

Unadilla Township Police Department



Applicant Background Packet

APPLICANT: READ THIS FIRST!

No document that you prepare in the application process is more important than this Personal Background Information questionnaire. You must print all responses in your own handwriting using black ink. Each question must be answered honestly and completely. Failure to provide honest and complete information may result in your application being excluded from consideration, or in termination of your employment. The faster you complete this questionnaire, the quicker your investigator can begin the background investigation. You will not have access to your completed background investigation, even if you are hired by the Unadilla Township Police Department.

This completed document must be returned to the investigator with the following documents that are applicable to you. Copies are acceptable but you may be required to produce original copies in the future. All original documents will be copied and returned to you.

- Driver's license
- Proof of citizenship (a birth certificate, certificate of naturalization, certificate of citizenship)
- High School Diploma and transcripts
- Official sealed and unopened college or university transcripts
- College diploma
- Marriage license
- Social Security card
- DD 214
- Any certifications, awards or proof of additional training (CPR, First Aid, etc.)
- Current bank statement from all existing accounts
- Credit report. You are entitled to one free credit report per year. A free credit report may be obtained through www.AnnualCreditReport.com.

Personal Background



Full Name: _____
(First) (Middle) (Last)

Present Address: _____
(Street & Number) (City) (State)

Permanent Address: _____
(Street & Number) (City) (State)

Telephone Numbers: _____
(Home)

(Business)

(Cell)

Email Addresses: _____

MCOLES or Other State Licensing Number: _____
(include State if not MI)

Have you ever used any name (including nicknames) other than that listed above to obtain education, employment, finances, or to gain traffic or criminal records? Yes No

If yes, explain: _____

Date of birth: _____ **Social Security #** _____ - _____ - _____

Are you a United States citizen? Yes No

Do you have any scars, marks or tattoos? Yes No **If yes, describe:**

Have you ever applied for this position before? Yes No

If yes, when: _____

Have you ever applied to another law enforcement agency? Yes No

If yes, list the date, name and address of agency (Use following page for additional agencies)

Date: _____ **Name of agency:** _____

Name & telephone number of agency contact: _____

Current status of application: _____

Was a background investigation completed? Yes No

Additional Agencies Applied To

Date: _____ Name of agency: _____

Name & telephone number of agency contact: _____

Current status of application: _____

Was a background investigation completed? Yes No

Date: _____ Name of agency: _____

Name & telephone number of agency contact: _____

Current status of application: _____

Was a background investigation completed? Yes No

Date: _____ Name of agency: _____

Name & telephone number of agency contact: _____

Current status of application: _____

Was a background investigation completed? Yes No

Date: _____ Name of agency: _____

Name & telephone number of agency contact: _____

Current status of application: _____

Was a background investigation completed? Yes No

Date: _____ Name of agency: _____

Name & telephone number of agency contact: _____

Current status of application: _____

Was a background investigation completed? Yes No

Date: _____ Name of agency: _____

Name & telephone number of agency contact: _____

Current status of application: _____

Was a background investigation completed? Yes No

Traffic and Criminal History

Michigan driver's license number: _____

Other state driver's license number: _____ State: _____

Have you ever been arrested for something other than a traffic violation? Yes ___ No

If yes, list date, charge, disposition, location, and the name and address of the arresting agency:

Note: The above section is to include any and all arrests other than those for civil traffic violations. Having been arrested does not mean you cannot be hired. The seriousness, how recent, number of violations, pattern, surrounding circumstances and all related information will be considered.

Any immediate family members (father, mother, brothers, sisters, spouse, children) been convicted of a crime other than a traffic violation in the last five years? Yes No

If yes, list name, charge and disposition:

Have you ever been investigated by any law enforcement agency for any reason? Yes No

If yes, list date, location, name and address of agency and reason for the investigation:

Have you ever been involved in any criminal activity? Yes No

If yes, explain:

Have you or a member of your immediate family been a victim of a crime? Yes No

If yes, give particulars:

Has your license to drive ever been denied, revoked, restricted or suspended? Yes No

If yes, give particulars:

Have your vehicle license plates ever been subject to any action? Yes No

If yes, explain:

List all traffic accidents and citations which you have been involved in or issued:

Date	Nature or Charge	Location	Name, Address of Issuing Agency	Disposition

Gambling

How many times have you played poker for money within the past year? _____

Five years? _____

How many times have you played blackjack for money within the past year? _____

Five years? _____

How many times have you played roulette for money within the past year? _____

Five years? _____

How many times have you played slot machines for money within the past year? _____

Five years? _____

How many times have you gone to the casino within the past year? _____

Five years? _____

How many times have you placed bets on sports teams within the past year? _____

Five years? _____

How many times have you gambled using the internet within the past year? _____

Five years? _____

Do you owe anyone money as a result of gambling? Yes No

Have you ever owed anyone money or property as a result of Gambling? Yes No

Financial Record

Your financial worth is not important, nor considered, but whether you pay your bills or owe too much is. If you intend your income to be used to repay the debts of your spouse, or if you are relying on your spouse's income for debt repayment, include your spouse's accounts, debts, and income in this record.

