

# **NORMANDY POLICE DEPARTMENT**

SERVING THE CITY OF NORMANDY SINCE 1945



## **PERSONAL HISTORY QUESTIONNAIRE**

**THE CITY OF NORMANDY AND THE NORMANDY POLICE DEPARTMENT RESOLVE THAT ALL APPLICABLE STATE, FEDERAL, STATUTORY OR JUDICIAL EXEMPTIONS, ALL QUALIFIED APPLICANTS FOR EMPLOYMENT AND/OR ADVANCEMENT SHALL BE GIVEN EQUAL OPPORTUNITY FOR CONSIDERATION, SELECTION, APPOINTMENT AND RETENTION, REGARDLESS OF RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, AGE, DISABILITY, OR POLITICAL AFFILIATION.**

**AN EQUAL OPPORTUNITY EMPLOYER**



## MISSION STATEMENT

*We, the men and women of the Normandy Police Department, are dedicated to providing excellent service through partnerships that build trust, reduce crime, create a safe environment, and enhance the quality of life in our community.*

*We are committed to these principles:*

### INTEGRITY

*We have integrity. We adhere to the highest moral and ethical standards. We are honest and sincere in dealing with each other and the community. We have the courage to uphold these principles and are proud that they guide us in all that we do.*

### RESPECT

*We show respect. We recognize the value of our unique cultural diversity and treat all people with kindness, tolerance, and dignity. We cherish and protect the rights, liberties and freedoms of all as granted by the constitutions and laws of the United States and the State of Missouri.*

### FAIRNESS

*We act with fairness. Objective, impartial decisions and policies are the foundation of our interactions. We are consistent in our treatment of all persons. Our actions are tempered with reason and equity.*



## **ADMONISHMENTS**

**(Read thoroughly and sign)**

All prospective police applicants of the City of Normandy should be aware that it is the policy of the Police Department to conduct a thorough and intensive background investigation on all applicants and information provided by applicants.

Any misrepresentation, willful or negligent omissions, or other falsehoods will disqualify the applicant and permanently remove any future considerations for employment with the City of Normandy.

If the above listed detriments are discovered after employment or at any time during employment, it is considered grounds for immediate termination of employment with the City of Normandy without recourse.

Therefore, it is absolutely imperative that the applicant **COMPLETELY** and **TRUTHFULLY** provide all information as required on the application and during any and all phases of the application/employment pre-screening process.

The City of Normandy Police Department reserves the right to determine the veracity of any statement or information provided by the applicant via polygraph and/or Computer Voice Stress Analyzer (CVSA).

If an applicant has applied with the City of Normandy within the last twelve months, and has not been advised that their application is to be retained for a period of one year from time of application, no new applications will be accepted from that applicant.

**ALL APPLICANTS** are **HIGHLY** encouraged to take advantage of the Normandy Police Department Ride-Along Program. This program is a great opportunity for competitive prospects to discover key facets of the Normandy Police Department and to make an informed decision concerning employment with the City of Normandy.

It is further encouraged that applicants exercise individual initiative and expand their personal and professional knowledge of the City of Normandy. This includes the history, its population/demographics, and all levels and divisions of City government to include its many contract patrol service areas.

Applicants are advised that oral board interviews may be videotaped for in- depth critique of the applicant's suitability.

Applicants are further advised that should they advance to the Chief's Interview portion of the process, they will be mandated to provide a **Power Point Oral presentation of no less than 15 minutes in length** on a topic to be selected by the Chief of Police. This is to gauge the prospective candidate's ability to research data, organize it in a cogent fashion, and deliver it to a critical audience, with an emphasis on public speaking.

By Order of:

Signature on File

Frank A. Mininni  
Chief of Police  
Effective Date: 12/27/2012  
Revised: N/A  
Expiration: Indefinite

“I have read the above admonishments and fully understand and can comply with each. I further understand that if I cannot comply with each, I am expected to withdraw from the employment process.”

---

Applicant Printed Name

---

Applicant Signature

---

Date



## **NORMANDY POLICE DEPARTMENT**

**COLONEL FRANK A. MININNI**

### **MINIMUM REQUIREMENTS FOR POLICE OFFICERS**

(Reserve police officer applicants must meet the same basic qualifications and complete the same process as indicated below. Reserve police officers are unpaid volunteers.)

**AGE REQUIREMENT:** Must be at least 21 years of age or have reached 21<sup>st</sup> birthday by the end of the police basic training academy. \*(The Normandy Police Department has a mandatory retirement age of 55 for those assigned to patrol operations unless granted an extension to 60 years of age by the Chief of Police and pending a full battery of physical assessments conducted by a physician.)

**RESIDENCY:** No residency requirements but must live within an hours drive commute to the agency.

**EDUCATIONAL EXPERIENCE:** An associates degree or 64 semester credit hours from an accredited university or college with no less than a cumulative average letter grade of C or a cumulative GPA of 2.0 on a 4.0 scale is **preferred**, but a high school diploma or GED is the absolute minimum acceptance standard. Candidates must possess a State of Missouri POST class “A” certification prior to application submission. 600 hours of training is the minimum standard for class “A” certification; competitive candidates will have attended accredited academies with instruction in excess of the minimum.

**ARREST RECORD:** Must be free from conviction of any Felony. A Class “A” misdemeanor conviction will be cause for immediate dismissal from the process, unless otherwise directed by the Chief of Police on a case by case basis. **ANY** DWI/DUI/OUI convictions, to include Suspended Imposition of Sentence, will be cause for disqualification. This includes offenses incurred during military service.

**DRIVER’S LICENSE:** Must possess a valid State Driver’s License by date of employment and have no more than five (5) points charged against his/her driving record at time of application.

**MILITARY:** Must have an “**Honorable**” discharge, or a discharge “**Under Honorable Conditions**” if having served in the military.

