

INSTRUCTIONS FOR COMPLETING THE CHESTERFIELD TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

As an applicant for a position within the Chesterfield Township Police Department you are required to complete this background questionnaire. Applicants must be able to read, interpret, comprehend and complete agency forms and other documents accurately and in a timely manner. For this reason, in addition to evaluating your moral character and suitability, you will also be evaluated on your ability to complete this questionnaire accurately. Your answers may not, in and of themselves, be grounds for disqualification or non-selection, whereas an untruthful response will be. Be sure to carefully follow all instructions. Part of our assessment in determining your suitability for the position in which you applied is your candor and ability to accurately follow instructions.

The Chesterfield Township Police Department is an equal opportunity employer. We do not discriminate on the basis of a person's perceived or actual age, race, color, national origin, sex, religion, sexual orientation, physical or mental limitations, height, weight, Vietnam Veteran status, marital status, gender identity, or HIV status, in any aspect of our hiring or employment process. Our background questionnaire is designed to obtain information regarding an applicant's skills, knowledge and ability based on the specific job requirements, and to determine whether the applicant can successfully perform the job for which he or she has applied.

I. INSTRUCTIONS

1. Police applicants are first required to complete an application. The application **is not** the background questionnaire. Applicants must complete and submit a background questionnaire prior to an oral board interview. It is suggested that you make a copy of everything for your records.
2. Police officer applicants are required to complete the Background Investigation Questionnaire in order to fulfill the background investigation requirements according to Section 9 of Act No. 203 of the Public Acts of 1965, as amended, being Section 28.609 of the Compiled Laws of 1948 (R28.4102.)
3. The following instructions apply to the attached background questionnaire.
4. Failure to return this questionnaire properly completed may result in the removal of your name for further consideration.
5. **DO NOT DIVULGE INFORMATION CONCERNING ANY MEDICAL CONDITION(S), EITHER PAST OR PRESENT, IN PERSON OR ON ANY FORM.** The Americans with Disabilities Act prohibits employers from making medically related inquiries prior to a conditional offer of employment
6. All statements are subject to verification. Deliberate inaccuracies, incomplete statements, illegible responses, falsifications, untruthful responses, omissions, discrepancies, or unanswered question may be grounds for disqualification from the hiring process.
7. You are to accurately and truthfully complete this background questionnaire by either printing or typing your response.
8. Answer every question. Leave no blank spaces. If a question does not apply to you, write "NA" in the blank provided.
9. Initial the bottom of each page of this instruction sheet AND each page of the background questionnaire. Sign your name in full wherever a signature is requested in **BLUE** ink.
10. Where you are directed to give further details or need additional space you are to:
 - a. Use only 8 ½" x 11 white paper. Lined paper is acceptable.
 - b. Print your name on the top left hand corner of each page.
 - c. Precede each answer with the number of the question being answered. More than one answer may be put on a page.
 - d. Sign your name in full at the bottom of each page in **BLUE** ink.

11. All requested time periods in your background questionnaire must be accounted for.
12. Questions requesting addresses and telephone numbers must be complete and accurate. Zip codes are required. You must verify the address and telephone number of each employer and reference before submitting your packet. If a business has moved, you must make every effort to locate the current corporate address and write "Moved" next to this address. If the employer is no longer in business you must provide the last known address and write, "No longer in Business" next to the address.
13. Until you receive notice that you are no longer in the current hiring process, you are required to report, to the **Chesterfield Township Police Department**, any changes in your personal history covered in both the application and background questionnaire within five (5) business days of said change. Failure to report any changes in your personal history may cause your name to be removed from further consideration.

II. DOCUMENTS

The following documents must be returned with the background questionnaire on or before the specified deadline.

1. Birth Certificate
2. Military Discharge DD214 - long form
3. MCOLES Police Certification
4. Applicant Directives – enclosed
5. Statement of Understanding - enclosed
6. Instructions – Signed and Dated

Copies are acceptable, however you will be required to show the originals upon request.

III. TRANSCRIPTS

Official school transcripts are required in order to proceed to the oral interview portion of the hiring process. Transcripts must be mailed to the Chesterfield Township Police Department directly from all colleges and educational institutions that you attended, regardless if classes were completed. Applicants may be disqualified if transcripts are not mailed directly from the schools to the Police Department address listed below.