Do you have a savings account? Yes No Balance: \$ _____

Do you have a checking account? Yes No Balance: \$ _____

Do you own or are you buying a home? Yes No Mortgage amount: \$ _____
Monthly payment: \$ _____ Bank or mortgage company holding: \$ _____

Are you renting a home or apartment? Yes No Monthly payment: \$ _____

Amount paid monthly for utilities: \$ _____

Do you own or lease a motor vehicle? Yes No Monthly payment: \$ _____

Bank/Company or Loan Holder: _____
(Name, City and State)

Do you own or lease a second vehicle? Yes No Monthly payment: \$ _____

Bank/Company or Loan Holder: _____
(Name, City and State)

Note: If you have two or more of any of the above, list the same information for each on an additional sheet.

OTHER LOANS: Include all loans for which you have signed, even if paid in full. Include your spouse's or any other person's loans if your income will be relied upon for payment.

Name and address of loan source: _____
(Name)

(Address)

Original amount: \$ _____ Monthly payment: \$ _____ Balance: \$ _____

Reason loan obtained: _____

Date opened: _____ Date closed: _____

Name and address of loan source: _____
(Name)

(Address)

Original amount: \$ _____ **Monthly payment:** \$ _____ **Balance:** \$ _____

Reason loan obtained: _____

Date opened: _____ **Date closed:** _____

Name and address of loan source: _____
(Name)

(Address)

Original amount: \$ _____ **Monthly payment:** \$ _____ **Balance:** \$ _____

Reason loan obtained: _____

Date opened: _____ **Date closed:** _____

CHARGE ACCOUNTS: Include your spouse's or any other person's charge accounts if your income is used for re-payment. Include all charge accounts, even if closed.

Credit card company: _____
(Name)

(Address)

Average monthly payment: \$ _____ **Present balance:** \$ _____ **Credit limit:** \$ _____

Date opened: _____ **Date closed:** _____

Credit card company: _____
(Name)

(Address)

Average monthly payment: \$ _____ **Present balance:** \$ _____ **Credit limit:** \$ _____

Date opened: _____ **Date closed:** _____

Credit card company: _____
(Name)

(Address)

Average monthly payment: \$ _____ **Present balance:** \$ _____ **Credit limit:** \$ _____

Date opened: _____ **Date closed:** _____

Credit card company: _____
(Name)

(Address)

Average monthly payment: \$ _____ **Present balance:** \$ _____ **Credit limit:** \$ _____

Date opened: _____ **Date closed:** _____

Credit card company: _____
(Name)

(Address)

Average monthly payment: \$ _____ **Present balance:** \$ _____ **Credit limit:** \$ _____

Date opened: _____ **Date closed:** _____

Credit card company: _____
(Name)

(Address)

Average monthly payment: \$ _____ **Present balance:** \$ _____ **Credit limit:** \$ _____

Date opened: _____ **Date closed:** _____

Credit card company: _____
(Name)

(Address)

Average monthly payment: \$ _____ **Present balance:** \$ _____ **Credit limit:** \$ _____

Date opened: _____ **Date closed:** _____

OTHER PAYMENTS: (Child Support, Alimony, Etc.)

Payee: _____
(Name)

(Address)

Monthly payment: \$ _____ **Date opened:** _____ **Date closed:** _____

Reason for payment: _____

Payee: _____
(Name)

(Address)

Monthly payment: \$ _____ **Date opened:** _____ **Date closed:** _____

Reason for payment: _____

OTHER DEBTS: (Any debts you have that are not listed above.)

Creditor: _____
(Name)

(Address)

Original loan amount: \$ _____ **Balance:** \$ _____ **Average monthly payment:** \$ _____

Reason for debt: _____

Creditor: _____
(Name)

(Address)

Original loan amount: \$ _____ **Balance:** \$ _____ **Average monthly payment:** \$ _____

Reason for debt: _____

INCOME:

Current annual salary: \$ _____

If you are relying on another's income as a basis for debt payment, complete the following:

Spouse or other person's income: _____ **Employer:** _____

Other income: \$ _____ **Source of income:** _____

NOTE: You are not required to disclose income from alimony or child support, but if you want it considered with this application, complete the following:

Payer: _____ **Monthly payment:** \$ _____

How long have payments been made? _____ **Are payments up to date?** Yes No

Do you have investments? Yes No **Amount:** \$ _____

Name of Investment Company(s): _____

What is your total monthly income? \$ _____

What is the total amount of your indebtedness? \$ _____

What is the total amount of your monthly payments? \$ _____
(Include all current payments listed previously)

Have your creditors treated you fairly? Yes No

If no, explain:

Have you ever been sued or petitioned for bankruptcy? Yes No

If yes, explain:

Have your wages ever been garnished for any reason? Yes No

If yes, explain:

Have you ever been delinquent in filing income tax returns? Yes No

If yes, explain:

Have you ever had any real or personal property repossessed?

