



Background Investigation Packett

APPLICANT CHECKLIST

The following documents must be submitted at the time of application, if applicable:

1. Copy of Birth Certificate;
2. Copy of High School Diploma or GED Certificate;
3. Copy of College Degree;
4. Photograph-less than one(1) year old(non-returnable);
5. DD-214 certificate of release or discharge from active duty;
6. Copy of valid Driver License.
7. Copy of POST License.
8. Copy of Social Security Card.

It is the applicant's responsibility to update any information including contact numbers.

All requested information must be complete or this application will be VOID.

Name (Last, First, MI) _____

Telephone Number(s) _____

Position Applying For _____

Application Date _____

I. PERSONAL INFORMATION

1. Full Name (Last, First, Middle) _____

2. Social Security Number _____

3. Date of Birth _____ 4. Place of Birth _____

5. Height _____ 6. Weight _____ 7. Hair Color _____ 8. Eye Color _____

9. Other names used _____

(Maiden Name, Previous Married Name, Aliases, etc.)

10. Present street address _____

11. Mailing address (if different) _____

12. Home Telephone _____ 13. Work Telephone _____

14. Are you a citizen of the United States? Yes No

15. If yes, is it by birth or naturalization ? (You will be required to show proof of citizenship)

16. Are you acquainted with any present or previous members of the Cass County Sheriff's Office? Yes No If yes, with whom?

17. What is your marital status? Single Married Divorced Widowed Separated

You may be required to submit all copies of marriage and divorce documents

18. If you are now or ever have been married, complete the following regarding your spouse(s). Be sure to include all prior spouses:

Name (Last [Maiden], First, MI)	Date of Birth	Home/Work Phone Number	Marriage Date	Separation Date

19. Personal References: List at least three persons, not related and not former employers or co-workers, who have known you for at least two years. Include home and work numbers.

Name (Last, First, MI)	Address	Home and Work Telephone Numbers	Years Known

20. List your landlord (if applicable) and three of your present neighbors. If you have recently moved, list your most recent past neighbors. Use "L" for landlord and "N" for neighbor.

Date From	Date To	Name (Last, First, MI)	Address	L/N	Home and Work Telephone Numbers

21. Family: List below all living immediate relatives (Parents, grandparents, in-laws, and all children).

Name(Last, First, MI)	Address	Home and Work Telephone Numbers	Relationship	Age

II. Education

22. List all schools you have attended, even if you did not graduate. Begin with High School and include colleges, business school, military school, trade and correspondence schools, and government instruction. Indicate as appropriate all certificates and degrees received. **Begin with the school most recently attended and work backwards.** Transcripts are mandatory for all college/university attendance.

Date From	Date To	Institution or School	Address	Type of School	Degree

23. Have You Received: **Date and Institution**

High School Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	
GED Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No	
University/College Degree <input type="checkbox"/> Yes <input type="checkbox"/> No	

(You will be required to submit a copy of all diplomas and certificates.)

24. How many college credits/hours do you currently have? _____

25. If you attended college, what was your declared major? _____

26. If you attended college, what was your declared minor? _____

27. Have you ever been suspended or expelled from any school or institution? Yes
 No
 (Beginning with High School)

III. Employment History

28. List below all employers you have worked for since the age of 17 or the last 10 years (which ever is least). Include full-time, part-time, and volunteer positions. Begin with your present or most recent employer and work back.

29. Indicate here if you **DO NOT** wish your present employer be contacted and why:

- Contact
 Do Not Contact

30. Name of Current Employer. _____

31. List the reason for not contacting. _____

32. Dates of Employment		Employer (Name of Company)		Job Title/Description
From:	To:			
Type of Position:	<input type="checkbox"/> Full-Time	Business Address		Co-Workers (Name and Phone#)
	<input type="checkbox"/> Part-Time			1.
Rate of Pay:	<input type="checkbox"/> Volunteer	Phone Number		2.
	<input type="checkbox"/> Salary			3.
<input type="checkbox"/> Hourly				
<input type="checkbox"/> Monthly				
Reason for Leaving				
Eligible for Re-Employment		Supervisor Name and Phone		
<input type="checkbox"/> Yes <input type="checkbox"/> No				