IV. DEADLINE

Hand deliver or mail this questionnaire, along with the requested documents, to the:

Chesterfield Township Police Department
46525 Continental Drive
Chesterfield, Michigan 48047
Attn: Chief of Police Bradley A. Kersten

It is your responsibility to verify that your application was received. Do not call to confirm receipt. Confirmation can be determined by mailing the application via return receipt. The Chesterfield Township Police Department is not responsible for lost background questionnaires or background questionnaires received via the US Postal Service after the deadline.

My signature on this document indicates that I fully understand these instructions and will comply with them.

Applicant Name: _____

Applicant Signature: _____

Date: _____

APPLICANT'S STATEMENT OF UNDERSTANDING

- I. I understand that during the hiring process I am required to report to the Chesterfield Township Police Department any changes in my personal history covered in this background questionnaire within five (5) business days of the said change. I am also aware that failure to report any changes in my personal history may cause my name to be removed from further consideration.

Initial here _____

- II. I certify that the information that I provided on the questionnaire is accurate and complete. I understand that all answers to the application and questionnaire are subject to verification through a background investigation. I further understand that any false statements or deliberate omissions made to the Chesterfield Township Police Department, to an employee or agent of the Police Department, to the Background Investigator, or on any subsequent forms, may be grounds for immediate disqualification or dismissal if an appointment is made.

Initial here _____

- III. I understand that any information secured pursuant to this background investigation, which is reasonably believed to be of a criminal nature will be forwarded to the respective law enforcement agency for review and investigation.

Initial here _____

- IV. I further understand that all documents, reports, questionnaires, statements, including the background investigator's notes are considered confidential. I understand that all questionnaires, applications and documents that I submit to the Chesterfield Township Police Department and affiliated hiring becomes the sole property of the Chesterfield Township Police Department and will not be returned to me for any reason – at any point in the hiring process. I voluntarily waive any right or opportunity to read or review any confidential information provided in the background report prepared by the Chesterfield Township Police Department Background Investigator, or obtain the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied which might identify that person or organization.

Initial here _____

- V. I understand that any conditional offer or appointment tendered me will be contingent upon the result of a comprehensive background investigation.

Initial here _____

- VI. I understand that all appointments are probationary, during which time I must demonstrate that I can successfully fulfill the responsibilities of the position in which I applied.

Initial here _____

- VII. I agree to these conditions and hereby certify that all statements made by me on this application/questionnaire are true and complete to the best of my knowledge.

Initial here _____

Applicant Name _____ Date _____

Please Print

Applicant Signature _____

CHESTERFIELD TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

PERSONAL

1. YOUR NAME

Last	First	Middle
Other Names (including nicknames) you have used or been known by:		

2. LIST YOUR CURRENT ADDRESS WHERE YOU ACTUALLY RESIDE – Not a mailing address.

Number	Street	City	State	Zip Code
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3. LIST ALTERNATE ADDRESS (e.g. Mailing, School, Military, Temporary, etc.)

Number	Street	City	State	Zip Code
--------	--------	------	-------	----------

4. EMAIL ADDRESSES OR SOCIAL NETWORKING SITES (i.e. My Space, Face book) Use additional page if necessary.

1. _____	3. _____
2. _____	4. _____

5. LIST THE TELEPHONE NUMBER(S) AT WHICH YOU CAN BE CONTACTED.

Home: () _____	Hours: _____
Work: () _____	Hours: _____
Cell: () _____	Hours: _____
Other: () _____	Hours: _____

6. BIRTHDATE

Month	Date	Year
-------	------	------

7. SOCIAL SECURITY NUMBER

	Have you ever had more than one Social Security Number <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give number and State applied:
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8. DRIVERS LICENSE NUMBER

State: _____	Endorsements: _____
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9. Have you ever applied for a position with the Chesterfield Township Police Department prior to this? YES NO

If yes, list the position in which you applied and the date.

1. Position _____	Date _____
2. Position _____	Date _____
3. Position _____	Date _____

CHESTERFIELD TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

RESIDENCES

10. LIST ALL OF YOUR RESIDENCES DURING THE LAST 10 YEARS. Begin with your current address.

From Mo/Yr	To Mo/Yr	Street Address & Apt. #	City, State, Zip Code	1. If Renting: Name, address & phone of Landlord 2. Name of individuals residing with you. (Full information to be provided in next section) Use additional page(s) if necessary.
				1.
				2.
				1.
				2.
				1.
				2.
				1.
				2.
				1.
				2.