### **COMPETITIVE SELECTION PROCESS**

Under the Normandy Police Department General Orders, the department does not have a continuous recruitment effort as the City hires only to fill actual or forecasted vacancies. However, the department will continuously communicate to potential applicants our intentions toward affirmative hiring when vacancies do occur. Applications will be accepted throughout the year and solicited (where there is a job opening and it is posted) applications will be kept on file for one year; unsolicited (where there is not a job opening) will be kept on file for six months. Applications are accepted during normal business hours of 9am to 4pm, Monday through Friday, excluding recognized national holidays, at any operational Normandy Police Department facility. Each applicant must successfully complete each stage of the selection process before becoming eligible to proceed to the next step.

Those applicants whose applications were not selected to be kept on file at the end of the process will not be eligible to reapply for one calendar year from the date on their application.

**PRELIMINARY BACKGROUND REVIEW:** A review and detailed evaluation of the candidate's application and supporting documents will be conducted to determine if applicant meets the minimum requirements for the position.

**SUPPORTING DOCUMENTATION:** Applicants are mandated to provide all supporting documentation necessary to process their application and provide all others requested by the City of Normandy. These documents become the property of the City of Normandy and applicants are strongly warned not to send original documents for they will not be returned. Failure to provide the necessary documents will likely delay the application process or eliminate the applicant outright.

**WRITTEN TEST:** Administration of written test to include reading, comprehension, memory, and police knowledge.

**ORAL BOARD REVIEW:** This is conducted by a panel of varying rank and assignment police officers with at least one member of the Normandy City Counsel or one of its contracted service cities. This evaluation is to determine the candidate's overall fitness for the position, including appearance, self-expression, mental alertness and suitability for police duties. The oral board will present its findings and recommendations to the Chief of Police along with the results of the testing who in turn will select a number of the highest ranking candidates to move to the next phase. All officer candidates will be advised via letter of their status in the process.

**BACKGROUND INVESTIGATIONS:** A thorough background investigation will be conducted on all police applicants in the areas of past employment record and reputation, personal references, neighborhood reputation, police record checks, credit history and military record (when applicable). The background investigation is concluded with a Computer Voice Stress Analyzer (CVSA) examination in an attempt to verify information received from and about the applicant. Results of the CVSA examination are confidential and will be considered with the applicant's total file.

**CHIEF OF POLICE AND CITY ADMINISTRATOR INTERVIEW:** This interview will be conducted by the Chief of Police and City Administrator upon successful completion of the prerequisite background investigation and with the recommendation of any involved staff members. This interview may result in an offer of conditional employment contingent upon successful completion of any drug screening, psychological evaluations, and approval of the City of Normandy Police Board.

**PRE-EMPLOYMENT DRUG SCREENING, MEDICAL EXAMINATION, AND PSYCHOLOGICAL EXAMINATIONS:** All applicants must be able to successfully pass a drug screening physical examination with employment approval from physician before employment can begin. In addition, all applicants must be able to pass an extensive psychological testing and interview prior to employment. Both examinations are provided at no cost to the prospective employee after being selected for advancement by the Chief of Police and City Administrator.

**FIELD TRAINING AND PROBATIONARY PERIOD:** All officers regardless of prior experience must complete an intensive twelve (12) week Field Training Program. After successful completion of Field Training, the officer will be on probation for the remainder of the year from start date. Either Field Training or probation can be extended upon review of command staff and approval of Chief of Police.



## **NORMANDY POLICE OFFICER (FULL-TIME AND RESERVE COMMISSIONED) ESSENTIAL DUTIES AND RESPONSIBILITIES DESCRIPTION**

### **Police Officer – Patrol Division**

1. Shall be constantly aware that his/her basic function is patrol of his assigned area, to accomplish the prevention and suppression of crime, to arrest law violators, the protection of life and property, and the preservation of the peace.
2. Shall confine his/her patrol within the limits of his assigned area, except in the arrest of a prisoner or other necessary absence, until the time fixed for the expiration of his tour of duty and he is properly relieved. He/she shall give assistance in the protection of persons and property near his beat if called upon, but shall return as soon as possible to his/her assigned area.
3. Shall constantly and systematically patrol his/her beat, except when on special assignment, and shall not lounge, loaf or gather with others at any place.
4. Shall report to the police station at the time appointed and attend roll call, being alert and attentive to the orders and instructions given and records all necessary and pertinent information disseminated.
5. Maintains equipment and uniforms in a neat and orderly fashion and is properly groomed in compliance with department policy.
6. Shall routinely check all public and licensed places within his area, enforcing the laws, ordinances and regulations concerning their operation.
7. Shall devote the maximum possible time to the performance of his basic duty of patrol, remaining in the police station only when necessary. Patrol shall include foot patrol, business visits and interaction with citizens of his/her assigned area.
8. Shall examine and inspect the vehicle at the beginning of his/her tour of duty ensuring all equipment is in proper working order. During the tour of duty he/she shall operate the vehicle and equipment in a safe and prudent manner, avoiding hazardous or careless situations.
9. Shall prepare police reports in a timely manner, in conformity with established procedures, on all matters that come to his attention which require such.
10. Shall provide service, assistance, and information to citizens when requested, as is possible and consistent with his duties.
11. Shall insure the civil treatment and the observance of rights of all persons that he/she has contact.
12. Shall be accountable for the immediate securing, receipting, and proper transporting of all evidence and property coming into his/her custody so that proper chain-of-custody is maintained.

