Background Investigation Questionnaire

APPLICANT NAME (LAST, FIRST, MIDDLE)	TODAY'S DATE

INSTRUCTIONS

Read and follow all the instructions below. Failure to do so will delay or void your application.

1. Each blank must have an answer to it. If the question does not apply to you, type N/A (not apply) in the appropriate space.
2. If there is insufficient space, use a separate sheet of paper and mark it in your own handwriting with the number of the referenced block, and date and sign each sheet.
3. Do not misrepresent or omit a requested fact, since the statements made herein are subject to verification by a background investigation and may require a polygraph examination to determine your qualifications for employment with the City of South Sioux City.
4. Caution: Any willful omission or misrepresentation of fact on this questionnaire may be grounds for rejection of your application or for dismissal from city employment.

PLEASE NOTE THE FOLLOWING:

- Incomplete or inaccurate answers may be grounds for rejection or removal.
- Whether intentional or inadvertent, omissions are taken very seriously.
- It is better to provide information that is unnecessary than to omit information that may be necessary.
- It is always better to tell the truth, no matter what. Your application will be given every consideration in light of the information available.
- You may be asked to submit additional information or documentation pertaining to your application.

I. PERSONAL INFORMATION

FULL LEGAL NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER

LIST ALL OTHER NAMES OR NICKNAMES USED (INCLUDE ANY MAIDEN NAMES AND LEGAL NAME CHANGES. LIST DATE AND REASON FOR NAME CHANGE)

DRIVERS LICENSE #	STATE	EXP. DATE	BIRTHDATE	BIRTHPLACE (CITY, STATE, COUNTRY)

RESIDENCE ADDRESSESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE NUMBER	CELL PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS

WORK PHONE NUMBER	ALTERNATE PHONE NUMBER FOR MESSAGES	PAGER NUMBER

ARE YOU A CITIZEN OF THE UNITED STATES? (Select One) YES ☐ NO ☐	IF A U.S. CITIZEN, WERE YOU: (Select One) NATIVE BORN ☐ NATURALIZED ☐

IF NATURALIZED, GIVE DATE, LOCATION, AND JUDGE

II. EMPLOYMENT HISTORY

IMPORTANT NOTICE: You must list every job you have ever held, regardless of whether you feel it is relevant to the position for which you are applying. Failure to do so will result in automatic disqualification. Failure to complete all required information (names, addresses, dates, phone numbers) may limit our ability to assess your suitability for hire, and eliminate you from further consideration.

BEGIN WITH YOUR CURRENT EMPLOYMENT AND WORK BACKWARD. LIST ALL EMPLOYMENT CHRONOLOGICALLY, INCLUDING SUMMER AND PART TIME JOBS, TEMPORARY AND VOLUNTEER WORK. COMPLETE INFORMATION IS REQUIRED.

DATES EMPLOYED:		EMPLOYER INFORMATION:	PHONE AND EXT. NUMBER:
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:	REASON FOR LEAVING: ☐ FIRED ☐ LAID OFF ☐ FORCED ☐ SCHOOL ☐ QUIT ☐ OTHER
SALARY WAGE:		JOB TITLE & DUTIES:	

DATES EMPLOYED:		EMPLOYER INFORMATION:	PHONE AND EXT. NUMBER:
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	EMPLOYER TELEPHONE:
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:	REASON FOR LEAVING: ☐ FIRED ☐ LAID OFF ☐ FORCED ☐ SCHOOL ☐ QUIT ☐ OTHER
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# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:	REASON FOR LEAVING: ☐ FIRED ☐ LAID OFF ☐ FORCED ☐ SCHOOL ☐ QUIT ☐ OTHER
SALARY WAGE:		JOB TITLE & DUTIES :	

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SALARY WAGE:		JOB TITLE & DUTIES:	

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DATES EMPLOYED:		EMPLOYER INFORMATION:	PHONE AND EXT. NUMBER:
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	EMPLOYER TELEPHONE:

# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME:	REASON FOR LEAVING: ☐ FIRED ☐ LAID OFF ☐ FORCED ☐ SCHOOL ☐ QUIT ☐ OTHER
SALARY WAGE:	JOB TITLE & DUTIES:	

DATES EMPLOYED:		EMPLOYER INFORMATION:	PHONE AND EXT. NUMBER:
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	EMPLOYER TELEPHONE:

# OF HOURS WORKED/WEEK & SHIFT WORKED:	SUPERVISOR'S NAME:	REASON FOR LEAVING: ☐ FIRED ☐ LAID OFF ☐ FORCED ☐ SCHOOL ☐ QUIT ☐ OTHER
SALARY WAGE:	JOB TITLE & DUTIES:	

IF YOU HAVE HELD ADDITIONAL JOBS LIST THEM HERE:

IF YOU HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN, EXPLAIN THE CIRCUMSTANCES (INCLUDE DATE, PLACE & SPECIFIC DETAILS) USE ADDITIONAL SHEET(S) IF NECESSARY

HAVE YOU EVER RECEIVED UNEMPLOYMENT INSURANCE? NO ☐ YES ☐ IF YES, WHEN & WHERE?