33. Dates of Employment		Employer (Name of Company)		Job Title/Description
From:	To:			
Type of Position:	<input type="checkbox"/> Full-Time	Business Address		Co-Workers (Name and Phone#)
	<input type="checkbox"/> Part-Time			1.
Rate of Pay:	<input type="checkbox"/> Volunteer	Phone Number		2.
	<input type="checkbox"/> Salary			3.
<input type="checkbox"/> Hourly				
<input type="checkbox"/> Monthly				
Reason for Leaving				
Eligible for Re-Employment		Supervisor Name and Phone		
<input type="checkbox"/> Yes <input type="checkbox"/> No				

34. Dates of Employment		Employer (Name of Company)		Job Title/Description	
From: To:					
Type of Position:	<input type="checkbox"/> Full-Time	Business Address		Co-Workers (Name and Phone#)	
	<input type="checkbox"/> Part-Time				
	<input type="checkbox"/> Volunteer			1.	
Rate of Pay:	<input type="checkbox"/> Salary	Phone Number		2.	
	<input type="checkbox"/> Hourly				
	<input type="checkbox"/> Monthly				
Reason for Leaving					
Eligible for Re-Employment		Supervisor Name and Phone			
<input type="checkbox"/> Yes <input type="checkbox"/> No					

35. Dates of Employment		Employer (Name of Company)		Job Title/Description	
From: To:					
Type of Position:	<input type="checkbox"/> Full-Time	Business Address		Co-Workers (Name and Phone#)	
	<input type="checkbox"/> Part-Time				
	<input type="checkbox"/> Volunteer			1.	
Rate of Pay:	<input type="checkbox"/> Salary	Phone Number		2.	
	<input type="checkbox"/> Hourly				
	<input type="checkbox"/> Monthly				
Reason for Leaving					
Eligible for Re-Employment		Supervisor Name and Phone			
<input type="checkbox"/> Yes <input type="checkbox"/> No					

36. Dates of Employment		Employer (Name of Company)		Job Title/Description	
From: To:					
Type of Position:	<input type="checkbox"/> Full-Time	Business Address		Co-Workers (Name and Phone#)	
	<input type="checkbox"/> Part-Time				
	<input type="checkbox"/> Volunteer			1.	
Rate of Pay:	<input type="checkbox"/> Salary	Phone Number		2.	
	<input type="checkbox"/> Hourly				
	<input type="checkbox"/> Monthly				
Reason for Leaving					
Eligible for Re-Employment		Supervisor Name and Phone			
<input type="checkbox"/> Yes <input type="checkbox"/> No					

37. Have you ever been fingerprinted for employment, or for any other reason? If yes, complete the following.

- Yes
 No

Agency Taking Fingerprints	Date	Purpose or Reason

38. Have you previously applied for any position with the Cass County Sheriff's Office, or any other Law Enforcement Agencies prior to this application?

- Yes
 No

Date	Position Title	Agency	Complete Address

SPECIAL INSTRUCTIONS

**APPLICANTS WITH PRIOR
LAW ENFORCEMENT EXPERIENCE
PROCEED WITH SECTION IV**

**ALL OTHER APPLICANTS
PROCEED TO SECTION V**

IV. Previous/Prior Law Enforcement Experience

All other applicants proceed to Section V

39. Complete the following on any Law Enforcement Agency for which you have worked. Begin with the most recent agency. In the block marked “Agency Type”, indicate if the agency was state, municipal, county, etc. In the box marked “Size”, indicate the approximate number of sworn officers employed by the agency, including certified reserve positions.

Agency	City, State	Dates To and From	Population	Agency Type	Size

40. Describe any various assignments/duties and rank/position that you held in the agency for which you have worked. (i.e. uniform patrol, homicide, detective, traffic investigator, etc.)

