PRE-EMPLOYMENT BACKGROUND INVESTIGATION
APPLICANT QUESTIONNAIRE

Applicant Name: ________________________________

Date Due: ________________________________
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table of Contents</td>
<td>2</td>
</tr>
<tr>
<td>Pre-employment Background Questionnaire Directions</td>
<td>3</td>
</tr>
<tr>
<td>Data Practices Advisory</td>
<td>4-5</td>
</tr>
<tr>
<td>POST Chapter 6700</td>
<td>6-9</td>
</tr>
<tr>
<td>White Bear Lake Police Department Rejection Criteria</td>
<td>10</td>
</tr>
<tr>
<td>Background Investigator’s Quick Reference</td>
<td>11-14</td>
</tr>
<tr>
<td>Essential Functions of a Police Officer</td>
<td>15</td>
</tr>
<tr>
<td>Applicant Information</td>
<td>16</td>
</tr>
<tr>
<td>Academic Component of Professional Peace Officer Program</td>
<td>17</td>
</tr>
<tr>
<td>Skills Component of Professional Peace Officer Program</td>
<td>18-19</td>
</tr>
<tr>
<td>Residency</td>
<td>20-22</td>
</tr>
<tr>
<td>Family Information</td>
<td>23-24</td>
</tr>
<tr>
<td>Peace Officer Acquaintances</td>
<td>25-26</td>
</tr>
<tr>
<td>Friends and Associates</td>
<td>27-28</td>
</tr>
<tr>
<td>Education History</td>
<td>29-30</td>
</tr>
<tr>
<td>School Disciplinary Action and Awards</td>
<td>31</td>
</tr>
<tr>
<td>Military and Selective Service</td>
<td>32-34</td>
</tr>
<tr>
<td>Employment History</td>
<td>35-40</td>
</tr>
<tr>
<td>Police Department Applications and Backgrounds</td>
<td>41</td>
</tr>
<tr>
<td>Background Withdrawals and Rejections</td>
<td>42</td>
</tr>
<tr>
<td>Financial History</td>
<td>43-45</td>
</tr>
<tr>
<td>Litigation</td>
<td>46</td>
</tr>
<tr>
<td>Criminal Behavior</td>
<td>47</td>
</tr>
<tr>
<td>Criminal Convictions</td>
<td>48</td>
</tr>
<tr>
<td>Traffic Law Violations</td>
<td>49</td>
</tr>
<tr>
<td>Motor Vehicle and Driver’s License History</td>
<td>50-52</td>
</tr>
<tr>
<td>Checklist of Completed Items</td>
<td>52</td>
</tr>
<tr>
<td>Signature Page</td>
<td>53</td>
</tr>
<tr>
<td>Pre Employment Authorization &amp; Release</td>
<td>54</td>
</tr>
</tbody>
</table>
PRE-EMPLOYMENT BACKGROUND QUESTIONNAIRE DIRECTIONS

Application for the position of:  __________________________________________________________________________

You are one of several applicants applying for the position. The following instruction is provided to you as a means of expediting the background investigation process.

Read the directions carefully. Applications **which are not complete** or provide old addresses, telephones numbers and references will not be processed further in the background investigation. We recommend you contact each one of the references listed, present and previous employers, landlords and educational institutions and inform them that you have listed them in this application. It is also recommended that you request that any references, employers and landlords respond immediately to the background investigator’s contacts. Should you be legitimately prohibited from completing the application, use attachment # 1 at the end of the application packet to explain the circumstances.

Directions:

1. Read and sign the Data Practices Advisory which immediately follows this page.

2. When completing this form, please **print clearly** and give **complete and accurate** information. This includes, but is not limited to, the data practices releases, area codes and zip codes. **Use only black ink.**

3. If you find that there is not enough space to answer a specific question, provide as much information as space permits. Continue your response on additional sheets of paper if necessary. Include the number of the question and **maintain the same format** as on the background investigation form.

4. A set of releases are contained at the end of this questionnaire. Please complete the proper number of release forms as indicated in this background questionnaire. **You will need extra pre-employment release forms.** Therefore, complete the background questionnaire first and then determine the number of releases you will need to make photocopies of. The only release you will need to make photocopies of is the pre-employment release found at the end of this questionnaire. Sign each **photo copied release** with an **original signature.**

5. If a question does not apply to you, please write N/A (not applicable).

6. Include any requested documents.

7. Be sure to sign the **release forms**, the **signature page**, and the **autobiography** with an **original signature.**

8. You must return the Phase I Background Questionnaire by the date indicated on the cover or you may be removed from consideration.

9. If you have any questions, please call the White Bear Lake Police Support Services Division at (651) 429-8553
As an applicant for employment with the White Bear Lake Police Department, you are being asked to provide information about yourself which is personnel data under the Minnesota Data Practices Act. Under the Data Practices Act, some personnel data is classified as public data and the remaining information is classified as private data. You are not legally required to provide the requested information or to sign the authorization and release forms. However, if you do not, the White Bear Police Department will be unable to conduct the necessary background inquiries, which may reduce or eliminate the chance you may have for employment with this agency.

You have been asked to provide the following private data. The specific use of the data is described.