HAVE YOU PREVIOUSLY APPLIED TO THE CITY OF SOUTH SIOUX CITY? NO ☐ YES ☐ IF YES, WHICH DEPARTMENT(S):

DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF SOUTH SIOUX CITY? NO ☐ YES ☐
IF YES: GIVE NAME, RELATIONSHIP, AND DEPARTMENT THEY WORK FOR:

HAVE YOU EVER WORKED FOR THE CITY OF SOUTH SIOUX CITY? NO ☐ YES ☐

IF YES, LIST WHICH DEPARTMENT AND WHEN:

LIST SUPERVISOR'S NAME AND PHONE NUMBER:

ARE YOU NOW, OR HAVE YOU EVER BEEN ENGAGED IN BUSINESS AS AN OWNER, PARTNER OR CORPORATE MEMBER? NO ☐ YES ☐

MAY WE COMMUNICATE WITH YOUR PRESENT EMPLOYER? YES ☐ NO ☐ IF NO, PLEASE EXPLAIN:

HAVE YOU EVER BEEN INJURED AT WORK WHERE YOU NEEDED TO APPLY FOR WORKMANS COMPENSATION? NO ☐ YES ☐

IF YES, LIST COMPANIES OR GOVERNMENT AGENCY WHERE YOU WERE INJURED?

COMPANY/ AGENCY	ADDRESS	DATE OF WORKMANS COMP.	DISPOSITION

HAVE YOU EVER BEEN INVOLVED IN ANY POLICE RESERVE OR AUXILLIARY UNIT? NO ☐ YES ☐
IF YES, INDICATE BELOW:

AGENCY	ADDRESS	DATE OF SERVICE	POSITION HELD	REASON FOR LEAVING

HAVE YOU EVER ATTENDED A LAW ENFORCEMENT ACADEMY OR BEEN CERTIFIED OR LICENSED AS A LAW ENFORCEMENT OFFICER? NO ☐ YES ☐ IF YES, LIST WHEN AND WHERE:

HAVE YOU EVER BEEN SUBJECTED TO A POLYGRAPH TEST? NO ☐ YES ☐
IF YES, LIST DETAILS (WHEN, WHERE AND WHY):

III. EDUCATION HISTORY

ARE YOU CURRENTLY ENROLLED IN ANY SCHOOL, COLLEGE OR UNIVERSITY? NO ☐ YES ☐
IF YES, GIVE PROJECTED GRADUATION DATE:

LIST ALL SCHOOLS EVER ATTENDED IN ORDER. BEGIN WITH THE MOST RECENTLY ATTENDED/CURRENTLY ENROLLED SCHOOL. INCLUDE BUSINESS COLLEGES, TECHNICAL/VOCATIONAL, CORRESPONDENCE, AND MILITARY SCHOOLS.

COLLEGES AND UNIVERSITIES

SCHOOL INFORMATION

SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)	FROM:	TO:

YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

SCHOOL INFORMATION

SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)	FROM:	TO:

YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

SCHOOL INFORMATION

SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)	FROM:	TO:

YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

SCHOOL INFORMATION

SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)	FROM:	TO:

YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

SCHOOL INFORMATION

SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)	FROM:	TO:

YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

VOCATIONAL / TECHNICAL / MILITARY OR OTHER POST-SECONDARY SCHOOLS

SCHOOL INFORMATION

SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)	FROM:	TO: 4/12/19

YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

SCHOOL INFORMATION

SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)	FROM:	TO:

YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

SCHOOL INFORMATION

SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)	FROM:	TO:

YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

SCHOOL INFORMATION

SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)	FROM:	TO:

YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

SCHOOL INFORMATION

SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)	FROM:	TO:

YEAR GRADUATED:	TYPE OF DEGREE OBTAINED:	HOURS EARNED:	GPA:	COMMENTS:

HIGH SCHOOL

SCHOOL INFORMATION

SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)	FROM:	TO:
YEAR GRADUATED:			

SCHOOL INFORMATION

SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)	FROM:	TO:
YEAR GRADUATED:			

SCHOOL INFORMATION

SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)	FROM:	TO:
YEAR GRADUATED:			

SCHOOL INFORMATION

SCHOOL NAME:	ADDRESS (STREET, CITY, STATE, ZIP)	FROM:	TO:
YEAR GRADUATED:			

WAS ANY DISCIPLINARY ACTION TAKEN AGAINST YOU WHILE YOU WERE IN COLLEGE, VOCATIONAL/ TECHICIAL COLLEGE OR HIGH SCHOOL, INCLUDING PROBATION, SUSPENSIONS, DISMISSALS OR LOSS OF SCHOLARSHIPS FOR DISCIPLINARY REASONS?

