



Greene County Sheriff's Office
 Professional Standards Section
 5100 W. Division Street * Springfield, MO 65802
 Phone: (417) 868-4041 * Fax: (417) 829-6662



Background Questionnaire

Applicant: _____

Instructions: All information must be printed legibly using black ink. You, the applicant must complete the questionnaire; no one else may complete the questionnaire for you. All questions must be answered. If a question does not pertain to you write "N/A" in the space provided. Attach additional pages to the document if additional space is necessary to complete your answers. **All responses in this questionnaire are subject to Polygraph Examination. While a positive response to certain questions does not automatically disqualify an applicant, lying on any response does. Also, any deliberate omission will automatically disqualify the applicant.**

In addition to the Background Questionnaire, you will need to turn in the following documents. Place your initials by the document if it is attached. If it does not apply, mark "N/A" in the blank. If you are unable to include a document, give a brief, but thorough explanation. If you have ordered the necessary documents, indicate the date ordered in the space provided.

If you have any questions feel free to contact the Professional Standards Section. Failure to return this questionnaire will be cause for automatic disqualification. This questionnaire and any attachments become the property of the Greene County Sheriff's Office.

- _____ Photocopy of High School Diploma or GED certificate
- _____ Photocopy of valid driver's license, front and back
- _____ Photocopy of Social Security Card, front and back
- _____ Photocopy of marriage certificates (if applicable)
- _____ Photocopy of dissolution of marriage certificates (if applicable)
- _____ Photocopy of Military Form DD-214, Member 4, Long Form (if applicable)
- _____ **Original Birth Certificate with state seal.** Photocopy is not acceptable. Birth certificates may be obtained from the state bureau of vital statistics of the birth state.
- _____ Copies of any licenses or certificates of any training or specialization that you wish to have considered
- _____ Copy of Missouri Police Officer Standards and Training license (POST) if applicable

NOTE: Although we have requested only photocopies of documents in some instances, you must have the original documents available for the background investigator's inspection at a later date. Failure to provide an original document when requested will disqualify you from further consideration of employment, if such consideration has been made.

Send any attachments not included with the Background Questionnaire to the following address:

Greene County Sheriff's Office * Professional Standards Section * 5100 W. Division Street, Springfield, MO 65802



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GENERAL INFORMATION:

1. Full Name (first, middle, last): _____

2. List ALL other names you have used or by which you have been known, officially or unofficially, including nicknames, monikers, former names, maiden names, abbreviations:

3. Date of Birth: _____

4. Social Security Number: _____

5. Driver's License Number: _____ State: _____

6. Are you a United States Citizen? Yes No

7. List All Current Telephone Numbers and Email Addresses:

Home: _____ Work: _____

Cell: _____ Email: _____

8. Current Home Address:

Street Address: _____

City: _____ State: _____ Zip: _____

9. Vehicle Information (include all vehicles registered to you):

Make: _____ Model: _____ Year: _____ Color: _____

VIN: _____ License Plate: _____ State: _____

Make: _____ Model: _____ Year: _____ Color: _____

VIN: _____ License Plate: _____ State: _____

10. Place of Birth:

Hospital: _____

Address: _____

City: _____ State: _____ Zip: _____



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GENERAL INFORMATION Continued:

11. Father's Full Name and Address:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____ Email: _____

12. Mother's Full Name and Address:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____ Email: _____

13. List All Siblings:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____ Email: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____ Email: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____ Email: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____ Email: _____



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GENERAL INFORMATION Continued:

14. List ALL persons with which you have had a significant relationship with (if different from your spouse) in the last five years. This includes but is not limited to past or current fiancés, relationships that produced a child, or relationships where you cohabitated. Attach a separate sheet if additional space is needed:

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

List Names, Ages and Addresses of Children:

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

List Names, Ages and Addresses of Children:

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

List Names, Ages and Addresses of Children:

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____



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GENERAL INFORMATION Continued:

15. Spouse's Full Name and Place of Employment (if applicable):

Name: _____ Date of Birth: _____
 Place of Employment: _____
 Work Schedule: _____
 Work Phone: _____ Cell: _____ Email: _____