13. Shall be alert in his/her efforts to discover and suppress violations of law and city ordinances.
14. Shall enforce equally all traffic laws and ordinances.
15. Shall, through systematic inspection, physically check the security of each business place in his/her assigned area after their normal business hours or when businesses are closed.
16. Shall familiarize himself/herself with conditions and persons within his/her area, reporting all potential trouble spots to his superiors and make recommendations for action or correction.
17. Responds to emergency radio calls and provide prompt assistance to all sick, injured or destitute persons.
18. Ensures fair treatment and the protection and rights of all people coming within the scope of their police authority.
19. Interrogates suspects, witnesses and drivers. Preserves evidence, arrests violators, investigates and renders assistance at scene of vehicular accidents. Summons ambulances and other law enforcement resources as needed. Takes measurements and draws diagrams of scene when required or directed to do so.
20. Conducts follow-up investigations of crimes committed during assigned shift. Seeks out and questions victim, witnesses and suspects. Develops leads and tips. Search crime scenes for clues. Analyzes and evaluates evidence and arrests offenders. Prepares cases for giving testimony and testifies in court proceedings. Forward all information on open cases to the Division of Criminal Investigation.
21. Assists other patrol officers with investigations or backup, as may be required.
22. Processes and transports prisoners.
23. Performs community oriented police functions, (i.e., Community Policing Initiative, does foot patrols in residential and business areas, identification of neighborhood problems, and coordinates police and community resources to solve problems).
24. Maintains normal availability by radio, or telephone.
25. Attends in service training as required and is mandated by Missouri Law.
26. Maintains substantive knowledge of pertinent City, State and Federal law and ordinances.
27. Maintains substantive knowledge and adheres to all department policies and procedures.
28. May be assigned as a Field Training Officer with responsibility for the training and evaluation of recruits assigned to them by using the Field Training Officer's Manual in fulfilling the training objectives.
29. Performs all other reasonably related duties as assigned by supervisors or instructed by written directive.



# **NORMANDY POLICE DEPARTMENT**

**NORMANDY POLICE DEPARTMENT  
COLONEL FRANK A. MININNI**

## **BENEFITS PACKAGE**

### **PAID LEAVE/VACATION**

- A. Twelve (12) months but less than five (5) years – 80 hours.**
- B. Five (5) years but less than ten years (10) years – 120 hours**
- C. Ten (10) years but less than fifteen (15) years – 160 hours**
- D. Fifteen (15) years but less than twenty (20) years – 184 hours**
- E. Twenty (20) years or more – 200 hours**

### **MEDICAL INSURANCE**

Normandy provides comprehensive individual medical insurance for full-time employees. Coverage for spouse and dependants is voluntary and available through payroll deduction.

### **LIFE INSURANCE**

Normandy provides life insurance benefits to each employee.

### **TRAINING RESOURCES**

Employees are given the opportunity to enhance skills through attending other training at the St. Louis County and Municipal Police Academy both as part of the POST mandated training hours and training required by job description, such as specialization or promotion.

### **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

Confidential, professional counseling and referral services are available and are included with our medical insurance plan.

### **OFFICER UNIFORMS AND EQUIPMENT**

Furnished by the Department with the exception of socks, t-shirts, and duty boots/shoes. Any secondary/off-duty firearms, if authorized and when utilized, must be provided by the officer.

## **PAID HOLIDAYS**

Ten paid holidays per year, and two personal holidays per year.

- 1 New Year's Day
- 2 Martin Luther King Birthday
- 3 Presidents' Day
- 4 Memorial Day
- 5 Independence Day
- 6 Labor Day
- 7 Veteran's Day
- 8 Thanksgiving Day
- 9 Day after Thanksgiving Day
- 10 Christmas Day

## **FLEXIBLE BENEFIT PLAN**

This plan enables employees to use before tax earning to pay for family health and dental insurance, unreimbursed medical expenses, and dependant care expenses.

## **SHORT AND LONG TERM DISABILITY INSURANCE**

Made available through AFLAC or Colonial Life.

## **RETIREMENT PLAN**

Normandy provides a non-contributory pension plan through L.A.G.E.R.S. Employees will have a vested interest after five (5) years of service.

## **DENTAL COVERAGE**

Fully covered for employee and dependants.

## **DEFERRED COMPENSATION PLAN**

Deferred Compensation is a voluntary, supplemental retirement program which offers tax advantages to employees. Participation in this program enables employees to defer up to an annual maximum amount according to IRS guidelines.

## **COMPENSATORY/EXCUSED TIME**

Officers are normally granted compensatory time in lieu of overtime at one and half times the hours worked. Overtime, although rarely granted, is also paid at one and half times the hourly pay scale of the officer.

Patrol operations work weeks are typically as follows:

First Week	Second Week
Monday- <b>on</b> duty	Monday- <b>off</b> duty
Tuesday- <b>on</b> duty	Tuesday- <b>off</b> duty
Wednesday- <b>off</b> duty	Wednesday- <b>on</b> duty
Thursday- <b>off</b> duty	Thursday- <b>on</b> duty
Friday- <b>on</b> duty	Friday- <b>off</b> duty
Saturday- <b>on</b> duty	Saturday- <b>off</b> duty
Sunday- <b>on</b> duty	Sunday- <b>off</b> duty

### **SECONDARY EMPLOYMENT**

Officers who successfully complete Field Training, and their Probationary Evaluation Period, may be eligible to work approved secondary employment for extra income. This eligibility is also based upon the recommendation and approval of the Platoon Commander (Lieutenant), Operations Commander (Captain) and ultimately, the Chief of Police.

### **SPECIALIZED DIVISIONS AND TRAINING**

Officers that show particular aptitude, maturity, trainability and years of service may have opportunities to enhance their law enforcement careers by being assigned to any of the following specialized divisions or training, provided there are openings and the officer receives the approval of any associated command staff:

Bureau of Investigations  
Traffic Enforcement Division  
School Resource Officer (SRO)  
DARE/GREAT Officer  
Special Response Team (SRT)  
Compliance Officer  
K-9 Officer  
Instructors in various disciplines (Firearms, ASP baton, TASER, OC, LIVESCAN, PPCT, MACTAC, ALICE, FTI, EVOC, Racial Profiling)  
Promotions are from within the department.



**NORMANDY POLICE DEPARTMENT  
COLONEL FRANK A. MININNI**

**CERTIFICATION OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION**

LAST NAME	FIRST NAME	MIDDLE NAME
SSN	DATE OF BIRTH	POSITION APPLYING FOR

I, \_\_\_\_\_ (print full name), hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material facts will cause forfeiture on my part of rights to initial employment or continued employment by the Normandy Police Department.