NO ☐ YES ☐ IF YES, LIST THE DATES AND DETAILS BELOW:

GIVE EXPLANATION FOR ACADEMIC PROBLEMS, INCLUDING ACADEMIC PROBATIONS, ACADEMIC SUSPENSIONS, WITHDRAWALS (PASSING OR FAILING), AND ANY GRADE BELOW A 2.00 GPA:

LIST ALL HONORS, CITATIONS, SPECIAL RECOGNITION, OFFICES HELD, AND GROUPS OR TEAMS YOU BELONGED TO WHILE ATTENDING HIGH SCHOOL AND COLLEGE:

LIST ANY FOREIGN LANGUAGE ABILITY YOU HAVE AND TO WHAT EXTENT (INCLUDING SIGN LANGUAGE):
USE A SCALE OF 1 TO 5. EXAMPLE: 1=SOME, 3=MODERATE, 5=FLUENT

LANGUAGE AND DIALECT (IF APPLICABLE):	SPEAK	READ	WRITE
1			
2			
3			

IV. MILITARY HISTORY

HAVE YOU EVER BEEN DENIED ENTRY INTO THE MILITARY? NO ☐ YES ☐ IF YES, EXPLAIN:

HAVE YOU EVER SERVED IN A MILITARY ORGANIZATION OF ANY FOREIGN GOVERNMENT? NO ☐ YES ☐ IF YES, EXPLAIN:

HAVE YOU EVER JOINED THE UNITED STATES MILITARY SERVICE? NO ☐ YES ☐ IF YES, LIST MILITARY BRANCH AND UNITS SERVED

BRANCH	SERVICE NUMBER	TYPE OF UNIT	M.O.S.	JOB TITLE AND DESCRIPTION
1.				
2.				

DATE OF ENLISTMENT	DATES OF ACTIVE DUTY	HIGHEST RANK ON ACTIVE DUTY

TYPE OF DISCHARGE OR SEPARATION: ☐ HONORABLE ☐ GENERAL-UNDER HONORABLE ☐ DISHONORABLE ☐ GENERAL-UNDER OTHER THAN HONORABLE ☐ BAD CONDUCT

GIVE A BRIEF EXPLANATION OF REASONS FOR DISCHARGE:

INDICATE STATUS AT TIME OF DISCHARGE BELOW:

DATE OF DISCHARGE	RANK AT TIME OF DISCHARGE	DATE OF RANK	TOTAL AMOUNT OF MILITARY SERVICE
			YEARS MONTHS DAYS

LIST ALL CITATIONS OR COMMENDATIONS:

LIST ALL MILITARY TRAINING AND EDUCATION: USE ADDITIONAL SHEET(S) IF NECESSARY

HAVE YOU EVER BEEN UNDER INVESTIGATION BY A MILITARY AUTHORITY? NO ☐ YES ☐
IF YES: LIST ALL DISCIPLINARY PROBLEMS WHILE IN THE MILITARY (ARTICLE 15's, UCMJ CONVICTIONS, DEMOTIONS, INCLUDING ANY JUDICIAL OR NON-JUDICIAL ACTION ETC.) INCLUDE DISPOSITION OF INVESTIGATION AND EXPLAIN IN FULL DETAIL:

PAST COMMANDING OFFICERS OR MILITARY ACQUAINTANCES ARE POTENTIAL SOURCES OF RELEVANT INFORMATION PERTAINING TO YOUR BACKGROUND. PLEASE LIST THOSE INDIVIDUALS WHO KNOW YOU WELL ENOUGH TO PROVIDE ACCURATE INFORMATION ABOUT YOU.

NAME	ADDRESS	PHONE	# OF YEARS KNOWN
1			
2			
3			

HAVE YOU EVER BEEN A MEMBER OF A RESERVE UNIT? NO ☐ YES ☐ IF YES, INDICATE YOUR STATUS BELOW

HOW OFTEN DO YOU ATTEND DRILLS? WEEKLY ☐ MONTLY ☐ SUMMER ONLY ☐

GIVE DETAILS OF YOUR CURRENT RESERVE UNIT BELOW:

UNIT NAME AND ADDRESS	COMMANDING OFFICER NAME &PHONE	YOUR CURRENT RANK

V. CRIMINAL AND DRIVING HISTORY

LIST ALL OFFICIAL CONTACT YOU HAVE HAD WITH ANY LAW ENFORCEMENT AGENCY OR COURT SYSTEM. THIS INCLUDES MUNICIPAL, COUNTY, STATE AND FEDERAL AGENCIES OR COURT SYSTEMS, INCLUDING MILITARY COURTS, MILITARY POLICE AND MILITARY INVESTIGATIVE UNITS. LIST ALL INCIDENTS WHERE YOU HAVE BEEN QUESTIONED, WARNED, ISSUED A SUMMONS, DETAINED, ARRESTED OR CONVICTED. THIS INCLUDES ALL INFRACTIONS, ORDINANCE VIOLATIONS, MISDEMEANORS AND FELONIES.