1. **Your full name.** To conduct a thorough criminal history check, all names by which the applicant is, or has been known by, must be listed. The fingerprint card, authorization and release forms, civil litigation checks, educational and military service verifications, employment and personal references inquires all require the White Bear Lake Police Department to convey your name to third parties. Depending on the position applied for, driver’s license check(s) and review of motor vehicle accident records, credit history and social security earnings check will require the release of your name. For the position of dispatcher, CSO or peace officer, we will post your name in all of the units in the department, along with the names of the other applicants, in order to gather information or references from the employees of the department.

2. **Your date of birth.** In order to access the correct criminal history, military service verification, employment and educational information, your date of birth must be supplied. Depending on the position applied for, driver’s license checks, social security earnings and credit history checks also require a date of birth to be listed in order to obtain the correct information.

3. **Your sex and race.** In order for the BCA and FBI to process fingerprint cards, the race and sex of the person fingerprinted must be entered on the fingerprint card. Your sex and race information will be used solely for the mentioned purpose.

4. **Your social security number.** In order to obtain past and present employment information and educational verifications, your social security number must be conveyed to third parties. It is necessary for your social security number to be used on the fingerprint card. Depending on the position you applied for, a social security earnings and credit history check may be conducted, which will require the release of your social security number.

Please initial that you read this page ______________
The information gained by the use of the previous name(s), date of birth, sex or race, will be forwarded to the hiring authority without reference to the date of birth, sex or race. Only those in the appointing authority who have a bonafide need for your background information will have access. The information obtained by the use of protected class data will be available to you after the investigation has been completed.

The data may also be used for other purposes necessary for the administration of law, rule or ordinance, but will be disseminated only as required by law.

Under the Government Data Practices Act, the following information which is personnel data, is defined to be public once you become employed: your name, actual gross salary, salary range, contract fees, actual gross pension, value and nature of employer paid fringe benefits, the basis for and amount of any compensation, including expense reimbursement in addition to salary, job title, job description, education and training background, previous work experience, date of first and last employment, status of any complaints or charges against the employee, whether the complaint or charge resulted in any disciplinary action, and the final disposition of any disciplinary action and supporting documentation, work location, work telephone number, badge number, honors and awards received, payroll time sheets or other comparable data that are only used to account for employee's work time for payroll purposes, except to the extent that release of time sheet data would reveal the employee's reasons for use of sick or other medical leave or other non-public data, and the city and county of residence.

Public data is data which is available to any person upon request. As an applicant, only the following data is public information: veteran status, relevant test scores, rank on eligibility list, job history, education and training, and work availability. Names of applicants shall be private data except when certified as eligible for appointment on a vacancy or when applicants are considered by the appointing authority to be finalists for a position in public employment.

A third party is entitled to access of private data only with your consent, or pursuant to a court order or a statutory provision. **Private information will be disclosed only to the extent that is necessary to complete this employment background investigation or as otherwise allowed or required by law.**

I HAVE READ AND UNDERSTAND THE DATA PRACTICES ADVISORY.

Applicant's Signature ___________________________ Date ___________________________
POST Rules and Requirements
Chapter 6700

6700.0100 DEFINITIONS

Subpart 9a. Conviction. “Conviction” means that a person has been charged with a crime and the person was found guilty of that crime, regardless of length of or imposition or execution of any sentence received, any deferred finding of guilt or imposition of sentence by the court, any continuance for dismissal granted by the court, or any expungement of the offense records or conviction.

6700.0200 STATUTORY AUTHORITY

The Board of Peace Officer Standards and Training, which operates pursuant to Minnesota Statutes, sections 626.84 to 626.863, is authorized to adopt rules and standards relating to the selection, training, and licensing of peace officers and part-time peace officers in Minnesota. The following rules are adopted pursuant to Minnesota Statutes, sections 214.12, 626.843, and 626.863.

6700.0300 PROFESSIONAL PEACE OFFICER EDUCATION

Subd. 5. Participation requirements.

B. No student may be admitted to the professional peace officer program who:

1. possesses a serious threat to the health or safety of themselves or others; or

2. has been convicted of any crime listed as a disqualification from appointment to the position of peace officer under part 6700.0700, subpart 1. item E.

The school shall submit to the POST board the names of applicants for the purpose of verifying the conviction data. The POST board shall report to the school the names of applicants who do not qualify for admission under this section.

6700.700 MINIMUM SELECTION STANDARDS

Subd. 1. Selection standards. A person eligible to be licensed shall meet the following minimum selection standards before being appointed to the position of peace officer. The appointing authority may affirm that the applicant has already completed certain of these standards, but the affirmation must be documented pursuant to subpart 2.

A. The applicant shall be a citizen of the United States.

B. The applicant shall possess a valid Minnesota driver’s license; or in case of residency therein, a valid driver’s license from another state; or eligibility to obtain either license.

C. The applicant shall complete a comprehensive written application.
D. The applicant shall submit to a thorough background search, including searches by local, state, and federal agencies, to disclose the existence of any criminal record or conduct which would adversely affect the performance by the applicant of peace officer duties.

