

NAME \_\_\_\_\_  
(TYPE OR PRINT FULL NAME HERE)

PRINCETON POLICE DEPARTMENT  
POLICE CHIEF  
EMPLOYMENT APPLICATION &  
BACKGROUND QUESTIONNAIRE

**FOLLOW DIRECTIONS**  
**CAREFULLY**

- 1) USE BLACK INK TO COMPLETE THE QUESTIONNAIRE.
- 2) COMPLETE IN YOUR OWN HANDWRITING OR PRINTING.
- 3) WRITE OR PRINT LEGIBLY.
- 4) READ EACH QUESTION CAREFULLY.
- 5) ANSWER EACH QUESTION COMPLETELY AND ACCURATELY.
- 6) ANSWER ALL QUESTIONS.
- 7) IF A QUESTION DOES NOT APPLY WRITE N/A IN THE SPACE PROVIDED.
- 8) IF YOU NEED ADDITIONAL SPACE USE THE BACK OF THE PAGE.
- 9) SIGN THE QUESTIONNAIRE AND HAVE IT NOTARIZED. THE PRINCETON POLICE DEPARTMENT WILL NOT NOTARIZE IT FOR YOU.
- 10) WHEN COMPLETE, RETURN TO:

PRINCETON POLICE CHIEF SEARCH  
c/o: MAYOR  
P.O. BOX 307  
311 THIRD STREET  
PRINCETON, IOWA 52768

**NOTE**

FAILURE TO FOLLOW INSTRUCTIONS OR TO PROVIDE COMPLETE INFORMATION WILL DELAY THE BACKGROUND INVESTIGATION PROCESS OR ELIMINATE YOU FROM FURTHER PROCESSING. ANY INCOMPLETE PACKET MAY BE REJECTED.

\*INCLUDE COMPLETE ADDRESS: ZIP CODES, STREET ADDRESS, CITY, AND STATE.

\*INCLUDE COMPLETE TELEPHONE NUMBERS: AREA CODE AND NUMBER.







## 2. EMPLOYMENT HISTORY

LIST ALL PLACES OF EMPLOYMENT AND PERIODS OF UNEMPLOYMENT IN THE PAST (10) TEN YEARS. BEGINNING WITH THE PRESENT OR MOST RECENT EMPLOYER AND GOING BACKWARDS. LIST EVERYTHING IN PROPER SEQUENCE, **OMIT NONE!** (USE FOLLOWING PAGE IF NECESSARY)

MONTH AND YEAR

FROM: \_\_\_\_\_ NAME OF EMPLOYER SUPERVISOR

TO: \_\_\_\_\_

EMPLOYER ADDRESS CITY STATE ZIP PHONE

SALARY:

START: \_\_\_\_\_

YOUR JOB TITLE -- DESCRIBE YOUR DUTIES

END: \_\_\_\_\_

DETAILED REASON FOR LEAVING

MONTH AND YEAR

FROM: \_\_\_\_\_ NAME OF EMPLOYER SUPERVISOR

TO: \_\_\_\_\_

EMPLOYER ADDRESS CITY STATE ZIP PHONE

SALARY:

START: \_\_\_\_\_

YOUR JOB TITLE -- DESCRIBE YOUR DUTIES

END: \_\_\_\_\_

DETAILED REASON FOR LEAVING

MONTH AND YEAR

FROM: \_\_\_\_\_ NAME OF EMPLOYER SUPERVISOR

TO: \_\_\_\_\_

EMPLOYER ADDRESS CITY STATE ZIP PHONE

SALARY:

START: \_\_\_\_\_

YOUR JOB TITLE -- DESCRIBE YOUR DUTIES

END: \_\_\_\_\_

DETAILED REASON FOR LEAVING

MONTH AND YEAR

FROM: \_\_\_\_\_ NAME OF EMPLOYER SUPERVISOR

TO: \_\_\_\_\_

EMPLOYER ADDRESS CITY STATE ZIP PHONE

SALARY:

START: \_\_\_\_\_

YOUR JOB TITLE -- DESCRIBE YOUR DUTIES

END: \_\_\_\_\_

DETAILED REASON FOR LEAVING

MONTH AND YEAR

FROM: \_\_\_\_\_  
TO: \_\_\_\_\_

SALARY:

START: \_\_\_\_\_  
END: \_\_\_\_\_

NAME OF EMPLOYER

SUPERVISOR

EMPLOYER ADDRESS

CITY

STATE

ZIP

PHONE

YOUR JOB TITLE – DESCRIBE YOUR DUTIES

DETAILED REASON FOR LEAVING

MONTH AND YEAR

FROM: \_\_\_\_\_  
TO: \_\_\_\_\_

SALARY:

START: \_\_\_\_\_  
END: \_\_\_\_\_

NAME OF EMPLOYER

SUPERVISOR

EMPLOYER ADDRESS

CITY

STATE

ZIP

PHONE

YOUR JOB TITLE – DESCRIBE YOUR DUTIES

DETAILED REASON FOR LEAVING

MONTH AND YEAR

FROM: \_\_\_\_\_  
TO: \_\_\_\_\_

SALARY:

START: \_\_\_\_\_  
END: \_\_\_\_\_

NAME OF EMPLOYER

SUPERVISOR

EMPLOYER ADDRESS

CITY

STATE

ZIP

PHONE

YOUR JOB TITLE – DESCRIBE YOUR DUTIES

DETAILED REASON FOR LEAVING

MONTH AND YEAR

FROM: \_\_\_\_\_  
TO: \_\_\_\_\_

SALARY:

START: \_\_\_\_\_  
END: \_\_\_\_\_

NAME OF EMPLOYER

SUPERVISOR

EMPLOYER ADDRESS

CITY

STATE

ZIP

PHONE

YOUR JOB TITLE – DESCRIBE YOUR DUTIES

DETAILED REASON FOR LEAVING

**3. PERSONAL REFERENCES**

- A) LIST THREE (3) REFERENCES (NOT RELATIVES OR FORMER EMPLOYERS) WHO ARE RESPONSIBLE ADULTS, AND WHO HAVE KNOWN YOU WELL DURING THE PAST FIVE (5) YEARS. **LIST PHONE NUMBERS WITH AREA CODES.**

NAME STREET CITY STATE ZIP HOME PHONE

HOW LONG KNOWN? OCCUPATION & BUSINESS ADDRESS WORK PHONE

NAME STREET CITY STATE ZIP HOME PHONE

HOW LONG KNOWN? OCCUPATION & BUSINESS ADDRESS WORK PHONE

NAME STREET CITY STATE ZIP HOME PHONE

HOW LONG KNOWN? OCCUPATION & BUSINESS ADDRESS WORK PHONE

B) LIST NAMES OF ANY ACQUAINTANCES EMPLOYED BY THIS DEPARTMENT:

C) HAVE YOU EVER APPLIED TO, OR BEEN EMPLOYED BY THE CITY OF PRINCETON IN ANY CAPACITY AS A PAID EMPLOYEE OR VOLUNTEER? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHEN / POSITION: \_\_\_\_\_

D) PLEASE DOCUMENT YOUR IOWA LAW ENFORCEMENT ACADEMY CERTIFICATION TRAINING?

WHEN WHERE (ATTACH CERTIFICATION)

**4. EDUCATION AND ADDITIONAL TRAINING**

A) LIST ALL SCHOOLS (SECONDARY, COLLEGES, UNIVERSITIES, AND GRADUATE SCHOOLS) YOU HAVE ATTENDED. LIST GED, IF APPLICABLE:

DATE GRADUATED SCHOOL NAME ADDRESS DIPLOMA RECEIVED

B) LIST ANY SKILLS OR ABILITIES POSSESSED (INCLUDING FOREIGN LANGUAGES):

**5. MILITARY STATUS**

A) HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, R.O.T.C., OR ANY MILITARY RESERVE UNIT? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, EXPLAIN:

ENTRY DATE RANK / BRANCH / ORGANIZATION HONORABLE DISCHARGE? DATE

B) ARE YOU REGISTERED WITH THE SELECTIVE SERVICE? YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

LOCAL BOARD# ADDRESS DRAFT CLASS DATE CLASSIFIED

**6. CONVICTION HISTORY**

A) HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE OR VIOLATION OF ANY STATUTE, ORDINANCE, LAW, OR REGULATION BY ANY CIVIL OR MILITARY AUTHORITY (INCLUDING TRAFFIC AND PARKING CITATIONS SINCE YOU BEGAN DRIVING) IN THIS COUNTRY OR ANY OTHER COUNTRY? (INCLUDES CONVICTIONS OR ADJUDICATIONS AS A JUVENILE.) YES \_\_\_ NO \_\_\_ IF YES, DESCRIBE BELOW.