NOTE: The existence of an arrest record and/or convictions is **NOT** an automatic disqualifying factor. Giving a false answer to this question **IS** a disqualifying factor.

DATE	AGENCY OR COURT	CHARGE	SENTENCE	DISPOSITION

HAVE YOU EVER BEEN IN OR AFFILIATED WITH ANY STREET GANG? NO ☐ YES ☐ IF YES, EXPLAIN IN FULL DETAIL:

HAVE YOU EVER BEEN REPORTED TO A LAW ENFORCEMENT AGENCY AS A MISSING PERSON OR A RUNAWAY? NO ☐ YES ☐
IF YES, EXPLAIN IN FULL DETAIL:

HAVE YOU EVER STOLEN OR TAKEN ANYTHING FROM ANYONE WITHOUT PERMISSION, OR COMMITTED ANY OTHER CRIME IN WHICH YOU WERE NOT CAUGHT? NO ☐ YES ☐ IF YES, EXPLAIN IN FULL DETAIL, INCLUDING DATES, PLACES AND AMOUNT TAKEN OR CRIME COMMITTED:

HAVE YOU EVER APPLIED FOR A PERMIT TO CARRY A CONCEALED WEAPON? NO ☐ YES ☐ IF YES, WAS THE REQUEST GRANTED?
NO ☐ YES ☐ IF NO PLEASE EXPLAIN:

HAS AN EX-PARTE OR OTHER TYPE OF RESTRAINING ORDER OR PROTECTIVE ORDER EVER BEEN PLACED AGAINST YOU? NO ☐ YES ☐
IF YES, EXPLAIN:

LIST BELOW ANY RELATIVES IN YOUR HOUSEHOLD, WHO HAVE BEEN ARRESTED OR CONVICTED OF A FELONY OR PARTICIPATED IN A CRIMINAL ACT. GIVE A BRIEF EXPLANATION OF YOUR RELATIONSHIP TO THE PERSON AND THE CRIMINAL ACTIVITY IN WHICH THEY ARE OR WERE INVOLVED:

NAME (LAST,FIRST MIDDLE)	RELATIONSHIP	EXPLAIN CRIMINAL ACTIVITES AND/OR CONVICTIONS

DO YOU CURRENTLY HAVE ANY UNPAID FINES, COURT COSTS, OR COURT ORDERED RESTITUTION? NO ☐ YES ☐
IF YES, GIVE ALL DETAILS, INCLUDING THE LAW ENFORCEMENT AGENCY, LOCATION AND COURT DATES:

HAVE YOU EVER BEEN FINGERPRINTED? NO ☐ YES ☐ IF YES, BY WHOM AND WHY?

HAVE YOU EVER BEEN THE VICTIM OF A CRIME? NO ☐ YES ☐ IF YES, DID YOU REPORT IT TO A LAW ENFORCEMENT AGENCY?
NO ☐ YES ☐ IF YES, EXPLAIN:

GIVE INFORMATION ON ANY DRIVER'S LICENSE OR PERMIT THAT YOU HAVE BEEN ISSUED CURRENTLY OR IN THE PAST (INCLUDING MILITARY AND ANY SPECIAL ENDORSEMENTS):

APPROX. DATE ISSUED	STATE	LICENSE NUMBER	TYPE (OPERATOR, COMMERCIAL, MILTARY, ETC.)	EXPIRATION DATE

HAVE YOU EVER BEEN INVOLVED AS A **DRIVER** IN A MOTOR VEHICLE COLLISION?
NO ☐ YES ☐ IF YES, LIST EACH COLLISION BELOW STARTING WITH THE MOST RECENT:

1	COLLISION INFORMATION		
DATE OCCURRED:	LOCATION (CITY, STATE):	INVESTIGATING AGENCY:	INJURY INVOLVED? NO ☐ YES ☐
AMOUNT OF DAMAGE?	WHO WAS AT FAULT?	HOW DID COLLISION OCCUR?	

2	COLLISION INFORMATION		
DATE OCCURRED:	LOCATION (CITY, STATE):	INVESTIGATING AGENCY:	INJURY INVOLVED? NO ☐ YES ☐
AMOUNT OF DAMAGE?	WHO WAS AT FAULT?	HOW DID COLLISION OCCUR?	

3	COLLISION INFORMATION		
DATE OCCURRED:	LOCATION (CITY, STATE):	INVESTIGATING AGENCY:	INJURY INVOLVED? NO ☐ YES ☐
AMOUNT OF DAMAGE?	WHO WAS AT FAULT?	HOW DID COLLISION OCCUR?	

