

**COLUMBIA POLICE DEPARTMENT
PRELIMINARY BACKGROUND BOOKLET
*Non-Commissioned Personnel***

INSTRUCTIONS:

All answers in this booklet should be complete and true representations of the facts. You must be completely open and frank about all aspects of your life. We assume you will answer questions truthfully. Discovery of these incorrect statements later in the process may result in disqualification from the hiring process.

When filling out this booklet please **print** using **black** ink. The booklet is broken into three sections. The first section includes information about references, past residences, and past employers. The second section is a question and answer session. The third section is short essay answers. In the second section, it is important to answer every question, unless the section does not apply to you (i.e. military service, law enforcement, etc...). Most questions in this section will be answered by circling "Yes, No or N/A", if an explanation is requested you must provide one. If you need additional space for an explanation use the provided "Continuation Sheet". In the third section, you will be asked to tell about a series of events that most people have been presented with in their life. Answer each question with an account of the situation. One "Continuation Sheet" is located on the last page of this booklet. Make additional copies as needed. **Do not write** on the back of any page. Use complete sentences in all three sections. If you have a question about the wording or meaning of any question, call the Training and Recruiting unit at 573-874-7422.

COLUMBIA POLICE DEPARTMENT
BIOGRAPHICAL DATA SHEET

CONTROL#: _____

FULL LEGAL NAME: _____

PRESENT ADDRESS: _____ APT# _____

CITY: _____ STATE: _____ ZIP : _____

DRIVERS LICENSE #: _____ STATE: _____ TYPE: _____

HOME #: _____ WORK #: _____

CELL #: _____ PAGER #: _____

E-MAIL ADDRESS: _____

Circle the best telephone number to contact you and indicate the best time for a staff member to call: Home#/ Work#/ Cell# Time: _____

SECTION I

Residences: List all residences, including military and school addresses for the past TEN (10) years.

Begin with your present address and go back in chronological order. Use attachment sheet if necessary.

Date/From: ____ - ____ **To:** Present **Address:**

Apt. # _____ **City and**
State _____ Zip _____ **Apt. Name:**

Office Telephone # (____) _____

Date/From: ____ - ____ **To:** Present **Address:**

Apt. # _____ **City and**
State _____ Zip _____ **Apt. Name:**

Office Telephone # (____) _____

Date/From: ____ - ____ **To:** Present **Address:**

Apt. # _____ **City and**
State _____ Zip _____ **Apt. Name:**

Office Telephone # (____) _____

Date/From: ____ - ____ **To:** Present **Address:**

Apt. # _____ **City and**
State _____ Zip _____ **Apt. Name:**

Office Telephone # (____) _____

Date/From: ____ - ____ **To:** Present **Address:**

Apt. # _____ **City and**
State _____ Zip _____ **Apt. Name:**

Office Telephone # (____) _____

Date/From: ____ - ____ **To:** Present **Address:**

Apt. # _____ **City and**
State _____ Zip _____ **Apt. Name:**

Office Telephone # (____) _____

Date/From: ____ - ____ **To:** Present **Address:**

Apt. # _____ **City and**
State _____ Zip _____ **Apt. Name:**

Office Telephone # (____) _____

Date/From: ____ - ____ **To:** Present **Address:**

Apt. # _____ **City and**
State _____ Zip _____ **Apt. Name:**

Office Telephone # (____) _____

Date/From: ____ - ____ **To:** Present **Address:**

Apt. # _____ **City and**
State _____ Zip _____ **Apt. Name:**

Office Telephone # (____) _____

References

List a minimum of **Ten (10)** persons **who know you well enough** to provide current information.

ALL INFORMATION IN THE SECTION BELOW IS REQUIRED

Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Home # (____) _____ Work # (____) _____ Pgr/Cell # (____) Age ____
Years Known _____ Relationship: _____ (friend, neighbor etc.)

Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Home # (____) _____ Work # (____) _____ Pgr/Cell # (____) Age ____
Years Known _____ Relationship: _____ (friend, neighbor etc.)

Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Home # (____) _____ Work # (____) _____ Pgr/Cell # (____) Age ____
Years Known _____ Relationship: _____ (friend, neighbor etc.)

Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Home # (____) _____ Work # (____) _____ Pgr/Cell # (____) Age ____
Years Known _____ Relationship: _____ (friend, neighbor etc.)

Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Home # (____) _____ Work # (____) _____ Pgr/Cell # (____) Age ____
Years Known _____ Relationship: _____ (friend, neighbor etc.)

Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Home # (____) _____ Work # (____) _____ Pgr/Cell # (____) Age ____
Years Known _____ Relationship: _____ (friend, neighbor etc.)

Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Home # (____) _____ Work # (____) _____ Pgr/Cell # (____) Age ____
Years Known _____ Relationship: _____ (friend, neighbor etc.)

Name: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Home # (____) _____ Work # (____) _____ Pgr/Cell # (____) Age ____
Years Known _____ Relationship: _____ (friend, neighbor etc.)

Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home # (____) _____ Work # (____) _____ Pgr/Cell # (____) Age _____
Years Known _____ Relationship: _____ (friend, neighbor etc.)

Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home # (____) _____ Work # (____) _____ Pgr/Cell # (____) Age _____
Years Known _____ Relationship: _____ (friend, neighbor etc.)

Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home # (____) _____ Work # (____) _____ Pgr/Cell # (____) Age _____
Years Known _____ Relationship: _____ (friend, neighbor etc.)

Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home # (____) _____ Work # (____) _____ Pgr/Cell # (____) Age _____
Years Known _____ Relationship: _____ (friend, neighbor etc.)

Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home # (____) _____ Work # (____) _____ Pgr/Cell # (____) Age _____
Years Known _____ Relationship: _____ (friend, neighbor etc.)

Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home # (____) _____ Work # (____) _____ Pgr/Cell # (____) Age _____
Years Known _____ Relationship: _____ (friend, neighbor etc.)

Begin with your **current or most recent job**. List all jobs you have held in the ten (10) years, including military service, all part-time, temporary or seasonal employment, periods of unemployment (including school). Add a separate sheet if necessary.

From: ____ - ____ To: ____ - ____ Supervisors Name _____

Business Name: _____

Telephone # (____) _____

Address: _____ City/State: _____ Zip: _____

Job Title: _____ Salary/Hourly Rate: _____

How many hours a week? _____ What Shift? _____

Why did/would you leave?

Description of duties:

Skills required in job:

From: ____ - ____ To: ____ - ____ Supervisors Name _____

Business Name: _____

Telephone # (____) _____

Address: _____ City/State: _____ Zip: _____

Job Title: _____ Salary/Hourly Rate: _____

How many hours a week? _____ What Shift? _____

Why did/would you leave?

Description of duties:

Skills required in job:

From: ____ - ____ To: ____ - ____ Supervisors Name _____

Business Name: _____

Telephone # (____) _____

Address: _____ City/State: _____ Zip: _____

Job Title: _____ Salary/Hourly Rate: _____

How many hours a week? _____ What Shift? _____

Why did/would you leave?

Description of duties:

Skills required in job:

From: ____ - ____ To: ____ - ____ Supervisors Name _____

Business Name: _____

Telephone # (____) _____

Address: _____ City/State: _____ Zip: _____

Job Title: _____ Salary/Hourly Rate: _____

How many hours a week? _____ What Shift? _____

Why did/would you leave?

Description of duties:

Skills required in job:

From: ____ - ____ To: ____ - ____ Supervisors Name _____

Business Name: _____

Telephone # (____) _____

Address: _____ City/State: _____ Zip: _____

Job Title: _____ Salary/Hourly Rate: _____

How many hours a week? _____ What Shift? _____

Why did/would you leave?

Description of duties:

Skills required in job:

From: ____ - ____ To: ____ - ____ Supervisors Name _____

Business Name: _____

Telephone # (____) _____

Address: _____ City/State: _____ Zip: _____

Job Title: _____ Salary/Hourly Rate: _____

How many hours a week? _____ What Shift? _____

Why did/would you leave?

