

**CITY OF KENOSHA
BACKGROUND INVESTIGATION QUESTIONNAIRE**

*Please answer all questions. Incomplete questionnaires or false answers may disqualify you. If there are questions which are not applicable to you, please indicate this fact by the notation "n/a" in the appropriate space. If additional space is needed for any section or question or if you wish to furnish additional information, attach sheets of the same size as this questionnaire and number the answers to correspond to the number of the question being answered. The questionnaire must be clear and legible. **Use a typewriter or print and use ink.***

Full Name: _____
Last
First
Middle

I. RESIDENCES

1. **Actual Places of Residence For Past 10 Years** (any applicant who has been out of high school for more than 10 years must list all residences since high school).

- *Include address while at school and in the military.*
- *For college on-campus residences, give address.*
- *For military, indicate complete military unit designation and location by city, state and country. If post office box, give location of post office.*

Dates From Mth/Yr To Mth/Yr	Street Address	Apt. Number	City	State	Zip

II. EMPLOYMENT HISTORY

1. Have you ever been dismissed or asked to resign from any employment or position you have held?
Please circle yes or no. Yes No

If your answer is "yes", set forth your explanation on an attached sheet indicating the name of the company, your dates of employment and the reason(s) for your dismissal/resignation.

III. MILITARY SERVICE

1. Are you registered for Selective Service? Location:	Y	N
2. Have you served on active duty in the Armed Forces of the United States?	Y	N
3. Branch of Military Service: Type of Discharge: Basis:		
4. Dates of active duty (month, day, year): From:	To:	
5. Serial Number:		
6. Member of Reserve? Ready or Standby? Branch of Service:	Y	N
7. Was any type of disciplinary action taken against you in the service? Be sure to include nonjudicial punishment(s), if applicable. Details:	Y	N
8. National Guard? Present, Former or None?		
If you attend drills, meetings, or camps, give name of unit and location:		
Summer camp attendance: From:		
To:		
Location:		
9. Please attach a copy of your DD214 if you have not already done so.		

IV. REFERENCES

Give three references:

- *The references can NOT be: relatives, former or present employers, fellow employees or school teachers.*
- *The references MUST be: responsible adults of reputable standing in their communities, such as: property owners, business or professional men or women (including your physician, if you have one) who have known you well for at least five years, preferably those who have known you during the past five years.*
- *If a reference is retired, give their former occupation.*

Reference 1	
Complete Name:	Home Address:
Years Acquainted:	Home Phone:
Occupation:	Business Address:
	Business Phone:

Reference 2	
Complete Name:	Home Address:
Years Acquainted:	Home Phone:
Occupation:	Business Address:
	Business Phone:

Reference 3	
Complete Name:	Home Address:
Years Acquainted:	Home Phone:
Occupation:	Business Address:
	Business Phone:

V. ORGANIZATION MEMBERSHIP

1. Are you now, or have you been a member of any club, society or organization which has a direct bearing on the job you are applying for? **Please circle yes or no.** Yes No

If yes, please list below. Do not abbreviate.

Name	City & State	Former	Present	If present, list position & extent of activity

VI. COURT RECORD

1. Have you ever been convicted of any violation including traffic, but excluding parking tickets? **Please circle yes or no.** Yes No

No

If yes, list all such matters:

Date	Place & Department	Charge	Disposition	Details

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2. Have you ever been a plaintiff or defendant in a court action? **Please circle yes or no.** Yes No

If yes, give date, place, court, name of parties involved, nature of action and final disposition:

VII. SPECIAL QUALIFICATIONS AND SKILLS

1. Do you speak a foreign language? **Please circle yes or no.** Yes No

If yes, indicate your proficiency in each phase of each foreign language. **List as "slight", "good", or "fluent".**

Language	Speak	Understand	Read	Write
1.				
2.				
3.				
4.				
5.				

VIII. RELATIVES

All applicants must give complete information concerning their relatives:

- *If you have been married more than once, give the requested information concerning each former husband or wife.*
- *If a relative is deceased, give all the information requested and indicated last residence and year of death.*
- *If you have stepbrothers and sisters or half brothers and sisters, include them.*
- *If you have stepparents, legal guardians, or others who have raised you instead of your parents, the requested information should be furnished concerning them, as well as your real parents.*
- *If you are engaged to be married or contemplating marriage in the near future, complete information must be included under Section 3 regarding your future husband or wife, and clearly show that such relationship is a future one.*

1. Father:
Address:
Home Phone:
Occupation:
Name of Firm Where Employed:
Address of Firm Where Employed:

1. Father:	
Work Telephone:	
Birth Date:	Place of Birth:

2. Mother:	
Address:	
Home Phone:	
Occupation:	
Name of Firm Where Employed:	
Address of Firm Where Employed:	
Work Telephone:	
Birth Date:	Place of Birth:

3. Spouse:	
Address:	
Home Phone:	
Occupation:	
Name of Firm Where Employed:	
Address of Firm Where Employed:	
Work Telephone:	
Birth Date:	Place of Birth:

4. Former Spouse:	
Address:	
Home Phone:	
Occupation:	
Name of Firm Where Employed:	
Address of Firm Where Employed:	
Work Telephone:	
Birth Date:	Place of Birth:

5a. Child:	
Address:	
Home Phone:	
Occupation:	

5a. Child:	
Name of Firm Where Employed:	
Address of Firm Where Employed:	
Work Telephone:	
Birth Date:	Place of Birth:

5b. Child:	
Address:	
Home Phone:	
Occupation:	
Name of Firm Where Employed:	
Address of Firm Where Employed:	
Work Telephone:	
Birth Date:	Place of Birth:

6a. Sister:	
Address:	
Home Phone:	
Occupation:	
Name of Firm Where Employed:	
Address of Firm Where Employed:	
Work Telephone:	
Birth Date:	Place of Birth:

6b. Sister:	
Address:	
Home Phone:	
Occupation:	
Name of Firm Where Employed:	
Address of Firm Where Employed:	
Work Telephone:	
Birth Date:	Place of Birth:

7a. Brother:	
Address:	

7a. Brother:	
Home Phone:	
Occupation:	
Name of Firm Where Employed:	
Address of Firm Where Employed:	
Work Telephone:	
Birth Date:	Place of Birth:

7b. Brother:	
Address:	
Home Phone:	
Occupation:	
Name of Firm Where Employed:	
Address of Firm Where Employed:	
Work Telephone:	
Birth Date:	Place of Birth:

8a. Other Individuals with whom you have resided over a period of 30 days or more: <i>Indicate relationship. Include college roommates.</i>	
Full Name:	
Address:	
Home Phone:	
Occupation:	
Name of Firm Where Employed:	
Address of Firm Where Employed:	
Work Telephone:	
Birth Date:	Place of Birth:

8b. Other Individuals with whom you have resided over a period of 30 days or more: <i>Indicate relationship. Include college roommates.</i>	
Full Name:	
Address:	
Home Phone:	
Occupation:	
Name of Firm Where Employed:	

**8b. Other Individuals with whom you have resided over a period of 30 days or more:
Indicate relationship. Include college roommates.**

Address of Firm Where Employed:

Work Telephone:

Birth Date:

Place of Birth:

**8c. Other Individuals with whom you have resided over a period of 30 days or more:
Indicate relationship. Include college roommates.**

Full Name:

Address:

Home Phone:

Occupation:

Name of Firm Where Employed:

Address of Firm Where Employed:

Work Telephone:

Birth Date:

Place of Birth:

**8d. Other Individuals with whom you have resided over a period of 30 days or more:
Indicate relationship. Include college roommates.**

Full Name:

Address:

Home Phone:

Occupation:

Name of Firm Where Employed:

Address of Firm Where Employed:

Work Telephone:

Birth Date:

Place of Birth:

**8e. Other Individuals with whom you have resided over a period of 30 days or more:
Indicate relationship. Include college roommates.**

Full Name:

8e. Other Individuals with whom you have resided over a period of 30 days or more: Indicate relationship. Include college roommates.	
Address:	
Home Phone:	
Occupation:	
Name of Firm Where Employed:	
Address of Firm Where Employed:	
Work Telephone:	
Birth Date:	Place of Birth:

IX. PERSONAL DECLARATIONS

1. Do you use or have you ever used intoxicants? **Please circle yes or no.** Yes No
 If so, to what extent? _____

2. Do you use or have you ever used marijuana, hashish, cocaine, LSD, amphetamines, heroin or drugs of a similar nature? **Please circle yes or no.** Yes No
If yes, complete the following items for each drug used:

a. Drug:	How many times used:
How taken:	First time used:
Circumstances:	Last time used:

b. Drug:	How many times used:
How taken:	First time used:
Circumstances:	Last time used:

3. Section 922(g)(9) of Title 18, United States Code makes it illegal for anyone who has previously been convicted of a misdemeanor crime of domestic violence (MCDV) to possess firearms or ammunition. If you have been convicted of a MCDV, according to this regulation, you would be prohibited from consideration for Police Officer.

Have you ever been convicted of a misdemeanor crime of domestic violence? Yes No
Please circle yes or no.
If yes, please complete the following:

a. Date:	Circumstances:
Jurisdiction:	Disposition:

b. Date:	Circumstances:
Jurisdiction:	Disposition:

I certify that all the statements in this questionnaire are complete and correct to the best of my knowledge and are made in good faith. I understand that employment is subject to taking a medical examination and meeting acceptable medical qualifications as may be determined by the City and that any false information or omission of material fact contained herein may be cause for disqualification or termination of employment.

I hereby authorize any individuals, companies, or institutions with whom I have been associated to furnish the City of Kenosha with any information concerning my employability which they have on record or otherwise and do hereby release the individuals, companies or institutions connected therein from all liability for any damages whatsoever incurred in furnishing such information.

Signature: _____ Date: _____