4	COLLISION INFORMATION		
DATE OCCURRED:	LOCATION (CITY, STATE):	INVESTIGATING AGENCY:	INJURY INVOLVED? NO ☐ YES ☐
AMOUNT OF DAMAGE?	WHO WAS AT FAULT?	HOW DID COLLISION OCCUR?	

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? NO ☐ YES ☐ IF YES, PLEASE GIVE DETAILS (INCLUDE WHEN, WHERE):

HAVE YOU EVER BEEN DENIED AUTO INSURANCE OR HAD INSURANCE CANCELLED? NO ☐ YES ☐ IF YES, EXPLAIN BELOW:

PLEASE LIST ALL OF YOUR CURRENT VEHICLES BELOW

YEAR:	MAKE:	MODEL:	TAG NUMBER:	STATE:	REGISTERED TO:

VI. DRUG AND ALCOHOL USE

DO YOU CURRENTLY USE ANY DRUG THAT YOU HAVE OBTAINED WITHOUT A PRESCRIPTION OR HAVE OBTAINED BY SOME TRICK OR DECEPTION? NO ☐ YES ☐ IF YES, LIST WHAT KIND AND TO WHAT EXTENT:

DO YOU NOW, OR HAVE YOU EVER USED, POSSESSED, SUPPLIED OR SOLD ANY NARCOTIC OR CONTROLLED SUBSTANCE SUCH AS, BUT NOT LIMITED TO; MARIJUANA, HASHISH, COCAINE, LSD, METHAMPHETAMINE, HEROIN, STEROID PHARMACEUTICALS OR DRUGS OF SIMILAR NATURE? (Drug use is not necessarily an automatic disqualifying factor, however, lying about it is.)

NO ☐ YES ☐ IF YES, LIST BELOW.

SUBSTANCE:	EVER USED?	FIRST DATE USED	LAST DATE USED	NUMBER OF TIMES USED	LARGEST AMT. POSSESSED

MARIJUANA	NO ☐ YES ☐				
HASHISH	NO ☐ YES ☐				
COCAINE	NO ☐ YES ☐				
PCP	NO ☐ YES ☐				
HEROIN	NO ☐ YES ☐				
LSD	NO ☐ YES ☐				
METHAMPHETAMINES	NO ☐ YES ☐				
OTHER (LIST)					
OTHER (LIST)					
OTHER (LIST)					

GIVE A DETAILED SUMMARY CONCERNING THE CIRCUMSTANCES OF ANY OF THE DRUG HISTORY INDICATED ABOVE

DO YOU CURRENTLY CONSUME ALCOHOLIC BEVERAGES? NO ☐ YES ☐

IF YES, PLEASE EXPLAIN BY INCLUDING FREQUENCY, QUANTITY AND TYPE OF BEVERAGE (E.G., LIQUOR, WINE, BEER):

VII. ORGANIZATIONS AND OTHER ACTIVITIES

LIST ALL GROUPS, CLUBS, AND ORGANIZATIONS TO WHICH YOU CURRENTLY BELONG OR HAVE BELONGED IN THE PAST. EXCLUDING HIGH SCHOOL AND COLLEGE (INCLUDE OFFICES HELD, NAME OF ORGANIZATION, ADDRESS AND PHONE NUMBER, ACTIVITIES YOU WERE INVOLVED IN WHILE BELONGING TO THIS GROUP, NAME OF A CONTACT PERSON, ADDRESS AND PHONE NUMBER):

DO YOU BELONG TO ANY GROUP THAT HOLDS BELIEFS, OR DO YOU HOLD BELIEFS THAT WOULD PREVENT YOU FROM VOWING ALLEGIANCE TO THE FLAG OF THE UNITED STATES AND/OR THE CONSTITUTION OF THE UNITED STATES?
NO ☐ YES ☐ IF YES, GIVE COMPLETE DETAILS

LIST ANY HOBBIES, SKILLS AND SPECIAL INTERESTS OR ABILITIES YOU HAVE, INCLUDING ANY HONORS YOU HAVE RECEIVED WHILE INVOLVED IN THESE ACTIVITIES:

LIST ANY SPECIALIZED TRAINING, SKILLS OR AREAS OF EXPERTISE THAT YOU HAVE WHICH ARE DIRECTLY OR INDIRECTLY RELATED TO LAW ENFORCEMENT WORK:

LIST ANY OTHER INFORMATION ABOUT YOURSELF THAT IS NOT ASKED BY THE ABOVE QUESTIONS WHICH YOU FEEL WOULD BE BENEFICIAL FOR US TO KNOW :

VIII. CREDIT AND FINANCIAL HISTORY

LIST AND EXPLAIN ALL FINANCIAL PROBLEMS, PAST OR PRESENT. INCLUDE OVERDUE ACCOUNTS, LATE PAYMENTS, BANKRUPTCIES, FAILURE TO PAY STUDENT LOANS, ETC. (A COMPLETE CREDIT HISTORY WILL BE OBTAINED BY THE CITY OF SOUTH SIOUX CITY):

