

County of Brown, State of Kansas

HIAWATHA, KANSAS 66434

BACKGROUND INVESTIGATION WORKBOOK

FOR EMPLOYMENT CANDIDATES



I CERTIFY THAT I HAVE ANSWERED ALL QUESTIONS IN THIS WORKBOOK COMPLETELY AND TRUTHFULLY TO THE BEST OF MY ABILITY AND KNOWLEDGE. I UNDERSTAND THAT FALSIFICATION OR MISINFORMATION IS GROUNDS FOR DISQUALIFICATION OR DISMISSAL.

DATE

CANDIDATE'S SIGNATURE

County of Brown, State of Kansas

HIAWATHA, KANSAS 66434

BACKGROUND INVESTIGATION WORKSHEET

NOTICE: Because of the sensitive nature of law enforcement positions, a thorough background investigation is required of all candidates. This investigation requires information broader in scope than that found for non-sensitive positions. The Sheriff's Dept. does not discriminate on the basis of sex, race, creed, color or national origin. Age guidelines as mandated by State and Federal law will be followed. The Sheriff's Dept. is an equal opportunity employer and welcomes minority applicants.

DIRECTIONS: All answers must be handprinted in ink. Do not type or write in script. Do not leave any blanks. If a question does not apply to you, print in "N/A". All information must be accurate and false information is grounds for disqualification or termination if discovered after appointment.

Date of Application		Position applied for: (Check One) Deputy [] Jailer [] Dispatcher [] Reserve [] Other []				
Legal Name: Last		First	Middle	Maiden Name/Nickname		
Present Address: Street, Apt., City, State, and Zip Code				Phone with Area Code		
Date of Birth		Place of Birth: City and State			Social Security No.	
Sex	Race	Age	Height	Weight	Hair Color	Eye Color
Driver's Lic. No.		State	Type	Expiration	Restrictions	
Are You a United States Citizen? [] Yes [] No			If naturalized, list date and place			
With Whom do you now live?			What is their relationship to you?			
Marital Status (single, widowed, divorced)				Date and Location of Marriage		
Spouse's Name		Spouse's Address If Different			Spouse's Date of Birth	
Names and Dates of Birth of Dependent Children						

If divorced, widowed, or annulled, complete the information below. If additional space is required, use the space provided on the rear sheet of this form.

Full Name of Former Spouse	City & State Where Married	Date of Marriage
Address of Former Spouse (no., street, city, state, zip)		Grounds For Divorce
Amount of Child Support	Title/Location of Court	Date Divorce Was Final

FINANCIAL AND RESIDENCE RECORD

Indebtedness involving you, your spouse, or ex spouses: Do not include credit cards

To Whom Owed	Address	Current Balance Due	Payment/Month
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$

Name and Address of Your Bank	Phone No.	Checking Acct. No.
		Savings Acct. No.

- | | | |
|-----|-----|---|
| YES | NO | |
| [] | [] | Have you or your spouse ever had your wages attached (garnisheed)? |
| [] | [] | Have you or your spouse ever been party to a small claims court action? |
| [] | [] | Do you or your spouse have any civil court actions pending? |
| [] | [] | Have you or your spouse ever had any judgements rendered against you? |
| [] | [] | If employed by the Sheriff's Dept., do you anticipate any other sources of income besides you/your spouse's salary? |
| [] | [] | Have you ever been refused a life, health, or auto insurance policy? |
| [] | [] | Have you/your spouse ever had an insurance policy cancelled on you? |
| [] | [] | Have you/your spouse ever had any property repossessed? |
| [] | [] | Have you/your spouse ever filed for bankruptcy? |
| [] | [] | Have you ever been bonded? |
| [] | [] | Have you ever had a bond refused? |

If the answer to any of the above questions is yes, give the details on the last page of this worksheet in the space provided.

List the Year, Make, Model, and Present License Plate Number of Vehicles You Own.

Year	Make	Model	License	Date Purchased	Title Holder
1.					
2.					

Do You:

Own home
 Rent home/apt.
 Live with family members

Previous Residences: List all addresses where you have lived in the past 20 years from today's date. Start with your current address and work backwards. Include all military or college dormitory addresses.

Dates		Street Address including number City, State and ZIP Code.	With whom did you live? Relationship?
From	To		
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

SCHOOL - MILITARY - WORK HISTORY

List each College, Technical School, High School, Junior High School and Grammar School attended as well as the City and State where the school is located and the month and year started and finished. Don't list military or correspondence courses or schools.