The intent of this authorization is to make available a full and complete disclosure of any and all information pertaining to my person; therefore, I do hereby authorize all present or past employers, all law enforcement agencies, all military agencies, the Veterans Administration, the U.S. Army, U.S. Air Force, U.S. Navy, U.S. Marine Corps, U.S. Coast Guard, all Federal, State or Local government agencies, State and Federal tax bureaus, credit bureaus, schools and universities to furnish the Normandy Police Department, with any and all available information regarding my past or present performance, conduct or behavior. I further authorize the release of any punitive or disciplinary action, or memorandum, to the Normandy Police Department in order that the information is evaluated to assist in the determination of my suitability for police work.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal and business life for the specific purpose of conducting a pre-employment background investigation.

I authorize the Normandy Police Department to make an inquiry and gather any documents of my present and past employers regarding my character, integrity, reputation, and performance.

I authorize the release of any and all of the above listed information regarding my person, employment, credit or any other aspect, whether personal or otherwise, that may or may not be in their written records.

I understand that all materials pertaining to this background investigation become the property of the Normandy Police Department and will not be made available or returned to me.

I agree to indemnify and hold harmless the person(s) to whom this request is presented, along with the company or organization therein from any and all claims, damages, losses and expenses, including reasonable attorney's fees arising out of complying with this request.

I understand that in the event my application is disapproved, the sources of information obtained are confidential and cannot be revealed to me.

A photo-static or Xerox copy of this authorization will be considered as effective and valid as the original, even though the copy does not contain an original writing of my signature.

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires \_\_\_\_\_, 20\_\_\_\_\_.

Notary: \_\_\_\_\_

\_\_\_\_\_  
Signature (Applicant)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

**APPLICANT PERSONAL HISTORY QUESTIONNAIRE**  
**PRE-EMPLOYMENT HISTORY FILE ACCESS RESTRICTED BY GENERAL ORDERS**

VERIFICATION OF INFORMATION

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment or training with the Normandy Police Department. An extensive background investigation will be conducted into your personal history. Normandy Police Officers are required to regularly have access to sensitive materials in the form of physical, written or other mediums, and officers are expected to have a security clearance to utilize or view those materials.

ANY FALSE, MISLEADING, OR INCOMPLETE INFORMATION SUBSTITUTED FOR ACCURATE INFORMATION WILL BE GROUNDS TO DISQUALIFY YOU FROM FURTHER CONSIDERATION IN THE APPLICATION PROCESS WITH THE NORMANDY POLICE DEPARTMENT. **SPECIFYING THAT YOU WILL DISCUSS THE INFORMATION IN PERSON IS UNACCEPTABLE. FULL DISCLOSURE IS MANDATORY.**

"I confirm that I have read and that I understand the above, and all statements and documents presented to the Normandy Police Department are true, correct, complete and made in good faith."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DIRECTIONS**

1. **BEFORE YOU BEGIN**, read the entire set of directions and listing of documents required for submission. An application checklist is provided on page **13** for your convenience. This is a competitive process, therefore, applications will not be accepted, processed, or evaluated unless complete. You should consider this questionnaire an assessment of your ability to follow directions, an absolute required trait for law enforcement officers.
2. **USE BLACK INK PEN ONLY**. Complete this form in **YOUR OWN** handwriting or printing. If you need any special accommodation in completing this questionnaire, contact the Normandy Police Department at (314) 385-3300.
3. Read each question carefully before answering. Be certain that your answers are legible. It is recommended that you provide answers in all **CAPITAL, BLOCKED** letters to facilitate the reviewers of your application.
4. Be certain that each question is answered **COMPLETELY AND CORRECTLY**. Submit all documents as requested. If a question does not apply to you, write "N/A" (not applicable) in the space. **LEAVE NO BLANK SPACES**.
5. Initial **EACH** page on the bottom right corner in the box provided.
6. Additional space is provided on pages **11** and **12** for answers which require clarification or further explanation. All entries on page **11** and **12** will begin with page, section number (Roman numerals I-XIII) and question (letter A-L) you are explaining or clarifying.
7. Pursuant to Public Law 93-579, the disclosure of your Social Security Number is completely voluntary. Your refusal to reveal it will in no way affect applications for any job or consideration provided by this Department. The Social Security Number assists the Department in differentiating between applicants with similar or identical names.
8. **UPON COMPLETION OF THE QUESTIONNAIRE, IT MUST BE ENCLOSED IN AN LEGAL SIZE ENVELOPE, SEALED WITH TAPE, AND THE SEAL INITIALED AT LEAST TWO TIMES FOR SECURITY REASONS. IF MAILED, IT MUST BE ADDRESSED TO THE CHIEF OF POLICE, CITY OF NORMANDY POLICE DEPARTMENT, 7700 NATURAL BRIDGE, NORMANDY MO. 63121 AND NOTED AS "CONFIDENTIAL".**
9. **IF DROPPED OFF IN PERSON, SPECIFY THAT IT BE GIVEN TO THE CHIEF OF POLICE OR HIS SWORN DESIGNEE. NOTE THE PERSON THAT ACCEPTED THE APPLICATION.**

**INITIALS:**

**I. PERSONAL DATA****CONFIDENTIAL**

FULL NAME		LAST	FIRST	MIDDLE	HOME/CELL PHONE		
ADDRESS		NUMBER	STREET	CITY	STATE	ZIPCODE	BUSINESS PHONE
PERMANENT ADDRESS		NUMBER	STREET	CITY	STATE	ZIPCODE	EMAIL
AGE	HEIGHT	WEIGHT	HAIR	EYES	DATE OF BIRTH	PLACE OF BIRTH	
SOCIAL SECURITY NUMBER			OPERATOR'S LICENSE NUMBER			STATE ISSUED	

A. LIST ANY OTHER NAMES YOU HAVE EVER USED

\_\_\_\_\_

B. ARE YOU A CITIZEN OF THE UNITED STATES?

 YES

 NO

C. WERE YOU NATURALIZED?

 YES

 NO

D. LIST FIRST YOUR PRESENT ADDRESS, THEN LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST TEN (10) YEARS, INCLUDING YOUR ADDRESS(ES) IN THE MILITARY SERVICE OR WHILE ATTENDING COLLEGE.

