



## IMPORTANT NOTICE

### PLEASE READ THIS PAGE CAREFULLY

Dear Applicant:

The Springfield Police Department appreciates your endeavor to become a police officer. Candidates must pass each phase of testing in order to proceed to the next stage of the selection process. Candidates that pass both the physical agility and written exams will proceed on to oral interviews. If you proceed to the oral interview you will need to complete the attached Background Investigation Questionnaire. Only candidates that pass the interview will proceed to the next phase.

Candidates who pass the interview but do not submit a background investigation questionnaire to the Police Department will no longer be considered for the academy.

It is imperative that you complete this questionnaire completely. All questions must be answered, with full explanations when necessary. Although you may have answered some of these questions elsewhere in the hiring process, it is important that they be answered here as well. The investigating officer will use the information you supply to complete his/her investigation and reports. It will not be used for any purpose other than determining your suitability for employment.

If the Background Investigation Questionnaire is returned incomplete or verification cannot be obtained, you may automatically be disqualified. Information obtained after the completion of the questionnaire, which indicates intended omission or falsification by you, will also be means for dismissal from the process. Polygraph examinations are administered to all applicants offered employment. It is in your best interest to be as truthful, thorough, and complete in your answers as possible. Any deliberate omissions or untruthfulness will be noted in the investigator's final report, and you will not proceed in the hiring process. **IT IS A VIOLATION OF SPRINGFIELD CITY ORDINANCE AND MISSOURI STATE LAW, SUBJECT TO CRIMINAL PROSECUTION, TO FILE FALSE INFORMATION ON A POLICE REPORT.**

Some of the information requested may be impossible to obtain due to circumstances beyond your control. In this case, please give a brief explanation. However, this may affect the ability to judge your suitability for hire.

The selection process is on an inflexible schedule. Therefore, it is in your best interest to return the completed questionnaire on the day of your oral interview.

If you have any questions, feel free to contact Resource Management Officer by telephone at 417-864-1796.

Good Luck!





# SPRINGFIELD POLICE DEPARTMENT

## BACKGROUND INVESTIGATION QUESTIONNAIRE



Applicant: \_\_\_\_\_

**Instructions:** All information must be **printed** legibly using **black ink**. You, the applicant must complete the questionnaire, no one else may complete the Questionnaire for you. All questions must be answered. If a question does not pertain to you write "N/A" in the space provided. Attach additional pages to the document if additional space is necessary to complete your answers. Attach all requested documents to the back of this questionnaire. If you are unable to obtain a requested document, give a brief but thorough explanation.

In addition to the background Investigation Questionnaire, you will need to turn in the following documents. Place a checkmark by the document if it is attached to the questionnaire. If it does not apply, mark "n/a" in the blank. If you are unable to include the document in the questionnaire, turn in the questionnaire without the document. Make arrangements to have the document sent to the Police Department to the address listed below. Indicate that you have made arrangements to have the document sent to the Police Department by writing the date you made the arrangements in the blank.

If you have any questions feel free to contact the Resource Management Officer. This questionnaire will be collected during your interview. Failure to return this questionnaire will be cause for automatic disqualification. This questionnaire and any attachments become the property of the City of Springfield, Missouri.

- \_\_\_\_\_ Birth Certificate with state seal (Photocopy is not acceptable. Birth certificates may be obtained from the state bureau of vital statistics of the birth state).
- \_\_\_\_\_ Photocopy of High School Diploma or GED certificate.
- \_\_\_\_\_ Photocopy of College Diploma.
- \_\_\_\_\_ Original, sealed copy of High School transcript(s). (The transcript must be in a sealed envelope, stamped across the seal from the high school)
- \_\_\_\_\_ Original, sealed copy of college transcript(s). (The transcript must be in a sealed envelope, stamped across the seal, from **EVERY** college or university attended.)
- \_\_\_\_\_ Photocopy of marriage certificate
- \_\_\_\_\_ Photocopy of all dissolution of marriage certificate(s)
- \_\_\_\_\_ Photocopy of Military Form DD-214, Member 4, long form
- \_\_\_\_\_ Photocopy of valid driver's license, (front and back)
- \_\_\_\_\_ Copies of any licenses or certificates of any training or specialization that you wish to have considered.