LIST AND EXPLAIN ALL LIENS OR OTHER ENCUMBRANCES THAT HAVE BEEN PLACED AGAINST YOUR PROPERTY, FILES, SCHOOL TRANSCRIPTS, ETC., FOR FAILURE TO PAY DEBTS:

HAVE YOU EVER HAD PURCHASED GOODS REPOSSESSED OR HAD ANY OF YOUR BILLS TURNED OVER TO A COLLECTION AGENCY? NO ☐ YES ☐ IF YES, PLEASE EXPLAIN:

HAVE YOU OR YOUR SPOUSE'S WAGES EVER BEEN GARNISHED? NO ☐ YES ☐ IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN, OR ARE YOU NOW DELINQUENT ON TAXES TO ANY CITY, COUNTY, STATE OR FEDERAL GOVERNMENT? NO ☐ YES ☐
IF YES, PLEASE EXPLAIN:

HAVE YOU OR YOUR SPOUSE EVER WRITTEN ANY BAD OR INSUFFICIENT FUND CHECKS? NO ☐ YES ☐
IF YES, PLEASE LIST AND EXPLAIN (INCLUDE ESTIMATED NUMBER OF BAD CHECKS AND DATE OF LAST BAD CHECK WRITTEN):

WAS PROPERTY REPOSSESSED AS A RESULT? NO ☐ YES ☐ IF YES, PLEASE EXPLAIN:

HAVE ANY OF YOUR CHECKS EVER BEEN TURNED OVER TO THE COUNTY ATTORNEY FOR PROSECUTION?
NO ☐ YES ☐ IF YES, PLEASE EXPLAIN WHAT THE OUTCOME WAS:

HAVE YOU EVER HAD A JUDGMENT RENDERED AGAINST YOU? NO ☐ YES ☐ IF YES, PROVIDE AMOUNT AND DETAILS:

HAVE YOU EVER BEEN INVOLVED IN A CIVIL COURT PROCEEDINGS? NO ☐ YES ☐ IF YES, PROVIDE AMOUNT AND DETAILS:

IX. FAMILY INFORMATION ~ MARITAL

CURRENT MARITAL STATUS: MARRIED ☐ WIDOWED ☐ DIVORCED ☐ ENGAGED ☐ SEPARATED ☐
UNMARRIED ☐ ANNULLED ☐ OTHER ☐ (IF OTHER, PLEASE EXPLAIN)

GIVE INFORMATION BELOW ON CURRENT MARITAL STATUS: (A copy of the marriage license must be supplied at a later date)

DATE OF PRESENT MARRIAGE	PLACE OF MARRIAGE (COUNTRY, STATE, COUNTY AND CITY)
DATE:	LOCATION:

SPOUSE'S FULL NAME BEFORE MARRIAGE:	DATE OF BIRTH:	BEST PHONE NUMBER BY WHICH TO BE REACHED:
SPOUSE'S FORMER ADDRESS:	SPOUSE'S PLACE (OR FORMER PLACE) OF EMPLOYMENT:	
SPOUSE'S CURRENT JOB TITLE:	SPOUSE'S WORK PHONE:	SPOUSE'S WORK HOURS:

LIST ALL YOUR CHILDREN AND/OR OTHER DEPENDENTS (INCLUDE FOSTER, STEP, ADOPTED):

FULL NAME OF CHILD	DATE OF BIRTH	BIRTH / LEGAL FATHER AND MOTHER	PRESENT ADDRESS

THE FOLLOWING QUESTIONS PERTAIN TO YOU IF YOU HAVE CHILDREN NOT LIVING WITH YOU

DO YOU PAY CHILD SUPPORT?
NO ☐ YES ☐ IF YES, HOW MUCH?

IS THE CHILD SUPPORT COURT ORDERED? NO ☐ YES ☐

ARE YOUR CHILD SUPPORT PAYMENTS CURRENT? NO ☐ YES ☐ IF NO, WHY NOT?:

HAVE YOU EVER BEEN DELINQUENT WITH CHILD SUPPORT? NO ☐ YES☐ IF SO, WHEN AND WHY?

HAVE YOU EVER BEEN TAKEN BACK TO COURT? NO ☐ YES ☐ IF YES, EXPLAIN:

IF YOU ARE NOT PAYING CHILD SUPPORT, WHAT IS THE FINANCIAL ARRANGEMENT FOR CARE OF THE CHILD?

WHO HAS PRESENT LEGAL CUSTODY OF THE CHILDREN?

WHAT ARE YOUR VISITATION RIGHTS?

IS YOUR VISITATION SUPERVISED OR UNSUPERVISED?

LIST ALL FORMER MARRIAGES (GIVE ALL INFORMATION EVEN IF DECEASED).

