

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

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.

**SAINTE GENEVIEVE COUNTY
SHERIFF'S OFFICE**

5 Basler Drive
Sainte Genevieve, MO 63670
(573) 883-5820

CERTIFICATE OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION

Last Name	First Name	Middle Name	
SSN	Date of Birth	Applicant #	

I, _____, hereby certify that all statements made on or in connection with this application with this application are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material facts will cause forfeiture on my part of all rights to initial employment or continued employment by Sainte Genevieve County Sheriff's Office.

The intent of this authorization is to make available a full and complete disclosure of any and all information pertaining to my person; therefore, I do hereby authorize all present or past employers, all law enforcement agencies, all military agencies, the Veterans Administration, the U.S. Army, U.S. Airforce, U.S. Coast Guard, all Federal, State or local government agencies, State and Federal tax bureaus, credit bureaus, schools and universities to furnish Sainte Genevieve County Sheriff's Office, with any and all available information regarding my past or present performance, conduct, or behavior. I further authorize the release of any punitive or disciplinary action, or memorandum, to the Sheriff's Office in order that the information be evaluated to assist in the determination of my suitability for police work. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal and business life for the specific purpose of conducting a pre-employment background investigation.

I authorize Sainte Genevieve County Sheriff's Office to make an inquiry and gather any documents of my present and past employers regarding my character, integrity, reputation and performance.

I authorize the release of any and all aforementioned information regarding my person, employment, credit or any other aspect whether personal or otherwise, that may or may not be in their written records.

I understand that all materials pertaining to this background investigation become the property of Sainte Genevieve County Sheriff's Office and will not be made available or returned to me.

I agree to indemnify and hold harmless the person, to whom this request is presented, along with the company or organization therein from any and all claims, damages, losses and expenses, including reasonable attorney's fees arising out of the complying with this request.

I understand that in the event my application is disapproved, the sources of information obtained are confidential and cannot be revealed to me.

A Xerox copy of this authorization will be considered as effective and valid as the original, even though the copy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Signature (Applicant)

Address

City/State/Zip

Subscribed and sworn before me this _____ day of _____, 20_____.

My commission expires _____, 20_____.

Notary: _____.

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.

I. PERSONAL DATA

Last Name						First Name						Middle Name					
Street Address												Apt/Unit #					
City						State						Zip Code					
Home Phone						Business Phone						Cell Phone					
Age		Height		Weight		Hair		Eyes									
Date of Birth						Place of Birth						Social Security Number					
Operator's License Number						State Issued											
A. List any other names you have ever used:																	
B. Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>																	
C. Were you naturalized? YES <input type="checkbox"/> NO <input type="checkbox"/>																	
D. List first your present address, then list all addresses where you have lived for the past ten (10) years, including your address (es) in the military service or while attending college:																	
From		To		Street Address						City/County				State		Zip Code	
E. Have you ever applied for a position with this office before? YES <input type="checkbox"/> NO <input type="checkbox"/>																	
If "Yes", Date of Application:																	
F. Have you filed an employment application with any other sources recently? YES <input type="checkbox"/> NO <input type="checkbox"/>																	
If "Yes", List below:																	
Date		Organization/ Firm Name				Address/Zip Code				Position Applied For				Disposition			

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
Residence Address		City	Zip Code
Business Name and Address		Occupation	
2	Name	Phone Number	Year Acquainted
Residence Address		City	State
Residence Address		City	Zip Code
Business Name and Address		Occupation	
3	Name	Phone Number	Year Acquainted
Residence Address		City	State
Residence Address		City	Zip Code
Business Name and Address		Occupation	
4	Name	Phone Number	Year Acquainted
Residence Address		City	State
Residence Address		City	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 <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/> If "Yes", describe below and explain in full detail on pages 12 and 13.				
E. Are you now under charges for any violation of law?				
YES <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/>		B. Registration Number			
C. Location where registered					
D. Do you have a current obligation with the military service? YES <input type="checkbox"/> NO <input type="checkbox"/>					
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 <input type="checkbox"/> NO <input type="checkbox"/>					
Month/Year Entered	Branch/Organization	Discharge Date	Type of Discharge	Rank	Occupational Specialty
F. Were you ever reduced in rank in the military?					
YES <input type="checkbox"/> NO <input type="checkbox"/>		If "Yes", describe below and explain in full detail on pages 12 and 13.			
Reduced from _____ to _____.					
G. Were you ever court martialed?					
YES <input type="checkbox"/> NO <input type="checkbox"/>		If "Yes", describe below and explain in full detail on pages 12 and 13.			
Type of court martial: Summary <input type="checkbox"/> Special <input type="checkbox"/> General <input type="checkbox"/>					
Sentence received: _____					
Have you ever received a captain's mast, company punishment or article 15?					
YES <input type="checkbox"/> NO <input type="checkbox"/>		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 <input type="checkbox"/> NO <input type="checkbox"/>		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 NO 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 NO 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 Engaged Married Separated Divorced Widowed

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 of each item and at the bottom of this page.

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

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

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