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Skills required in job:

From: ____ - ____ To: ____ - ____ Supervisors Name _____

Business Name: _____

Telephone # (____) _____

Address: _____ City/State: _____ Zip: _____

Job Title: _____ Salary/Hourly Rate: _____

How many hours a week? _____ What Shift? _____

Why did/would you leave?

Description of duties:

Skills required in job:

From: ____ - ____ To: ____ - ____ Supervisors Name _____

Business Name: _____

Telephone # (____) _____

Address: _____ City/State: _____ Zip: _____

Job Title: _____ Salary/Hourly Rate: _____

How many hours a week? _____ What Shift? _____

Why did/would you leave?

Description of duties:

Skills required in job:

From: ____ - ____ To: ____ - ____ Supervisors Name _____

Business Name: _____

Telephone # (____) _____

Address: _____ City/State: _____ Zip: _____

Job Title: _____ Salary/Hourly Rate: _____

How many hours a week? _____ What Shift? _____

Why did/would you leave?

Description of duties:

Skills required in job:

From: ____ - ____ To: ____ - ____ Supervisors Name _____

Business Name: _____

Telephone # (____) _____

Address: _____ City/State: _____ Zip: _____

Job Title: _____ Salary/Hourly Rate: _____

How many hours a week? _____ What Shift? _____

Why did/would you leave?

Description of duties:

Skills required in job:

From: ____ - ____ To: ____ - ____ Supervisors Name _____

Business Name: _____

Telephone # (____) _____

Address: _____ City/State: _____ Zip: _____

Job Title: _____ Salary/Hourly Rate: _____

How many hours a week? _____ What Shift? _____

Why did/would you leave?

Description of duties:

Skills required in job:

SECTION II

Full Legal Name: _____ **Suffix (____)**
Last First Middle Jr., Sr., Etc...

1. **YES NO** Have you ever used or been known by any other name(s) other than the one above? If so, what name(s): _____

2. **YES NO** The Columbia Police Department requires that ALL tatoos be covered anytime you are working. Do you agree to adhere to this policy?

3. **YES NO** Please review the attached job description. Can you meet the essential functions of this job as listed?

4. **YES NO** The Columbia Police Department does not tolerate illegal drug use and/or drug or alcohol abuse. Do you agree to obey all personnel rules and regulations as they relate to this issue if hired?

5. **YES NO** The Columbia Police Department prohibits the use of tobacco products while on duty. Do you agree to obey this policy if hired?

6. **YES NO** The Columbia Police Department has a strict dress and grooming policy. Do you agree to conform to all dress and grooming standards if hired?

7. **YES NO** Do you agree to abide by all other City of Columbia policies and Columbia Police Department policies and procedures, if hired?

8. **YES NO** Have you or any member of your family, ever owned or operated a business that could cause a potential conflict of interest when employed with the Columbia Police Department?
If so, explain: _____

9. **YES NO** Have you ever been refused a security clearance by the U.S. government? If so, explain: _____

10. **YES NO** Are you delinquent on any child support payment? If so, explain: _____

11. **YES NO** Have you ever been ordered into court or had a warrant issued for non-payment of child support? If so, explain: _____

12. **YES NO** Have you ever been suspended, expelled or placed on probation by a school, college or university? If so, explain: _____

13. YES NO Do you own any firearms? If so, how many and what types? _____

14. YES NO Have you ever gotten a “kick” or thrill out of seeing a person or animal killed, injured or suffer? If so, explain: _____

15. YES NO Have you ever caused an animal to attack a person or another animal? If so, explain: _____

16. YES NO Have you ever displayed or pointed a weapon at someone for any reason? (Other than as a police officer or as part of a military action) If so, explain: _____

17. YES NO Do you or have you ever held as a person, business, corporation, etc... any license(s) other than a Driver License or a Concealed Hand Gun License? If so, when, what type(s) of license(s) and for what reason? _____

18. YES NO Have you ever had any type of license that has been suspended or has a motion or request for suspension ever been filed? If so, explain: _____