*NOTE: Although we have requested only photocopies of documents in some instances, you must have the original documents available for the background investigator's inspection at a later date. Failure to provide an original document when requested will disqualify you from further consideration of employment, if such consideration has been made.*

Send any Attachments not included with the Background Investigation Questionnaire to the following address:

Springfield Police Department  
 Attn: Resource Management Unit  
 321 East Chestnut Expressway  
 Springfield, MO 65802

**GENERAL INFORMATION:**

- 1. Full Name (first, middle, last): \_\_\_\_\_
- 2. List **ALL** other names you have used or by which you have been known, officially or unofficially, including nick names, monikers, former names, maiden names, abbreviations:  
\_\_\_\_\_
- 3. Date of Birth: \_\_\_\_\_
- 4. Social Security Number: \_\_\_\_\_
- 5. Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_
- 6. Are you a United States Citizen?  Yes  No
- 7. List All Current Telephone Numbers and Email Address:  
Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Email: \_\_\_\_\_
- 8. Current Home Address:  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 9. Vehicle Information:  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_  
VIN: \_\_\_\_\_ License Plate: \_\_\_\_\_ State: \_\_\_\_\_
- 10. Place of Birth:  
Hospital: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 11. Father's Full Name and Address:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_
- 12. Mother's Full Name and Address:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_
- 13. List All Siblings:  
Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

14. List ALL persons with which you have had a significant relationship with (if different from your spouse) in the last five years. This includes but is not limited to past or current fiancés, relationships that lasted over three months, or relationships where you cohabitated. (attach a separate sheet if additional space is needed):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

List Names, Ages and Addresses of Children from this Relationship:

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

List Names, Ages and Addresses of Children from this Relationship:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

List Names, Ages and Addresses of Children from this Relationship:

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

15. Spouse's Full Name and Place of Employment (if applicable):

Name: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Work Schedule: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

16. Spouse's maiden name and all other names that your spouse has been known by (if applicable):

\_\_\_\_\_

17. Date of Marriage: \_\_\_\_\_

18. Place of Marriage: \_\_\_\_\_

19. List Names, Ages and Addresses of Children from this Marriage:

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

20. List all Former Marriages (attach a separate sheet if additional space is needed):

Ex-Spouse's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

Explain Reason for Divorce: \_\_\_\_\_

List Names, Ages and Addresses of All Children from this Marriage:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Ex-Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

Explain Reason for Divorce: \_\_\_\_\_

List Names, Ages and Addresses of All Children from this Marriage:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

21. Has an Ex Parte or Other Type of Restraining Order Ever Been Placed Against You?

Yes  No

If "Yes", explain: \_\_\_\_\_

22. Do you have any tattoos?  Yes  No

If "Yes" describe and list locations: \_\_\_\_\_

23. List all clubs, groups associations, or organizations that you belong or have had an affiliation with. Exclude those that would indicate race, religion, color, sex or national origin.

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24. List the Full Names of all Adults that have resided in the same household with you since you turned 17 years of age (attach a separate sheet if additional space is needed):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Persons Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Persons Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Persons Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Persons Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## EDUCATION

25. Do you possess a  G.E.D.,  High School Diploma, or  College Degree? (check all that apply)

Received G.E.D. or High School Diploma from: \_\_\_\_\_

Received College Degree from: \_\_\_\_\_

**Attach copy of High School Diploma or GED Certificate. Request a copy of transcripts from each high school to be sent directly to the Resource Management Unit of the Springfield Police Department. You may include your transcripts with this questionnaire, but they must be unopened and sealed in the original envelope.**

26. List ALL High Schools that you have attended (attach a separate sheet if additional space is needed).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Phone: \_\_\_\_\_

List at least three high school teachers or counselors that may be contacted as references.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

27. List all Colleges or Universities that you have attended (attach a separate sheet if additional space is needed):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Phone: \_\_\_\_\_

**Attach copy of College Diploma. Request a copy of transcripts from each college to be sent directly to the Resource Management Unit of the Springfield Police Department. You may include your transcripts with this questionnaire, but they must be unopened and sealed in the original envelope.**

List at least three College Teachers or Counselors that may be contacted as references.