E. No applicant may be appointed to the position of peace officer who has been convicted:

1. of a felony in this state or in any other state or federal jurisdiction;

2. of any offense in any other state or federal jurisdiction which would have been a felony if committed in Minnesota;

3. under the following Minnesota Statutes section 609.224 (Assault in the fifth degree), 609.2242 (Domestic assault), 609.231 (Mistreatment of residents or patients), 609.2325 (Criminal abuse), 609.233 (Criminal neglect), 609.2335 (Financial exploitation of a vulnerable adult), 609.234 (Failure to report), 609.324 (Other prohibited acts), 609.465 (Presenting false claims to public officer or body), 609.466 (Medical assistance fraud), 609.52 (Theft), or 609.72, subdivision 3 (Disorderly conduct - Care giver against a vulnerable adult); or convicted under any state or federal narcotics or controlled substance law irrespective of any proceeding under Minnesota Statutes, section 152.18, or any similar law of another state or federal law; or

4. of any of the crimes listed in this item in another state or federal jurisdiction, or under a local ordinance that would be a conviction if committed in Minnesota.

F. The applicant shall be fingerprinted for the purpose of disclosure of any felony convictions. Fingerprint cards shall be forwarded to the appropriate divisions of the Bureau of Criminal Apprehension and the Federal Bureau of Investigation. The chief law enforcement officer shall immediately notify the board if a previous felony conviction is discovered.

G. A licensed physician or surgeon shall make a thorough medical examination of the applicant to determine that the applicant is free from any physical condition which might adversely affect the performance of peace officer duties.

H. An evaluation, including an oral interview, shall be made by a licensed psychologist to determine that the applicant is free from any emotional or mental condition which might adversely affect the performance of peace officer duties.

I. The applicant shall pass a job-related examination of the applicant's physical strength and agility to demonstrate the possession of physical skills necessary to the accomplishment of the duties and functions of a peace officer.

J. The applicant shall successfully complete an oral examination conducted by or
for the agency to demonstrate the possession of communication skills necessary to the accomplishment of the duties and functions of a peace officer.

K. Subd. 4. More rigid standards. An appointing authority may require an applicant to meet more rigid standards than those prescribed in this part.

6700.1600 VIOLATION OF STANDARDS OF CONDUCT

Violations of any of the following standards of conduct by a licensee constitutes grounds for disciplinary action:

A. engaging in conduct prohibited by, or listed as, grounds for disciplinary action in this chapter, Minnesota Statutes, chapter 214, or sections 626.84 to 626.90, or engaging in conduct which violates any statute enforced by the board;

B. obtaining a license from the board by fraud or cheating, or attempting to subvert the examination process;

C. being convicted of a felony or gross misdemeanor in this state, or in any other state or federal jurisdiction of an offense that would constitute a felony or gross misdemeanor if committed in Minnesota including a finding or verdict of guilt, whether or not the adjudication of guilt is withheld or not entered, an admission of guilt, or no contest;

D. having been the subject of revocation, suspension, or surrender of a peace officer license or certificate in resolution of a complaint or other adverse action relating to licensing or certification in another jurisdiction;

E. failing to report the revocation, suspension, or surrender of a license or certificate in resolution of a complaint, or other disciplinary or adverse action taken against a licensee in this or another jurisdiction, or having been refused a license or certificate by any other jurisdiction;

F. being convicted of a state or federal narcotics or controlled substance law irrespective of any proceedings under Minnesota Statutes, section 152.18, or any similar law of another state or federal law;

G. being adjudicated by a court of competent jurisdiction, within or without the state, as incapacitated, mentally incompetent, chemically dependent, mentally ill and dangerous to the public, or as having a psychopathic personality;

H. violating any order issued by the board;

I. practicing outside the scope of Minnesota Statutes, section 626.863;

J. making an intentional false statement or misrepresentation to the board;

K. engaging in sexual penetration or contact without consent, as defined in Minnesota Statutes, section 609.341, or engaging in conduct that violates Minnesota Statutes, section 617.23. Sexual contact does not include contact that is part of standard police procedure such as search and arrest;

L. being convicted, including a finding or verdict of guilt, whether or not the adjudication of
guilt is withheld or not entered, an admission of guilt, or a no contest plea of a violation of Minnesota Statutes:

1. Violation of an Order for Protection, 518B.01, subdivision 14;
2. Mistreatment of persons confined, 609.23;
3. Mistreatment of residents or patients, 609.231;
5. Misconduct of a public officer or employee, 609.43;
6. Presenting false claims to a public officer or body, 609.465;
7. Medical assistance fraud, 609.466;
8. Theft, 609.52;
9. Receiving stolen property, 609.53;
10. Violation of Restraining Order, 609.748 subdivision 6;
11. Maltreatment of vulnerable adults, 626.557;
M. failing to cooperate with an investigation of the board as required by part 6700.1610, subpart 4;
N. engaging in sexual harassment, as defined by Minnesota Statutes, section 363.01, subd. 41;
O. using deadly force when not authorized by Minnesota Statutes, section 609.66; or
P. being convicted of solicitation, inducement, or promotion of prostitution in violation of Minnesota Statutes, section 609.322, or any conviction under Minnesota Statutes, section 609.324 (Sex Crimes - Other prohibited acts), or being convicted of similar offenses in another state or federal jurisdiction.