FROM	TO	STREET ADDRESS	CITY/COUNTY	STATE	ZIPCODE

E. HAVE YOU EVER APPLIED FOR A POSITION WITH THIS DEPARTMENT BEFORE?

 YES

 NO

IF "YES" DATE OF APPLICATION \_\_\_\_\_

F. HAVE YOU FILED AN EMPLOYMENT APPLICATION WITH ANY OTHER SOURCES WITHIN THE LAST YEAR? IF "YES" LIST BELOW.

 YES

 NO

IF YOU NEED MORE SPACE, USE PAGES 11 AND 12.

DATE	ORGANIZATION/FIRM NAME	ADDRESS/ZIP CODE	POSITION APPLIED FOR	DISPOSITION

G. ARE THERE ANY OF THE ABOVE LISTED EMPLOYMENT SOURCES THAT YOU WOULD NOT WANT US TO CONTACT FOR REFERENCE OR INFORMATION? IF SO, WHY NOT?

\_\_\_\_\_

\_\_\_\_\_

H. ARE YOU ACQUAINTED WITH ANY NORMANDY POLICE DEPARTMENT EMPLOYEES AND IF SO, HOW LONG?

 YES

 NO \_\_\_\_\_

BASED ON THE ESSENTIAL FUNCTIONS FOR WHICH YOU HAVE APPLIED, DESCRIBED IN THE WRITTEN JOB DESCRIPTION (THAT ACCOMPANIES THIS APPLICATION) ARE YOU ABLE TO PERFORM THESE FUNCTIONS?

 YES

 NO

INITIALS:

## II. REFERENCES

**CONFIDENTIAL**

<b>LIST THREE (3) CHARACTER REFERENCES OF WHICH ARE NEAR YOUR SAME AGE AND NOT RELATIVES, IN-LAWS OR PAST EMPLOYERS WHO HAVE KNOWN YOU WELL DURING THE PAST THREE (3) YEARS OR MORE:</b>			
NAME		PHONE NUMBER	YEARS ACQUAINTED
RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
BUSINESS NAME AND ADDRESS		OCCUPATION	
NAME		PHONE NUMBER	YEARS ACQUAINTED
RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
BUSINESS NAME AND ADDRESS		OCCUPATION	
NAME		PHONE NUMBER	YEARS ACQUAINTED
RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
BUSINESS NAME AND ADDRESS		OCCUPATION	

## III. ARREST HISTORY

<p><b>A. OTHER THAN TRAFFIC CITATIONS, HAVE YOU, AS AN ADULT OR JUVENILE, BEEN ARRESTED, CONVICTED, CHARGED, QUESTIONED, ACCUSED OR DETAINED FOR ANY REASON BY ANY POLICE, SECURITY OFFICER OR MILITARY POLICE AUTHORITY, EITHER IN THE UNITED STATES OF AMERICA OR IN ANY FOREIGN COUNTRY?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" DESCRIBE BELOW AND IN FULL DETAIL ON PAGES 11 AND 12.</p>				
DATE	CHARGE	DEPARTMENT/AGENCY	LOCATION (CITY, COUNTY, STATE, COUNTRY)	DISPOSITION
<p><b>B. WERE YOU EVER SERVED A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS OTHER THAN TRAFFIC?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.</p>				
<p><b>C. HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR FORMER OR CURRENT ADDRESSES FOR ANY REASON?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.</p>				
<p><b>D. HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED CRIME, INCLUDING THE BUYING OR SELLING OF ILLICIT DRUGS?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.</p>				
<p><b>E. ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW OR CURRENTLY BEING INVESTIGATED BY ANY LAW ENFORCEMENT AGENCY, WHETHER IT BE LOCAL, STATE, OR FEDERAL?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.</p>				
<p><b>F. DUE TO THE NATURE OF POLICE WORK, OFFICERS EMPLOYED WITH THIS DEPARTMENT SHALL NOT KNOWINGLY ASSOCIATE WITH ANY CONVICTED FELONS, OTHER THAN UNAVOIDABLE FAMILY OR DUE TO SPECIAL ASSIGNMENT. CAN YOU COMPLY WITH THIS REQUIREMENT AS A CONDITION OF EMPLOYMENT?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.</p>				

**INITIALS:**

**IV. EDUCATION AND SKILLS**

**CONFIDENTIAL**

**A. DO YOU HAVE (CHECK APPROPRIATE BOXES)**

- GED/HIGH SCHOOL DIPLOMA                       1-31 COLLEGE CREDIT HOURS                       32-63 COLLEGE CREDIT HOURS  
 64-119 COLLEGE CREDITS                       BACHELOR'S DEGREE                       POST GRADUATE DEGREE

**B. STARTING WITH THE MOST RECENT, LIST ALL ELEMENTARY, HIGH SCHOOL, COLLEGES, AND UNIVERSITIES YOU HAVE ATTENDED.**

MONTH AND YEAR ATTENDED FROM	MONTH AND YEAR ATTENDED TO	NAME AND LOCATION (STREET, CITY, STATE, ZIP)	# CREDITS COMPLETED	TYPE OF DEGREE	MAJOR	YEAR OF DEGREE

**C. STUDENT ASSOCIATIONS/ACTIVITIES**

\_\_\_\_\_

**D. HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO LEAVE ANY SCHOOL FOR DISCIPLINARY REASONS?**

- YES     NO                      IF "YES" EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

**E. HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION?**

- YES     NO                      IF "YES" EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

**F. ARE YOU A GRADUATE OF A CERTIFIED POLICE ACADEMY OR LAW ENFORCEMENT TRAINING PROGRAM WITH THE PREREQUISITE HOURS OF TRAINING NEEDED TO HOLD A "CLASS A" LICENSE IN THE STATE OF MISSOURI?**

- YES     NO                      IF "YES", PROVIDE ACADEMY NAME, DATES OF ATTENDANCE, LICENSE ISSUE DATE, CLASS RANKING, ANY DEMERITS OR COMMENDATIONS/AWARDS, AND PROJECTED GRADUATION DATE, IF APPLICABLE, ON PAGES 11 AND 12.