Name: \_\_\_\_\_

Name of College: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Name of College: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Name of College: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

28. Give a brief explanation of any academic or disciplinary problems in which you were involved while in High School or College (including academic suspension):

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

29. List and Explain ALL Contacts that you had with college security:

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

**SKILLS AND TRAINING**

30. List any special skills or training that you have received or are licensed for.

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

31. List all foreign or sign languages in which you are fluent:

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

**EMPLOYMENT HISTORY**

**Important Notice:** You must list every job you have held since your 17<sup>th</sup> birthday, regardless of whether you feel they are relevant to the position for which you are applying. Failure to do so will result in automatic disqualifications. Failure to complete all required information, Names, Addressed, Dates, Phone Numbers, Etc. may limit our ability to assess your suitability for hire, and eliminate you from further consideration

32. List all dates of **unemployment** since your 17<sup>th</sup> birthday. Include the length of unemployment and efforts to seek employment.

Unemployed From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Efforts seeking employment: \_\_\_\_\_

Unemployed From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Efforts seeking employment: \_\_\_\_\_

Unemployed From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Efforts seeking employment: \_\_\_\_\_

Unemployed From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Efforts seeking employment: \_\_\_\_\_

Unemployed From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Efforts seeking employment: \_\_\_\_\_

33. List ALL jobs you have held, including part time, temporary, and volunteer work, since the age of 17, start with the **most recent position** held and work back (attach a separate sheet if additional space is needed).

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

End Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

End Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

End Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

End Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

End Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

End Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
End Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
End Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
End Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
End Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

End Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

34. Have you ever been fired from, terminated from, or asked to resign from a job?

Yes  No

If "Yes" explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Military Record

**Read and answer this section carefully, even if you have never served in the military.**

35. Sign the following statement if you have never served in any branch of the armed services, including the National Guard or Military Reserves. If you have served in the military skip to the next question.

I swear or affirm that I have never served in **ANY** branch of the armed services at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

36. Are you currently participating in any military reserve or National Guard program?

Yes  No

If "Yes" Branch of Service: \_\_\_\_\_

MOS: \_\_\_\_\_ Date of Enlistment: \_\_\_\_\_

Initial Rank: \_\_\_\_\_ Current Rank: \_\_\_\_\_

Commander: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

List all duty stations and assignments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

37. List all prior military experience, attach a copy of your DD-214 (Long Form):

Branch of Service: \_\_\_\_\_

MOS: \_\_\_\_\_ Date of Enlistment: \_\_\_\_\_

Initial Rank: \_\_\_\_\_ Exit Rank: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Commander: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

List all duty stations and assignments:

\_\_\_\_\_

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List any medals or awards received: \_\_\_\_\_

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List and explain all disciplinary problems while in the military, article 15's, UCMJ convictions, demotions, etc:

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## LAW ENFORCEMENT EMPLOYMENT RECORD

38. List ALL law enforcement agencies to which you have previously applied, but were not hired, including the Springfield Police Department (attach a separate sheet if additional space is needed).

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

39. List ALL law enforcement agencies that have previously investigated your background.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Investigating Officer: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Investigating Officer: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Investigating Officer: \_\_\_\_\_

## DRIVING RECORD

40. List **ALL** traffic summons, tickets, or citations you have ever received for the past 10 years, regardless of disposition, i.e. Expunged etc. (Attach a separate sheet if additional space is needed):

Charge: \_\_\_\_\_

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Location: \_\_\_\_\_

Court where Filed: \_\_\_\_\_

Disposition: \_\_\_\_\_

Charge: \_\_\_\_\_

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Location: \_\_\_\_\_

Court where Filed: \_\_\_\_\_

Disposition: \_\_\_\_\_

Charge: \_\_\_\_\_

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Location: \_\_\_\_\_

Court where Filed: \_\_\_\_\_

Disposition: \_\_\_\_\_

41. List ALL traffic accidents in which you were the driver of the vehicle involved.

Date of Accident: \_\_\_\_\_ Monetary Amount of Damage (\$\$): \_\_\_\_\_

Address Where Accident Occurred: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Party at Fault: \_\_\_\_\_

Circumstances Surrounding the Accident: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Monetary Amount of Damage (\$\$): \_\_\_\_\_

Address Where Accident Occurred: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Party at Fault: \_\_\_\_\_

Circumstances Surrounding the Accident: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Monetary Amount of Damage (\$\$): \_\_\_\_\_

