

# Bates County Sheriff's Office

6 West Fort Scott Street

Butler, MO 64730

Business (660) 679-3232

Fax Line (660) 679-4147

## Background Investigation Packet

### 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.

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

**Name (Last, First, MI)** \_\_\_\_\_

**Telephone Number(s)** \_\_\_\_\_

**Position Applying For** \_\_\_\_\_

**Application Date** \_\_\_\_\_

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

**Under penalty of perjury, I \_\_\_\_\_ declare that the information provided to the Bates County Sheriff's Office and contained herein is true, correct and complete to the best of my knowledge and belief. I further acknowledge that any intentional false statement or deliberate inaccuracy may result in my disqualification for employment.**

**Signed** \_\_\_\_\_

# 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 Bates 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



## 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**

<b>High School Diploma</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>GED Certificate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>University/College Degree</b> <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:	Business Address		Co-Workers (Name and Phone#)
Type of Position:	<input type="checkbox"/> Full-Time	Phone Number		1.
	<input type="checkbox"/> Part-Time			
<input type="checkbox"/> Volunteer	2.			
Rate of Pay:	<input type="checkbox"/> Salary	3.		
	<input type="checkbox"/> Hourly			
	<input type="checkbox"/> Monthly			
Reason for Leaving				
Eligible for Re-Employment <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor Name and Phone		

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

<b>34. Dates of Employment</b>		<b>Employer</b> (Name of Company)		<b>Job Title/Description</b>	
<b>From:</b> <b>To:</b>					
<b>Type of Position:</b>	<input type="checkbox"/> <b>Full-Time</b>	<b>Business Address</b>		<b>Co-Workers</b> (Name and Phone#)	
	<input type="checkbox"/> <b>Part-Time</b>				
	<input type="checkbox"/> <b>Volunteer</b>			<b>1.</b>	
<b>Rate of Pay:</b>	<input type="checkbox"/> <b>Salary</b>	<b>Phone Number</b>		<b>2.</b>	
	<input type="checkbox"/> <b>Hourly</b>				
	<input type="checkbox"/> <b>Monthly</b>			<b>3.</b>	
<b>Reason for Leaving</b>					
<b>Eligible for Re-Employment</b>		<b>Supervisor Name and Phone</b>			
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>					

<b>35. Dates of Employment</b>		<b>Employer</b> (Name of Company)		<b>Job Title/Description</b>	
<b>From:</b> <b>To:</b>					
<b>Type of Position:</b>	<input type="checkbox"/> <b>Full-Time</b>	<b>Business Address</b>		<b>Co-Workers</b> (Name and Phone#)	
	<input type="checkbox"/> <b>Part-Time</b>				
	<input type="checkbox"/> <b>Volunteer</b>			<b>1.</b>	
<b>Rate of Pay:</b>	<input type="checkbox"/> <b>Salary</b>	<b>Phone Number</b>		<b>2.</b>	
	<input type="checkbox"/> <b>Hourly</b>				
	<input type="checkbox"/> <b>Monthly</b>			<b>3.</b>	
<b>Reason for Leaving</b>					
<b>Eligible for Re-Employment</b>		<b>Supervisor Name and Phone</b>			
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>					

<b>36. Dates of Employment</b>		<b>Employer</b> (Name of Company)		<b>Job Title/Description</b>	
<b>From:</b> <b>To:</b>					
<b>Type of Position:</b>	<input type="checkbox"/> <b>Full-Time</b>	<b>Business Address</b>		<b>Co-Workers</b> (Name and Phone#)	
	<input type="checkbox"/> <b>Part-Time</b>				
	<input type="checkbox"/> <b>Volunteer</b>			<b>1.</b>	
<b>Rate of Pay:</b>	<input type="checkbox"/> <b>Salary</b>	<b>Phone Number</b>		<b>2.</b>	
	<input type="checkbox"/> <b>Hourly</b>				
	<input type="checkbox"/> <b>Monthly</b>			<b>3.</b>	
<b>Reason for Leaving</b>					
<b>Eligible for Re-Employment</b>		<b>Supervisor Name and Phone</b>			
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>					



**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 Bates 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 declared bankruptcy? If yes, explain below.

Yes  
 No


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

Yes  
 No


## VI. Military History

47. 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)

<b>48. Assignments/Occupational Specialties/Duty Station</b> (City, State, Country)					<b>Rank</b>	<b>Date</b>

**49. 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


**50. 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

**51. 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

**52. 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

53. Have you ever been refused an operator license by any state? If yes, complete the following?

Yes  
 No

State	Dates	Circumstances

54. 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

55. 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

56. Were you ever questioned about an incident but not charged? If yes, complete the following.

Yes  
 No


57. 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


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


**59. 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

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


**61. 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


**62. 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





**63. 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**


**64. 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**


**65. 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**


**66. 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**


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


**68. The Bates County Sheriff's Office requires members to submit to a CVSA 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? If no please explain.**  Yes  No

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**69. If employed by the Bates County Sheriff's Office, do you agree to assist the agency in the investigation of any complaint(s) that may be registered against you as required by agency regulations? If no please explain.**  Yes  No

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**70. If employed by the Bates 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? If no please explain.**  Yes  No

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**71. Do you agree to submit to a pre-employment test to determine the presence of alcohol and/or drugs in your blood/urine? If no please explain.**  Yes  No

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**72. 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,**  Yes  No

**which seeks to alter the form of government of the United States of America by any unconstitutional means? If yes, give complete details.**


**73. 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**


## AUTHORITY FO RELEASE OF INFORMATION

To whom it may concern:

I hereby authorize any investigative or duly accredited representative of the Bates County Sheriff's Office, bearing this release, or copy thereof, within (1) one year of its date, to obtain any information from schools, residential, financial institutions, armed forces, hospitals, doctors, Veteran's Administration, credit bureau, employers, criminal justice agencies, or individuals, relating to my actions.

This information may include, but is not limited to; academic, military, residential, health rating, credit rating, achievement, performance, attendance, personal history, disciplinary, arrest and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Bates County Sheriff's Office and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature, which may at any time result to me on account of compliance or any attempts to comply with authorization.

Should there be any questions as to the validity of this release, you may contact me, as indicated below:

Last Name	First Name	Middle Name
Signature		Date
Other Names Ever Used (Maiden/Nickname/Etc.)	Social Security Number	Date of Birth
Address	City and State	Zip Code
Cell Phone	Email Address	

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. I am commissioned as a notary public within the county of \_\_\_\_\_, State of Missouri, and my commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