16. Spouse's Maiden Name and all other names that your spouse has been known by (if applicable):

17. Date of Marriage: _____

18. City and State of Marriage: _____

19. List all Former Marriages (attach a separate sheet if additional space is needed):

Ex-Spouse's Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____ Email: _____
 Date of Marriage: _____ Date of Divorce: _____
 Reason for Divorce: _____

List Names, Ages, and Addresses of All Children from this Marriage:

Name: _____ Age: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Name: _____ Age: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Ex-Spouse's Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____ Email: _____
 Date of Marriage: _____ Date of Divorce: _____
 Reason for Divorce: _____



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GENERAL INFORMATION Continued:

List Names, Ages, and Addresses of All Children from this Marriage:

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

20. Has an Ex Parte or Other Type of Restraining Order Ever Been Placed Against You?

Yes No *If "Yes" explain:*

21. Do you have any tattoos? Yes No *If "Yes" describe and list locations:*

22. List all clubs, group associations, or organizations that you belong or have had an affiliation with. Exclude those that would indicate race, religion, color, sex or national origin.

23. List all Usernames for social media accounts (Facebook, Twitter, Pinterest, Instagram, Etc.):

24. Do you reside with anyone who has been convicted of a felony? Yes No

If "Yes" please provide the following information of the individual:

Name: _____ Age: _____

Relationship: _____

Phone: _____ Cell: _____ Email: _____

From Date: _____ To Date: _____

25. Do you possess a GED, High School Diploma, or College Degree? (Check all that apply)

Received G.E.D. or High School Diploma from: _____

Received College Degree From: _____



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GENERAL INFORMATION Continued:

26. List ALL High Schools that you have attended (attach a separate sheet if additional space is needed):

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 From Date: _____ To Date: _____
 Phone: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 From Date: _____ To Date: _____
 Phone: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 From Date: _____ To Date: _____
 Phone: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 From Date: _____ To Date: _____
 Phone: _____

27. List All Colleges or Universities that you have attended (attach a separate sheet if additional space is needed):

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 From Date: _____ To Date: _____
 Phone: _____



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GENERAL INFORMATION Continued:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 From Date: _____ To Date: _____
 Phone: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 From Date: _____ To Date: _____
 Phone: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 From Date: _____ To Date: _____
 Phone: _____

28. Give a brief explanation of any academic or disciplinary problems in which you were involved while in High School or College (including academic suspension):

SKILLS AND TRAINING:

29. List any special skills or training that you have received or are licensed for:

30. List all foreign or sign languages in which you are fluent:



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EMPLOYMENT HISTORY:

Important Notice: You **must** list every job you have held in the past 10 years, regardless of whether you feel they are relevant to the position for which you are applying. Failure to do so will result in automatic disqualifications. Failure to complete all required information, Names, Addresses, Dates, Phone Numbers, Etc. may limit our ability to assess your suitability for hire, and eliminate you from further consideration.

31. Have you ever stolen any money or merchandise from employment: Yes No

32. List all Dates of unemployment in the past 10 years. Include the length of unemployment and efforts to seek employment.

Unemployment from Date: _____ To Date: _____

Efforts seeking employment: _____

Unemployment from Date: _____ To Date: _____

Efforts seeking employment: _____

Unemployment from Date: _____ To Date: _____

Efforts seeking employment: _____

Unemployment from Date: _____ To Date: _____

Efforts seeking employment: _____

Unemployment from Date: _____ To Date: _____

Efforts seeking employment: _____



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EMPLOYMENT HISTORY Continued:

33. List ALL jobs you have held, including part time, temporary, and volunteer work, in the past 10 years. Start with the most recent position held and work back (attach a separate sheet if additional space is needed).

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

End Salary: _____ Supervisor: _____

Phone: _____ Email: _____

Job Duties: _____

Reason for leaving: _____

Have you ever been disciplined? Yes No *If "Yes" list reason:*

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

End Salary: _____ Supervisor: _____

Phone: _____ Email: _____

Job Duties: _____

Reason for leaving: _____

Have you ever been disciplined? Yes No *If "Yes" list reason:*



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EMPLOYMENT HISTORY Continued:

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

End Salary: _____ Supervisor: _____

Phone: _____ Email: _____

Job Duties: _____

Reason for leaving: _____

Have you ever been disciplined? Yes No *If "Yes" list reason:*

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

End Salary: _____ Supervisor: _____

Phone: _____ Email: _____

Job Duties: _____

Reason for leaving: _____

Have you ever been disciplined? Yes No *If "Yes" list reason:*



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EMPLOYMENT HISTORY Continued:

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

End Salary: _____ Supervisor: _____

Phone: _____ Email: _____

Job Duties: _____

Reason for leaving: _____

Have you ever been disciplined? Yes No *If "Yes" list reason:*

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

End Salary: _____ Supervisor: _____

Phone: _____ Email: _____

Job Duties: _____

Reason for leaving: _____

Have you ever been disciplined? Yes No *If "Yes" list reason:*



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EMPLOYMENT HISTORY Continued:

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

End Salary: _____ Supervisor: _____

Phone: _____ Email: _____

Job Duties: _____

Reason for leaving: _____

Have you ever been disciplined? Yes No *If "Yes" list reason:*

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

End Salary: _____ Supervisor: _____

Phone: _____ Email: _____

Job Duties: _____

Reason for leaving: _____

Have you ever been disciplined? Yes No *If "Yes" list reason:*



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EMPLOYMENT HISTORY Continued:

34. Have you ever been fired from, terminated from, or asked to resign from a job?

Yes No *If "Yes" list reason:*

MILITARY RECORD

READ AND ANSWER THIS SECTION CAREFULLY, EVEN IF YOU HAVE NEVER SERVED IN THE MILITARY.

35. Sign the following statement if you have never served in any branch of the armed services, including the National Guard or Military Reserves. If you have served in the military skip to the next question.

I swear or affirm that I have never served in ANY branch of the armed services at any time.

Signature: _____ **Date:** _____

36. Are you currently participating in any military reserve or National Guard Program?

Yes No *If "Yes"* Branch of Service: _____

MOS: _____ Date of Enlistment: _____

Initial Rank: _____ Exit Rank: _____

Commander: _____ Phone: _____

Address: _____ Email: _____

List all duty stations and assignments:



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MILITARY RECORD Continued:

37. List all prior military experience, attach a copy of your DD-214 (Long Form):

Branch of service: _____
MOS: _____ Date of Enlistment: _____
Initial Rank: _____ Exit Rank: _____
Type of Discharge: _____
Commander: _____ Phone: _____
Address: _____ Email: _____

List all duty stations and assignments:

List any medals or awards received:



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MILITARY RECORD Continued:

List and explain all disciplinary problems while in the military, article 15's, UCMJ convictions, demotions etc.:

LAW ENFORCEMENT EMPLOYMENT RECORD

38. List ALL law enforcement agencies to which you have previously applied, but were not hired; including the Greene County Sheriff's Office (attach a separate sheet if additional space is needed).

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Status: Withdrew On a "Hire" or "Awaiting Position" list Still pending

If applicable, at what part of the application process were you disqualified?

Application Testing Background

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Status: Withdrew On a "Hire" or "Awaiting Position" list Still pending

If applicable, at what part of the application process were you disqualified?

Application Testing Background



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LAW ENFORCEMENT EMPLOYMENT RECORD Continued:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Status: Withdrew On a "Hire" or "Awaiting Position" list Still pending

If applicable, at what part of the application process were you disqualified?

Application Testing Background

DRIVING RECORD:

39. List ALL traffic summons, tickets, or citations you have ever received for the past 10 years, regardless of disposition i.e. Expunged etc. (Attach a separate sheet if additional space is needed):

Charge: _____

Date: _____

Agency: _____

Location: _____

Court where Filed: _____

Disposition: _____

Charge: _____

Date: _____

Agency: _____

Location: _____

Court where Filed: _____

Disposition: _____

Charge: _____

Date: _____

Agency: _____

Location: _____

Court where Filed: _____

Disposition: _____



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DRIVING RECORD Continued:

40. List ALL traffic accidents in which you were the driver of the vehicle involved:

Date of Accident: _____ Monetary Amount of Damage (\$\$): _____
 Address Where Accident Occurred: _____
 City: _____ State: _____ Zip: _____
 Party at Fault: _____
 Circumstances Surrounding the Accident: _____

Date of Accident: _____ Monetary Amount of Damage (\$\$): _____
 Address Where Accident Occurred: _____
 City: _____ State: _____ Zip: _____
 Party at Fault: _____
 Circumstances Surrounding the Accident: _____