11. LIST INDIVIDUALS WITH WHOM YOU HAVE RESIDED DURING THE LAST 10 YEARS. Exclude family members. Include college/dorm roommates. Use additional page(s) if necessary.

Name, Relationship and where you both resided together.	Their Current Home Address (City, State, Zip Code)	Work Name and Address
	Telephone number: Home Other	Telephone number: Work
	Home Other	Work
	Home Other	Work

CHESTERFIELD TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

ROOMMATES CONTINUED		
	Home Other	Work
	Home Other	Work
	Home Other	Work
	Home Other	Work

REFERENCES		
12. RELATIVES - During the course of the background investigation, your family and other relatives will be asked to comment upon your suitability for this position. Supply the appropriate information in the spaces provided below. If a category is not applicable, print "N/A" in the box provided for the name. Use additional Page(s) if necessary.		
Name of your:	Residence Address (Include Zip Code)	Telephone (include Area Code)
Father		Home
		Work
Mother		Home
		Work
Stepfather		Home
		Work
Stepmother		Home
		Work
Father-in-law		Home
		Work
Mother-in-law		Home
		Work
Brother/Sister age		Home
		Work
Brother/Sister age		Home
		Work

CHESTERFIELD TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

Brother/Sister	age		Home
			Work
Brother/Sister	age		Home
			Work
Brother/Sister	age		Home
			Work
Stepbrother/Sister	age		Home
			Work
Stepbrother/Sister	age		Home
			Work
Stepbrother/Sister	age		Home
			Work
Stepbrother/Sister	age		Home
			Work

13A. CHILDREN – Please list all your children, including stepchildren and adopted children.

Full Name	Age	Date of Birth	Current Address and phone number

CHESTERFIELD TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

13B. **MARITAL STATUS** –Supply the appropriate information in the spaces provided below. If a category is not applicable, print “N/A” in the box provided for the name. Use additional page(s) if necessary.

Are you widowed? YES NO If Yes, Name: _____ Date: _____

Spouse Information: Currently Separated

Full Name of Spouse	Maiden Name	Other Names Spouse has used	Date of Birth
Date of Marriage	Place of Marriage (City, County & State)		
Current Address of Spouse if not living with you		Home Phone or Contact Number	Work Phone

If you are divorced or you had an annulment, provide the following information:

Full Name of Former Spouse	Maiden Name	Other Names Spouse has used	Date of Birth
Date of Marriage	Place of Marriage (City, County & State)		
Current Address of Former Spouse or Last Known Address			Work Phone
Home Phone or Contact #			
Date Filed	Date Final	City, County, State of Divorce	

Full Name of Former Spouse	Maiden Name	Other Names Spouse has used	Date of Birth
Date of Marriage	Place of Marriage (City, County & State)		
Current Address of Former Spouse or Last Known Address			Work Phone
Home Phone or Contact #			
Date Filed	Date Final	City, County, State of Divorce	

14. OTHER RELATIVES WITH WHOM YOU HAVE A CLOSE PERSONAL RELATIONSHIP

Name	Relationship	Address	Telephone Number
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

CHESTERFIELD TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

REFERENCES

15. LIST SIX (6) INDIVIDUALS WHO ARE SOCIAL ACQUAINTANCES (i.e. persons whom you have seen frequently during the past 5 years). Exclude relatives and former employers. Do not use the same names listed elsewhere in the background questionnaire. Do NOT list former or current employers, co-workers, relatives.

Name	Home address	Home tx
Relationship	Work address	Work tx
Name	Home address	Home tx
Relationship	Work address	Work tx
Name	Home address	Home tx
Relationship	Work address	Work tx
Name	Home address	Home tx
Relationship	Work address	Work tx
Name	Home address	Home tx
Relationship	Work address	Work tx
Name	Home address	Home tx
Relationship	Work address	Work tx

CHESTERFIELD TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

EDUCATION

16. **EDUCATION** - List **all** high schools, vocational schools, college/universities you have registered at or attended. (Include online courses, non-credited courses, and training courses for which you received college credit.) Use additional page(s) if necessary.