Dates		Name of School	City and State
From	To		
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

List Degrees or Certificates of Completion from Technical Schools. If the degree involved honors such as "Magna Cum Laude" or was otherwise notable, please indicate same in the column marked "Remarks".

Degree/Major	G.P.A.	Name of School	Remarks
1.			
2.			
3.			
4.			

Military Branch	Date of Entry	Date of Exit	Rank at Discharge
Unit Assignment		Location	
Unit Assignment		Location	
Unit Assignment		Location	
Type of Discharge		Reserve Status [] Ready Rsrv [] Standby [] None	
Current Draft Status	Have you ever been rejected for military service? [] Yes [] No		
	Have you ever filed for conscientious objector status? [] Yes [] No		

List all full time and part time employment you have held for the past 10 years beginning with your current job and working backwards.

1.	Employer	Complete Address		Phone/Area Code
	Date Started	Date Ended	Your Job Title/Duties	Highest Pay Rate
Supervisor's Name/Title			Reason for Leaving	
2.	Employer	Complete Address		Phone/Area Code
	Date Started	Date Ended	Your Job Title/Duties	Highest Pay Rate
Supervisor's Name/Title			Reason for Leaving	
3.	Employer	Complete Address		Phone/Area Code
	Date Started	Date Ended	Your Job Title/Duties	Highest Pay Rate
Supervisor's Name/Title			Reason for Leaving	

4. Employer	Complete Address	Phone/Area Code
Date Started	Date Ended	Your Job Title/Duties
Supervisor's Name/Title		Reason For Leaving
5. Employer	Complete Address	Phone/Area Code
Date Started	Date Ended	Your Job Title/Duties
Supervisor's Name/Title		Reason For Leaving
6. Employer	Complete Address	Phone/Area Code
Date Started	Date Ended	Your Job Title/Duties
Supervisor's Name/Title		Reason For Leaving
Yes No <input type="checkbox"/> <input type="checkbox"/> Have you ever been fired from a job? <input type="checkbox"/> <input type="checkbox"/> Have you ever been asked to resign your job? <input type="checkbox"/> <input type="checkbox"/> Have you ever received unemployment compensation? <input type="checkbox"/> <input type="checkbox"/> Have you ever filed a workman's compensation claim?		
If the answer to any of the above questions is "YES" please explain in the space provided on the last page of this worksheet.		

ARREST - TRAFFIC - MILITARY DISCIPLINE HISTORY

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been arrested by any law enforcement agency or detained for investigatory reasons, either as an adult or juvenile?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever received a traffic citation (excluding parking tickets or citations for equipment violations)?
<input type="checkbox"/>	<input type="checkbox"/>	Were you ever charged with violations of the Uniform Code of Military Justice while serving in the armed forces?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been involved in a traffic accident?
<input type="checkbox"/>	<input type="checkbox"/>	Has your spouse or any other member of your immediate family (father, mother, brother, or sister) been arrested for any felony crime?
If the answer to any of the above is "YES" please give all details in the space provided at the top of Page 6 of this worksheet.		

If you answered yes to any of the questions concerning arrests/accidents/military discipline at the bottom of page 5, use the space below to indicate the date, the reason you were picked up/cited/arrested/subjected to military discipline. Use this space also to explain accident involvement and arrests of family members. Be complete and thorough.

Date	Location	Details (Including Investigating Agency)

FAMILY HISTORY

In the space provided below, please list the members of your immediate family including mother, father, brothers, and sisters, by giving their name, relationship to you, their age, occupation, and present address. Use the rear of the worksheet for more space.

Relationship	Name	Address	Occupation	Age
Father				
Mother				

MEDICAL - SURGICAL HISTORY

Please state the extent of your current health in your own words

If you have had a physical exam within the past 365 days complete the following:

Doctor's Name:

Location:

Have you ever had or been treated for:

YES	NO		YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	Ulcers
<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	High/Low Blood Pres.	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Cramps
<input type="checkbox"/>	<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>	Chest Pains	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever
<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Trick Knee	<input type="checkbox"/>	<input type="checkbox"/>	Rapid Weight Loss/Gain
<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>	Hemorrhoids			Broken Bones
<input type="checkbox"/>	<input type="checkbox"/>	Eye Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Trouble Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	Severe Cuts
<input type="checkbox"/>	<input type="checkbox"/>	Ear Infections	<input type="checkbox"/>	<input type="checkbox"/>	Gum troubles	<input type="checkbox"/>	<input type="checkbox"/>	Reaction to Medication
<input type="checkbox"/>	<input type="checkbox"/>	Sinusitis	<input type="checkbox"/>	<input type="checkbox"/>	Throat Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Allergies
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis			Other medical or surgical condition
<input type="checkbox"/>	<input type="checkbox"/>	Chronic Cough	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Tumor/Cyst/Growth			
<input type="checkbox"/>	<input type="checkbox"/>	Venereal Disease	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis			
<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Trouble			
<input type="checkbox"/>	<input type="checkbox"/>	Dizzy Spells	<input type="checkbox"/>	<input type="checkbox"/>	Severe Depression			