Yes

No

If yes, explain:

Have you ever had any liens or collections against you?

Yes

No

If yes, explain:

Education

High school: _____

Address: _____ **Phone:** _____

Dates attended: From: _____ To: _____
(Month Year) (Month Year)

Did you graduate? Yes No

If no, have you completed a general educational development test? Yes No

College/University: _____

Address: _____ **Phone:** _____

Dates attended: From: _____ To: _____
(Month Year) (Month Year)

Major/Degree: _____ **Years completed:** _____

College/University: _____

Address: _____ **Phone:** _____

Dates attended: From: _____ To: _____
(Month Year) (Month Year)

Major/Degree: _____ **Years completed:** _____

Trade school: _____

Address: _____ **Phone:** _____

Dates attended: From: _____ To: _____
(Month Year) (Month Year)

Courses: _____

Years, months or hours completed: _____

Certification achieved: _____

List any coursework or training which you have completed which you believe would be directly useful to the position you have applied:

Activities

List any activities in which you have been involved which you believe reflect your interest in social service work or community affairs. Include for example, tutoring, drug treatment or crisis work, correctional program assistance, coaching or counseling.

List any honors, awards, or other forms of recognition which you have received for scholarship, athletics, or other achievements.

List any offices of leadership (elected or appointed) which you have held as part of or apart from school. Give dates.

Employment History

List chronological history of all employment. Account for all periods of employment including casual employment. Include all periods of unemployment, and state what you did during these periods. List present or most recent position first.

Note: Employers, supervisors, and co-workers may be interviewed by the investigator. Employment discharge or discipline does not mean that you cannot be hired. The seriousness, how recent and surrounding circumstances will be considered.

Employed from: _____ **Employed to:** _____
(Month Year) (Month Year)

Employer: _____

Address: _____ **Phone:** _____

Type of business: _____ **Supervisor:** _____

Position: _____ **Wages:** \$ _____ per _____

What were your duties? _____

Reason for leaving? _____

Employed from: _____ **Employed to:** _____
(Month Year) (Month Year)

Employer: _____

Address: _____ **Phone:** _____

Type of business: _____ **Supervisor:** _____

Position: _____ **Wages:** \$ _____ per _____

What were your duties? _____

Reason for leaving? _____

Employed from: _____ **Employed to:** _____
(Month Year) (Month Year)

Employer: _____

Address: _____ **Phone:** _____

Type of business: _____ **Supervisor:** _____

Position: _____ **Wages:** \$ _____ per _____

What were your duties? _____

Reason for leaving? _____

Employed from: _____ **Employed to:** _____
(Month Year) (Month Year)

Employer: _____

Address: _____ **Phone:** _____

Type of business: _____ **Supervisor:** _____

Position: _____ **Wages:** \$ _____ per _____

What were your duties? _____

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Employed from: _____ **Employed to:** _____
(Month Year) (Month Year)

Employer: _____

Address: _____ **Phone:** _____

Type of business: _____ **Supervisor:** _____

Position: _____ **Wages:** \$ _____ per _____

What were your duties? _____

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Employed from: _____ **Employed to:** _____
(Month Year) (Month Year)

Employer: _____

Address: _____ **Phone:** _____

Type of business: _____ **Supervisor:** _____

Position: _____ **Wages:** \$ _____ per _____

What were your duties? _____

Reason for leaving? _____

Employed from: _____ **Employed to:** _____
(Month Year) (Month Year)

Employer: _____

Address: _____ **Phone:** _____

Type of business: _____ **Supervisor:** _____

Position: _____ **Wages:** \$ _____ per _____

What were your duties? _____

Reason for leaving? _____

Employed from: _____ **Employed to:** _____
(Month Year) (Month Year)

Employer: _____

Address: _____ **Phone:** _____

Type of business: _____ **Supervisor:** _____

Position: _____ **Wages:** \$ _____ per _____

What were your duties? _____

Reason for leaving? _____

Employed from: _____ **Employed to:** _____
(Month Year) (Month Year)

Employer: _____

Address: _____ **Phone:** _____

Type of business: _____ **Supervisor:** _____

Position: _____ **Wages:** \$ _____ per _____

What were your duties? _____

Reason for leaving? _____

Marital Status and Family

Married

Single

Separated

Divorced

List the full name, date of birth, address, telephone number and whether the person is living or deceased for all of the following people. Add any additional siblings or children in the spaces provided at the end.