6700.0701 NOTIFICATION OF CONVICTION

If any background search required by this chapter reveals a conviction of a felony, or the conviction of any crime listed in this chapter, or conviction of a crime which was charged under an ordinance or law of another state but would be a conviction under Minnesota Statutes, section 609.52, if it was charged under state law, the chief law enforcement officer shall immediately notify the board.
White Bear Lake Police Department

REJECTION CRITERIA

The following may result in the rejection of police applicants:

Failure to meet the minimum application requirements

Record of crime or inappropriate, disgraceful or infamous conduct

Giving false information on any law enforcement agency application

Past employment record of disciplinary actions, including termination, for poor performance, misconduct or inappropriate actions

Resignation in lieu of termination from previous employment

Poor driving history consisting of serious offenses or excessive citations

Past record of poor job performance or termination from another police agencies FTO program or for failure of another agencies' background investigation

Illegal drug usage

Failure to timely respond and cooperate with the background investigation or formal hiring processes

Failure to coordinate active, timely participation of references, past employers, or education history in the background investigation process
BACKGROUND INVESTIGATOR'S QUICK REFERENCE

1. Name: ____________________________________________
   (last)    (first)    (middle)

   Nicknames: ____________________________________________

   Have you ever changed your name?  Yes □  No □

   If yes, list other name(s) used and the date and county of the name change:
   ____________________________________________
   ____________________________________________

   Date of Birth (month, day, year): _______________________

2. Current Address: ______________________________________
   (number)    (street)    (apt)
   (city)    (county)    (state)    (zip)

   Home Phone: (______)

   Work Phone: (______)

   Cell Phone: (______)

3. List the full names and dates of birth of everyone over the age of 16 that live in your household:

   (LAST)    (FIRST)    (MIDDLE)    (DOB)
   ____________________________________________

   (LAST)    (FIRST)    (MIDDLE)    (DOB)
   ____________________________________________

   (LAST)    (FIRST)    (MIDDLE)    (DOB)
   ____________________________________________

   (LAST)    (FIRST)    (MIDDLE)    (DOB)
   ____________________________________________

   (LAST)    (FIRST)    (MIDDLE)    (DOB)
4. Driver's License Number: ________________________________
   Expiration __________ State Issued: ________________

5. Highest educational attainment (circle one):
   High School  College: 1 2 3 4  Graduate School

   Name/Location of College: ________________________________________
   Major Area of Study: ____________________________________________
   Minor Area of Study: ____________________________________________
   Skills Course Completed at: ______________________________________
   Date of Skills Completion: ______________________________________
   Date of POST Exam: ____________________________________________

6. Do you have a peace officer license? Yes □  No □

7. Have you ever been employed as a peace officer with another agency?
   Yes: □  No □  __________

   If yes, which law enforcement agency? ________________________________

   Police Academy attended: __________________________________________

   Dates attended Academy: __________________________________________

8. List any prior law enforcement/criminal justice employment experience:
   (Include agency, position, dates of employment)

   _______________________________________________________________

   _______________________________________________________________

   _______________________________________________________________

   _______________________________________________________________

9. Have you ever served in the military?
   Yes □  No □

   If yes, complete the following:

   Branch: _______________________________________________________

   Length of Service: ________years ________months
Highest Rank:

10. What are your hobbies/special interests?

11. List all volunteer and community services you have provided. Include: name of organization, address of organization, phone number, dates, total hours worked, services performed, and name of supervisor.

12. Why did you seek employment with the White Bear Lake Police Department?
13. Do you possess any specialized technical, conceptual or law enforcement management training? If so, what?

Yes  □  No  □

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
ESSENTIAL FUNCTIONS OF A POLICE OFFICER

With or without reasonable accommodations can you perform the following tasks that describe the essential functions of a police officer:

14. Do you have the ability to communicate fluently in English, both speaking and writing?
   - Yes □  No □

15. Do you have the ability to understand and follow detailed oral and written instructions?
   - Yes □  No □

16. Do you have the ability to be mobile for long periods each day, including (but not limited to) standing, walking, running, jumping, crawling, stooping, kneeling, and crouching?
   - Yes □  No □

17. Do you have the ability to work in conditions in which exposure to dust, disagreeable odors, eye irritants (such as tear gas) and change in temperatures and environmental conditions occur?
   - Yes □  No □

18. Do you have the ability to work in a fairly confined space? Most patrol officers are required to ride in a squad car for long periods each day. If assigned to a foot beat, this would still involve riding in a squad car and also the ability to conduct building searches and respond to calls which might require entering small confined spaces.
   - Yes □  No □

19. Do you have adequate eyesight (corrected if necessary) to perform patrol duties, detect crime, complete arrest processes and write necessary reports?
   - Yes □  No □

20. Do you have adequate hearing (corrected if necessary) to perceive detailed information through oral communication including radio and telephonic as well as to perform patrol duties and detect possible crime and/or calls for assistance?
   - Yes □  No □

21. Do you have the ability to competently use a department issued handgun, shotgun and baton?
   - Yes □  No □

22. Do you have the ability to take orders and work competently in a disciplined manner within the chain of command?
   - Yes □  No □
APPLICANT INFORMATION

23. What is your full name?

________________________________________
(LAST) (FIRST) (MIDDLE)

24. Give any other names you have used or have been known by.

________________________________________

25. Are you a citizen of the United States? (POST requirement)

Yes □ No □

If yes, provide a copy of your birth certificate or other documentation that proves citizenship.