19. YES NO Do you have any pending civil actions or lawsuits? If so, explain: _____

20. YES NO Do you know any police officers or law enforcement professionals? If yes, who are they, what agency do they work for and how do you know them? _____

FINANCIAL INFORMATION:

21. YES NO Have you ever completed an application for credit that contained false information? If so, explain: _____
22. YES NO Have you ever used the social security number of another person for any reason? If so, explain: _____
23. YES NO Have you ever had property repossessed or foreclosed on for any reason? If so, explain; _____

24. YES NO Have you ever filed an income tax statement that contained false information? If so, explain: _____
25. YES NO Have you ever failed to file an income tax statement for any reason? If so, explain: _____

26. YES NO Have you ever used a credit, debit or ATM card not issued to you without the card holder's permission? If so, explain: _____
27. YES NO Have you ever written a check on another person's account without their permission? If so, explain: _____
28. YES NO Have you ever issued a personal check knowing that you did not have sufficient funds in or on deposit with the bank? If so, explain: _____
29. YES NO Have you ever issued an insufficient funds check "hot check"? (List the date, county issued, and disposition) If so, explain: _____

30. YES NO Have you ever filed a claim to an insurance company that you knew contained incorrect or false information? If so, explain: _____
31. YES NO Have you ever knowingly not paid a bill? If so, explain: _____

32. YES NO Do you receive or have you ever received income from any illegal source?
33. YES NO Have you ever moved to avoid paying rent? If so, explain: _____

EMPLOYMENT:

34. YES NO Have you included all previous jobs, including any temporary, part-time or full-time positions? If not, list all jobs you omitted, dates you worked and reason for leaving: (Please use the continuation sheet provided)

35. YES NO Have you ever resigned or been asked to resign from any job to keep from being fired, terminated or disciplined? If so, explain: _____
36. YES NO Have you ever been fired, terminated or disciplined at any job? If so, explain:

37. YES NO Have you ever been terminated, disciplined or asked to resign from a position due to harassment, sexual harassment or an EEOC violation? If so, explain

38. YES NO Have you ever walked off a job or quit a job without giving at least two weeks notice? If so, explain: _____
39. YES NO Have you ever taken anything from a place of employment or employer regardless of the value (including money, office supplies, uniforms, merchandise, food, etc...) If so, list the items and the company name: _____

40. YES NO Do you still have these items? If so, which items? _____

41. YES NO Have you ever converted an employer's property for personal use? If so, explain:

42. YES NO Have you ever taken part in a theft from an employer with another employee? If so, explain: _____
43. YES NO Have you ever witnessed a fellow employee steal anything from work? If so, explain:

44. YES NO Have you ever intentionally or knowingly damaged an employer's property? If so, explain: _____
45. YES NO Have you ever conspired to do any of the above? If so, explain: _____

46. YES NO Do you usually get along with your co-workers?
47. YES NO Do you usually get along with your supervisors?
48. YES NO Have you ever used leave inappropriately? If so, explain the circumstances and how often:

49. How often are you late to work in an average month? _____
50. YES NO Have you ever violated a rule, regulation or policy of an employer? If so, explain:

51. YES NO Have you ever received any complaints, reprimands (written or oral), suspension(s) or disciplinary actions of any kind from any employer? If so, explain: (Please use the continuation sheet provided) _____

DRIVING HISTORY:

List all states where you currently possess a driver license or have possessed a driver license in the past. Include the state and license number if known. Begin with your current license.

STATE	LICENSE NUMBER	APPROX. YEAR ISSUED
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all traffic convictions issued to you in the last seven years (speeding, stop sign, parking, no insurance, expired registration, etc...),. (Please use the continuation sheet provided)

DATE	VIOLATION	LOCATION	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all traffic accidents you have been involved in, as the driver, in the last seven years. Indicate if officers responded or a state accident report was filed. Also, describe what happened and list who was at fault. (Please use the continuation sheet provided)

DATE	DESCRIPTION	LOCATION	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

52. YES NO Is there any reason that your Missouri Drivers License may be suspended? If you do not have a Missouri Drivers License, is there any reason you can not obtain one? If so, explain: _____

53. YES NO Have you ever had your drivers license suspended or revoked for any reason? If so, explain when and why: _____

54. YES NO In the past three years, have you driven a motor vehicle when you were uninsured? If so, explain: _____
55. YES NO Do you have any unpaid traffic tickets or parking tickets? If so, explain: _____

56. YES NO Have you ever driven a vehicle while under the influence of an alcoholic beverage or a drug (prescription or illegal)?

