

OAK GROVE POLICE DEPARTMENT
Chief Bryon Price

PERSONAL HISTORY QUESTIONNAIRE

PERSONAL HISTORY OF: _____
(LAST NAME) (FIRST) (MIDDLE)

(DATE OF BIRTH) (SOCIAL SECURITY NUMBER)

POSITION APPLIED FOR: [] POLICE OFFICER
[] RESERVE POLICE OFFICER
[] OTHER-SPECIFY _____

DATE OF WRITTEN EXAMINATION: _____

DATE THIS QUESTIONNAIRE COMPLETED: _____

INSTRUCTIONS

THIS PERSONAL HISTORY QUESTIONNAIRE IS INTENDED FOR THE USE OF THE OAK GROVE POLICE DEPARTMENT. YOU MUST BE TRUTHFUL AND COMPLETE ALL ANSWERS REQUESTED ON THIS FORM. ALL INFORMATION CONTAINED HEREIN WILL BE SUBJECT TO VERIFICATION, I.E., SOURCE DOCUMENTATION, POLYGRAPH AND SCREENING PROCEDURES. INFORMATION CONTAINED HEREIN WILL BE CONSIDERED TO BE STRICTLY CONFIDENTIAL AND WILL NOT BE DISCLOSED TO ANY UNAUTHORIZED PERSON(S).

THE ANSWERS TO QUESTIONS CONTAINED IN THE QUESTIONNAIRE MUST BE PRINTED, IN YOUR OWN HAND, LEGIBLY IN BLACK INK ONLY. EACH INDIVIDUAL QUESTION MUST BE ANSWERED, THERE CAN BE NO BLANKS. IF A QUESTION DOES NOT APPLY TO YOUR PARTICULAR CIRCUMSTANCE, INSERT "DNA" IN THAT BLANK. WHEN ANSWERING QUESTIONS THAT REQUIRE DATES, INSERT THE FULL DATE, PARTIAL MONTH-YEAR RESPONSES ARE UNACCEPTABLE. YOU MUST PROVIDE COMPLETE ADDRESS INFORMATION WHEN REQUESTED. PARTIAL ADDRESS RESPONSES ARE UNACCEPTABLE.

WARNING

APPLICANTS ARE CAUTIONED TO ANSWER EVERY QUESTION TRUTHFULLY AND WITHOUT EVASION.

PERSONAL & MARITAL RECORD SECTION I

PLEASE PRINT USING BLACK INK

LEGAL NAME: LAST				FIRST			FULL MIDDLE NAME		
SOCIAL SECURITY NUMBER		DATE OF BIRTH		AGE	HEIGHT	WEIGHT		COLOR HAIR	COLOR EYES
PLACE OF BIRTH		CITY		COUNTY			STATE		BIRTH CERTIFICATE NUMBER
RESIDENCE ADDRESS (NUMBER, STREET, APT., CITY, COUNTY, STATE AND ZIP CODE)									
BY WHAT OTHER NAMES HAVE YOU BEEN KNOWN? (MAIDEN NAME, FORMER MARRIED NAME/S, ALIASES, NICKNAMES, ETC.)								RESIDENCE PHONE AND AREA CODE	
MO DRIVER'S LICENSE NUMBER		TYPE	EXPIRATION DATE		OUT-OF-STATE OPERATOR'S LICENSE NUMBER		TYPE /STATE /TERR.	EXPIRATION DATE	
PRESENT MARITAL STATUS			CITY, COUNTY, STATE - PRESENT MARRIAGE PERFORMED				DATE PRESENT MARRIAGE PERFORMED		
NAME OF PRESENT SPOUSE (FIRST-MIDDLE-LAST)				SPOUSE'S MAIDEN NAME (IF APPLICABLE)			SPOUSE'S SOCIAL SECURITY NUMBER		
AGE	HGT.	WGT.	D.O.B.	BIRTHPLACE OF SPOUSE		NAME AND ADDRESS OF SPOUSE'S EMPLOYER		PHONE NUMBER	
FATHER (NATURAL)		(LAST, FIRST, MIDDLE) & DATE OF BIRTH			ADDRESS (NUMBER, STREET, CITY, ZIP CODE, STATE) IF DECEASED, DATE OF DEATH			AGE	
MOTHER (NATURAL) (MAIDEN NAME FIRST, FORMER MARRIED NAMES)		(LAST, FIRST, MIDDLE) & DATE OF BIRTH			ADDRESS (NUMBER, STREET, CITY, ZIP CODE, STATE) IF DECEASED, DATE OF DEATH			AGE	
LIST ANY SCARS, BIRTHMARKS, BLEMISHES, TATTOOS, DEFORMITIES, ETC., THAT YOU MAY HAVE									
LIST YOUR CHILDREN									
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	NAME (LAST, FIRST, MIDDLE)				BIRTH DATE	BIRTH PLACE (CITY, STATE)			
ADDRESS (IF DIFFERENT FROM YOURS)			RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER			RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER			
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	NAME (LAST, FIRST, MIDDLE)				BIRTH DATE	BIRTH PLACE (CITY, STATE)			
ADDRESS (IF DIFFERENT FROM YOURS)			RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER			RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER			
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	NAME (LAST, FIRST, MIDDLE)				BIRTH DATE	BIRTH PLACE (CITY, STATE)			
ADDRESS (IF DIFFERENT FROM YOURS)			RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER			RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER			
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	NAME (LAST, FIRST, MIDDLE)				BIRTH DATE	BIRTH PLACE (CITY, STATE)			
ADDRESS (IF DIFFERENT FROM YOURS)			RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER			RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER			
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	NAME (LAST, FIRST, MIDDLE)				BIRTH DATE	BIRTH PLACE (CITY, STATE)			
ADDRESS (IF DIFFERENT FROM YOURS)			RELATIONSHIP TO YOU <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER			RELATIONSHIP TO YOUR SPOUSE <input type="checkbox"/> NATURAL <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER			