Address Where Accident Occurred: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Party at Fault: \_\_\_\_\_

Circumstances Surrounding the Accident: \_\_\_\_\_

42. List **EVERY** State in which you have been licensed to operate a motor vehicle:

State: \_\_\_\_\_ Year(s): \_\_\_\_\_

State: \_\_\_\_\_ Year(s): \_\_\_\_\_

State: \_\_\_\_\_ Year(s): \_\_\_\_\_

43. Have you ever been refused automobile insurance coverage or has it ever been cancelled?

Yes  No

If "Yes" explain: \_\_\_\_\_

\_\_\_\_\_

44. List the Insurance Company and Agent currently holding an insurance policy on the vehicles you currently own.

Company Name: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vehicle(s) Covered: \_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vehicle(s) Covered: \_\_\_\_\_

\_\_\_\_\_

## LAW ENFORCEMENT CONTACTS

45. 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, as well as military courts, military police and military investigative units, including any judicial or non-judicial action in the military. List all incidents where you were questioned, warned, issued a summons, detained, arrested, or convicted. This includes all infractions, ordinance violations, misdemeanors and felonies. Do not include traffic violations covered previously (attach a separate sheet if additional space is needed).

Name of Agency or Court: \_\_\_\_\_

Date of Contact: \_\_\_\_\_

Name of Officer: \_\_\_\_\_

Reason of Contact: \_\_\_\_\_

Charge (if any): \_\_\_\_\_  
Sentence (if any): \_\_\_\_\_  
Disposition of Incident: \_\_\_\_\_

Name of Agency or Court: \_\_\_\_\_  
Date of Contact: \_\_\_\_\_  
Name of Officer: \_\_\_\_\_  
Reason of Contact: \_\_\_\_\_  
Charge (if any): \_\_\_\_\_  
Sentence (if any): \_\_\_\_\_  
Disposition of Incident: \_\_\_\_\_

46. Have you ever been reported to a law enforcement agency as a missing person or a runaway?

Yes  No

If "Yes" explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

47. Have you ever applied for a permit to carry a concealed weapon?

Yes  No

If "Yes" Name of Law enforcement agency: \_\_\_\_\_  
Date of the application: \_\_\_\_\_  
Was the request granted?  Yes  No  
Explain the purpose for carrying the concealed weapon: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

48. List any friends, associates or relatives, past and present, which have been 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:

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

49. Give a brief explanation of any neighborhood disputes in which you have been involved in, include names of persons involved, dates and locations:

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

50. List all serious disputes you have had with friends, associates, or relatives. Include the nature of the problem, the persons involved, the resolution and your role:

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

51. Do you now, or have ever illegally used, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, methamphetamine, heroin, steroids, pharmaceuticals, prescription drugs or drugs of similar nature? Drug use is not necessarily an automatic disqualification. Intentionally omitting information or LYING will be cause for automatic disqualification.

Yes  No

If "Yes" complete the following information for **each** illegal substance:

Type of Drug: \_\_\_\_\_

Number of Times: Used: \_\_\_\_\_ Possessed: \_\_\_\_\_ Supplied: \_\_\_\_\_ Sold: \_\_\_\_\_

Date First Time: Used: \_\_\_\_\_ Possessed: \_\_\_\_\_ Supplied: \_\_\_\_\_ Sold: \_\_\_\_\_

Date Last Time: Used: \_\_\_\_\_ Possessed: \_\_\_\_\_ Supplied: \_\_\_\_\_ Sold: \_\_\_\_\_

Type of Drug: \_\_\_\_\_

Number of Times: Used: \_\_\_\_\_ Possessed: \_\_\_\_\_ Supplied: \_\_\_\_\_ Sold: \_\_\_\_\_

Date First Time: Used: \_\_\_\_\_ Possessed: \_\_\_\_\_ Supplied: \_\_\_\_\_ Sold: \_\_\_\_\_

Date Last Time: Used: \_\_\_\_\_ Possessed: \_\_\_\_\_ Supplied: \_\_\_\_\_ Sold: \_\_\_\_\_

Type of Drug: \_\_\_\_\_

Number of Times: Used: \_\_\_\_\_ Possessed: \_\_\_\_\_ Supplied: \_\_\_\_\_ Sold: \_\_\_\_\_

