

# SAINTE GENEVIEVE COUNTY SHERIFF'S OFFICE



## PERSONAL HISTORY QUESTIONNAIRE

The Ste. Genevieve County Sheriff's Office resolved that subject to all applicable State and Federal statutory or judicial exemptions, all qualified applicants for employment and/or advancement, whether commissioned or noncommissioned, shall be given equal opportunity for consideration, selection, appointment and retention, regardless of race, color, religion, sex, national origin, age, disability or political affiliation.

AN EQUAL OPPORTUNITY EMPLOYER

The County of Sainte Genevieve

Sainte Genevieve County is located approximately 65 miles south of St. Louis on Interstate 55. The county has over 600 square miles of roads and with a population of close to 18,000 citizens.

## Sainte Genevieve County Sheriff's Office

The men and women of the Sainte Genevieve County Sheriff's Office provide many services to the community. Among these are investigate, traffic, canine, patrol, community relations, and D.A.R.E.

The office has a state of the art full functioning jail facility. The office also offers a variety of community orientated programs such as neighborhood watch.

The benefits of becoming a County of Sainte Genevieve Employee include:

- Excellent Salary
- Dental Plan Available
- Paid Group Health Insurance
- Uniform Allowance
- Firearm Provided
- Excellent Vacation Plan
- Life Insurance
- Fourteen Paid Holidays
- State of the Art Facility
- State of the Art Equipment
- Lagers & CERF Retirement Packages

The requirements to become a Sainte Genevieve County Deputy are:

- 21 Years of Age
- U.S. Citizen
- High School degree or equivalent. Higher education preferred but not required.
- NO Criminal Record
- Valid Missouri Drivers License
- Good Moral Character
- Graduate of a 640 Hour Certified Police Academy
- Pass the following
  - Written Test
  - Oral Interview
  - Background Investigation
  - Medical Examination – Work Steps
  - Drug Testing
  - Polygraph Test and/or
  - CVSA (Computerized Voice Stress Analysis) Test

## TO APPLY

Sainte Genevieve County Sheriff's Office accepts applications at any time. However, the office will periodically establish an eligibility list on an as needed basis from which candidates may be selected. Applications are available at the Sainte Genevieve County Sheriff's Office and should be returned to:

Sainte Genevieve County Sheriff's Office  
Attn: Major Jason Schott  
5 Basler Drive  
Sainte Genevieve, MO 63670

For additional information call (573) 883-5820.

Sainte Genevieve County Sheriff's Office is an equal opportunity employer and will not engage in practices which exclude any person for employment or employment opportunity on the basis of race, color, religion, age, sex, national origin, military status, lawful political affiliation or handicap.



**APPLICANT PERSONAL HISTORY QUESTIONNAIRE**  
PRE-EMPLOYMENT HISTORY FILE ACCESS RESTRICTED BY GENERAL ORDERS

**VERIFICATION OF INFORMATION**

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment or training with the Sainte Genevieve County Sheriff's Office. An extensive background investigation will be conducted into your personal history. Applicants for the position of deputy sheriff may be required to take a polygraph (lie detector) examination and/or CVSA (computerized voice stress analyzer) to confirm the information in this questionnaire, and to determine other items of background information.

**ANY FALSE, MISLEADING, OR INCOMPLETE INFORMATION SUBSTITUTED FOR ACCURATE INFORMATION WILL BE GROUNDS TO DISQUALIFY YOU FROM FURTHER CONSIDERATION IN THE APPLICATION PROCESS WITH THE SAINTE GENEVIEVE COUNTY SHERIFF'S OFFICE.**

I confirm that I have read and that I understand the above and that all statements and documents presented to Sainte Genevieve County Sheriff's Office are true, correct, and complete and made in good faith.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please indicate position for which you are applying: \_\_\_\_\_

**DIRECTIONS**

1. **BEFORE YOU BEGIN**, read the entire set of directions and listing of documents required for submission. An application is provided for your convenience. This is a competitive process, therefore applications will not be accepted, processed or evaluated unless complete. All addresses and phone numbers must include zip codes and area codes.
2. **USE BLACK INK ONLY**. Complete this form in your handwriting, printing, or on the computer. If you need any special accommodations to complete this questionnaire, contact Major Jason Schott at (573) 883-5820.
3. Read each question carefully before answering. Be Certain that your answers are legible
4. Be certain that each question is answered **COMPLETELY** and **CORRECTLY**. Submit all documents as requested. If a question does not apply to you, write "N/A" (not applicable) in the space. Leave no blank space.
5. Initial **EACH** page on the bottom right corner.
6. Additional space is provided on pages 11 and 12 for answers which require clarification or further explanation. All entries on pages 11 and 12 will begin with the page, section number (Roman numerals I-XIII), and question (letters A – L) you are explaining or clarifying.
7. Pursuant to Public Law 93-579, the disclosure of your Social Security Number is completely voluntary. Your refusal to reveal it will in no way affect applications for any job or consideration provided by this Office. The Social Security Number assists the Office in differentiating between applicants with similar or identical names.
8. Upon completion, the questionnaire must be returned to Sainte Genevieve County Sheriff's Office, 5 Basler Drive, Sainte Genevieve, MO 63670.