**G. INDICATE LANGUAGES YOU SPEAK, READ AND/OR WRITE OTHER THAN ENGLISH:**

	FLUENT	ABOVE AVERAGE	FAIR
SPEAK			
READ			
WRITE			

**H. SPECIAL SKILLS, QUALIFICATIONS AND AWARDS-SUMMARIZE SPECIAL SKILLS, QUALIFICATIONS AND ACCOMPLISHMENTS (INCLUDING CLERICAL SKILLS) THAT YOU WISH TO BE CONSIDERED:**

**INITIALS:**

## V. EMPLOYMENT HISTORY

### CONFIDENTIAL

A. START WITH YOUR PRESENT OR LAST JOB AND LIST ALL OF THE PLACES YOU HAVE WORKED FOR THE PAST TEN YEARS IN CHRONOLOGICAL ORDER. ALSO LIST ANY PERIODS OF UNEMPLOYMENT. LIST ANY ADDITIONAL EMPLOYERS ON PAGES 11 AND 12. IF YOU ARE PRESENTLY EMPLOYED MAY WE CONTACT YOUR PRESENT EMPLOYER?

YES  NO

IF "NO", DETAIL FULLY ON PAGES 11 AND 12.

1	EMPLOYER	ADDRESS		
CITY		STATE	ZIP CODE	PHONE NUMBER
DATES EMPLOYED: FROM: TO:		HOURLY OR ANNUAL SALARY: START: FINAL:		JOB TITLE:
WORK PERFORMED		SUPERVISOR	CO-WORKER	
REASON FOR LEAVING				
2	EMPLOYER	ADDRESS		
CITY		STATE	ZIP CODE	PHONE NUMBER
DATES EMPLOYED: FROM: TO:		HOURLY OR ANNUAL SALARY: START: FINAL:		JOB TITLE:
WORK PERFORMED		SUPERVISOR	CO-WORKER	
REASON FOR LEAVING				
3	EMPLOYER	ADDRESS		
CITY		STATE	ZIP CODE	PHONE NUMBER
DATES EMPLOYED: FROM: TO:		HOURLY OR ANNUAL SALARY: START: FINAL:		JOB TITLE:
WORK PERFORMED		SUPERVISOR	CO-WORKER	
REASON FOR LEAVING				
4	EMPLOYER	ADDRESS		
CITY		STATE	ZIP CODE	PHONE NUMBER
DATES EMPLOYED: FROM: TO:		HOURLY OR ANNUAL SALARY: START: FINAL:		JOB TITLE:
WORK PERFORMED		SUPERVISOR	CO-WORKER	
REASON FOR LEAVING				
B. HAVE YOU EVER BEEN DISMISSED, FIRED, ASKED TO RESIGN FROM ANY EMPLOYMENT, OR CURRENTLY UNDER ANY TYPE OF SUSPENSION OR DISCIPLINARY ACTION AFFECTING YOUR WORK AND/OR LICENSING STATUS?				
<input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES", EXPLAIN IN FULL DETAIL ON PAGES 11 OR 12		
C. HAVE YOU STOLEN OR RETAINED WITHOUT AUTHORIZATION ANY MONEY OR MERCHANDISE FROM ANY PLACE OF EMPLOYMENT? INCLUDE FINAL DISPOSITION OF ALL ITEMS (I.E., SOLD, RETAINED FOR PERSONAL USE, RETURNED, ETC)				
<input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES", EXPLAIN IN FULL DETAIL ON PAGES 11 OR 12		
D. HAVE YOU EVER BEEN UNEMPLOYED FOR A PERIOD OF TIME IN EXCESS OF SIX MONTHS?				
<input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES", EXPLAIN IN FULL DETAIL ON PAGES 11 OR 12		

INITIALS:



**VIII. FINANCIAL STATUS  
CONFIDENTIAL**

A. LIST THE SOURCES OF ALL INCOME AT THE PRESENT TIME		
TYPE OF INCOME	FIRM OR SOURCE NAME	MONTHLY AMOUNT
YOUR SALARY		
OTHER EMPLOYMENT		
DIVIDENDS/INTEREST		
MILITARY		
OTHER (SPECIFY)		
<b>TOTAL</b>		

B. IF YOUR SPOUSE IS EMPLOYED, PLEASE COMPLETE THE FOLLOWING:		
BUSINESS NAME	BUSINESS ADDRESS	ZIP CODE
TELEPHONE	JOB TITLE	MONTHLY AMOUNT

C. LIST ALL DEBTS AND OBLIGATIONS YOU NOW OWE, AND THE INDIVIDUALS OR FIRMS WITH WHOM YOU HAVE CREDIT DEALINGS. USE PAGES 11 AND 12 IF ADDITIONAL SPACE IS NEEDED.					
OBLIGATION	NAME, ADDRESS, ZIP CODE	ACCOUNT NUMBER	UNPAID BALANCE	MONTHLY PAYMENT	AMT PAST DUE
<input type="checkbox"/> MORTGAGE					
<input type="checkbox"/> RENT					
AUTO PAYMENT					
PERSONAL LOANS					
SCHOOL LOANS					
CREDIT CARDS					
CREDIT CARDS					
CREDIT CARDS					
OTHER (SPECIFY)					
OTHER (SPECIFY)					
<b>TOTALS</b>					

