glass, etc.			
Club Drugs - Ecstasy, MDMA, Ketamine, GHB, Rohypnol, etc.			
Hallucinogens - LSD, PCP (Phencyclidine), Peyote, Mushrooms (Psilocybin), Mescaline, etc.			
Narcotics - Codeine, Opium, Morphine, Heroin, etc.			
Depressants - Tranquilizers, Barbiturates, Methaqualone, Benzodiazepines, etc.			
Inhalants - Aerosols, Spray Paint, Gasoline, Khat, Whippits (Nitrous Oxide), Butane, etc.			
Pharmaceuticals NOT prescribed to you by a doctor - Oxycontin, Oxycodone, Vicodin, Ritalin, Methcathinone, Steroids (injection or pills), etc.			

**INDEPENDENCE MISSOURI POLICE DEPARTMENT
APPLICANT PERSONAL HISTORY INFORMATION PACKET**

MISCELLANEOUS

Can you perform the essential job duties of this position with or without reasonable accommodations?

Yes No

If no, explain: _____

Please provide any additional information regarding your background, other than medical, that your background investigator should be aware of:

INDEPENDENCE MISSOURI 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 authorized 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, any information, data, or opinions, to include polygraph results or reports, 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 the 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. 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 the purposes of evaluating my suitability of 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:
COUNTY OF:

_____ being duly sworn on oath depose and states that the answers to the
(Applicant's Name – Please print legibly)
questionnaire 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 _____, _____.
(Day) (Month) (Year)

Notary Public

My Commission Expires: _____

**INDEPENDENCE MISSOURI POLICE DEPARTMENT
APPLICANT PERSONAL HISTORY INFORMATION PACKET**

VERIFYING DOCUMENTS

A **clear photocopy** of the following documents must be provided when you return this Personal Information Packet to the Independence Police Department.

1. Driver's License.
2. Social Security Card
3. Birth Certificate
4. High School Diploma, G.E.D, and/or College Diploma
5. Resume, if not submitted on-line with application.

RETURN PACKET TO:

**THE INDEPENDENCE POLICE DEPARTMENT
ATTN: Professional Standards Unit
223 N. MEMORIAL
INDEPENDENCE, MO 64050**

Or Email to:

IPDjobs@indepmo.org