41. List EVERY State in which you have been licensed to operate a motor vehicle:

State: _____ Year(s): _____
 State: _____ Year(s): _____
 State: _____ Year(s): _____

42. Have you ever been refused automobile insurance coverage or has it ever been cancelled?

Yes No *If "Yes", explain:*

43. List the Insurance Company and Agent currently holding an insurance policy on the vehicle(s) you currently own:

Company Name: _____
 Agent: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Vehicle(s) Covered: _____



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DRIVING RECORD continued:

Company Name: _____
 Agent: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Vehicle(s) Covered: _____

LAW ENFORCEMENT CONTACTS

44. List ALL official contact you have had with any law enforcement agency or court system. This includes municipal, county, state, and federal agencies or court systems, as well as military courts, military police and military investigative units, including any judicial or non-judicial action in the military. List all incidents where you were questioned, warned, issued a summons, detained, arrested, or convicted. This includes all infractions, ordinance violations, misdemeanors and felonies. Do not include traffic violations covered previously (attach a separate sheet if additional space is needed).

To your knowledge, have you ever been investigated by law enforcement? Yes No
 If "Yes" list agency information: _____

Have you ever been arrested? Yes No If "Yes": Misdemeanor Felony

Name of Law Enforcement Agency or Court: _____
 Date of Contact: _____
 Reason for Contact: Suspect Victim Witness
 Charge (if any): _____
 Sentence (if any): _____
 Disposition of Incident: _____

Name of Law Enforcement Agency or Court: _____
 Date of Contact: _____
 Reason for Contact: Suspect Victim Witness
 Charge (if any): _____
 Sentence (if any): _____
 Disposition of Incident: _____



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LAW ENFORCEMENT CONTACTS

45. Have you ever been reported to a law enforcement agency as a missing person or runaway?

Yes No *If "Yes" explain:*

46. Have you ever applied for a permit to carry a concealed weapon? Yes No

If "Yes", Name of Law Enforcement Agency: _____

Date of application: _____

Was the request granted? Yes No

Explain the purpose for carrying the concealed weapon:

47. List any friends, associates or relatives, past and present, which have been convicted of a felony or participated in a criminal act. Give a brief explanation of your relationship to the person and the criminal activity in which they are or were involved:



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LAW ENFORCEMENT CONTACTS Continued:

48. List all serious disputes you have had. Include disputes with friends, associates, neighbors, or relatives. Include the nature of the problem, the persons involved, the resolution and your role:

ILLEGAL DRUG USE:

49. Do you now, or have ever illegally used, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, methamphetamine, heroin, steroids, pharmaceuticals, prescription drugs or drugs of similar nature? Drug use is not necessarily an automatic disqualification. Intentionally omitting information or LYING will be cause for automatic disqualification. Yes No

If "Yes" complete the following for each illegal substance:

Type of Drug: _____

Number of times: Used: _____ Possessed: _____ Supplied: _____ Sold: _____

Date First Time: Used: _____ Possessed: _____ Supplied: _____ Sold: _____

Date Last Time: Used: _____ Possessed: _____ Supplied: _____ Sold: _____

Type of Drug: _____

Number of times: Used: _____ Possessed: _____ Supplied: _____ Sold: _____

Date First Time: Used: _____ Possessed: _____ Supplied: _____ Sold: _____

Date Last Time: Used: _____ Possessed: _____ Supplied: _____ Sold: _____

Type of Drug: _____

Number of times: Used: _____ Possessed: _____ Supplied: _____ Sold: _____

Date First Time: Used: _____ Possessed: _____ Supplied: _____ Sold: _____

Date Last Time: Used: _____ Possessed: _____ Supplied: _____ Sold: _____



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FINANCIAL:

50. Have you ever filed for bankruptcy? Yes No *If "Yes" explain:*

51. Do you have any liens or encumbrances on your personal property? Yes No

If "Yes" explain:

52. Have you ever had any debts turned over to a collections agency? Yes No

If "Yes" explain:

53. Have your wages ever been garnished? Yes No *If "Yes" explain:*



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FINANCIAL Continued:

54. Do you owe overdue alimony or child support? Yes No *If "Yes" explain:*

55. Have you ever been delinquent on tax due to any City, State or the Federal Government?

Yes No *If "Yes" explain:*

56. Have you ever had a civil or criminal lawsuit filed against you? Yes No

If "Yes" explain:

57. List all business ventures in which you have a financial interest in:

Name of Business: _____

Address of Business: _____

City: _____ State: _____ Zip: _____

Name of Partners: _____

Name of Creditors: _____



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FINANCIAL Continued:

Name of Business: _____
 Address of Business: _____
 City: _____ State: _____ Zip: _____
 Name of Partners: _____
 Name of Creditors: _____

RESIDENCY:

58. Have you ever been evicted or asked to leave a rental house, apartment or other dwelling:

Yes No *If "Yes" explain:*

59. List the addresses at which you have resided, on either a permanent or temporary basis, in the past 10 years starting with your current address. Attach a separate sheet if necessary.

Address: _____
 City: _____ State: _____ Zip: _____
 From Date: _____ To Date: _____
 Landlord's Name: _____ Phone: _____

Address: _____
 City: _____ State: _____ Zip: _____
 From Date: _____ To Date: _____
 Landlord's Name: _____ Phone: _____

Address: _____
 City: _____ State: _____ Zip: _____
 From Date: _____ To Date: _____
 Landlord's Name: _____ Phone: _____



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RESIDENCY Continued:

Address: _____
 City: _____ State: _____ Zip: _____
 From Date: _____ To Date: _____
 Landlord's Name: _____ Phone: _____

REFERENCES:

60. List three individuals who have knowledge of your character. Excluding all relatives and former employers.

Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____



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61. List any additional information you would like to provide that relates to your background that you feel is important to this investigation.

I certify that I have read and understand all pages of this document, and that I have not deliberately falsified or omitted any information. I acknowledge that deliberate falsifications, omissions or misstatements shall be grounds for disqualifications and criminal charges.

Signed: _____ Date: _____



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Authorization to Release Information

To Whom It May Concern:

I hereby request and authorize you to furnish the Greene County Sheriff's Office with any and all information they may request concerning my work record, educational history, military record, financial status, traffic record, criminal record, medical history, and general reputation. I also request and authorize you to furnish any organization or individual conducting background investigations on behalf of the Greene County Sheriff's Office with the same information. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with the Greene County Sheriff's Office.

I hereby release you and your organization from any liability which could result from furnishing the information requested or from any subsequent use of such information in determining my qualifications for employment with the Greene County Sheriff's Office.

A copy or facsimile of this release will be valid as an original thereof for one year from date of execution.

Applicant's Full Name: _____

Date of Birth: _____ Social Security Number: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Apply Seal or Stamp	Subscribed to and before me this _____ Day of _____, 20____
	_____ Notary Public Signature
	_____ Notary (Print Name)
	_____ Expiration Date



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Authorization for Release of Personal Information

I, _____, authorize the release, review and full disclosure of all records, or any part thereof, concerning myself to any authorized agent of the Greene County Sheriff's Office, whether the records are of a public, private or confidential nature.

The purpose of this authorization is to give my consent for full and complete disclosure of the records of any:

- Educational institution
- Utility company
- Financial or credit institution, to include records of any depository or savings or checking accounts
- Commercial or retail credit agencies, to include credit reports and ratings
- Medical, psychological and psychiatric reports of consultation, treatment and evaluation at or by any hospital, clinic, private practitioner and the US Veteran's Administration
- Employment and pre-employment records, to include salary records, background reports, polygraph examination reports and polygraph examination questions, pre-employment and promotional examination results, efficiency ratings, disciplinary actions, complaints or grievances filed by or against me, and internal affairs investigation reports
- Real and personal property tax statements and records, as well as other financial statements or records wherever filed
- Records of complaints, arrests, trials and convictions for alleged or actual law violations, including criminal or traffic records.
- Records of civil complaints made by or against me, wherever located, to include the records and recollections of attorneys at law or other counsel, whether representing me or another person in any case in which I have ever been a party or had an interest.

It is my specific intent to provide access to personal information and to release copies and abstracts, however personal or confidential they may be or appear to be, and the sources of information specifically enumerated are not to deny access to any records that may not specifically be identified herein.

The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation that may provide pertinent information for the Greene County Sheriff's Office to consider in determining my suitability for employment.



