

## IMPORTANT NOTICE

### PLEASE READ THIS PAGE CAREFULLY

Dear Applicant:

The Springfield Police Department appreciates your endeavor to become a police officer. Applicants must pass each phase of testing to proceed to the next stage of the selection process. Attached you will find the **Pre-Background Investigation Questionnaire**. You will need to complete the attached Pre-Background Investigation Questionnaire and it is due when applicant's check in for the written exam.

Applicants who do not submit a Pre-Background Investigation Questionnaire to the Police Department at the time of check-in for the written exam will not be allowed to take the written exam and will not be considered for the academy.

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

If the Pre-Background Investigation Questionnaire is returned incomplete or verification cannot be obtained, you may automatically be disqualified. Information obtained after the completion of the Pre-Background Investigation Questionnaire, which indicates intended omission or falsification by you, will also be cause 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 such cases, 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 required that applicants turn in the completed Pre-Background Investigation Questionnaire at the check-in time for the written exam.

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

**Springfield Police Department**  
Police Headquarters • 321 E. Chestnut Expressway  
Springfield, Missouri 65802 • 417-864-1810 • [springfieldmo.gov](http://springfieldmo.gov)



**Springfield**  
**POLICE**



# PRE-BACKGROUND INVESTIGATION QUESTIONNAIRE

**Instructions:** All information must be **printed** legibly using **black ink**. You, the applicant, must complete the Pre-Background Investigation 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. After you complete and pass the Oral Interview, an email will be sent to you with the full Background Investigation Questionnaire, which will provide you with further instructions.

**If you have any questions, feel free to contact the Resource Management Officer. Again, this questionnaire will be collected at the check-in for the written exam. 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.**

## GENERAL INFORMATION

1. Full Name (Last, First, M.I.): \_\_\_\_\_
2. Date of Birth (MM/DD/YYYY): \_\_\_\_\_
3. Are you a U.S. Citizen?  Yes  No
4. Have you ever been the respondent in any order of no-contact, ex-parte order, full order of protection, temporary order of protection, or any order issued by a court keeping you from contacting another person?  
 Yes  No

If "Yes", explain:

---

---

---

---

---

5. Do you have any tattoos?  Yes  No

If "Yes" describe and list locations (attach a separate sheet if necessary):

---

---

---

## DRIVING RECORD

6. List **ALL** traffic summons, tickets, or citations you have received in the past 12 months, regardless of disposition. i.e. Expunged etc. (attach a separate sheet if necessary)

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

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

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

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

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

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

7. How many crashes have you been at fault in during the last 12 months? \_\_\_\_\_

**LAW ENFORCEMENT CONTACTS**

8. 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: \_\_\_\_\_

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

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

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

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

Charge (if any): \_\_\_\_\_

Sentence (if any): \_\_\_\_\_

Disposition of Incident: \_\_\_\_\_

9. Do you now, or have you ever illegally used, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, cocaine, LSD (acid), PCP (angel dust), mushrooms, hashish, methamphetamine, heroin, crank, speed, uppers, downers, steroids, solvents, any prescription that was not prescribed to you, K2 or any other synthetic cannabinoid, any illegal synthetic narcotic 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: \_\_\_\_\_  
Last Date of: Use: \_\_\_\_\_ Possession: \_\_\_\_\_ Supplied: \_\_\_\_\_ Sold: \_\_\_\_\_

Type of Drug: \_\_\_\_\_  
Number of Times: Used: \_\_\_\_\_ Possessed: \_\_\_\_\_ Supplied: \_\_\_\_\_ Sold: \_\_\_\_\_  
Last Date of: Use: \_\_\_\_\_ Possession: \_\_\_\_\_ Supplied: \_\_\_\_\_ Sold: \_\_\_\_\_

Type of Drug: \_\_\_\_\_  
Number of Times: Used: \_\_\_\_\_ Possessed: \_\_\_\_\_ Supplied: \_\_\_\_\_ Sold: \_\_\_\_\_  
Last Date of: Use: \_\_\_\_\_ Possession: \_\_\_\_\_ Supplied: \_\_\_\_\_ Sold: \_\_\_\_\_

**I certify that I have read and understand the contents of this document, and that I have not deliberately falsified or omitted any information. I acknowledge that deliberate falsifications, omissions or misstatements shall be grounds for disqualifications.**

\_\_\_\_\_  
Signed:

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