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES", WRITE DETAILS ON PAGES 11 AND 12. MARK "YES" IF THE QUESTION INVOLVES YOU, YOUR SPOUSE, OR ANY EX-SPOUSE.	
<b>D. HAVE YOU EVER BEEN DELINQUENT IN ANY OF YOUR FINANCIAL OBLIGATIONS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>J. HAVE YOU EVER FILED A LAWSUIT OR HAD A REPRESENTATIVE FILE A LAWSUIT ON YOUR BEHALF?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>E. HAVE YOU EVER BEEN REFUSED CREDIT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>F. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>K. HAS YOUR TAX RETURN EVER BEEN AUDITED BY THE IRS FOR ANY REASON OTHER THAN A RANDOM AUDIT?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>G. HAVE YOU EVER FILED BANKRUPTCY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>H. HAVE YOU EVER BEEN SUED IN COURT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>L. HAVE YOU EVER FAILED TO FILE OR BEEN DELINQUENT IN FILING YOUR TAX RETURN?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>I. HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES, INJURY, LIBEL, ETC. EITHER WITH OR WITHOUT COURT ACTION?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	

**INITIALS:**

**IX. NARCOTIC AND LIQUOR USE****CONFIDENTIAL**

A. WITHIN THE LAST SIX MONTHS, HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGES BECAUSE OF AN ADDICTION TO ALCOHOL?

YES  NO IF "YES" EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

B. WITHIN THE LAST SIX MONTHS, HAVE YOU EVER USED A CONTROLLED SUBSTANCE WITHOUT A PRESCRIPTION?

YES  NO IF "YES" EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

C. HAVE YOU EVER USED ANY OF THE FOLLOWING NARCOTICS: COCAINE (OR ANY OF ITS DERIVATIVES), HEROIN (OR ANY OF ITS DERIVATIVES) METHAMPHETAMINE, PCP, MARIJUANA, ECSTASY, OR ANY OTHER CONTROLLED SUBSTANCE (TO INCLUDE ANABOLIC STEROIDS) THAT IF IN YOUR POSSESSION, WOULD CONSTITUTE A CRIMINAL OFFENSE?

YES  NO IF "YES" EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

D. IF YOU HAVE USED MARIJUANA IN THE PAST, INDICATE HOW MANY TIMES, FREQUENCY OF USE, AND LAST TIME INGESTED?

HOW MANY TIMES USED? \_\_\_\_\_ FREQUENCY OF USE (DAILY, WEEKLY, ETC) \_\_\_\_\_ DATE LAST INGESTED \_\_\_\_\_

**X. MARITAL STATUS/FAMILY MEMBERS**

E. CHECK YOUR CURRENT MARITAL STATUS USE ADDITIONAL SPACES ON PAGES 11 AND 12 IF EXPLANATION IS NECESSARY

SINGLE  ENGAGED  MARRIED  SEPARATED  DIVORCED  WIDOWED

IF ENGAGED OR MARRIED, INDICATE THE FOLLOWING INFORMATION RELATIVE TO FIANCE(E) OR SPOUSE:

NAME (INCLUDING MAIDEN NAME)		DATE OF BIRTH	ADDRESS		
CITY	STATE	ZIP CODE	PHONE NUMBER	ANTICIPATED DATE OF MARRIAGE	

IF SEPARATED OR DIVORCED, INDICATE THE FOLLOWING INFORMATION RELATIVE TO EX-SPOUSE:

NAME (INCLUDING MAIDEN NAME)		DATE OF BIRTH	ADDRESS		
CITY	STATE	ZIP CODE	PHONE NUMBER	DATE OF SEPARATION/DIVORCE CAUSE #	

IF SPOUSE IS DECEASED, INDICATE THE FOLLOWING INFORMATION:

NAME (INCLUDING MAIDEN NAME) \_\_\_\_\_ DATE DECEASED \_\_\_\_\_

B. LIST ALL CHILDREN AND/OR DEPENDANTS, USE ADDITIONAL SPACES ON PAGES 11 AND 12 IF NECESSARY.

NAME	DATE OF BIRTH	PLACE OF BIRTH	RELATIONSHIP	ADDRESS	WITH WHOM RESIDING	PERCENT SUPPORT PROVIDED

C. DO YOU NOW SUPPORT ALL CHILDREN BORN TO YOU?

YES  NO IF "NO", EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. ARE YOU ABLE TO MEET THIS DEPARTMENT'S SCHEDULING REQUIREMENTS, REGARDLESS OF ASSIGNMENT, WITHOUT INCURRING EXCESSIVE ABSENCES?

YES  NO

**INITIALS:**

**X. MARITAL STATUS/FAMILY MEMBERS (CONT)****CONFIDENTIAL****E. ARE YOU PRESENTLY LIVING WITH ANYONE ELSE (FRIEND OR RELATIVE)?**
 YES     NO    IF "YES", EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.
**F. HAVE YOU HAD ANY SERIOUS PROBLEMS WITH YOUR RELATIVES OR IN-LAWS?**
 YES     NO    IF "YES", EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.
**G. LIST FULL NAME(S) OF YOUR IMMEDIATE FAMILY, SUCH AS FATHER, MOTHER (MAIDEN NAME), BROTHERS AND SISTERS**

NAME	DATE OF BIRTH	RELATIONSHIP	ADDRESS	ZIP CODE	PHONE NUMBER	OCCUPATION

**XI. USE OF FORCE****A. IF NECESSITY AROSE FOR YOU TO USE LESS LETHAL OR LETHAL FORCE AGAINST A PERSON IN THE COURSE OF YOUR DUTIES AS AN OFFICER, WOULD YOU HAVE ANY RELUCTANCE TO DO SO?**
 YES     NO    IF "YES", EXPLAIN IN FULL DETAIL: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
**B. HAVE YOU EVER USED A WEAPON OR PHYSICAL FORCE TO DEFEND YOURSELF OR OTHERS?**
 YES     NO    IF "YES", EXPLAIN IN FULL DETAIL: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
**C. AS THE NEED TO DO SO MAY ARISE AT ANY TIME, ARE YOU PHYSICALLY CAPABLE OF MAKING A FORCEFUL ARREST REQUIRING PHYSICAL STRENGTH AND EXERTION?**
 YES     NO
**XII. NARRATIVE****A. IN THE SPACE PROVIDED, EXPLAIN WHY YOU WISH TO BE A POLICE OFFICER WITH THE CITY OF NORMANDY?**


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**XIII. SOCIAL NETWORKING/MEDIA****A. DO YOU HAVE ANY OF THE FOLLOWING SOCIAL NETWORKING/MEDIA RESOURCES? FACEBOOK, MYSPACE, YOUTUBE ACCOUNT, TWITTER, OR ANY OTHER SOCIAL MEDIA RESOURCE?**
 YES     NO    IF "YES", LIST TYPES ON PAGES 11 AND 12.
**B. IS THERE ANYTHING ON YOUR SOCIAL MEDIA THAT WOULD BE POTENTIALLY EMBARRASSING TO YOU, ANY POLICE DEPARTMENT, THE LAW ENFORCEMENT FIELD AS A WHOLE OR COULD BE A VIOLATION OF OPERATIONAL SECURITY?**
 YES     NO    IF "YES", LIST TYPES ON PAGES 11 AND 12.