FULL NAME BEFORE MARRIAGE	CURRENT LAST NAME	PRESENT ADDRESS	DATE OF MARRIAGE
PLACE OF MARRIAGE	PRESENT PHONE NUMBER	DATE OF DIVORCE	
PLACE OF DIVORCE	COURT	ADDITIONAL SPACE IF NEEDED	
REASON FOR DIVORCE			
FULL NAME BEFORE MARRIAGE	CURRENT LAST NAME	PRESENT ADDRESS	DATE OF MARRIAGE
PLACE OF MARRIAGE	PRESENT PHONE NUMBER	DATE OF DIVORCE	

PLACE OF DIVORCE	COURT	ADDITIONAL SPACE IF NEEDED
REASON FOR DIVORCE		
DO YOU PAY ALIMONY? NO ☐ YES ☐		
HAVE YOU EVER BEEN TAKEN BACK TO COURT FOR MORE ALIMONY? NO ☐ YES ☐ IF YES, EXPLAIN BRIEFLY:		
HAVE YOU BEEN INVOLVED IN A DOMESTIC VIOLENCE INCIDENT? NO ☐ YES ☐ IF YES, PLEASE EXPLAIN:		

X. FAMILY INFORMATION ~ PARENTS AND SIBLINGS

LIST ALL PARENTAL INFORMATION (INCLUDE ADOPTIVE PARENTS IF APPLICABLE)

FATHER'S FULL NAME	BIRTHDATE	PLACE OF BIRTH
ADDRESS (STREET, CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE
STEP-FATHER'S FULL NAME	BIRTHDATE	PLACE OF BIRTH
ADDRESS (STREET, CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE

MOTHER'S CURRENT NAME	MAIDEN NAME	BIRTHDATE	PLACE OF BIRTH
ADDRESS (STREET, CITY STATE, ZIP)			
HOME PHONE	PLACE OF EMPLOYMENTAND WORK PHONE		
STEP-MOTHER'S CURRENT NAME	MAIDEN NAME	BIRTHDATE	PLACE OF BIRTH
ADDRESS (STREET, CITY STATE, ZIP)			
HOME PHONE	PLACE OF EMPLOYMENTAND WORK PHONE		

LIST ALL SIBLINGS, INCLUDING STEP, HALF, AND ADOPTIVE

1. FULL NAME	BIRTHDATE	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)
ADDRESS (STREET, CITY, STATE,ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE
SPOUSE'S FULL NAME	PLACE OF EMPLOYMENT AND WORK PHONE	
2. FULL NAME	BIRTHDATE	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)
ADDRESS (STREET, CITY, STATE,ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE
SPOUSE'S FULL NAME	PLACE OF EMPLOYMENT AND WORK PHONE	
3. FULL NAME	BIRTHDATE	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)
ADDRESS (STREET, CITY, STATE,ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE
SPOUSE'S FULL NAME	PLACE OF EMPLOYMENT AND WORK PHONE	
4. FULL NAME	BIRTHDATE	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)
ADDRESS (STREET, CITY, STATE,ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE
SPOUSE'S FULL NAME	PLACE OF EMPLOYMENT AND WORK PHONE	
5. FULL NAME	BIRTHDATE	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)
ADDRESS (STREET, CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE

SPOUSE'S FULL NAME	PLACE OF EMPLOYMENT AND WORK PHONE	
6. FULL NAME	BIRTHDATE	RELATIONSHIP (FULL/HALF/STEP/ADOPTIVE)
ADDRESS (STREET, CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE
SPOUSE'S FULL NAME	PLACE OF EMPLOYMENT AND WORK PHONE	

XI. FAMILY INFORMATION ~ SPOUSE'S FAMILY

LIST SPOUSE'S PARENTS, STEP-PARENTS, SIBLINGS, AND STEP-SIBLINGS BELOW.

1. FULL NAME:	BIRTHDATE:	RELATIONSHIP TO SPOUSE:
BEST PHONE NUMBER TO CONTACT THIS PERSON:	PLACE OF EMPLOYMENT:	
2. FULL NAME:	BIRTHDATE:	RELATIONSHIP TO SPOUSE:
BEST PHONE NUMBER TO CONTACT THIS PERSON:	PLACE OF EMPLOYMENT:	
3. FULL NAME:	BIRTHDATE:	RELATIONSHIP TO SPOUSE:
BEST PHONE NUMBER TO CONTACT THIS PERSON:	PLACE OF EMPLOYMENT:	
4. FULL NAME:	BIRTHDATE:	RELATIONSHIP TO SPOUSE:
BEST PHONE NUMBER TO CONTACT THIS PERSON:	PLACE OF EMPLOYMENT AND WORK PHONE:	
5. FULL NAME:	BIRTHDATE:	RELATIONSHIP TO SPOUSE:
BEST PHONE NUMBER TO CONTACT THIS PERSON:	PLACE OF EMPLOYMENT AND WORK PHONE:	
6. FULL NAME:	BIRTHDATE:	RELATIONSHIP TO SPOUSE:
BEST PHONE NUMBER TO CONTACT THIS PERSON:	PLACE OF EMPLOYMENT AND WORK PHONE:	
7. FULL NAME:	BIRTHDATE:	RELATIONSHIP TO SPOUSE:
BEST PHONE NUMBER TO CONTACT THIS PERSON:	PLACE OF EMPLOYMENT AND WORK PHONE:	