G. Are you acquainted with any Sainte Genevieve County Sheriff's Office employees? YES  NO

If "Yes", please list:

H. Based on the essential functions of the position for which you applied, described in the written job description that accompanied this application, are you able to perform these functions? YES  NO

II. REFERENCES

List four (4) character references, two of which are near your same age and are not relatives, In-Laws or past employers who have known you well during the past three years or more:

1	Name	Phone Number	Year Acquainted
	Residence Address	City	State Zip Code
	Business Name and Address	Occupation	
2	Name	Phone Number	Year Acquainted
	Residence Address	City	State Zip Code
	Business Name and Address	Occupation	
3	Name	Phone Number	Year Acquainted
	Residence Address	City	State Zip Code
	Business Name and Address	Occupation	
4	Name	Phone Number	Year Acquainted
	Residence Address	City	State Zip Code
	Business Name and Address	Occupation	

II. ARREST HISTORY

A. Other than traffic citations, have you, as an adult or juvenile, been arrested, convicted, charged, questioned, accused or detained for any reason by any police, security officer or military police authority, either in the United States of America or in any foreign country?

YES  NO

If "Yes", describe below and explain in full detail on pages 12 and 13.

Date	Charge	Department/Agency	Location (City/County/State)	Disposition

B. Were you ever served with a criminal or civil subpoena or summons other than traffic?

YES  NO

If "Yes", describe below and explain in full detail on pages 12 and 13.

C. Have the police ever been called to any of your former or current residents for any reason?

YES  NO

If "Yes", describe below and explain in full detail on pages 12 and 13.

D. Have you ever been involved in any undetected crime, including the buying or selling of illicit drugs?

YES  NO

If "Yes", describe below and explain in full detail on pages 12 and 13.

E. Have you engaged in sexual abuse in a confined setting, been convicted of engaging or attempting to engage in sexual activity in the community facility by force, overt or implied threats of force, or coercion, or the victim did not consent or has been civilly or administratively adjudicated to have engaged in this behavior?

YES  NO

If "Yes", describe below and explain in full detail on pages 12 and 13.

### IV. EDUCATION AND SKILLS

A. Do you have: (Check appropriate boxes)

GED/High School

3-31 College Credit Hours

32-63 College Credit Hours

64-119 College Credits

Bachelor's Degree

Post Graduate Degree

B. Starting with the most recent, list all elementary, high school, colleges and universities you have attended:

Month & Year Attended FROM	TO	Name and Location (Street, City, State, Zip)	# Credits Completed	Type of Degree	Major	Year of Degree

C. Student Associations/Activities:

\_\_\_\_\_

D. Have you ever been suspended, expelled or asked to leave any school for disciplinary reasons?

YES  NO

If "Yes", describe below and explain in full detail on pages 12 and 13.

E. Have you ever been placed on academic probation?

YES  NO

If "Yes", describe below and explain in full detail on pages 12 and 13.

F. Are you a graduate of a certified police academy or law enforcement training program?

YES

NO

If "Yes", describe below and explain in full detail on pages 12 and 13.

G. Indicate languages you speak, read and/or write other than English:

	Fluent	Above Average	Fair
Speak			
Read			
Write			

H. Special Skills, Qualifications and awards – summarize special skills, qualifications and accomplishments (including clerical skills) that you wish to be considered:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### V. EMPLOYMENT HISTORY

A. Start with your present or last job and list all the places you have worked for the past 10 years. List any additional employers on pages 12 and 13. If you are presently employed, may we contact your employer? YES  NO

1	Employer	Address				
	City	State	Zip Code	Phone Number		
	Dates Employed	From	To	Hourly or Annual Salary	Start	Final
	Job Title	Supervisor		Co-Worker		
	Work Performed					
	Reason for Leaving					
2	Employer	Address				
	City	State	Zip Code	Phone Number		
	Dates Employed	From	To	Hourly or Annual Salary	Start	Final
	Job Title	Supervisor		Co-Worker		
	Work Performed					
	Reason for Leaving					

3 Employer		Address			
City		State	Zip Code		Phone Number
Dates Employed	From	To	Hourly or Annual Salary	Start	Final
Job Title		Supervisor		Co-Worker	
Work Performed					
Reason for Leaving					

4 Employer		Address			
City		State	Zip Code		Phone Number
Dates Employed	From	To	Hourly or Annual Salary	Start	Final
Job Title		Supervisor		Co-Worker	
Work Performed					
Reason for Leaving					

B. Have you ever been dismissed, fired or asked to resign from any employment?

YES  NO  If "Yes", describe below and explain in full detail on pages 12 and 13.