From Mo/Yr	To Mo/Yr	Name of School	Location of School (City and State)	Course Major	Diploma/Degree, or Accumulated Credit Hours

17. **THE CHESTERFIELD TOWNSHIP POLICE DEPARTMENT REQUIRES A POLICE OFFICER TO POSSESS A HIGH SCHOOL DIPLOMA OR GED EQUIVALENT. IN ADDITION, THE CHESTERFIELD TOWNSHIP POLICE DEPARTMENT VALUES LAW ENFORCEMENT EXPERIENCE AND CREDITS AT AN INSTITUTION OF HIGHER EDUCATION.**

I have: (Check All That Apply)

- A high school diploma
- GED equivalent
- An Associates degree _____major/minor _____
Or, equivalent credit hours _____
- A bachelors degree _____major/minor _____
- Completed active military law enforcement experience
 1-2 years 2 years or more
- Worked as a certified law enforcement officer
 6 mths-2 years 2 years or more

CHESTERFIELD TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

18. **HAVE YOU EVER BEEN ON PROBATION, SUSPENDED OR EXPELLED FROM ANY HIGH SCHOOL OR POST SECONDARY SCHOOL OR BEEN INVESTIGATED VIA A SCHOOL JUDICIARY BOARD OR DEAN OF STUDENTS?** Post secondary schools include colleges and universities, graduate schools, business and vocational schools - any formal education beyond the high school level.

YES NO If "YES", please explain (include school, date and circumstances & Disposition) _____

19. **LIST ALL POLICE AND/OR FIRE ACADEMIES YOU HAVE EVER ATTENDED. (Include current academy.)**

Date	Academy	Location	Graduate? Y/N

EXPERIENCE AND EMPLOYMENT – Prior to a conditional offer of employment your current employer must be contacted. Would any problem result if your present employer were contacted?

Yes No If Yes, when should such contact be made?

20. **BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT** - List all periods of employment and unemployment (including part-time, temporary, and voluntary positions) you have held since high school. (For the purposes of this questionnaire, voluntary work should be included as employment.) For identification and verification, indicate the nature of the activity; i.e. full time, part time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided. Also, give starting and ending salaries. Use additional page(s) if necessary.

Dates of Employment		Name, Address, and Telephone No. of Employer	Name & cell of Supervisor	
From Mo/Yr ____/____	To Mo/Yr ____/____		Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:

Reason for Leaving:

Military Service Not Employed From: Mo/Yr To: Mo/Yr

CHESTERFIELD TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

Dates of Employment		Name, Address, and Telephone No. of Employer	Name & cell of Supervisor	
From Mo/Yr ____/____	To Mo/Yr ____/____			
			Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				
Dates of Employment		Name, Address, and Telephone No. of Employer	Name & cell of Supervisor	
From Mo/Yr ____/____	To Mo/Yr ____/____			
			Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				
Dates of Employment		Name, Address, and Telephone No. of Employer	Name & cell of Supervisor	
From Mo/Yr ____/____	To Mo/Yr ____/____			
			Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				

CHESTERFIELD TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

Dates of Employment		Name, Address, and Telephone No. of Employer	Name & cell of Supervisor	
From Mo/Yr ____/____	To Mo/Yr ____/____			
			Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				
Dates of Employment		Name, Address, and Telephone No. of Employer	Name & cell of Supervisor	
From Mo/Yr ____/____	To Mo/Yr ____/____			
			Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				
Dates of Employment		Name, Address, and Telephone No. of Employer	Name & cell of Supervisor	
From Mo/Yr ____/____	To Mo/Yr ____/____			
			Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				

CHESTERFIELD TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

Dates of Employment		Name, Address, and Telephone No. of Employer	Name & cell of Supervisor	
From Mo/Yr ____/____	To Mo/Yr ____/____		Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				
Dates of Employment		Name, Address, and Telephone No. of Employer	Name & cell of Supervisor	
From Mo/Yr ____/____	To Mo/Yr ____/____		Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				
Dates of Employment		Name, Address, and Telephone No. of Employer	Name & cell of Supervisor	
From Mo/Yr ____/____	To Mo/Yr ____/____		Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				

Make additional copies of page 11 if necessary. LIST ALL EMPLOYMENT!!!