XII. REFERENCES

LIST THREE (3) REFERENCES, NOT RELATIVES, WHO HAVE KNOWN YOU FOR AT LEAST THREE (3) YEARS. DO NOT LIST ANY PAST OR PRESENT EMPLOYERS. INDICATE IF THE PERSON IS A MR. OR MS. NOTE: COMPLETE INFORMATION IS REQUIRED.

1. FULL NAME:	# OF YEARS KNOWN:	BUSINESS PHONE:	HOME/CELL/WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):	OCCUPATION:	WORK ADDRESS (STREET, CITY, STATE, ZIP):	
2. FULL NAME:	# OF YEARS KNOWN:	BUSINESS PHONE:	HOME/CELL/WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):	OCCUPATION:	WORK ADDRESS (STREET, CITY, STATE, ZIP):	
3. FULL NAME:	# OF YEARS KNOWN:	BUSINESS PHONE:	HOME/CELL/WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):	OCCUPATION:	WORK ADDRESS (STREET, CITY, STATE, ZIP):	

LIST THREE (3) REFERENCES, NOT LISTED IN THE SECTION ABOVE, WHO ARE SOCIAL ACQUIANTANCES AND HAVE KNOWN YOU FOR AT LEAST THREE (3) YEARS. (PREFERABLY YOUR AGE GROUP). INDICATE IF THE PERSON AS A MR. OR MS.

1. FULL NAME:	# OF YEARS KNOWN:	BUSINESS PHONE:	HOME/CELL/WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):	OCCUPATION:	NAME OF EMPLOYER:	
2. FULL NAME:	# OF YEARS KNOWN:	BUSINESS PHONE:	HOME/CELL/WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):	OCCUPATION:	NAME OF EMPLOYER:	

3. FULL NAME:	# OF YEARS KNOWN:	BUSINESS PHONE:	HOME/CELL/WORK PHONES:
HOME ADDRESS (STREET, CITY, STATE, ZIP):	OCCUPATION:	NAME OF EMPLOYER:	

XIII. RESIDENCES

WITH WHOM DO YOU PRESENTLY RESIDE? (LIST BELOW):		
FULL NAME:	BIRTHDATE:	RELATIONSHIP:
FULL NAME:	BIRTHDATE:	RELATIONSHIP:
FULL NAME:	BIRTHDATE:	RELATIONSHIP:

LIST **ALL** RESIDENCES WHERE YOU HAVE LIVED (INCLUDING WHILE IN SCHOOL OR MILITARY). BEGIN WITH **PRESENT** RESIDENCE FIRST. IF NEEDED, A SUPPLENTAL PAGE IS INCLUDED AT THE END OF THIS PACKET.

FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:	
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:	
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:	
FROM:	TO	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:	
FROM:	TO :	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:	
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:	
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:	
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:	
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:	
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:	LANDLORD'S ADDRESS:	LANDLORD'S PHONE:	
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	

LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:
FROM:	TO:	STREET ADDRESS: (INCLUDE APT. OR BOX NO.) CITY, STATE, ZIP:	
LANDLORD'S NAME:		LANDLORD'S ADDRESS:	LANDLORD'S PHONE:

HAVE YOU EVER BEEN EVICTED OR ASKED TO LEAVE A RENTAL HOUSE, APARTMENT OR OTHER DWELLING?
YES ☐ NO ☐ IF YES, EXPLAIN:

GIVE A BRIEF EXPLANATION OF ANY SERIOUS DISPUTES YOU HAVE HAD WITH FRIENDS, ASSOCIATES, RELATIVES WITH WHICH YOU'VE LIVED, OR NEIGHBORS. INCLUDE THE NATURE OF THE PROBLEM, THE PEOPLE INVOLVED, THE RESOLUTION AND YOUR ROLE.

I HAVE COMPLETED THIS QUESTIONNAIRE TO THE BEST OF MY ABILITY. I HEREBY STATE THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS QUESTIONNAIRE AND THAT ALL MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. BY AGREEING WITH THIS STATEMENT, I UNDERSTAND THAT IF AT ANY TIME DURING THE BACKGROUND INVESTIGATION, QUESTIONS SHOULD ARISE CONCERNING THE VALIDITY OF THIS QUESTIONNAIRE; I COULD BE REMOVED FROM THE APPLICATION PROCESS.

Signed:_____ Date:_____

Subscribed and worn before me on the_____day of _____, 20 _____.

_____
Notary Public