**CRIMINAL CONVICTIONS\*:**

DATE	LOCATION	ARRESTING AGENCY	ORIGINAL CHARGE	REDUCED TO	DISPOSITION/COURT ACTION

\* Whether a conviction will disqualify an applicant depends upon on the nature of the offense and length of time since the conviction and sentence.

**TRAFFIC CITATIONS:**

DATE	LOCATION	ISSUING AGENCY	CHARGE	CHARGED REDUCED	DISPOSITION	ACCIDENT REALATED Y/N

**7. DRIVING HISTORY**

A) HAVE YOU EVER OPERATED A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL? YES \_\_\_ NO \_\_\_

B) LIST ALL DRIVERS OR CHAUFFERS LICENSES YOU CURRENTLY HOLD:

STATE \_\_\_\_\_ LICENSE NUMBER & TYPE \_\_\_\_\_

C) HAVE YOU EVER BEEN LICENSED TO DRIVE IN ANOTHER STATE? YES \_\_\_ NO \_\_\_ IF YES, LIST BELOW:

STATE \_\_\_\_\_ LICENSE NUMBER & TYPE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

D) HAVE YOU EVER HAD YOUR LICENSE REVOKED OR SUSPENDED? YES \_\_\_ NO \_\_\_ IF YES, LIST BELOW:

STATE \_\_\_\_\_ LICENSE NUMBER & TYPE \_\_\_\_\_ REASON FOR SUSPENSION/REVOCATION \_\_\_\_\_

E) HAVE YOU EVER ATTENDED A DRIVER IMPROVEMENT SCHOOL AS A RESULT OF A TRAFFIC CITATION, OR TO DISMISS THE FILING OF A TRAFFIC CITATION? YES \_\_\_ NO \_\_\_ IF YES, LIST BELOW:

DATE \_\_\_\_\_ LOCATION / JURISDICTION \_\_\_\_\_ WHAT WAS CITATION FOR? \_\_\_\_\_



**8. NARCOTICS & DRUG USE**

USE REVERSE SIDE IF MORE SPACE IS NEEDED TO EXPLAIN "YES" ANSWERS. INCLUDE NUMBER OF TIMES AND DATES DRUG(S) WERE USED.

1) HAVE YOU EVER TRIED OR USED AN ILLEGAL NARCOTIC OR DANGEROUS DRUG, EITHER IN PILL FORM, INJECTION OR ANY OTHER MANNER OF INGESTION? YES: \_\_\_\_ NO: \_\_\_\_ (IF YES, LIST BELOW)

TYPE OF DRUG	MONTH AND YEAR YOU FIRST TRIED	MONTH AND YEAR YOU LAST TRIED	MAXIMUM TIMES TRIED	MAXIMUM TIMES TRIED AFTER AGE 21
MARIJUANA				
HASH				
COCAINE				
CRACK				
SPEED				
HEROIN				
OPIUM				
MORPHINE				
LSD				
ACID				
PEYOTE				
MESCALINE				
STEROIDS				

	TYPE OF DRUG	DATE YOU FIRST TRIED	DATE YOU LAST TRIED	MAXIMUM TIMES TRIED AFTER AGE 21
<b>ANY OTHER ILLEGAL DRUGS?</b>				
<b>ANY PRESCRIPTION DRUGS NOT PRESCRIBED FOR YOUR USE?</b>				
<b>OBTAINED ANY PRESCRIPTION DRUG IN AN ILLEGAL MANNER?</b>				

2) HAVE YOU EVER GIVEN OR SOLD PRESCRIPTION DRUGS, MARIJUANA OR ANY OTHER ILLEGAL NARCOTICS OR DANGEROUS DRUGS? YES \_\_\_ NO \_\_\_ IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. MISCELLANEOUS**