INITIALS:

### XIV. DRIVING HISTORY

**CONFIDENTIAL**

**A. LIST ALL DRIVER'S OR CHAUFFER'S LICENSES YOU NOW HOLD, HAVE PREVIOUSLY HELD, EITHER IN MISSOURI OR ANY OTHER STATE OR COUNTRY**

STATE/COUNTRY	TYPE OF LICENSE	LICENSE NUMBER	EXPIRATION DATE

**B. HAVE ANY OF THE ABOVE LICENSES EVER BEEN SUSPENDED OR REVOKED?**

YES  NO

IF "YES", EXPLAIN:

**C. LIST ALL DRIVING CITATIONS/TICKETS OR SUMMONSES YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, BEGINNING WITH THE MOST RECENT, IF YOU CANNOT REMEMBER EXACT DATES OR LOCATIONS, GIVE APPROXIMATE DATES AND LOCATIONS.**

MONTH/YEAR	CHARGE	CITY/STATE	ISSUING AGENCY/DEPARTMENT	DISPOSITION

**D. LIST ALL VEHICLES WHICH YOU OWN, LEASE OR HAVE FOR YOUR PERSONAL USE (INCLUDE MOTORCYCLES)**

YEAR	MAKE	MODEL	LICENSE NUMBER	STATE

**E. HOW MANY TRAFFIC ACCIDENTS, INCLUDING ON DUTY ACCIDENTS, THAT YOU HAVE BEEN INVOLVED IN DURING THE PAST FIVE YEARS. EXPLAIN CIRCUMSTANCES OF EACH, IF ANY, ON PAGES 11 AND 12.**

**F. LIST ALL INFORMATION RELATIVE TO YOUR CURRENT AUTOMOBILE INSURANCE:**

NAME OF COMPANY	ADDRESS	CITY	STATE	ZIP CODE

PHONE NUMBER	NAME OF AGENT	POLICY NUMBER	EXPIRATION DATE

**G. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE OR HAD INSURANCE CANCELLED?**

YES  NO

IF "YES" INDICATE THE FOLLOWING INFORMATION RELATIVE TO YOUR PREVIOUS INSURANCE COMPANY

NAME OF COMPANY	ADDRESS	ZIP CODE	PHONE NUMBER	DATE DISCONTINUED

### XV. TATTOO POLICY

**A. THE CITY OF NORMANDY POLICE DEPARTMENT HAS A "NO VISIBLE" TATTOO POLICY. CAN YOU COMPLY WITH THIS, EVEN IF IT MEANS WEARING LONG SLEEVE SHIRTS DURING TEMPERATE TIMES OF THE YEAR?**

YES  NO

**INITIALS:**







## POLICE APPLICANT RECORD SEARCH

(THIS SECTION TO BE COMPLETED BY APPLICANT)

PLEASE PRINT

<b>NAME</b>		<b>SEX</b>		<b>DATE</b>	
<b>OTHER NAMES USED I.E. MAIDEN, ALIAS, ETC.</b>					
<b>ADDRESS</b>					
<b>CITY</b>		<b>STATE</b>		<b>ZIP CODE</b>	
<b>DATE OF BIRTH</b>		<b>PLACE OF BIRTH</b>			
<b>SOCIAL SECURITY NUMBER</b>					
<b>LICENSE PLATE NUMBER</b>		<b>STATE/YEAR</b>			
<b>DRIVER'S LICENSE NUMBER/ STATE ISSUED</b>					

(THIS SECTION TO BE COMPLETED BY NORMANDY POLICE DEPARTMENT)CHECKLIST

<input type="checkbox"/> <b>MOI</b>	<input type="checkbox"/> <b>MULES RECORD</b>
<input type="checkbox"/> <b>ALERT</b>	<input type="checkbox"/> <b>NCIC RECORD</b>
<input type="checkbox"/> <b>HISTORY</b>	<input type="checkbox"/> <b>DOR (TO INCLUDE INVESTIGATIONS)</b>
<input type="checkbox"/> <b>CORRECTIONS</b>	<input type="checkbox"/> <b>SIL (COUNTY)</b>
<input type="checkbox"/> <b>SUMMONS</b>	<input type="checkbox"/> <b>LICENSE PLATE</b>
<input type="checkbox"/> <b>GANG MEMBER/ASSOCIATIONS</b>	<input type="checkbox"/> <b>LMU STARS</b>
<input type="checkbox"/> <b>EMPLOYMENT SECURITY</b>	<input type="checkbox"/> <b>OTHER ( LEXIS NEXUS)</b>
<input type="checkbox"/> <b>INTERNET SEARCHES</b>	<input type="checkbox"/> <b>SOCIAL MEDIA</b>
<input type="checkbox"/> <b>CASENET</b>	<input type="checkbox"/> <b>CRIME MATRIX</b>
<input type="checkbox"/> <b>CARE</b>	<input type="checkbox"/> <b>TAX DATABASES</b>

<b>BACKGROUND INVESTIGATOR</b>		<b>DSN</b>		<b>DATE</b>	
<b>BACKGROUND INVESTIGATOR</b>		<b>DSN</b>		<b>DATE</b>	

**INITIALS:**