Date First Time: Used: \_\_\_\_\_ Possessed: \_\_\_\_\_ Supplied: \_\_\_\_\_ Sold: \_\_\_\_\_

Date Last Time: Used: \_\_\_\_\_ Possessed: \_\_\_\_\_ Supplied: \_\_\_\_\_ Sold: \_\_\_\_\_

## FINANCIAL

52. Have you ever filed for bankruptcy?

Yes  No

If "Yes" explain: \_\_\_\_\_

53. Do you have any liens or encumbrances on your personal property?

Yes  No

If "Yes" explain: \_\_\_\_\_

54. Have you ever had any debts turned over to a collections agency?

Yes  No

If "Yes" explain: \_\_\_\_\_

55. Have your wages ever been garnished?

Yes  No

If "Yes" explain: \_\_\_\_\_

56. Do you owe overdue alimony or child support?

Yes  No

If "Yes" explain: \_\_\_\_\_

57. Have you ever been delinquent on tax due to any City, State or the Federal Government?

Yes  No

If "Yes" explain: \_\_\_\_\_

58. Have you ever had a civil or criminal lawsuit filed against you?

Yes  No

If "Yes" explain: \_\_\_\_\_

59. List all business ventures in which you have a financial interest in:

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Partners: \_\_\_\_\_

Name of Creditors: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Partners: \_\_\_\_\_

Name of Creditors: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Partners: \_\_\_\_\_

Name of Creditors: \_\_\_\_\_

## RESIDENCY

60. Have you ever been evicted or asked to leave a rental house, apartment or other dwelling:

Yes  No If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

61. List the address of place at which you have resided, on either a permanent or temporary basis, since your 17<sup>th</sup> birthday. Starting with your current address.

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## REFERENCES

62. List three individuals who have knowledge of your character: Excluding all relatives and former employers.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_





# SPRINGFIELD MISSOURI POLICE DEPARTMENT



## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized officer, employee or agent of the City of Springfield, Missouri, and its Police Department, whether the said records are of public, private or confidential nature. In addition, I do hereby waive, release and forever relinquish any right I might otherwise have pursuant to Missouri's Sunshine Law, Sections 610.010 through 610.200, inclusive, RSMo, or pursuant to any other provision of federal or state statute or regulation, local ordinance or common law, to review and/or copy any background investigation report, including but not limited to the final and any draft reports, and all written or otherwise recorded documents or data created, compiled or collected in connection with such background investigation, completed on me or any part thereof.

The intent of this authorization is to give my consent for full and complete disclosure of any and all records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (to include credit reports and/or ratings) and other financial statements and records wherever filed; medical and psychiatric treatment or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; current employment and previous employment records, including but not limited to any prior or current law enforcement agency employers, including background reports, efficiency ratings, complaints or grievances filed by or against me; records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; traffic and criminal history records, and records involving any incident where I have been arrested or convicted of a crime. The records referred to in this paragraph shall include, but are not limited to papers, documents, recordings and photographs, whether on paper or stored/transmitted electronically.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, may be considered in determining my suitability for employment by the City of Springfield, Missouri, whether the position sought is a paid or unpaid position, voluntary or educational in nature. I also understand that the City may in its sole discretion disclose to any appropriate law enforcement agencies and other governmental authorities any information received in the course of the background investigation indicative of conduct constituting any past, current or future felony or misdemeanor violations of any federal or state law or local ordinance committed or planned by me. I also understand this background check is required because of the nature of the particular position that I have made application in that it involves a sensitive position or that I may be working in an area where confidentiality and security is important. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release, discharge, covenant not to sue and indemnify and hold harmless the City of Springfield, Missouri, and all of its employees, agents, and assigns, from and against any and all claims, causes of action, losses, damages and/or liabilities of any kind or type resulting from or in connection with the performance or use of the background investigation, or from the disclosure of any information gathered in the course of the investigation to any person or entity as may be authorized by the terms of this release or at my written direction and consent.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
(Witness, age 21 or older)

\_\_\_\_\_  
Print applicant's full name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Maiden name and/or all other names by which you have been known or have used

\_\_\_\_\_  
Applicant's legible signature

\_\_\_\_\_  
Current street address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City, State, and Zip Code