CHESTERFIELD TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

21. EMPLOYMENT DISCIPLINARY RECORD - List those employers who either 1) disciplined you –verbal or written, 2) discharged you, or 3) requested you resign. Give details on a separate sheet if necessary.			
Employer's Name	Date of Action	Name of Supervisor Involved	Action or Resolution
Give Details of the Incident:			
Employer's Name	Date of Action	Name of Supervisor Involved	Action or Resolution
Give Details of the Incident			
Employer's Name	Date of Action	Name of Supervisor Involved	Action or Resolution
Give Details of the Incident			
Employer's Name	Date of Action	Name of Supervisor Involved	Action or Resolution
Give Details of the Incident			
Employer's Name	Date of Action	Name of Supervisor Involved	Action or Resolution
Give Details of the Incident			

22. WERE YOU EVER A LAW ENFORCEMENT EXPLORER? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", please provide the following information.		
Agency	Dates	Reason for Leaving

MILITARY SERVICE
23. IF YOU ARE A MALE AND BORN BEFORE MARCH 29, 1957 OR AFTER DECEMBER 31, 1959, AND ARE A U.S. CITIZEN, OR YOU WERE A RESIDENT OF THE U.S. ON YOUR 18TH BIRTHDAY, PROVIDE YOUR SELECTIVE SERVICE NUMBER HERE:
SELECTIVE SERVICE NUMBER # _____

CHESTERFIELD TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

24. HAVE YOU EVER SERVED IN ANY OF THE ARMED FORCES, NATIONAL GUARD OR MILITARY RESERVES? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete QUESTIONS #25 through #28. If NO, go to QUESTION #29.			
25. ACTIVE DUTY MILITARY RECORD – RESERVE AND/OR NATIONAL GUARD RECORD – List active military duty and/or present or past service in any Reserve or National Guard Unit.			
Branch of Service	Unit AND /Occupation	Enlistment Date	Discharge Date
Service Number	Highest Rank Attained	Rank at Discharge	Type of Discharge
Separation Code	Re-enlistment Code	If Active or Current Reserve, list your Commanding Officer's Name	
Branch of Service	Unit AND Occupation	Enlistment Date	Discharge Date
Service Number	Highest Rank Attained	Rank at Discharge	Type of Discharge
Separation Code	Re-enlistment Code	If Active or Current Reserve, list your Commanding Officer's Name	
Branch of Service	Unit AND Occupation	Enlistment Date	Discharge Date
Service Number	Highest Rank Attained	Rank at Discharge	Type of Discharge
Separation Code	Re-enlistment Code	If Active or Current Reserve, list your Commanding Officer's Name	
26. MILITARY DISCIPLINE RECORD – INCLUDING RESERVE AND/OR NATIONAL GUARD DISCIPLINARY RECORD. List all disciplinary actions against you, including formal charges as well as company punishments, including Article 15 and Captain's Mast, whether found guilty or not. <i>*Include reductions in pay grade, judicial or non-judicial disciplinary action.</i>			
Charge Against You	Type of Court Martial or Other Disciplinary Proceedings	Disposition	
27. STARTING WITH MOST RECENT; LIST ALL DUTY STATIONS Include basic training, tours overseas, etc. while in the military.			
Month and Year	Location	Duties/Purpose (approximate length of your tour)	
28. WERE YOU GIVEN A SECURITY CLEARANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: _____			

**CHESTERFIELD TOWNSHIP POLICE DEPARTMENT
BACKGROUND QUESTIONNAIRE**

CREDIT

29. **Have you ever filed for or declared bankruptcy?** YES NO
Have any of your bills ever been turned over to a collection agency? YES NO
Have you ever had purchased goods repossessed? YES NO
Have your wages ever been garnished YES NO
If you answered "YES" to any of the these questions, give details:

LIST ALL MONTHLY BILLS OR OBLIGATIONS:

- Mortgage / Rent
- Vehicle Payments or Lease Payments
- Utilities
 - Electric
 - Heat
 - Water
 - Telephone
 - Cellular
 - Cable
 - Insurance
 - Vehicle
 - Home
 - Other

Child Support or Alimony

All other monthly or reoccurring debts

List ALL Sources of Income:

- Your Wages including tips
- Spouse or significant other wages
- Military
- Child Support or Alimony
- All other monthly income