(USE PAGE NEXT PAGE FOR EXPLANATIONS)

- A) HAVE YOU EVER BEEN PARTY TO A SMALL CLAIMS OR OTHER COURT ACTION? YES ( ) NO ( )
- B) HAVE YOU EVER BEEN INVOLVED IN ANY CIVIL COURT ACTION? YES ( ) NO ( )
- C) HAVE YOU EVER HAD A JUDGMENT RENDERED AGAINST YOU? YES ( ) NO ( )
- D) HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED? YES ( ) NO ( )
- E) HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? YES ( ) NO ( )
- F) HAVE THE POLICE EVER BEEN CALLED TO YOUR RESIDENCE FOR ANY REASON OTHER THAN AS A VICTIM? YES ( ) NO ( )
- G) HAVE YOU EVER BEEN SUED OR SUMMONED INTO COURT? YES ( ) NO ( )
- J) HAVE ANY RELATIVES OF YOURS EVER BEEN CONVICTED OF ANY CRIME OR IMPRISONED? YES ( ) NO ( )
- K) DO YOU NOW OR HAVE YOU EVER HAD ANY GAMBLING DEBT? YES ( ) NO ( )
- L) HAVE YOU EVER USED AN EMPLOYER'S MONEY TO GAMBLE WITH? YES ( ) NO ( )
- M) HAVE YOU EVER WORKED FOR AN ILLEGAL GAMBLING OPERATION, OR BOOKED ANY ILLEGAL BETS? YES ( ) NO ( )
- N) HAVE YOU EVER HAD AN F.B.I. FINGERPRINT CHECK DONE FOR ANY REASON? YES ( ) NO ( )
- O) IN ANY EMPLOYMENT SETTING, INCLUDING MILITARY SERVICE, HAVE YOU RECEIVED ANY VERBAL OR WRITTEN REPRIMANDS OR SUSPENSIONS FOR VIOLATIONS OF COMPANY POLICY? YES ( ) NO ( )
- P) WOULD YOU HAVE ANY DIFFICULTY IN WORKING OR DEALING WITH MEMBERS OF THE OPPOSITE SEX, DIFFERENT SEXUAL ORIENTATION, RACE, RELIGION, OR NATIONALITY? YES ( ) NO ( )
- Q) IN ANY JOB THAT YOU'VE HELD, HAVE BEEN INVOLVED IN ANY PHYSICAL OR MAJOR VERBAL CONFRONTATIONS? YES ( ) NO ( )
- R) WOULD YOU HAVE DIFFICULTY FOLLOWING DIRECT ORDERS, EVEN THOUGH YOU MAY NOT AGREE WITH THEM? YES ( ) NO ( )
- S) IN ANY PREVIOUS EMPLOYMENT SETTING WERE YOU EVER EXPOSED TO ANY HIGH STRESS OR AN EXTREME EMERGENCY SITUATION? YES ( ) NO ( )
- T) HAVE YOU EVER LEFT A PLACE OF EMPLOYMENT WITHOUT GIVING 2 WEEKS NOTICE? YES ( ) NO ( )
- U) HAVE YOU EVER COMMITTED ANY CRIMINAL VIOLATION THAT HAS GONE UNDETECTED? YES ( ) NO ( )
- V) HAVE YOU EVER OPERATED A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, TO THE POINT THAT YOU KNEW YOU SHOULD NOT HAVE BEEN DRIVING? YES ( ) NO ( )



**CERTIFICATION:** I CERTIFY THAT ALL STATEMENTS MADE IN CONNECTION WITH THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE CITY OF PRINCETON AND OR ITS AGENT(S) TO OBTAIN ALL NECESSARY INFORMATION AND RECORDS CONCERNING THIS APPLICATION. I UNDERSTAND THAT INCOMPLETE, FALSE, MISLEADING (INTENTIONALLY OR OTHERWISE) OR INACCURATE INFORMATION MAY RESULT IN THE REJECTION OF THIS APPLICATION OR MY FUTURE DISMISSAL, IF EMPLOYED.

**DATE** \_\_\_\_\_ **SIGNATURE OF APPLICANT** \_\_\_\_\_