If yes, how many times? _____ Approximate last date? _____
57. YES NO While operating a vehicle, have you ever struck another vehicle, person or any object and then left the scene without notifying law-enforcement or the owner? If so, explain and include the date(s): _____

58. YES NO Have you ever been involved in an accident after consuming an alcoholic beverage, using an illegal drug or prescription drug? If so, explain and include the date(s): _____

CRIMINAL HISTORY: (In this section do not include traffic violations or other driving offenses)

59. YES NO Have you ever been convicted, placed on probation or SIS/SES for any offense (s)? If so, list the offense(s), date(s) when you completed your probation and/or SIS/SES and whether the record was sealed or expunged. _____

60. Have you ever committed or been an accomplice to any of the below offenses? (Circle the appropriate response for each offense)

- | | | | |
|-----|---|-----|---|
| YES | NO - murder | YES | NO - kidnapping |
| YES | NO - false imprisonment | YES | NO - fighting in public |
| YES | NO - injury to a child/elderly individual | YES | NO - armed criminal action |
| YES | NO - terroristic threat | YES | NO - violation of protective order |
| YES | NO - criminal nonsupport | YES | NO - property damage |
| YES | NO - robbery | YES | NO - burglary |
| YES | NO - theft | YES | NO - tampering with a motor vehicle |
| YES | NO - forgery | YES | NO - theft of a motor vehicle of any kind |
| YES | NO - disorderly conduct | YES | NO - perjury |
| YES | NO - riot | YES | NO - harassment |
| YES | NO - assault | YES | NO - violated person's civil rights |
| YES | NO - abuse of a corpse | YES | NO - cruelty to an animal |
| YES | NO - engaged in organized criminal activity | YES | NO - theft of utilities |
| YES | NO - vehicular assault | YES | NO - weapons violation |
| YES | NO - use of abuseable glue or aerosol paint (inhaling or huffing) | YES | NO - unlawfully carrying a weapon |
| YES | NO - credit card fraud | | |

61. Have you ever committed any of the following acts? (Circle the appropriate response for each offense)

- | | | |
|-----|----|--|
| YES | NO | indecent exposure |
| YES | NO | public lewdness (sexual act in a public place) |
| YES | NO | urinating in public |
| YES | NO | any sexual act on the job |
| YES | NO | masturbation on the job |
| YES | NO | any sexual act with a human corpse |
| YES | NO | sexual assault |
| YES | NO | sexual contact with a sleeping, drugged or unconscious person |
| YES | NO | any sexual act with a child (person under the age of 17) |
| YES | NO | any sexual act with a person who had a mental or physical handicap |
| YES | NO | solicitation of prostitution |
| YES | NO | prostitution |

If so, explain. For theft, list every item ever taken and the date you took the items (If you have already explained in an earlier area do not repeat information here): _____

62. Have you ever illegally possessed, used, transported, manufactured or sold any of the below items? (Circle the appropriate response for each offense)

- | | | | |
|-----|---|-----|--|
| YES | NO - an illegal firearm, knife, or weapon | YES | NO - automatic weapon |
| YES | NO - explosive weapon | YES | NO - armor piercing ammunition |
| YES | NO - firearm silencer | YES | NO - chemical dispensing device |
| YES | NO - illegal club | YES | NO - hoax bomb or components of any explosive device |

If so, explain (If you have already explained in an earlier area do not repeat information here): _____

63. YES NO Have you ever illegally entered onto or into the property, house, building or vehicle of another when you did not have permission to do so? If, so explain: _____