2. DO YOUR MONTHLY BILLS EXCEED YOUR TAKE-HOME PAY?

[] YES [] NO

INDEBTEDNESS: INVOLVING YOU, YOUR SPOUSE, OR YOUR EX-SPOUSE FOR WHICH YOU ARE LIABLE.

TO WHOM OWED	ADDRESS	DATE INCURRED	ORIGINAL AMOUNT	AMOUNT DUE	MONTHLY PAYMENT
A.					
B.					
C.					
D.					
E.					
F.					
G.					
H.					
I.					
J.					
K.					
L.					
M.					

NAME AND LOCATION OF YOUR BANK/S

[] CHECKING ACCOUNT

[] SAVINGS ACCOUNT

YEAR, MAKE, BODY, TYPE, LICENSE NUMBER OF YOUR PRESENT VEHICLES	DATE PURCHASED	NAME OF LEGAL OWNER
A.		
B.		

WHEN ANSWERING THE QUESTIONS BELOW: IF THERE ARE ANY "YES" BLOCKS CHECKED, EXPLAIN FULLY ON THE CONTINUATION SHEET, CITING THE REFERENCE AND PAGE NUMBERS, BE COMPLETE ON ALL EXPLANATIONS REQUESTED.

3. DO YOU, YOUR SOUSE OR EX-SPOUSE HAVE ANY IMMEDIATE CIVIL ACTION PENDING AGAINST YOU?

[] YES [] NO

4. IF EMPLOYED BY THE POLICE DEPARTMENT, DO YOU ANTICIPATE ANY INCOME OTHER THAN YOUR POLICE SALARY?

[] YES [] NO

5. HAVE YOU EVER BEEN REFUSED A LIFE, AUTOMOBILE, HEALTH, OR OTHER INSURANCE POLICY?

[] YES [] NO

6. HAVE YOU EVER BEEN GARNISHEED, FILED FOR BANKRUPTCY, OR BEEN DECLARED BANKRUPT?

[] YES [] NO

WORK HISTORY SECTION V

1. HAVE YOU EVER APPLIED FOR A POSITION WITH ANY LAW ENFORCEMENT OR OTHER GOVERNMENT AGENCY?
IF YES, INDICATE WHERE YOU HAVE APPLIED/OR BEEN APPOINTED IN THE PAST, WITH THE MOST RECENT FIRST.

YES NO

NAME OF DEPARTMENT OR AGENCY	DATE APPLIED	ACCEPTED	IF NO, GIVE REASON FOR REJECTION OR DECLINING OF APPOINTMENT
1.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
6.		<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT

BEGIN WITH YOUR MOST RECENT JOB AND LIST YOUR COMPLETE WORK HISTORY IN CHRONOLOGICAL ORDER. **INCLUDE IN SEQUENCE ALL PART TIME JOBS, PERIODS OF UNEMPLOYMENT AND MILITARY SERVICE.** WHEN LISTING MILITARY SERVICE, SUBSTITUTE FOR THE NAME AND ADDRESS OF IMMEDIATE SUPERVISOR, THE NAME, ADDRESS AND RANK OF THE LAST COMMISSIONED OFFICER WHO WAS YOUR IMMEDIATE COMMISSIONED SUPERIOR AND SUBSTITUTE FOR THE NAME AND ADDRESS OF CO-WORKER, THE NAME AND ADDRESS OF A NON-COMMISSIONED OFFICER WITH WHOM YOU SERVED. WHEN LISTING PERIODS OF UNEMPLOYMENT, INDICATE DATES IN SPACE PROVIDED. IN THAT BLOCK DESIGNATED "NAME OF EMPLOYER" WRITE-IN "UNEMPLOYED." IN THAT BLOCK DESIGNATED "REASON FOR LEAVING" INDICATE FROM WHAT SOURCE YOU RECEIVED INCOME DURING THAT PERIOD OF UNEMPLOYMENT. **ADDRESS INFO MUST BE COMPLETE - STREET, APT. OR SUITE, CITY, STATE AND ZIP-CODE.**

MAY WE CONTACT YOUR PRESENT EMPLOYER? (IF NO, EXPLAIN ON CONTINUATION PAGE.)

YES NO

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB? (IF YES, EXPLAIN FULLY ON CONTINUATION PAGE.)

YES NO

IF PRESENTLY UNEMPLOYED, INDICATE SO IN FIRST BLOCK.

FROM DATE	NAME OF PRESENT EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS TELEPHONE
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER

FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS TELEPHONE
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER

WORK HISTORY (CONTINUED)

FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS TELEPHONE
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER

FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS TELEPHONE
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER

FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS TELEPHONE
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER

FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS TELEPHONE
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER

FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS TELEPHONE
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER

FROM DATE	NAME OF EMPLOYER	JOB TITLE	REASON FOR LEAVING
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS TELEPHONE
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	TELEPHONE OF CO-WORKER

**MISCELLANEOUS
(SECTION VI CONTINUED)**

LIST ALL ORGANIZATIONS, CLUBS, AND SOCIAL GROUPS OF WHICH YOU ARE NOW, OR HAVE BEEN A MEMBER AND POSITION, I.E., MEMBER, ASSOCIATE MEMBER, PRESIDENT, SECRETARY, ETC.

DATES		ORGANIZATION/CLUB/SOCIAL GROUPS	POSITION/ASSOCIATION/MEMBERSHIP STATUS
FROM	TO		

GENERAL INFORMATION INQUIRY

NOTICE: THE FOLLOWING QUESTIONS AND ANSWERS WILL BE VERIFIED THROUGH THE USE OF THE POLYGRAPH (LIE DETECTOR TEST).

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES - IT WILL BE NECESSARY FOR YOU TO EXPLAIN, IN DETAIL, ON THE CONTINUATION SHEET PROVIDED. FULL AND COMPREHENSIVE EXPLANATIONS ARE REQUIRED.

CIRCLE THE APPROPRIATE ANSWER:

1.	IF IT BECAME NECESSARY IN THE COURSE OF YOUR POLICE DUTIES TO TAKE A HUMAN LIFE, WOULD YOU HAVE ANY RELUCTANCE TO DO BECAUSE OF RELIGIOUS OR OTHER BELIEFS? <u>POLICE OFFICER APPLICANTS ONLY</u> NEED ANSWER THIS QUESTION.	YES	NO
2.	HAVE YOU EVER COMMITTED A FELONY FOR WHICH YOU WERE NEVER ARRESTED OR CONVICTED?	YES	NO
3.	HAVE YOU EVER BEEN PLACED ON OR SERVED IN A CRIMINAL DIVERSION TYPE PROGRAM THAT LED TO THE EVENTUAL DISMISSAL OF ANY CRIMINAL CHARGES OR APPLIED FOR AND HAD ANY CHARGES/CONVICTIONS SEALED?	YES	NO
4.	HAVE YOU EVER BEEN CONVICTED OF A FELONY?	YES	NO
5.	HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR THAT HAD BEEN REDUCED FROM ORIGINAL FELONY CHARGES?	YES	NO
6.	HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE? I.E., THEFT OFFENSES, ASSAULT AND BATTERY, WRONGFUL INFLUENCE OF A MINOR, DISORDERLY CONDUCT, GAMBLING, DRUG OFFENSE, SEX OFFENSES, OFFENSES INVOLVING IMMORAL OR INDECENT CONDUCT, FRAUD, TRESPASSING, CONVERSION OF TRUST, OFFENSE INVOLVING MILITARY JUSTICE, OR ANY OTHER CRIMINAL OFFENSES?	YES	NO
7.	HAVE YOU EVER BEEN CONVICTED OF ANY TRAFFIC OFFENSES? I.E., OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, RECKLESS OPERATION, HIT SKIP, VEHICULAR HOMICIDE, SPEEDING, DRAG RACING, WILLFULLY FLEEING OR ELUDING POLICE, OPERATING AN UNSAFE VEHICLE, DRIVING WITHOUT A LICENSE, PASSING A SCHOOL BUS RECEIVING OR DISCHARGING PASSENGERS, OR ANY OTHER TRAFFIC OFFENSE , EXCLUDING PARKING AND EQUIPMENT VIOLATIONS.	YES	NO
8.	HAVE YOU EVER BEEN ARRESTED OR DETAINED FOR ANY VIOLATION OF LAW, FOR WHICH YOU WERE EITHER INVOLVED IN OR THE PERPETRATOR?	YES	NO
9.	AS AN ADULT, HAVE YOU EVER STOLEN ANYTHING?	YES	NO
10.	HAVE YOU EITHER BOUGHT OR SOLD ANY PROPERTY THAT YOU KNEW WAS STOLEN?	YES	NO
11.	HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?	YES	NO
12.	HAVE YOU EVER BEEN COMMITTED TO ANY PENAL INSTITUTION AS A RESULT OF EITHER A FELONY OR MISDEMEANOR CONVICTION?	YES	NO
13.	ARE YOU PRESENTLY UNDER INDICTMENT OR A DEFENDANT IN ANY CRIMINAL, TRAFFIC OR CIVIL ACTION?	YES	NO
14.	HAVE YOU EVER USED ANY HALLUCINOGENS SUCH AS MARIHUANA, HASHISH, Mescaline, P.C.P., T.H.C., PEYOTE, P.C.E., T.C.P., ANGEL DUST, OR ANY OF THEIR DERIVATIVES ETC.? (IF YES, AGE FIRST USED, AGE LAST USED, TOTAL NUMBER OF USAGES?)	YES	NO
15.	HAVE YOU EVER USED ANY NARCOTICS SUCH AS OPIUM, MORPHINE, CODEINE, MEPERIDINE, METHADONE OR ANY OF THEIR DERIVATIVES SUCH AS DARVON, LOMOTIL, ETC.? (IF YES, AGE FIRST USED, AGE LAST USED, TOTAL NUMBER OF USAGES?)	YES	NO
16.	HAVE YOU EVER USED COCAINE, HEROIN OR L.S.D. ? (IF YES, AGE FIRST USED, AGE LAST USED, TOTAL NUMBER OF USAGES?)	YES	NO
17.	HAVE YOU EVER USED ANY PRESCRIPTION DRUGS SUCH AS BARBITURATES, AMPHETAMINES, VALIUM, LIBRIUM, SOPORS, UPPERS/DOWNERS ETC. WITHOUT THE BENEFIT OF A PRESCRIPTION? (IF YES, AGE FIRST USED, AGE LAST USED, TOTAL NUMBER OF USAGES AND TYPE?)	YES	NO

