



LEE'S SUMMIT, MISSOURI POLICE DEPARTMENT

APPLICANT PERSONAL HISTORY QUESTIONNAIRE (PHQ)

READ CAREFULLY:

After successfully completing the interview process, your application is subject to a complete background review, consisting of family, personal, financial, and employment history. Questions relating to age, height, weight, and physical characteristics are for the purpose of identification in our background investigation only.

- Any misstatement of fact or omission of material information requested in this questionnaire may disqualify you for any employment with the Lee's Summit Police Department.
- Failure to answer all questions in the questionnaire may result in disqualification from the selection process.
- You may be administered a polygraph examination, or CVAS, before and/or after your background investigation to determine the authenticity of the information given by you.

THE FOLLOWING MAY CAUSE AUTOMATIC DISQUALIFICATION OF YOUR APPLICATION:

- Involvement in depriving anyone's human and/or constitutional rights, individually or in concert with others.
- Commission of, or participation in, any FELONY crime, whether detected or not.
- On-going, or repetitious history of, committing or participating in MISDEMEANOR crimes, whether detected or not.
- Poor driving history, especially if license is currently revoked or suspended, due to excessive traffic citations or traffic accidents in which you were principally at fault.
- Non-creditable work history.

SECTION IV: EDUCATIONAL HISTORY

Indicate the various schools you have attended and other information requested. Start with high school and work forward, including **ALL** college, business schools, military service, trade and correspondence schools and any other schools.

Type of School High School *	Name	Date From (mo/yr)	Date To (mo/yr)
Address		GPA (grade avg.)	Degree/Diploma
Type of School	Name	Date From (mo/yr)	Date To (mo/yr)
Address		GPA (grade avg.)	Degree/Diploma
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Address		GPA (grade avg.)	Degree/Diploma
Type of School	Name	Date From (mo/yr)	Date To (mo/yr)
Address		GPA (grade avg.)	Degree/Diploma

* Or GED completed? YES NO Date Certificate Issued: _____

Have you ever received any disciplinary action, suspension or expulsion from any type of school or training?
 YES NO If yes, list the name of the school/training and explain. _____

SECTION V: EMPLOYMENT HISTORY

Have you ever been terminated or resigned in lieu of termination? Yes No If yes, explain.

Check here if this involved a law enforcement or law enforcement-related employer. _____

Have you ever received discipline (e.g., oral/written reprimand, suspension, etc.) for excessive absences, tardiness, work performance or other work-related concerns? Yes No If yes, explain. _____

List any employer who might give a different version of why you separated from employment. _____

Have you ever taken anything (e.g., office supplies, food, tools, cash, property, etc.) from a former employer or anyone without their permission? YES NO If yes, explain. _____

Do you have any objections to our contacting your present employer? Yes No If yes, why? _____

COMPLETE EMPLOYMENT HISTORY (start with present position and work backwards). Account for all time frames, starting from date of your first employment (including when unemployed and/or attending school). Attach additional pages (if needed) following this format.

Date (From -To)	Name of Company	Phone #	Job Title	Monthly Salary
Address	(Number & Street)	(City)	(State)	(Zip)
Name of Supervisor	Names of Three (3) Coworkers			
Reason for Leaving				

EMPLOYMENT HISTORY (continued)

Date (From -To)	Name of Company	Phone #	Job Title	Monthly Salary
Address (Number & Street) (City) (State) (Zip)				
Name of Supervisor	Names of Three (3) Coworkers			
Reason for Leaving				
Date (From -To)	Name of Company	Phone #	Job Title	Monthly Salary
Address (Number & Street) (City) (State) (Zip)				
Name of Supervisor	Names of Three (3) Coworkers			
Reason for Leaving				
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EMPLOYMENT HISTORY (continued)

Date (From -To)	Name of Company	Phone #	Job Title	Monthly Salary
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Name of Supervisor	Names of Three (3) Coworkers			
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Name of Supervisor	Names of Three (3) Coworkers			
Reason for Leaving				

SECTION VI: FINANCIAL HISTORY

Have you ever had any credit problems (e.g., bankruptcy, delinquent accounts, liens, charge-offs, repossessions, foreclosures, etc.)? YES NO If yes, where and when and give details. _____

SECTION VII: MILITARY HISTORY

Selective Service Number (males under 27 years of age): _____

Have you been in the military (including the Reserves, National Guard, ROTC)? YES NO If yes, complete the following chart.

BRANCH OF SERVICE	SERIAL NUMBER	DATE ENTERED	OCCUPATIONAL SPECIALTY

Have you been discharged from your military service? YES NO If yes, complete the following charts.