26. Are you currently licensed as a peace officer in Minnesota?

Yes □ No □

If yes, provide a copy of your license and current renewal card. Complete the following information:

Current status of your peace officer license:

- Valid-Active Status □
- Valid-Inactive Status □
- Lapsed □
- Surrendered □
- Suspended □
- Revoked □

License Number: ____________________________________________

Date Originally Issued: _________________________________________

Expiration Date: _____________________________________________

Current Number of Continuing Education (C.E.) hours for this renewal period: _________________

If no, please provide the following information if licensed elsewhere:

Name of state where licensed: _______________ Lic. # __________

Expiration Date: ____________________________
27. Have you ever had any disciplinary action against your license?
   Yes □   No □
   If yes, explain below:
   ______________________________________________________________

28. Academic Component of Professional Peace Officer Program completed at:
    (Complete a Release Form for this school)
    (SCHOOL)                (DEGREE)
    (FROM: month/year)      (TO: month/year)
    (number)                (street)    (phone)
    (city)                  (county)    (state)    (zip)

29. Are you eligible for a P.O.S.T. license?
   Yes □   No □
   If yes, when does your eligibility expire?  ________________________________

   If yes, provide a photocopy of P.O.S.T. Board eligibility letter.

30. Have you ever possessed a part-time peace officer license?
   Yes □   No □
   If yes, which one?  _____________________________________________
   Current status of this license:
   Valid-Active Status   □
   Valid-Inactive Status □
   Lapsed                □
   Other (please explain) □
   ______________________________________________________________
31. Skills component of Professional Peace Officer Education completed at:
   (Complete a Release Form for this school)

   (SCHOOL)

   (FROM: month/year)     (TO: month/year)

   (number)     (street)     (phone)

   (city)     (county)     (state)     (zip)

   Date completed Skills Component: ____________________________

   Date of passing Peace Officer Licensing Examination: _________________________

   If you have not taken the Peace Officer Licensing Examination, when are you scheduled to take it?

   _______________________

32. Have you participated in an internship with any police departments.
   (Complete a Release Form for each department.)

   Yes □   No □

   If yes, please list departments below:

   (department)     (supervisor's name)

   (number)     (street)     (phone)

   (city)     (state)     (zip)

33. If you were trained out of state, please complete the following:
   (Complete a Release Form for each academy and/or school)

   (name of training program)

   (number)     (street)     (phone)

   (city)     (state)     (zip)
Date of completion: ________________________________

Length of Course: ________________________________

Date of certification: ________________________________

Date of passing the Minnesota POST Reciprocity Exam: ________________________________
RESIDENCY

34. In chronological order, list each and every place you have lived, **beginning with your present address**. Include all addresses while in school and the military. Make photocopies of page 21 if you need additional space. (Complete one Release Form for every city and county)

A.  

(from: month/year) (to: month/year)  

(number) (street) (apt)  

(city) (county) (state) (zip)  

( ) (phone)  

(Landlord) (Phone)  

B.  

(from: month/year) (to: month/year)  

(number) (street) (apt)  

(city) (county) (state) (zip)  

( ) (phone)  

(Landlord) (Phone)  

C.  

(from: month/year) (to: month/year)  

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<th>Landlord</th>
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35. Provide the requested information regarding your father, mother (maiden name also), brothers, and sisters. Please note deceased or if the reference is under the age of sixteen if applicable. Make photocopies of page 24 if additional space is needed.

<table>
<thead>
<tr>
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## PEACE OFFICER ACQUAINTANCES

36. List any peace officers you are acquainted with. (Limit your response to 8.)

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</table>
37. List the names of friends and/or associates. Do not list additional peace officers. (Limit your response to 8.)

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(name) 

(number) (street) (apt) 

(city) (county) (state) (zip) 

H ( ) W ( ) 

(phone) (phone) (Relationship) 

B. 
(name) 

(number) (street) (apt) 

(city) (county) (state) (zip) 

H ( ) W ( ) 

(phone) (phone) (Relationship) 

C. 
(name) 

(number) (street) (apt) 

(city) (county) (state) (zip) 

H ( ) W ( ) 

(phone) (phone) (Relationship) 

D. 
(name) 

(number) (street) (apt) 

(city) (county) (state) (zip)
## EDUCATION HISTORY

38. In chronological order, list all colleges and high schools you have attended, **beginning with your most recent**. (Complete a Release Form for each school.) Make photocopies of page 29 if more space is needed.

<table>
<thead>
<tr>
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</table>
39. List any disciplinary action (behavior or academic) taken against you by the college(s) and/or high school(s) you attended. Include name of school, date(s), problem, brief explanation.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

40. List any awards or certificates you received in college or high school. Include name of school, dates, award/certificate, and brief explanation.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

41. Have you participated in any internship programs not related to any police department? If yes, please include name of internship program, address, dates, description of services performed and name of your supervisor.