C. Have you ever stolen any money or merchandise from any place of employment? Include final disposition of all items (I.E., sold, retained for personal use, returned, etc.)

YES  NO  If "Yes", describe below and explain in full detail on pages 12 and 13.

D. Have you ever been unemployed for a period of time in excess of 6 months?

YES  NO  If "Yes", describe below and explain in full detail on pages 12 and 13.

### VI. ORGANIZATIONAL MEMBERSHIP

A. List all civic or social organizations, fraternities, clubs, brotherhoods, societies or groups of which you are, or have been, a member or associate. Also furnish their locations.

Name of Organization	Address	Office Held

B. Are you now, or have you been, a member of any foreign or domestic subversive organization, association, movement, group or club which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States or the State or Missouri, by any unlawful or unconstitutional means?

YES  NO  If "Yes", describe below and explain in full detail on pages 12 and 13.

### VII. MILITARY STATUS

A. Are you registered with the selective service? YES  NO  B. Registration Number

C. Location where registered

D. Do you have a current obligation with the military service? YES  NO

Unit	Address/Phone	Commander
------	---------------	-----------

E. Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, Rotc, or any other military or semi-military organization? (If there is more than one period, list the separate periods)

YES  NO

Month/Year Entered	Branch/Organization	Discharge Date	Type of Discharge	Rank	Occupational Specialty

F. Were you ever reduced in rank in the military?

YES  NO  If "Yes", describe below and explain in full detail on pages 12 and 13.

Reduced from \_\_\_\_\_ to \_\_\_\_\_.

G. Were you ever court martialled?

YES  NO  If "Yes", describe below and explain in full detail on pages 12 and 13.

Type of court martial: Summary  Special  General

Sentence received: \_\_\_\_\_

Have you ever received a captain's mast, company punishment or article 15?

YES  NO  If "Yes", describe below and explain in full detail on pages 12 and 13.

H. Have you ever served in a military or naval organization of any foreign government?

YES  NO  If "Yes", Explain:

---



---



---

VIII. FINANCIAL STATUS

A. List the sources of all your income at the present time.					
Type of Income	Firm or Source Name	Monthly Amount			
Your Salary					
Other Employment					
Dividends/Interest					
Military					
Other (specify)					
		Total:			
B. If your spouse is employed, please complete the following:					
Business Name		Business Address		Zip Code	
Phone number		Job Title		Monthly Amount	
C. List all debts and obligations which you now owe, and the individuals or firms with whom you have credit dealings. Use pages 12 and 13 if additional space is needed.					
Obligation	Name, Address, Zip Code	Account Number	Unpaid Balance	Monthly Payment	Amt Past Due
<input type="checkbox"/> Mortgage <input type="checkbox"/> Rent					
Auto Payment					
Personal Loans					
School Loans					
Credit Card					
Credit Card					
Credit Card					
Other (specify)					
Other (specify)					
Totals					
If the answer to any of the following questions is "Yes," write details on pages 12 and 13. Mark "Yes" if the question involves you, your spouse or any ex-spouse.					
D. Have you ever been delinquent in any of your financial obligations?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
E. Have you ever been refused credit			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
F. Have you ever had any of your property repossessed?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
G. Have you ever filed bankruptcy?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

H. Have you ever been sued in court?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I. Have you ever received a settlement in payment for damages, injury, libel, etc. Either with or without court action?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
J. Have you ever filed a lawsuit or had a representative file a lawsuit on your behalf?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
K. Has your tax return ever been audited by the IRS for any reason other than a random audit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
L. Have you ever been failed to file or been delinquent in filing your tax return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

### IX. NARCOTIC AND LIQUOR USAGE

A. Within the last six months, have you consumed any alcoholic beverages because of an addiction to alcohol?		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	If "Yes", describe below and explain in full detail on pages 12 and 13.
B. Within the last six months, have you used a controlled substance without a prescription?		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	If "Yes", describe below and explain in full detail on pages 12 and 13.