If you checked "YES" to any of the above statements, please use the space below to explain the circumstances included the approximate time frame when you were treated.

Do you take any medications regularly? Yes No

Have you ever been refused a job for health reasons? Yes No

Have you ever been treated for psychiatric or psychological disorders? Yes No

Have you ever missed more than 7 days of work, school, or military service in any one calendar year as a result of illness or treatment? Yes No

Have you ever claimed compensation of any sort for disability? Yes No

PERSONAL

If it became necessary to do so in the course of your duties as a police officer, would you have any reluctance to take a human life due to personal, religious, moral or ethical beliefs? Yes No
 If yes, please explain why on the last page of the worksheet.

Have you ever belong to the Boy Scouts/Girl Scouts? If yes what rank/rating did you attain? Mark in the space to the right of this question. Yes No
 Rank:

Please list any other organizations/clubs/labor unions/professional associations you have belonged to, the nature of the group, and any office you held.

Name of Group/Association	Nature of the Group	Offices

In the space below, indicate any hobbies or pasttimes that you are involved in, including sports played, musical instruments played; List what you like to do in your spare time.

In the space below list any other criminal justice agencies where you have applied within the past year and your current eligibility with that agency.

Agency	Date Applied	Present Status

Have you taken a polygraph (lie detector) examination in conjunction with police employment in the last 365 days? Yes No

Have you taken part in any type of psychological screening for police employment within the last 365 days? Yes No

REFERENCES

In the spaces provided below, please list complete data requested for personal references. Do not use anyone who has not known you for at least three years. Likewise, do not list any family member, room-mate, etc.

1.	Name	Home Address	Home Phone
	Occupation	Business Address	Business Phone
	Years Known	In What capacity do you know this individual?	
2.	Name	Home Address	Home Phone
	Occupation	Business Address	Business Phone
	Years Known	In What capacity do you know this individual?	
3.	Name	Home Address	Home Phone
	Occupation	Business Address	Business Phone
	Years Known	In what capacity do you know this individual?	
4.	Name	Home Address	Home Phone
	Occupation	Business Address	Business Phone
	Years Known	In what capacity do you know this individual?	
5.	Name	Home Address	Home Phone
	Occupation	Business Address	Business Address
	Years Known	In what capacity do you know this individual?	

SUPPLEMENTAL INFORMATION: Use this page to record additional information from other sections of the worksheet.

WAIVER OF LIABILITY AND RELEASE FORM

I, _____, hereby release from any liability under any and all possible causes of legal action any and all persons who shall furnish any information or opinions regarding by background, health, family, personal habits, or reputation. I hereby authorize any person or legal entity who may be contacted by the Brown County Sheriff's Officers, agents or employees, any information, data, or opinions they may have regarding my background, health, and family. I waive any and all legal privileges I may have to maintain such information as confidential, including but not limited to full and complete disclosure of the records of employment and pre-employment records including background reports, polygraph reports and charts, efficiency ratings and complaints or grievances filed by me or against me as well as attorney-client, physician-patient, psychotherapist-patient, clergyman-patient, husband-wife, and accountant-client.

I further agree to hold harmless and release from liability under any and all possible causes of legal action the Brown County Sheriff's Office, its officers, its agents, and its employees, for any statements, acts, or omissions in the course of its investigation into my background, health, family, personal habits, and reputation. I also certify that 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 realize that it is necessary for the Brown County Sheriff's Office to thoroughly investigate all aspects of my personal background and qualifications and, by applying for employment, I expressly waive all of my legal rights and causes of action to the extent that the investigation (for purposes of evaluating my suitability or application for employment) may violate or infringe upon these aforementioned legal rights and causes for action for mine.

This release from liability given by me to the Sheriff's Office, its officer, employees, agents, and all others as heretofore provided, shall apply to any right of section that might accrue to me, my heirs, and my personal representatives.

.....
Notary Date

.....
Applicant's Signature Date