________________________________________________________________________

IMMEDIATELY have transcripts from all skills, college(s) and high school(s) that you have attended forwarded to the following address:

White Bear Lake Police Department
Support Services Division
4701 Highway 61
White Bear Lake, MN. 55110
Attn: Investigator _______________
MILITARY AND SELECTIVE SERVICE

42. If you are a male and were born after 1960, have you registered with the Selective Service?

   Yes □  No □

   If no, please explain why

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

43. Upon registration for military service, have you ever been disqualified for reasons other than medical?

   Yes □  No □

   If yes, explain below:

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

44. Have you ever served as an ACTIVE member in a military organization of the United States?

   Yes □  No □

   ____________

   If yes, enclose a copy of your DD 214 and complete a Standard Form 180 (Request Pertaining to Military Records.)

   If yes, give details:
45. Give branch of service: 
Military specialty (MOS): 

46. Rank held at time of discharge: 
What was the highest rank you achieved 
Service serial number: 
Name of commanding officer at time of discharge: 

47. Give period or periods of active service:
From: __________ To: __________
From: __________ To: __________
From: __________ To: __________

48. How many discharges or separations from the service were given to you?
Discharges: __________ Separations: __________

49. Has your discharge or separation notice ever been corrected or changed?
Yes □ No □

50. What was the nature of the change?
From: ____________________________________________
To: ____________________________________________

51. Were you ever the subject of any military disciplinary action?
Yes □ No □

If yes, give details of charges, agency concerned, dates and dispositions:
52. Are you now or were you ever an active or inactive member of the reserve forces (any branch) of the United States, or the National Guard of any state? (If yes, complete Standard Form 180, Request Pertaining to Military Records)
   Yes □ No □

   If yes, state which, active or inactive: _____________________________________________

   Branch:  _____________________________________________
   Regiment: _____________________________________________
   Unit: _____________________________________________
   Rank: _____________________________________________
   Address: _____________________________________________
   From: __________________ To: ____________________

53. List any awards or decorations you received while in the military:

   _____________________________________________
   _____________________________________________
   _____________________________________________
   _____________________________________________
   _____________________________________________

54. Have you ever served in a military organization of any foreign government?
   Yes □ No □

   If yes, give details: _____________________________________________
   _____________________________________________
   _____________________________________________
   _____________________________________________
55. In chronological order, list your past employment history. Begin with your present employer and continue listing all places previously employed (full time, part time, seasonal, etc.) since the age of 18 years. OMIT NONE. Give correct and current information. Give dates of non-employment between periods of employment in proper sequence. Applicants are eligible only if it can be determined from their application that they meet the minimum qualifications for the position. Indicate name under which you were employed if different than present name. (Complete a Release Form for each employer.)

Make photocopies of page 38 if more space is needed.

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(position)

Duties and/or reason for leaving:

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**Duties and/or reason for leaving:**

### C.  

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**Duties and/or reason for leaving:**
D. (employer) ___________________________ (phone) ___________________________

(immediate supervisor) ___________________________ (phone) ___________________________

(number) ___________________________ (street) ___________________________

(city) ___________________________ (county) ___________________________ (state) ___________________________ (zip) ___________________________

(from: month/year) ___________________________ (to: month/year) ___________________________

(position) ___________________________

Duties and/or reason for leaving: ______________________________________________________

____________________________________________________

____________________________________________________

E. (employer) ___________________________ (phone) ___________________________

(immediate supervisor) ___________________________ (phone) ___________________________

(number) ___________________________ (street) ___________________________

(city) ___________________________ (county) ___________________________ (state) ___________________________ (zip) ___________________________

(from: month/year) ___________________________ (to: month/year) ___________________________

(position) ___________________________

Duties and/or reason for leaving: ______________________________________________________

____________________________________________________

____________________________________________________
F.  

(employer)  (phone)  

(immediate supervisor)  (phone)  

(number)  (street)  

(city)  (county)  (state)  (zip)  

(from: month/year)  (to: month/year)  

(position)  

Duties and/or reason for leaving:  


G.  

(employer)  (phone)  

(immediate supervisor)  (phone)  

(number)  (street)  

(city)  (county)  (state)  (zip)  

(from: month/year)  (to: month/year)  

(position)  

Duties and/or reason for leaving:  


56. Were you ever terminated or asked to resign from employment? Attach additional sheets if necessary.

Yes □ No □

If yes, please complete the following:

________________________  ( )
(employer) (phone)

Date left and reason for leaving: __________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

57. Were you ever the subject of any disciplinary action or grieved any action connection with any employment? Attach additional sheets if necessary.

Yes □ No □

________________________  ( )
(employer) (phone)

If yes, give details: __________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

58. Have you, or any corporation or partnership of which you were an officer, director, or partner, ever possessed a license or permit (excluding driver's license or learner's permit) issued by any governmental agency?

Yes □ No □

If yes, give details: __________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
59. Are you now engaged or have you ever been in any business as an owner (active or silent), partner, stockholder, and/or corporate member? (Complete a Release Form if you answered yes)
   Yes ☐ No ☐
   If yes, give details:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

60. Have you ever possessed a professional or occupational license, permit or certificate (excluding peace officer license)? (Complete a Release Form if you answered yes)
   Yes ☐ No ☐
   If yes, give details:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

61. Has any license or permit (excluding driver's license or learner's permit) issued by any city, state or federal agency ever been denied, revoked, suspended or canceled to you, or to any corporation or partnership of which you were an officer, director, or partner? (Complete a Release Form if you answered yes)
   Yes ☐ No ☐
   If yes, give details:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
62. Have you ever made application to any other police departments?