DATE SEPARATED/PROJECTED DATE	TYPE OF DISCHARGE

DUTY STATION	DATES	DIRECT SUPERVISOR	CONTACT PHONE / EMAIL

Were you ever the subject of a military criminal investigation? YES NO If yes, explain. _____

Were you ever the subject of military discipline pursuant to the Uniform Code of Military Justice or any service regulation?

YES NO If yes, complete the following chart.

DATE	CHARGE	DISPOSITION

SECTION VIII: DRIVING HISTORY

Give the following information concerning ALL driver's licenses you **have held or now hold**.

STATE ISSUED	NAME ISSUED	DRIVERS LIC. #	DATES FROM/TO	RESTRICTIONS

Has your license/privilege to drive ever been suspended or revoked? YES NO If yes, explain. _____

Have you ever been arrested or cited for an alcohol-related offense? YES NO If yes, explain and give dates.

Have you ever operated a motor vehicle while under the influence of an intoxicating beverage? YES NO If yes, explain and give dates. _____

List each traffic accident you have been involved in.

DATE	CITY & STATE	CITED?	INCIDENT
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Have you ever been involved in any CIVIL court action for human rights violation? YES NO If yes, explain.____

Party Named: _____ Party Initiated: _____

Have you ever received a settlement as a result of filing a false claim? YES NO If yes, explain._____

Settlement Received From: _____

Have you, significant other, any members of your family or any members or significant other's family ever been arrested for a felony? YES NO If yes, give full details (Name, Address, Relationship, Charge, etc.)____

Have you, your spouse and/or significant other, any members of your family or any members of your spouse's and/or significant other's family ever been associated with gangs or subversive groups (Minutemen, Aryan Brotherhood, etc.)?

YES NO If yes, explain in a separate statement.

SECTION X: ALCOHOL & DRUG HISTORY (ILLEGAL USAGE ONLY – DO NOT LIST PRESCRIPTION MEDICATIONS THAT HAVE BEEN GIVEN TO YOU BY A LICENSED PHYSICIAN)

Have you ever been present while others were using illegal drugs? When was the last time? Explain the incident / type of drug: _____

Have you ever sold, bought or delivered any drug or controlled substance? _____

Have you ever manufactured, grown, produced or injected any drug or controlled substance? _____

When was the last time you used **STEROIDS**? Explain the incident. Also, include in what manner the steroids were administered (orally, injected, etc.): _____

When was the last time you used **INHALANTS**? Explain the incident: _____

When was the last time you used **HALLUCINOGENS** (LSD, PCP, Peyote, Mushrooms, Mescaline, etc.)? Explain the incident: _____

When was the last time you used **NARCOTICS** (Codeine, Opium, Morphine, Heroin, etc.)? Explain the incident: _____

When was the last time you used **DEPRESSANTS** (tranquilizers, barbiturates, Benzodiazepines, Methaqualone, etc.)? Explain the incident: _____

When was the last time you used **STIMULANTS** (Cocaine, Crack, Rock, Crank, Crystal, Angel Dust, Speed, Amphetamines, Methamphetamines, etc.)? Explain the incident: _____

When was the last time you used **CANNABIS SUBSTANCES** (Marijuana, Hashish, Hashish Oil, etc.)? Explain the incident:

When was the last time you used someone else's prescription? Explain the incident: _____

When was the last time you illegally used any legal substance? (e.g. Inhaling gasoline, spray paint, butane,) _____

When was the last time you consumed alcohol? Explain: _____

Have you ever missed work because of consuming intoxicating beverages? Explain: _____

Have you ever consumed intoxicating beverages on the job without permission? Explain: _____

Have you ever reported to work after consuming intoxicating beverages or being under the influence of an alcoholic beverage? Explain: _____

When was the last time you drove after consuming intoxicating beverages? Explain: _____

When was the last time you were involved in or present at an activity that was as an illegal act? _____

Have you received information from anyone that could cause you to be dishonest with us? YES NO Explain.

What is there ethically in your life that could bring discredit to the LSPD if you were hired? _____

Can you fully discharge the **ESSENTIAL WORK FUNCTIONS OF THE POSITION YOU HAVE APPLIED?**

YES NO If no, explain: _____

DECLARATION OF TRUTHFUL STATEMENTS

I, _____, have reviewed my answers as recorded and certify that they are correct and true. I understand that any false statement or omission in this document will result in my immediate disqualification from the selection process.

APPLICANT'S SIGNATURE

DATE