18.	HAVE YOU EVER USED ANY PRESCRIBED MEDICATIONS FOR PURPOSES OTHER THAN THAT FOR WHICH THEY WERE ORIGINALLY PRESCRIBED OR INTENDED? (IF YES, TYPE AND USE)	YES	NO
19.	HAVE YOU EVER USED WHAT ARE DESCRIBED AS DESIGNER DRUGS, I.E., SUBSTANCES THAT ARE CHEMICALLY ALTERED IN MAKE-UP BUT WHICH GIVE THE SAME EFFECT AS ILLICIT DRUGS ETC.? (IF YES, TYPE AND USE)	YES	NO
20.	HAVE YOU EVER SOLD, BEEN PARTY TO THE SALE, OR IN ANY OTHER WAY BEEN FINANCIALLY REWARDED DUE TO THE SALE OF ANY CONTROLLED SUBSTANCES OR PRESCRIPTION DRUGS OR ANY OTHER SUBSTANCE PURPORTED TO BE A CONTROLLED SUBSTANCE?	YES	NO
21.	HAVE YOU EVER BEEN INVOLVED IN GLUE SNIFFING OR USED ANY OTHER SUCH CHEMICAL AGENTS FOR THE PURPOSE OF OBTAINING A STATE OF INTOXICATION?	YES	NO
22.	ARE YOU ADDICTED TO OR USE ALCOHOL EXCESSIVELY OR SUFFER FROM ANY ALCOHOL RELATED PROBLEMS, OR RECEIVED ANY RELATED TREATMENTS?	YES	NO
23.	HAVE YOU EVER USED, SOLD, OR BEEN PARTY TO THE SALE AND USE OF ANY STEROIDS OR SIMILAR SUBSTANCES WITHOUT THE BENEFIT OF A PRESCRIPTION OR FOR ANY UNDOCUMENTED MEDICAL REASON?	YES	NO
24.	HAVE YOU EVER FILED FOR, OR RECEIVED, COMPENSATION FROM ANY INDUSTRIAL COMPENSATION CLAIM.?	YES	NO
25.	HAVE YOU EVER APPLIED FOR AND RECEIVED UNEMPLOYMENT COMPENSATION, THE AMOUNTS OF WHICH YOU WERE NOT ELIGIBLE TO RECEIVE?	YES	NO
26.	ARE YOU NOW, OR HAVE YOU EVER, RECEIVED ANY TYPE OF GOVERNMENTAL SUPPORT SUCH AS WELFARE, A.D.C., HOUSING SUBSIDY PAYMENTS, MEDICAL OR EDUCATIONAL LOANS OR GRANTS THAT YOU WERE NOT ELIGIBLE FOR, RECEIVING IN A FRAUDULENT MANNER OR AFTER RECEIVING BECAME INELIGIBLE FOR BUT CONTINUED RECEIVING?	YES	NO
27.	DO YOU HAVE ANY HATREDS OR PREJUDICES TOWARD OTHERS BECAUSE OF THEIR RACE, SEX, NATIONAL ORIGIN, RELIGION OR COLOR, THAT WOULD BE DETRIMENTAL TO YOUR FUNCTIONING AS A POLICE OFFICER?	YES	NO
28.	DO YOU HAVE ANY PROBLEMS BECAUSE OF GAMBLING?	YES	NO
29.	DO YOU HAVE ANY PROBLEM CONTROLLING YOUR TEMPER?	YES	NO
30.	HAVE YOU EVER BEEN INVOLVED IN AN AUTO ACCIDENT?	YES	NO
31.	HAVE YOU EVER ENGAGED IN ANY GROSSLY UNNATURAL SEXUAL ACTS?	YES	NO
32.	HAVE YOU EVER ENGAGED IN ANY ILLICIT SEXUAL ACTIVITIES?	YES	NO
33.	HAVE YOU EVER TRAVELED OUTSIDE THE UNITED STATES? (IF YES, WHAT COUNTRIES)	YES	NO
34.	IS THERE ANYTHING IN YOUR MEDICAL OR PSYCHOLOGICAL HISTORY, THAT YOU ARE AWARE OF, THAT COULD DISQUALIFY YOU FROM THIS POSITION?	YES	NO
35.	HAVE YOU EVER RECEIVED ANY PSYCHIATRIC OR PSYCHOLOGICAL EVALUATIONS, TREATMENTS OR EXAMINATIONS?	YES	NO
36.	HAVE YOU EVER BEEN A PATIENT IN ANY STATE OR PRIVATE MENTAL INSTITUTION?	YES	NO
37.	DO YOU WEAR PRESCRIPTION LENSES (EYEGASSES) FOR ANY DIVISION DEFECT?	YES	NO
38.	DO YOU WEAR HARD OR SOFT CONTACT LENSES?	YES	NO
39.	HAVE YOU EVER UNDERGONE ANY TYPE OF EYE SURGERY, I.E., RADIAL KERATOTOMY ETC.?	YES	NO
40.	DO YOU KNOW WHAT YOUR VISION STANDARD IS AT PRESENT, IF SO WHAT IS IT?	YES	NO

ALL APPLICANTS MUST SIGN THE FOLLOWING CERTIFICATE

I CERTIFY THAT THE STATEMENTS CONTAINED IN THIS QUESTIONNAIRE ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MADE IN THIS QUESTIONNAIRE MAY BE CAUSE FOR DISAPPROVAL OF MY APPOINTMENT, OR FOR DISCHARGE AFTER APPOINTMENT.

SIGNATURE OF APPLICANT: _____ DATE: _____

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 HAVE EVER USED:							
PLACE OF BIRTH:			HOME PHONE:			BUSINESS PHONE:	

RELEASE OF RECORDS

This is to certify that I am an applicant for a position with the Oak Grove Police Department.
 I, _____ (print name), do hereby authorize the release of any
 and all information to the Oak Grove Police Department from my Selective Services, medical,
 military, police, personnel, school and credit reports.

 Signature

 Date