CHESTERFIELD TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

LEGAL

30. Have you **ever** (either as a juvenile or an adult) been suspected or accused of breaking the law, been taken to a police station to be fingerprinted or questioned because of suspicion of committing a crime, been given a citation to appear for breaking the law (such as Minor in Possession of Alcohol), been arrested or convicted of a crime?
 YES **NO** If in doubt, answer **YES** and explain fully on an attached page, as directed in the instructions. Give date, place, charge, and disposition. **FAILURE TO REPORT THIS INFORMATION CAN DISQUALIFY YOU!** (This includes expungements, Investigations by a Gov't entity (Atty. General, Inspector General, MUA Investigations) Diversion Programs, HYTA, pardons, dismissals, sealed files, deferments, any and all other sentence agreements.)

Date	City/Town, State and Police Agency	Charge(s)	Disposition and Date

31. **CRIMINAL COURT ACTION** - List all incidents in which you are/were a complainant or witness in a criminal case (Except as listed in #33 above) Include all City, State, Federal and Grand Jury cases. (Do not include cases related to law enforcement or security employment).

Date	Location (City, State)	Court or Investigative Body	Who Was the Defendant?

Give synopsis of case:

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Give synopsis of case:

CHESTERFIELD TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

32. **CIVIL COURT ACTION** – Are you currently or were you ever involved as a plaintiff, defendant or witness in a civil lawsuit of any type filed by you or another party? YES NO If yes, list detail below. (Court depositions, divorce hearings, Small Claims Court, Friend of the Court hearings, arbitration, County/City/Township administrative hearings, landlord/tenant disputes, etc.)

MOTOR VEHICLE OPERATION

33. **NAMES UNDER WHICH YOU EVER ACQUIRED A DRIVERS LICENSE.**

1. _____ 2. _____ 3. _____

34. **MOTOR VEHICLE OPERATOR RECORD** – List **all** chauffeur and/or driver licenses past or presently held from this state or **any** other state, territory, or country.

CHECK ONE		License Number	Issuing State	Endorsements	Restrictions	License or Permit ever Revoked or Suspended (YES/NO). If YES, give details in #38	License Restored YES/NO
Operator	Chauffeur						

34 (a) **DO YOU CURRENTLY HAVE A CDL THAT IS IN GOOD STANDING WITH THE STATE OF MICH.**
 YES

35. **HAS YOUR LICENSE EVER BEEN SUSPENDED, RESTRICTED, AND/OR REVOKED OR HAVE YOU EVER BEEN REFUSED A DRIVERS LICENSE – BY ANY STATE?**
 YES NO If “Yes”, details:

36. **VIOLATION RECORD** list all summonses, citations, or tickets received by you for any traffic law violation or violation that you received while in a motor vehicle, whether you were the driver or passenger. Include reduced, dismissed, held in abeyance and taken under advisement. Use additional page(s) if necessary.

Date of violation	City/Town, State and Police Agency	Violation(s)	Court Disposition and Date

CHESTERFIELD TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

37. MICHIGAN LAW REQUIRES THAT DRIVERS AND OWNERS OF VEHICLES BE COVERED BY AUTOMOBILE LIABILITY INSURANCE. PLEASE LIST YOUR INSURANCE COMPANY.			
Insurance Company	Agent Telephone Number	Policy Number	Expiration Date
Have you ever been refused auto insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain _____			
38. MOTOR VEHICLE ACCIDENTS – list every accident you have ever been involved in as a driver. Use additional pages if necessary.			
Date:	Location:	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury	
Police Investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Police Agency (address and telephone number)	Citation Received? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date:	Location:	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury	
Police Investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Police Agency (address and telephone number)	Citation Received? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date:	Location:	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury	
Police Investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Police Agency (address and telephone number)	Citation Received? <input type="checkbox"/> YES <input type="checkbox"/> NO	
39. DO YOU NOW HAVE ANY UNPAID SUMMONSES AGAINST YOU FOR PARKING OR ANY OTHER VIOLATION IN THE USE OF A MOTOR VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", give details			
40. HAS THE MICHIGAN SECRETARY OF STATE OR ANY OTHER STATE'S DEPARTMENT OF MOTOR VEHICLES EVER REVOKED OR SUSPENDED YOUR ABILITY TO REGISTER YOUR VEHICLE OR HAS YOUR VEHICLE EVER BEEN FORFEITED BY ANY LAW ENFORCEMENT AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", give details			

CHESTERFIELD TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

WEAPONS

41. **HAVE YOU EVER BEEN QUESTIONED BY ANY LAW ENFORCEMENT OFFICIAL ABOUT AN INCIDENT WHICH INVOLVED A FIREARM, WHETHER THE FIREARM BELONGED TO YOU OR NOT.** (Include Federal and State Wildlife officials, MI DNR)

42. **HAVE YOU EVER APPLIED FOR A PERMIT TO CARRY A CONCEALED WEAPON?**

YES NO If "Yes", please provide the following information.