### X. MARITAL STATUS/FAMILY MEMBERS

A. Check your current marital status. Use additional space on pages 12 and 13 explanation is necessary.							
Single <input type="checkbox"/>	Engaged <input type="checkbox"/>	Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>		
If engaged or married, indicate the following information relative to fiancé(s) or spouse:							
Name (include maiden name)		Date of Birth		Address			
City		State		Zip Code			
Phone number		Anticipated date of marriage					
If separated or divorced, indicate the following information relative to ex-spouse:							
Name (include maiden name)		Date of Birth		Address			
City		State		Zip Code			
Phone number		Date of separation /divorce cause #					
If spouse is deceased, indicate the following information:							
Name (Maiden)				Date Deceased			
B. List all children and/or dependents. Use additional space on pages 12 and 13 if necessary.							
Name	Date of Birth	Place of Birth	Relationship	Address	With whom residing	% support provided	

C. Do you support all children born to you?

YES  NO  If "No", explain:

---



---

D. All employers of this department work a minimum of eight-hour day, five days per week, and 50 weeks per year. Are you able to meet these requirements without excessive absences?

YES  NO

E. Are you presently living with anyone else (friend or relative)?

YES  NO  If "Yes", describe below and explain in full detail on pages 12 and 13.

F. Have you had any serious problems with your relatives or in-laws?

YES  NO  If "Yes", describe below and explain in full detail on pages 12 and 13.

G. List full name(s) of your immediate family, such as father, mother (maiden name), brothers, and sisters.

Name	Date of Birth	Relationship	Address	Zip Code	Phone Number	Occupation

## XI. USE OF FORCE

A. If the necessity arose for you to shoot a person in the course of your duties as an officer, would you have any reluctance to do so?

YES  NO  If "Yes", explain in detail:

---



---

B. Have you ever used a weapon to defend yourself or others?

YES  NO  If "Yes", explain in detail:



### XIII. DRIVING HISTORY

A. List all driver's or chauffer's licenses you now hold or have previously held, either in Missouri or any other state or county.

State	Type of License	License Number	Expiration Date

B. Have any of the above licenses ever been suspended or revoked?

YES

NO

If "Yes", explain:

---

C. List all driving citations/tickets or summonses you have received as an adult or juvenile, beginning with the most recent. If you cannot remember exact dates or locations, give approximate dates and locations.

Month/Year	Charge	City/State	Issuing Agency/Department	Disposition

D. List all vehicles which you own, lease or have for your personal use (include motorcycles):

Year	Make	Model	License Number	State

E. How many traffic accidents have you been involved in during the past five years? Explain circumstances of each.

---



---

F. List all information relative to your current automobile insurance:

Name of Company	Address	City
State	Zip Code	Phone Number
Name of Agent	Policy Number	Expiration Date

G. Have you ever been denied automobile insurance or had insurance cancelled?

YES

NO

If "Yes", explain in detail:

_____				
_____				
H. Have you recently changed automobile insurance companies?				
YES <input type="checkbox"/> NO <input type="checkbox"/> If "Yes", indicate the following information relative to your previous insurance company.				
Name of Company		Address		Zip Code
Phone Number		Date Discontinued		



Use this page for any additional information. List question number to which the additional information applies. Put your initials at the end

Question Number	Additional Information
Page (1-11)      Section (I-XIII)	Letter (A-L)

Application Checklist

The following documents must be included with this application, or explain why they are not included. All documents submitted become the property of the Sainte Genevieve County Sheriff's Office and will NOT be returned.

- 1. Completed Certificate of Applicant and Authorization for release of Information YES  NO
- 2. Certified copy of birth certificate (state issued with raised impression, certified or notarized copy). If you are applying for a noncommissioned (civilian) position, a photo copy is acceptable. YES  NO
- 3. Copies of all educational transcripts, (including police academy records) High School and College must have a raised seal affixed. If you are applying for a noncommissioned (civilian) position, a photo copy is acceptable. YES  NO
- 4. Copy of military discharge papers – DD Form 214. YES  NO
- 5. Two recent facial photographs. Polaroid, passport, or photo booth photographs are acceptable. YES  NO
- 6. Special Awards YES  NO
- 7. Naturalization papers (if applicable). YES  NO
- 8. Copy of your Social Security card. YES  NO
- 9. Copy of any license, including state issued motor vehicle operator's license, pilot's license, radio operator's license. If you are applying for a noncommissioned (civilian) position, a photo copy is acceptable. YES  NO

IF UNABLE TO FURNISH ANY OF THESE DOCUMENTS, PLEASE EXPLAIN.

DOCUMENT NUMBER	REASON FOR EXCLUSION