Greene County Sheriff's Office
 Professional Standards Section
 5100 W. Division Street * Springfield, MO 65802
 Phone: (417) 868-4041 * Fax: (417) 829-6662



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION Continued:

In the event my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the person, to whom this request is presented, as well as his or her agents and employees, from and against all claims, damages, losses and expenses, to include reasonable attorney's fees, arising out of or by reason of complying with this request.

This release form and any photocopy of this release form, even though the said photocopy does not contain an original writing of my signature, will be valid and should be honored for a period of one year from the date of my signature.

Applicant's Full Name: _____

Date of Birth: _____ Social Security Number: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Apply Seal or Stamp	Subscribed to and before me this _____ Day of _____, 20____
	_____ Notary Public Signature
	_____ Notary (Print Name)
	_____ Expiration Date



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Authorization for Release of Credit Information

I, _____, authorize the release, review and full disclosure of all records, or any part thereof, concerning myself to any authorized agent of the Greene County Sheriff's Office, whether the records are of a public, private or confidential nature.

The purpose of this authorization is to give my consent for full and complete disclosure of the records of any consumer credit reports and criminal background reports for employment purposes in accordance with the Fair Credit Reporting Act ("FCRA or the Act").

The term "employment purposes" means the use of a consumer report or investigative consumer report "for the purpose of evaluating a consumer for employment, promotion, reassignment, or retention as an employee."

A "consumer report" is any written, oral or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used for employment purposes.

An "investigative consumer report" is defined in the FCRA as a consumer report in which information on a consumer's character; general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer.

The employer must provide the applicant or employee with a copy of the report and a written statement of his or her rights under the FCRA before taking any adverse action "in whole or in part" as a result of credit information obtained. The term "adverse action" means "a denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee." The applicant or employee has the right to request additional information with respect to the nature and scope of the "credit" investigation.

The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation that may provide pertinent information for the Greene County Sheriff's Office, Missouri, to consider in determining my suitability of employment.

In the event my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the person, to whom this request is presented, as well as his or her agents and employees from and against all claims, damages, losses and expenses, to include reasonable attorney fees, arising out of or by reason of complying with this request.

Records of complaints of a civil nature made by or against me wheresoever located including the records and recollections of attorneys at law or other counsel whether representing me or another person in any case in which I have ever been a party or had an interest.



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Authorization for Release of Credit Information Continued:

It is my specific intent to provide access to personal information and to release copies and abstracts, however personal or confidential they may appear to be, and the sources of information specifically enumerated about are not intended to deny access to any records not specifically identified herein. The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation which may provide pertinent data for the Greene County Sheriff's Office, Missouri to consider in determining my suitability for employment by that Office.

In the event my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the person(s) to whom this request is presented as well as his agents and employees, from and against all claims, damages, losses and expenses including reasonable attorney's fees arising out of or by reason of complying with this request.

This release form and any photocopy of this release form even though the said photocopy does not contain an ORIGINAL writing of my signature, will be valid and should be honored for a period of one (1) year from the date of my signature.

Applicant's Full Name: _____

Date of Birth: _____ Social Security Number: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Apply Seal or Stamp	Subscribed to and before me this _____ Day of _____, 20____
	_____ Notary Public Signature
	_____ Notary (Print Name)
	_____ Expiration Date



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Waiver and Release of All Claims

I, _____, am applying for a position with the Greene County Sheriff's Office. I understand that, in order to gauge my fitness for the position, the Greene County Sheriff's Office must conduct a thorough and complete background investigation. I understand that, to facilitate a thorough and complete background investigation and to ensure complete candor on the part of those providing the necessary information, I must:

- A. Consent to an investigation by the Greene County Sheriff's Office concerning my background;
- B. Waive any and all claims I might otherwise have against those individuals who conduct the investigation, or those who cooperate and provide information to the city; and
- C. Waive my right to review the complete background investigation.

Wherefore

I, _____, for and in consideration of the Greene County Sheriff's Office's consideration of my application for employment with them, do hereby specifically authorize the Greene County Sheriff's Office to conduct a thorough and complete background investigation on me for the purpose of gauging my fitness for the position and, further, I do hereby waive, release and forever relinquish any and all claims and causes of action against the County of Greene and/or any of its officials or employees that might otherwise accrue to me as a result of the County's conduct of the investigation. I understand that, in the event I suffer any injury of any kind as a result of the County's conduct of this investigation, I am herein forfeiting any and all right to bring legal action against or seek redress in the courts from the County or any of its officials or employees, even if such injury or harm occurs as a direct result of their negligence or any other failure on their part to satisfy any duty owed me.