64. YES NO Have you ever assaulted (struck, pushed, hit etc...) anyone, including a family member, roommate or partner? If, so explain: _____

65. YES NO Have you ever caused another person to fear you would hurt them? If, so explain: _____

66. YES NO Have you ever requested, suggested or received money or anything of value from a person as a gift to thank you for your protection or for not harassing or hurting them? If, so explain: _____

67. YES NO Have you ever viewed, purchased, possessed, manufactured or distributed child pornography? If so, explain: _____

68. YES NO Have you ever owned, operated or participated in the operation of a website that depicted child pornography, nudity and/or sexual acts? If so, explain: _____

69. YES NO Have you ever been a member of a street gang or any other criminal organization? If, so explain: _____

70. YES NO Have you ever illegally gained access to a computer that you were not authorized to use? If, so explain: _____

71. YES NO Without consent of the owner, have you ever used the password of another person to gain access to a secure computer, website or other electronic device? If so, explain:

72. YES NO Have you ever been involved or assisted anyone in the smuggling or transportation of any illegal contraband (drugs, chemicals for drug manufacturing, money, weapons etc...), persons or property for any illegal purpose? If, so explain: _____

73. YES NO Have you ever set an item, regardless of value or ownership, on fire for personal reason, profit, revenge, self-gratification, pleasure or fun? If so, explain: _____

74. YES NO To your knowledge, do you have any family members, friends, or close personal contacts who are involved in any type of criminal activity? If so, explain:

75. YES NO To your knowledge, have you ever lived or associated with a felon? If so, explain:

76. YES NO Have you ever bought or obtained anything that you suspected of being stolen? If so, explain: _____

77. YES NO Do you have knowledge of or have you ever participated in the act of money laundering operation(s)? If so, explain: _____

78. YES NO Have you ever placed a bet with a bookmaker? If so, explain: _____

79. YES NO Have you ever operated or worked for an illegal bookmaking operation? If so, explain:

80. YES NO Have you ever provided information to the police to receive a reduction or removal of a charge against you? If so, explain: _____

81. YES NO Have you ever impersonated a police officer? If so, explain: _____

82. YES NO Have you ever used or presented a badge, insignia or other document that would identify or suggest to others that you were a police officer, when you were not? If so, explain: _____

83. YES NO Have you ever given a false name, date of birth or address to a police officer? If so, explain: _____

84. YES NO Have you ever resisted arrest or detention by fleeing from a police officer either on foot, in a vehicle or by any other means? If so, explain: _____

85. YES NO Have you ever made a false statement under oath? If so, explain: _____

86. YES NO Have you ever made a false statement or report to a police officer (written or verbal). If so, explain: _____

87. YES NO Have you ever been a member of a group or organization that took part in violating the civil rights of an individual or group of individuals, even though you may not have personally taken part? If so, explain: _____

88. YES NO Have you ever used an altered identification or the identification of another person? If so, explain: _____

89. YES NO Have you ever used an altered identification or the identification of another person to purchase alcoholic beverages? If so, explain: _____

90. YES NO Have you ever purchased for, sold to or furnished any alcoholic beverage to a person you knew to be under 21 years of age? If so, explain: _____

91. YES NO Have you ever illegally sold or attempted to sell government information or secrets? If so, explain: _____

92. YES NO Have you ever been married to more than one person at the same time? If so, explain: _____

93. YES NO Have you ever committed any criminal act that went undetected by any law enforcement entity? If so, explain: _____

List all non-traffic citations/tickets that you have received. (i.e. disorderly conduct, disturbing the peace, barking dog, etc...)

DATE	VIOLATION	LOCATION	DISPOSITION

ILLEGAL DRUG/NARCOTICS USAGE

94. Have you ever illegally used any of the below drugs/narcotics? (Circle the appropriate response for each) This section covers usage of any controlled substance, dangerous drug, inhalant or marijuana. Usage is the introduction of a substance into your body, through experimentation, snorting, smoking, ingestion, injection, huffing, tasting, trying or via any other means.