Where was the application filed?

Was the permit Issued? Permit number if issued #

Was the permit Denied? If denied, state reason(s).

43. **LIST ALL PISTOLS PRESENTLY OWNED BY YOU**

Make	Model	Serial Number	Caliber	Issuing Agency of Safety Inspection Certificate

APPLICATIONS

44. **LIST EVERY APPLICATION YOU HAVE MADE WITH A GOVERNMENTAL OR QUASI-GOVERNMENTAL AGENCY OR AUTHORITY** Use additional page(s) if necessary.

Date	Agency, Address and Phone (list phone of background investigator or recruiter)	Position Applied For	Accepted, Rejected, Eligible for Hire	Reason (If Rejected)

CHESTERFIELD TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

45. PLEASE PROVIDE INFORMATION ABOUT FINGERPRINTS PREVIOUSLY TAKEN.		
When	Where	Purpose

DRUG & ALCOHOL USE			
46. IN THE LAST TWO YEARS HAS YOUR USE OF ALCOHOL INHIBITED YOUR ABILITY TO WORK OR DRIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain:			
47. Have your ever used, attempted to use, thought you were using, smoked, inhaled, ingested or experimented in any fashion with Marijuana? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide the following information. Be as specific as possible.			
Date first used	Estimated use during last 2 years	Estimated use during your lifetime	Did you ever grow, cultivate, manufacture, distribute, or sell Marijuana. <input type="checkbox"/> YES <input type="checkbox"/> NO
48. Have your ever used, thought you were using, tasted, sniffed, smoked, ingested, inhaled, injected, swallowed, smelled, attempted to use or experimented with any form of illegal drug, narcotic or substance such as, but not limited to, "crack cocaine," speed, PCP, cocaine, meth, heroin, mescaline, LSD, mushrooms, Hashish, Opiates, barbiturates, amphetamines, hallucinogens, steroids, designer drugs, peyote, morphine or any other illegal substance other than those drugs prescribed by your physician? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list all drugs and/or narcotics used in the next portion of this application. Be as specific as possible.			
Name of substance or drug	Date first used or your age when you first used this substance?	Estimated use during the last 2 years	
Did you ever possess, adulterate, grow, cultivate, manufacture, distribute, sell, package for sale this substance, or possess an imitation of this substance			
Name of substance or drug	Date first used or your age when you first used this substance?	Estimated use during the last 2 years	
Did you ever possess, adulterate, grow, cultivate, manufacture, distribute, sell, package for sale this substance, or possess an imitation of this substance			
Name of substance or drug	Date first used or your age when you first used this substance?	Estimated use during the last 2 years	
Did you ever possess, adulterate, grow, cultivate, manufacture, distribute, sell, package for sale this substance, or possess an imitation of this substance			

**CHESTERFIELD TOWNSHIP POLICE DEPARTMENT
BACKGROUND QUESTIONNAIRE**

Are you currently using any illegal substance? YES NO If yes, what is the substance?

49. **HAVE YOU EVER SOLD OR FURNISHED DRUGS OR NARCOTICS OR WHAT YOU BELIEVED TO BE DRUGS OR NARCOTICS TO ANYONE?** YES NO If "Yes", give details

JOB SPECIFIC QUESTIONS

50. **ARE YOU ABLE AND WILLING TO FULLY PERFORM THE DUTIES OF A POLICE OFFICER, INCLUDING WORKING 8, 10, 12-HOUR SHIFTS, ON WEEKENDS AND/OR HOLIDAYS; WEARING A UNIFORM, AND COMPLYING WITH GROOMING STANDARDS?** YES NO If "No", explain

(A job description will be made available upon request.)