Agency	Assignments/Duties Rank/Position

41. Do you possess a State of Missouri Law Enforcement P.O.S.T. Certification? Yes No

42. Describe any Law Enforcement training received, hours of training, and provider. Include the Law Enforcement Academy that you attended.

Description of Training	Agency	Date	Hours

43. List all citizens' complaints lodged against you as a peace officer. Include complaints that were unfounded. In the category "Disposition", indicate if the allegation(s) against you were substantiated or not and any disciplinary action taken against you as a result of the complaint (i.e. written or verbal reprimands, suspensions, demotions, etc.).

Agency	Date	Allegation	Disposition

44. List any traffic accidents you have been involved in and any traffic citations you have been issued arising out of the performance of official duties. This applies to "On-Duty" and "Off-Duty" incidents.

Agency	Date	Incident Description

V. Financial History

45. Have you ever failed to meet financial responsibilities? (i.e. child support, alimony, vehicle repossessions, court actions, wage garnishments, accounts sent to collections, late payments to creditors, or financial problems) **If yes, explain below.**

Yes
 No

46. Have you ever declared bankruptcy? If yes, explain below.

Yes
 No

47. Have you ever been sued in court for any reason? If yes, explain below.

Yes
 No

VI. Military History

48. Have you ever served in the Armed Forces, including the Reserves, National Guard, or R.O.T.C.? You will be required to submit a DD-214 with re-enlistment code if you have separated from the military service. If no, then proceed to section VII.

Yes
 No

Branch	Serial Number	Entry Date	Separation Date	Discharge Type	Last Duty Station (City, State, Country, Phone)

49. Assignments/Occupational Specialties/Duty Station (City, State, Country)	Rank	Date

50. Are you currently participating in any Military Reserve, National Guard, or R.O.T.C. program? If yes, list location, phone, supervisor, and duties.

Yes
 No

51. Have you ever had any type of military/federal government security clearance? If yes, complete below.

Yes
 No

Dates	Clearance Type	Reason Cancelled or Revoked

VII. Driving and Criminal History

52. List your current operator license information and any operator licenses you have ever held from any state or country for the last five years. Begin with the most current and work backwards, listing the state and license number if possible.

State	License Number	Expiration Date	Restrictions

53. Has any operator license, that has been issued to you, ever been suspended or revoked by any state? If yes, complete the following. Yes
 No

State	Dates	Circumstances

54. Have you ever been refused an operator license by any state? If yes, complete the following. Yes
 No

State	Dates	Circumstances

55. Do you presently have public liability and property damage automobile insurance? If yes, complete the following. Yes
 No

Insurer	Agent Name, Address, and Phone	Policy Number

56. Have you ever been involved in a motor vehicle accident as a driver? If yes, complete the following. Yes
 No

Date	Investigating Agency	Incident Description	Cited?
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N

57. Did you ever receive any moving or traffic citations, even if you were later acquitted? If yes, complete the following. Yes
 No

Date	Investigating Agency	Offense	Disposition

58. Have you ever been physically arrested, cited and released, detained only, or summoned into court by a law enforcement agency for any offense other than minor traffic offenses? Include any juvenile offenses. Yes No

Date	Investigating Agency	Offense	Disposition

59. Were you ever questioned about an incident but not charged? If yes, complete the following. Yes No

60. Have you ever been charged and later had the charge reduced either by the prosecutor's office or by plea agreement? If yes, explain. Yes No

61. Have any of your immediate relatives or spouse ever been arrested, convicted, and/or imprisoned for a felony? If yes, explain. Yes No

62. Are there presently any civil or criminal charges, or court actions pending which have not been adjudged? If yes, complete the following. Yes No

Individual Involved	Offense	Penalty	Date	City and State

63. Please give details of all civil actions against you that have not been adjudged?

64. Have you ever used, in any form, a narcotic drug or similar controlled substance, not prescribed by a physician? If yes, give details below. Yes No