Yes □ No □

If yes, provide the following: Include agency, application date, phone number, and status of application: (Complete a Release Form for each agency) Attach additional sheets if necessary.

________________________________________________________________________

________________________________________________________________________

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63. Have you ever been the subject of a background investigation conducted by a law enforcement agency, which was considering you for employment?

Yes □ No □

If yes, give the following details: include agency, date, investigator’s name, and status of the investigation. (Complete a Release Form for each agency.)

________________________________________________________________________

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64. Have you ever been rejected by or have you withdrawn from any background investigation and/or hiring process? (Complete a Release Form for each agency)

Yes □ No □

If yes, include agency, date, investigator's name, and reason for the rejection or withdrawal. (Do not include medical or psychological information.)

Explanation: ____________________________________________________________

________________________________________________________________________

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Explanation: ____________________________________________________________

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________________________________________________________________________

Explanation: ____________________________________________________________

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________________________________________________________________________
FINANCIAL HISTORY

65. The following information will be used for obtaining a Credit Report.

(last name)

(first name)

(middle name)

(generation: Jr., III, etc.)

(social security number)

(date of birth)

66. Have you ever declared bankruptcy (Chapter 7, Chapter 11, or Chapter 13)?

Yes □ No □

If yes, provide date(s) of bankruptcy and the county in which it occurred:

67. List the institutions, businesses, and/or persons, to whom you have accounts, and/or are indebted to. Include mortgage(s), rent(s), loans, saving, checking, bank cards, credit cards, stocks, bonds, money market, and any other debts and payments, etc. Make photocopies of page 45 if more space is needed and complete a Release Form for each institution.

A. 

(name of institution) (phone)

(type of account) (account number)

(total balance owed) (monthly payment)

(number) (street)
<table>
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<th>(name of institution)</th>
<th>(phone)</th>
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<td></td>
<td>(city)</td>
<td>(state)</td>
</tr>
<tr>
<td>G.</td>
<td>(name of institution)</td>
<td>(phone)</td>
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<tr>
<td></td>
<td>(type of account)</td>
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<td>(street)</td>
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<td></td>
<td>(city)</td>
<td>(state)</td>
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</tbody>
</table>
68. Were you ever a party to any civil action or proceeding in this state or elsewhere, or have you been named in a notice of claim that you may be a defendant in a civil action or proceeding? Civil action includes: automobile accidents, order for protection, restraining order, child custody, credit or bank business, student loans, etc...

Yes □ No □

If yes, indicate EVERY civil action or proceeding. Use additional sheets if necessary.

A. (date) (plaintiff, defendant, petitioner, respondent)
   (action or proceeding) (county)
   (disposition)

B. (date) (plaintiff, defendant, petitioner, respondent)
   (action or proceeding) (county)
   (disposition)

C. (date) (plaintiff, defendant, petitioner, respondent)
   (action or proceeding) (county)
   (disposition)

D. (date) (plaintiff, defendant, petitioner, respondent)
   (action or proceeding) (county)
   (disposition)
CRIMINAL BEHAVIOR

Note: Conviction of a crime, other than a felony or a gross misdemeanor and those listed in POST Rules 6700, in and of itself is not an automatic bar to employment. But only in so far as it relates to fitness to perform a particular job. Age and time of the offense and rehabilitation will be taken into account when considering an applicant.

69. Have you ever been named as a suspect, arrested, or charged with a criminal offense?

Yes □ No □

If yes, indicate EVERY incident, providing date of incident or arrest, agency, county occurred in, original charges, and description of incident. Use additional sheets if necessary.

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________
70. Have you ever been convicted of a crime?

Yes □ No □

If yes, indicate every conviction below. Include dates, agency, charges, and dispositions:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

71. Have you ever used or experimented with any illegal substances (including marijuana, controlled substances, or someone else’s prescription medication)?

Yes □ No □

If yes, please explain:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
TRAFFIC LAW VIOLATIONS

72. Have you ever received a traffic ticket or summons for violation of the traffic laws in this state or any other state?
   
   Yes □  No □

   If yes, provide the following below. Include date, offense, location, agency, and disposition:
   
   __________________________________________________________
   
   __________________________________________________________
   
   __________________________________________________________
   
   __________________________________________________________
   
   __________________________________________________________
   
   __________________________________________________________

73. Have you ever been fingerprinted?
   
   Yes □  No □

   If yes, provide the following details below. Include date, agency, and reason for fingerprinting:
   
   __________________________________________________________
   
   __________________________________________________________
   
   __________________________________________________________
   
   __________________________________________________________
   
   __________________________________________________________
MOTOR VEHICLE & DRIVER'S LICENSE HISTORY

74. Has your driver's license or other vehicle operator's license ever been revoked?

Yes □ No □

Suspended?