<b>Apply Seal Or Stamp</b>	Subscribed to and before me this ____ day of _____ 20____
	_____ Notary Public Signature
	_____ Notary (Print Name)
	_____ Expiration Date



# SPRINGFIELD MISSOURI POLICE DEPARTMENT



## BACKGROUND INVESTIGATION WAIVER AND RELEASE

I, \_\_\_\_\_, am applying for the position of \_\_\_\_\_ with the Springfield Missouri Police Department. I understand that, in order to gauge my fitness for the position, the City of Springfield must conduct a thorough and complete background investigation. I understand that, to facilitate a thorough and complete background investigation and to ensure complete candor on the part of those providing the necessary information, I must:

- A.) consent to an investigation by the City of Springfield concerning my background;**
- B.) waive any and all claims I might otherwise have against those individuals who conduct the investigation, or those who cooperate and provide information to the City; and**
- C.) waive my right to review the complete background investigation.**

### WHEREFORE

I, for and in consideration of the City of Springfield's consideration of my application for the position, do hereby specifically authorize the City of Springfield to conduct a thorough and complete background investigation on me for the purpose of gauging my fitness for the position and, further, I do hereby waive, release and forever relinquish any and all claims and causes of action against the City and/or any of its officials or employees that might otherwise accrue to me as a result of the City's conduct of the investigation. I understand that, in the event I suffer any injury of any kind as a result of the City's conduct of this investigation, I am herein forfeiting any and all right to bring legal action against or seek redress in the courts from the City or any of its officials or employees, even if such injury or harm occurs as a direct result of their negligence or any other failure on their part to satisfy any duty owed me.

And, also for and in consideration of the City of Springfield's consideration of my application for the position, I do hereby specifically authorize, request and direct any individual, including but not limited to my family, friends, neighbors (past or present), and acquaintances (past or present), my employers (past or present), my references, educational institutions of any kind, credit bureaus or consumer reporting agencies, medical institutions or doctors, or any other person, institution, organization or governmental agency or instrumentality (local, state, federal, military, or foreign), wherever situated, to completely and thoroughly answer any and all questions concerning me posed by any official or employee of the City and to provide to the City, or any of its officials or employees, any requested document, information, record or file concerning me. I do hereby waive, release and forever relinquish any and all claims and causes of action against any such individual that may accrue to me as a result of the individual's cooperation with the conduct of the background investigation or release of information to the City or any of its officials or employees. I understand that, in the event I suffer any injury of any kind as a result of the individual's cooperation with the conduct of the

background investigation or release of information to the City, I am herein forfeiting any and all right to bring legal action against or seek redress in the courts from the individual, even if such injury or harm occurs as a direct result of the individual's negligence or actual malice or any other failure on the individual's part to satisfy any duty owed me.

And, also for and in consideration of the City of Springfield's consideration of my application for the position, recognizing that complete candor on the part of those from whom information is sought is ensured only by maintaining the confidentiality of a complete background investigation, I do hereby waive, release and forever relinquish any right I might otherwise have pursuant to Missouri's Sunshine Law, RMSO 610.011 and 610.021, to review and/or copy the background investigation completed on me or any part thereof.

A copy of this Waiver and Release shall be deemed as effective as the original.

For purposes of conducting the background investigation and gathering the information necessary to gauge my fitness for the position, this Waiver and Release shall be effective for a period of 18 months from the date of my execution hereof. My waiver of the right to review and copy the background investigation is perpetual.

This Waiver and Release of All Claims is intended to be as broad and inclusive as permitted by the laws of the State of Missouri and, if any portion hereof is held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect. My spouse (if any), heirs and legal representative, and any and all successors and assigns, are bound by the terms of this Waiver and Release of All Claims. This Waiver contains the entire agreement between the parties hereto and its terms are contractual and are not a mere recital.

I have carefully read the above and foregoing Waiver and Release consisting of two pages in its entirety. I know and understand the contents thereof and do, of my own free will, sign this Waiver and Release indicating my specific agreement to any and all terms.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**(Must Be Notarized Below)**

STATE OF \_\_\_\_\_ }

COUNTY OF \_\_\_\_\_ }

**SUBSCRIBED** and SWORN to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary

My Commission Expires: \_\_\_\_\_