Relationship	Full Name	Address and Phone	Date of Birth	Living or Deceased
Spouse or Significant Other				
Former Spouse				
Mother				
Father				
Step-Mother				
Step-Father				
Brother				
Brother				
Sister				
Sister				
Mother-in-law				
Father-in-law				

Relationship	Full Name	Address and Phone	Date of Birth	Living or Deceased
Child 1				
Child's Other Parent				
Child 2				
Child's Other Parent				
Child 3				
Child's Other Parent				

With whom are you living? (Include name, age and Relation)

Were you raised by anyone other than your parents? If yes, explain:

Military

Were you ever or are you currently affiliated with any branch of the United States Military?

Yes No

Selective Service #: _____ Military Serial #: _____

Branch of service: _____ Last station: _____

Rank upon discharge: _____ Type of discharge: _____

Were you ever subject of a court martial or other disciplinary action? Yes No

Are you presently or have you ever been a member of any military reserve organization?

Yes No

If yes, branch of service: _____ Rank: _____

Present station: _____

Have you ever served in the military of a foreign government? Yes No

If yes provide details:

Note: You must provide certification of separation, DD-214, if you were separated from any branch of military service.

References

List five character references, other than employers, supervisors or relatives, who know you intimately.
They must reside within the state of Michigan.

Name: _____ Occupation: _____

Address: _____

Home phone: _____ Cell phone: _____

Length and type of relationship: _____

Name: _____ Occupation: _____

Address: _____

Home phone: _____ Cell phone: _____

Length and type of relationship: _____

Name: _____ Occupation: _____

Address: _____

Home phone: _____ Cell phone: _____

Length and type of relationship: _____

Name: _____ Occupation: _____

Address: _____

Home phone: _____ Cell phone: _____

Length and type of relationship: _____

Name: _____ Occupation: _____

Address: _____

Home phone: _____ Cell phone: _____

Length and type of relationship: _____

List the name and address of any law enforcement officials who you know personally:

Name: _____ **Telephone number:** _____

Agency employed by: _____

How do you know this individual?

Name: _____ **Telephone number:** _____

Agency employed by: _____

How do you know this individual?

Name: _____ **Telephone number:** _____

Agency employed by: _____

How do you know this individual?

Name: _____ **Telephone number:** _____

Agency employed by: _____

How do you know this individual?

Name: _____ **Telephone number:** _____

Agency employed by: _____

How do you know this individual?

Name: _____ **Telephone number:** _____

Agency employed by: _____

How do you know this individual?

List three friends that you have seen frequently during the past three years:

Name: _____ Occupation: _____

Address: _____

Home phone: _____ Cell phone: _____

How did you meet this individual?

Name: _____ Occupation: _____

Address: _____

Home phone: _____ Cell phone: _____

How did you meet this individual?

Name: _____ Occupation: _____

Address: _____

Home phone: _____ Cell phone: _____

How did you meet this individual?

Residence Record

Have you ever been evicted? Yes No

If yes, explain: _____

Have you ever broken a lease agreement? Yes No

If yes, explain: _____

List all residences since the age of 16. Use the back of the sheet if additional space is needed.

From: _____ To: _____ Address: _____
(Month Year) (Month Year)

From: _____ To: _____ Address: _____
(Month Year) (Month Year)

From: _____ To: _____ Address: _____
(Month Year) (Month Year)

From: _____ To: _____ Address: _____
(Month Year) (Month Year)

From: _____ To: _____ Address: _____
(Month Year) (Month Year)

From: _____ To: _____ Address: _____
(Month Year) (Month Year)

From: _____ To: _____ Address: _____
(Month Year) (Month Year)

From: _____ To: _____ Address: _____
(Month Year) (Month Year)

Read Carefully Before Signing

I understand that honesty and integrity are the heart of law enforcement and the basis on which we are entrusted with our authority and responsibility. I swear that all information provided within this questionnaire, as well as in any attached pages, is truthful, honest, and accurate; and I understand that any untruthfulness, misstatements or omissions may make me ineligible for employment at the Unadilla Township Police Department. I understand that if I am employed by the Unadilla Township Police Department and it is discovered that I have been untruthful, misleading or made omissions of information in this questionnaire, attachments or any other document or interview involved in the hiring process, that my employment may be terminated.

Signature: _____

Date: _____

Printed Name: _____