51. **DO YOU HAVE ANY BODY PIERCINGS, TATTOOS OR BODY ART?**

YES NO If "Yes", give details on a separate sheet.

52. **POLICE OFFICERS ARE TRAINED IN THE USE OF DEADLY FORCE. COULD YOU USE DEADLY FORCE IN THE LINE OF DUTY KNOWING THAT THE RESULT COULD BE THE DEATH OF ANOTHER HUMAN BEING?** YES NO If "No", explain

53. **HAVE YOU EVER BEEN SUBJECT TO DISCIPLINE OR PROPOSED DISCIPLINE BY A SCHOOL, BUSINESS, OR LAW ENFORCEMENT AGENCY? I.E. ANY ARREST, VERBAL OR WRITTEN DISCIPLINARY ACTION, SUSPENSION, DEMOTION, LOSS OF PAY, FORFEITURE OF TIME, DISMISSAL, COUNSELING, AFFIRMATIVE ASSISTANCE, ETC.**

YES NO If "Yes", give details on a separate sheet.

**CHESTERFIELD TOWNSHIP POLICE DEPARTMENT
BACKGROUND QUESTIONNAIRE**

54. ADDITIONAL INFORMATION. DO YOU HAVE ANY KNOWLEDGE OR INFORMATION, IN ADDITION TO THAT SPECIFICALLY CALLED FOR IN THE PRECEDING QUESTIONS, WHICH IS OR WHICH MAY BE RELEVANT, DIRECTLY OR INDIRECTLY, IN CONNECTION WITH AN INVESTIGATION OF YOUR ELIGIBILITY OR FITNESS FOR THE POSITION OF POLICE OFFICER, DISPATCHER OR RECORDS CLERK; INCLUDING BUT NOT LIMITED TO, KNOWLEDGE OR INFORMATION CONCERNING YOUR CHARACTER, TEMPERAMENT, HABITS, EMPLOYMENT, EDUCATION, ILLEGAL SUBVERSIVE ACTIVITIES, ILLEGAL ASSOCIATIONS, CRIMINAL & CIVIL RECORD, TRAFFIC VIOLATIONS, RESIDENCES, OR OTHERWISE?

YES NO If "Yes", give details on a separate sheet.

Signature in Full:

Date Completed:

**CHESTERFIELD TOWNSHIP POLICE DEPARTMENT
AUTHORIZATION TO RELEASE INFORMATION**

PLEASE COMPLETE AND RETURN ALL
THREE (3) COPIES OF
THE AUTHORIZATION TO RELEASE
INFORMATION
(PHOTOCOPIES ARE NOT ACCEPTABLE)

**CHESTERFIELD TOWNSHIP POLICE DEPARTMENT
AUTHORIZATION TO RELEASE INFORMATION**

Applicant's Name _____

Date of Birth _____

Social Security Number _____

As an applicant for a position with the Chesterfield Township Police Department, I am requested to furnish information for use in determining my qualifications. To facilitate this process, I hereby authorize the release of any and all information you may have concerning me, including but not limited to credit and educational information, academic achievement, attendance records, performance reports, all background investigations, disciplinary records, information of a confidential or privileged nature, or any data or material which have been sealed or understood to have been sealed or withheld pursuant to any prior agreement, understanding or court proceeding involving any previous disciplinary action or employment separation, however the separation was identified.

I respectfully request and further authorize any government agency, company, organization, private or public agency or institution, club, school, university, non-profit, or any employee of the same or any other person or organization to furnish any and all information that you may possess or have knowledge of concerning my work record, credentials, military record, reputation, financial or credit records, fitness and abilities, information that may be of a confidential or privileged nature and any reproductions of the same, or any other information you possess that might be of use to the Chesterfield Township Police Department in helping them assess my suitability for employment.

I hereby release, discharge and exonerate you and your organization, its agents and representatives, and any person furnishing the requested information from any and all liability of every nature and kind arising out of the furnishing and inspection of such information.

It is understood and acknowledged by me that I will not receive or have access to the contents, either in part or whole, of any reports or information including the final report. I further understand that any information secured pursuant to this background investigation, which is reasonably believed to be of a criminal nature will be forwarded to the respective law enforcement agency.

Signed and sworn before me on this _____ day of _____, 2016

Notary Public Signature

Applicant Signature

My Commission Expires on _____