		DRUG	# TIMES USED	LAST DATE USED
YES	NO	Marihuana	_____	_____
YES	NO	Hashish	_____	_____
YES	NO	Amphetamines "Speed"	_____	_____
YES	NO	Methamphetamines	_____	_____
YES	NO	Cocaine	_____	_____
YES	NO	Crack-cocaine	_____	_____
YES	NO	LSD"Acid"	_____	_____
YES	NO	Ecstasy "X"	_____	_____
YES	NO	PCP "Angel Dust"	_____	_____
YES	NO	Mescaline "Peyote"	_____	_____
YES	NO	Tranquilizers (non prescribed)	_____	_____
YES	NO	Methadone	_____	_____
YES	NO	Steroids	_____	_____
YES	NO	Heroin	_____	_____
YES	NO	Psilocybin "Mushrooms"	_____	_____
YES	NO	Morphine	_____	_____
YES	NO	Codeine	_____	_____
YES	NO	Opiates	_____	_____
YES	NO	Barbiturates	_____	_____
YES	NO	Methaqualone	_____	_____
YES	NO	GHB	_____	_____

95. YES NO Have you ever used any other illicit drug, controlled substance or dangerous drug not listed above? If so, list the drug the number of times and when last used: _____

96. YES NO Have you ever sold or provided any illicit drug, controlled substance, dangerous drugs or marihuana whether listed above or not to anyone? If so, explain: _____

97. YES NO Have you ever bought any illicit drug, controlled substance, dangerous drugs or marihuana? If so, explain: _____

98. YES NO Have you ever been present when someone else was buying, selling or using drugs? If so, explain: _____

99. YES NO Have you ever possessed, transported, or purchased any precursor chemicals or any chemical laboratory glassware or apparatus used in the manufacturing of any controlled substance or dangerous drugs? If so, explain: _____

100. YES NO Have you ever used a prescription medication that was prescribed for another person? If so, explain: _____

101. YES NO Have you ever operated a vehicle after using any of the above illicit drugs, controlled substance, dangerous drug or marihuana? If so, explain with the number of times and the last date: _____

SECTION III

In this section confine your answers to the area provided. Do not use a continuation sheet and do not take more than the space provided to answer the questions.

Sometimes we need to remain calm on the outside, even when we are upset on the inside. Give an example of a time when you have been able to control your emotions in such a manner.

Tell about a time that you had to “stand up” for a decision you made, although other important people were opposed to that decision.

In most jobs, there are occasions when it is convenient or popular to take advantage of an employer. Tell about a time when you had such an opportunity, although you may not have taken advantage of the opportunity.

Problems occur in all work relationships. Describe a time when you had to cope with the resentment, anger or hostility of a subordinate, co-worker, peer or boss, and describe how you dealt with the problem.

Most people have had contact with a police officer or law enforcement official. Describe a time when you had a positive contact with a police officer or law enforcement official.

As follow up to the above question, describe a time when you had a negative contact with a police officer or law enforcement official.

Describe a time when you had to work as part of a team to complete a project at work or at school or in a volunteer capacity. Tell what your role in the project was.

CERTIFICATION STATEMENT

I certify that there are NO MISREPRESENTATIONS, FALSIFICATIONS OR OMISSIONS in the foregoing statements and answers. All entries are true, complete and correct. I agree and understand that if hired, I may be discharged, if any of the information provided contains any misrepresentations, falsifications or if any material information has been omitted

NAME (PLEASE PRINT): _____

SIGNATURE: _____ **DATE:** _____

Columbia Police Department
Release of Information and Disclosure

Due to the nature of work, and public trust instilled within the position of an administrative assistant within the Columbia Police Department, a background investigation is necessary to ensure employability. Your signature authorizes the City of Columbia to review current and previous employment, disciplinary, driving, and criminal records, and/or other background data as it may relate to the position for which you are applying or have been hired. Questions may be directed to The Office of Personnel Development, Columbia Police Department (573) 874-7422. The City of Columbia is an equal opportunity employer.

Date of Birth

Social Security Number

Date

Signature of Applicant

Please Print Your Name