65. Have you ever used any form of prescription only drug (i.e. anabolic steroids, tranquilizer, barbiturate, amphetamine, etc.) not prescribed for you by a physician? If yes, give details below. Yes No

66. Have you ever used any form of hallucinogenic drug (i.e. magic mushrooms, LSD, PCP, peyote, etc.) or similar controlled substance, not prescribed for you by a physician? If yes, give details below. Yes No

67. Have you ever used, in any form, marijuana, or similar controlled substance not prescribed to you by a physician? If yes, give details below. Yes

No

68. Have you ever been involved in illegal production, sale, purchase, growing, transportation or distribution of marijuana, narcotics, prescription (including anabolic steroids) and/or hallucinogenic drugs or related controlled substances? If yes, give details below. Yes No

69. Have you ever engaged, as an adult or juvenile, in any unidentified felonies, thefts or other serious crimes? If yes, then give complete details. Yes No

70. Do you know of anything that may disqualify you, or prevent you, from fully discharging the official duties of a Deputy Sheriff for the Cass County Sheriff's Office? If yes, please explain. Yes No

71. Cass County Sheriff's Office regulations require members to submit to a polygraph examination at the request of the Sheriff in regards to any matter that becomes the subject of an official investigation. If employed by this agency, do you agree to submit to such a test? Yes No

72. If employed by the Cass County Sheriff's Office, do you agree to assist the agency in the investigation of any complaint(s) that may be registered Yes

against you as required by agency regulations?

No

73. If employed by the Cass County Sheriff's Office, do you agree to submit to a blood/urine test to determine the alcohol/drug content upon request of a supervisor, with cause and as required by agency regulation?

Yes

No

74. Do you agree to submit to a pre-employment test to determine the presence of alcohol and/or drugs in your blood/urine?

Yes

No

75. Are you now, or have you ever been, a member of a foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows policy of avocation, or approving the commission of force or violence, to deny other persons their rights under the Constitution of the United States of America, or the State of Missouri, which seeks to alter the form of government of the United States of America by any unconstitutional means? If yes, give complete details.

Yes

No

76. Do you have any knowledge or information in addition to that which is specifically required in this questionnaire that is or may be relevant, directly or indirectly, to an investigation of your eligibility or fitness for the position you are seeking? (This includes, but is not limited to: character traits, temperance, habits, employment, education, subversive activities, family, associations, undetected criminal offenses, traffic violations, or residence.) **If yes, give complete details below.**

Yes

No

77. Previous 10 years of residence history.

Full Address, City, and State	

78. Please list all social media and email accounts

Social Media Platform	Username	Email Address

Applicant Authorization Release of Information

To: Cass County Sheriff's Office

From: _____

APPLICANT-PLEASE PRINT OR TYPE FULL NAME

1. I understand that I am applying for employment with the Cass County Sheriff's Office and acknowledge that the burden of proving my qualifications for such employment is at all times upon me. I further understand that a full investigation will be made of my background, character, and financial responsibility by the Cass County Sheriff's Office as agent of and for use by Cass County. I accept any risk of adverse public notice, embarrassment, criticism, or financial loss that may result from action in regard to my application. This authorization and request is given freely and without duress. I am voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and other similar legal provisions.
2. I hereby authorize and request all persons to whom this request is presented, having information relating to or concerning me, to furnish such information to all duly appointed representatives of the Cass County Sheriff's Office, whether or not such information would otherwise be protected from disclosure by any constitutional statutory or common law privilege.
3. I hereby authorize and request all persons to whom this request is presented, having documents relating to, or concerning me, to permit a duly appointed representative of the Cass County Sheriff's Office to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional statutory or common law privilege.
4. I agree to indemnify and hold harmless the person(s) to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of, or by reason of, complying with this request.
5. A reproduction of this request by photocopy or similar process shall be for all intents and purposes as valid as the original.

In witness whereof, I have executed this request at

_____ on the
Location

_____ day of _____, 20 _____

APPLICANT SIGNATURE