And, also for and in consideration of the County of Greene's consideration of my application, I do hereby specifically authorize, request and direct any individual, including but not limited to my family, friends, neighbors (past and present), and acquaintances (past or present), my employers (past or present), my references, educational institutions of any kind, credit bureaus or consumer reporting agencies, medical institutions or doctors, or any other person, institution, organization or governmental agency or instrumentality (local, state, federal, military, or foreign), wherever situated, to completely and thoroughly answer any and all questions concerning me posed by any official or employee of the County of Greene and to provide the County, or any of its officials or employees, any requested document, information, record or file concerning me. I do hereby waive, release and forever relinquish any and all claims and causes of action against any such individual that may accrue to me as a result of the individual's cooperation with the conduct of the background investigation or release of information to the County or any of its officials or employees.



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Waiver and Release of All Claims Continued:

I understand that, in the event I suffer any injury of any kind as a result of the individual's cooperation with the conduct of the background investigation or release of information to the County, I am herein forfeiting any and all right to bring legal action against or seek redress in the courts from the individual, even if such injury or harm occurs as a direct result of the individual's negligence or actual malice or any other failure on the individual's part to satisfy any duty owed me.

And, also for and in consideration of the County of Greene's consideration of my application, recognizing that complete candor on the part of those from whom information is sought is ensured only by maintaining the confidentiality of a complete background investigation, I do hereby waive, release and forever relinquish any right I might otherwise have pursuant to Missouri's Sunshine Law, RSMo 610.011 and 610.21, to review and/or copy the background investigation completed on me or any part thereof.

A copy of this waiver and release shall be deemed as effective as the original.

For purposes of conducting the background investigation and gathering the information necessary to gauge my fitness for the position I am applying, this waiver and release shall be effective for a period of one year from the date of my execution hereof. My waiver of the right to review and copy and background investigation is perpetual.

This waiver and release of all claims is intended to be as broad and inclusive as permitted by the laws of the State of Missouri and, if any portion hereof is held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect. My spouse (if any), heirs and legal representative, and any and all successors and assigns, are bound by the terms of this waiver and release of all claims. This waiver contains the entire agreement between the parties hereto and its terms are contractual and are not mere recital.

I have carefully read the above and foregoing waiver and release consisting of two pages in its entirety. I know and understand the contents thereof and do, of my own free will, sign this waiver and release indicating my specific agreement to any and all terms.

 Signature of Applicant (To be signed in the presence of a *notary*)

 Date

Apply Seal or Stamp	Subscribed to and before me this _____ Day of _____, 20____
	_____ Notary Public Signature
	_____ Notary (Print Name)
	_____ Expiration Date



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General Release

KNOW ALL MEN BY THESE PRESENTS THAT I, _____,
 being of full age, in consideration of the privilege hereafter mentioned, do hereby release and forever discharge the State of Missouri and Greene County Sheriff's Office, their agencies, employees and their successors, and assign all debts, claims, demands, damages, actions and causes of action whatsoever that I now have or may hereafter have that may arise by reason of the privilege permitted by the Greene County Sheriff's Office to become a passenger in a Sheriff's vehicle. The undersigned understands and agrees for the considerations aforesaid that he nor she will not in any manner hinder or attempt to assist any law enforcement officer in the performance of his or her official duties which might occur or ensue during the time he or she is accompanying an officer on his or her rounds.

WITNESSED THAT for the consideration aforementioned the undersigned does hereby exonerate and covenant and to hold harmless the State of Missouri and Greene County Sheriff's Office, their agencies, employees and their successors and assigns for any injury or damage resulting by reason of the privilege permitted me as hereinabove set forth.

WAIVER AGREEMENT: I have read and will comply with the above provisions.

Applicant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Valid For Following Date: _____



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PHOTO USE RELEASE FORM

I, _____, hereby grant and authorize the Greene County Sheriff's Office the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of the Greene County Sheriff's Office and will not be returned.

I hereby hold harmless, and release the Greene County Sheriff's Office from all liability, petitions and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

 (Signature)

 (Date)

If the person signing is under the age of consent, then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of the named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

 (Signature)

 (Date)

Relationship to Minor