Yes □ No □

If you answered yes to either one of the above, complete the following:

Type of License: ________________________________

Date of Revocation / Suspension: ________________________________

Agency: ________________________________

Reason: ________________________________

75. If you answered yes to question #73, was your license ever reinstated?

Yes □ No □

If yes, complete the following:

Date of Reinstatement: ________________________________

Agency: ________________________________

Reason: ________________________________

76. Have you ever been involved in a motor vehicle accident?

Yes □ No □

If yes, list all of the motor vehicle accidents you have been involved with. Include date, location of location, agency, violations, and type of accident.

__________________________________________________________________________

__________________________________________________________________________

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__________________________________________________________________________

__________________________________________________________________________
77. Do you or did you possess a valid Minnesota Driver's License?

Yes □ No □

If yes, complete the following:

Driver's License Number: ________________________________

Type of License: ________________________________

Complete a Release Form for:

Minnesota Department of Public Safety
Driver & Motor Vehicle Section

78. Do you or did you ever possess a driver's license issued by any state other than Minnesota?

Yes □ No □

If yes, complete a Release Form listing the name of the state and the driver's license number on the release)

Name of State Issued: ________________________________

License Number: ________________________________

Type of License: ________________________________

79. Give the name of your current auto insurance company and policy number:

(Complete a Release Form for your insurance company)

_________________________________________________

_________________________________________________

_________________________________________________

_________________________________________________

Provide a copy of your automobile proof of insurance card.

80. Has an auto insurance company taken action against your insurance coverage?

Yes □ No □
If yes, provide the auto insurance company’s name and policy number:

81. List all vehicles that registered to you as the owner or co-owner:
   (Include make, year, model, license plate number)

  ____________________________________________________
  ____________________________________________________
  ____________________________________________________
  ____________________________________________________
  ____________________________________________________

CHECKLIST OF COMPLETED ITEMS

Have you included the following in your Phase 1 Questionnaire packet?

- Copy of birth certificate
- Copy of Peace Officer License or Letter of Eligibility of P.O.S.T. license
- Release forms for the following:
  - Professional Peace Officer Program
  - Academic Institutions
  - Skills
  - Cities and Counties You Have Lived
  - Employment
  - Stockholder, Corporation Member (if applicable)
  - Minnesota Department of Public Safety
- Standard Form 180 (for military records, if applicable)
- Professional Occupational License(s)
- Credit Report release form
- Copy of Driver's License
- Copy of Automobile Proof of Insurance Card

- Have you requested transcripts from all colleges and high schools attended to be mailed to the White Bear Lake Police Department?
I attest that all of the statements made by me in this background questionnaire and the documents that I have submitted are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made with the intent to commit fraud, any fraudulent conduct, or any attempted deception by me or by others with my knowledge, approval or support, in any application, paper or document submitted, shall bar me from further examinations; or omission of any information from this questionnaire may be cause for my rejection, or removal from any eligible list, or dismissal if employed.

I fully understood the questions in this background questionnaire and what was being inquired of me throughout this booklet. I further acknowledge the discovery of any omissions or discrepancies may be grounds for dismissal from the White Bear Lake Police Department hiring process.

Signature of Applicant ______________________________________________

Date     ______________________
PRE EMPLOYMENT AUTHORIZATION & RELEASE

To: __________________________________________________

I, _____________________________________, am an applicant for a position as a licensed peace officer or for a position leading to employment as a licensed peace officer with the above described law enforcement agency. A thorough investigation of my employment background and personal history is being conducted to evaluate my qualifications and suitability for employment as a licensed peace officer.

I hereby authorize any representative of the above described law enforcement agency bearing this release to obtain any information in your files pertaining to my employment and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the above described law enforcement agency, whether said records are of public, private, or confidential in nature.

The intent of this authorization is to give my informed consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access of all information maintained by you for the specific purpose of pursuing a background investigation that may provide pertinent data for the above described law enforcement agency to consider in determining my suitability for employment as a licensed peace officer. It is my intent to provide access to all information however personal and confidential it may appear to be.

I consent to your release and photocopying of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, education and training records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances, filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in my case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph reports, recording tapes or written reports in your possession, which concern me to the above described law enforcement agency.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damages pursuant to any state of federal laws. I hereby release any custodian of such records, including the officers, employees and agents of any custodian, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon the request of a representative of the above described law enforcement agency regardless of any agreement I may have made with you previously to the contrary. The law enforcement agency requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

I understand my rights under Title 5, United States Code, Section 552A, the privacy act of 1074 and Minnesota Statute 13.05, Subd. 4, the Minnesota Data Practice Act, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the above described law enforcement agency in conjunction with employment procedures. Should there by any question as to the validity of this release, you may contact me at the address listed on this form.

This authorization and release form complies with and is required to accompany any request for employment information under Minnesota Statute 626.89, which provides private employers with immunity from civil liability for employment information released to a law enforcement agency in the absence of fraud or malice. This authorization shall be valid for a period of one year from the date of my signature, but I reserve the right to cancel this written authorization by providing written notice to the above described law enforcement agency or to you of that fact. I agree to indemnify and hold harmless any person to whom this request is presented and his/her agents and employees, for and against all claims, damages and expenses, including reasonable attorney’s fees, arising out of or by reason of complying with this request.

Full Name:________________________________________(Signature)          Date:_____________________________
Current Address:__________________________________________________________    State:__________________
Phone Number: Day (          )__________________________     Evening  (            )_______________________________