



# CONFIDENTIAL QUESTIONNAIRE

## Police Department

Position Applied For \_\_\_\_\_

Last Name

First Name

Middle Name

Alias(es), Nickname, Maiden Name, or other changes in name (Attach official document(s) concerning any change in name)

Street Name

Apartment Number

City

County

State

Zip Code

Residence Telephone (Area Code)

Business Telephone

Social Security Number

Date of Birth

Drivers License #

State of Issue

**INSTRUCTIONS:**

HAND PRINT OR TYPE in black ink and answer every question. If a question does not apply to you, so state with N/A. If the space available is insufficient, use a separate sheet and precede each answer with the number of the referenced block. **DO NOT MISSTATE OR OMIT** material facts since the statements made herein are subject to verification to determine your qualifications for employment.

**EXAGGERATED, FALSE OR MISLEADING** statements are cause for rejection or dismissal. Answer all questions accurately and completely. **PLEASE PRINT CLEARLY.**

Have you read and do you understand ALL the above instructions?

YES

NO

1. U.S. Citizen  Yes  No Native  Yes  No  
Naturalized Certificate No. \_\_\_\_\_ If derived, parent Certificate No. \_\_\_\_\_  
Date, Place and Court \_\_\_\_\_

2. Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of Eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_  
Scars, tattoos, and/or distinguishing marks \_\_\_\_\_

3. Date of Birth \_\_\_\_\_ Place of Birth (City, County, State) \_\_\_\_\_  
(Attach photostatic copy of birth certificate if not already provided)

4. Present residence address \_\_\_\_\_  
Street or RFD \_\_\_\_\_  
City or Post Office \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. With whom do you reside? List full name and date of birth \_\_\_\_\_  
\_\_\_\_\_

6. Marital Status:  Single  Married  Engaged  Separated  Divorced

7. If married, are you living with your spouse? \_\_\_\_\_ If not, state reason \_\_\_\_\_

8. a. Name of Fiancée (if applicable) \_\_\_\_\_

Address (City,State,Zip) \_\_\_\_\_

Phone Number: \_\_\_\_\_

b. Girl/Boy Friend (Steady) Name \_\_\_\_\_

Address (City,State,Zip) \_\_\_\_\_

Phone Number: \_\_\_\_\_

9. Information concerning marriages: (List all marriages)

Date Married	Where Performed	Who Officiated	Spouse's Name (wife's maiden name)

10. Name and Address of spouse(s) if divorced or separated:

Name

Address (Street, City, State)

Phone #

\_\_\_\_\_  
\_\_\_\_\_

11. If ever separated, annulled, or divorced, indicate below the following information:

Separated, annulled or divorced

Date of Order or Decree

By Whom/Where issued Court-State

a. \_\_\_\_\_

b. \_\_\_\_\_

Offending party as decreed by law      Reason

a. \_\_\_\_\_

b. \_\_\_\_\_

12. List all your children, stepchildren, and adopted ones, and give the following information.

NAME	BIRTH (Date and Place)	RESIDENCE (Address) with whom	Supported by
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. FAMILY – List in the order given, showing relationship, parents, guardians, stepparents, parents-in-law, brothers and sisters, step brothers and sisters, even though deceased. Include any others you have resided with or with whom a close relationship existed or exists:

RELATIONSHIP	NAME	PRESENT ADDRESS (if living)	PHONE	OCCUPATION
FATHER				
MOTHER (Maiden)				

List all residences for the past TEN years, beginning with your present address.

Month FROM	Year TO	STREET AND NUMBER	CITY & STATE OR COUNTRY

14. EDUCATION: List all elementary, junior high, and high schools attended:

NAME	LOCATION	DATE FROM	DATE TO	YEARS COMPLETED	GRADUATED: YES NO


Higher Education: List information below for all colleges or universities attended. Official certified transcript from last institution of higher education attended must be presented prior to a job offer being made.

Name & Location of College/University	Date Attended: FROM	Date Attended: TO	Credit Hours Semester	Credit Hours Quarter	Degree Received	Year Received

Major and minor college courses:

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Other schools or training (trade, vocational, business, or military). Give for each, the name and location of school, dates attended, subjects studied, certificate, and any other pertinent data.

Dates FROM	Dates TO	Name of School and Location	Courses Studied	Certificate YES	Certificate NO

Were you ever expelled or suspended from ANY SCHOOL or were you ever disciplined by any school official?  Yes  No

If yes, give particulars: \_\_\_\_\_

15. FOREIGN LANGUAGE: Enter foreign language and indicate your knowledge of each

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
	<i>Exc. Good Fair</i>	<i>Exc. Good Fair</i>	<i>Exc. Good Fair</i>	<i>Exc. Good Fair</i>
	<i>Exc. Good Fair</i>	<i>Exc. Good Fair</i>	<i>Exc. Good Fair</i>	<i>Exc. Good Fair</i>

16. MILITARY:

a. Have you ever served in a military or naval organization of the United States?  Yes  No

(If yes, attach a photostatic copy of DD214)

b. Branch of Service \_\_\_\_\_ Company \_\_\_\_\_

Regiment \_\_\_\_\_ Division \_\_\_\_\_ Ship \_\_\_\_\_

- c. What is your service number? \_\_\_\_\_
- d. Highest rank held: \_\_\_\_\_
- e. How many periods of active military service have you had? \_\_\_\_\_
- f. List all medals and decorations awarded to you as a member of the armed forces:

\_\_\_\_\_  
\_\_\_\_\_

- g. What is the type of your discharge? Be exact:   \_\_\_ Honorable \_\_\_ Dishonorable \_\_\_ Medical  
  \_\_\_ Honorable Conditions   Other: \_\_\_\_\_

h. Give date and location of entrance to active duty: \_\_\_\_\_

i. Give date and location of discharge: \_\_\_\_\_

j. If you have had no military service, give reasons: \_\_\_\_\_

k. Give period or periods of active military service:

From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

l. Are you now or were you ever an active or inactive member of any branch of the United States Reserve Forces?

\_\_\_ Yes \_\_\_ No                    State which: \_\_\_ Active           \_\_\_ Inactive

m. Are you now or were you ever a member of the National Guard? \_\_\_ Yes \_\_\_ No

State \_\_\_\_\_ Regiment \_\_\_\_\_ Unit \_\_\_\_\_ Rank \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Type of Discharge \_\_\_\_\_

n. What is your present draft classification? \_\_\_\_\_ Date of Classification \_\_\_\_\_

Draft board number and location \_\_\_\_\_

o. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action while a member of the armed forces?

\_\_\_ Yes \_\_\_ No   If yes, explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

p. List any disciplinary action taken against you in the National Guard or other reserve unit.

\_\_\_\_\_  
\_\_\_\_\_

q. List any other information pertaining to military not requested above: \_\_\_\_\_

\_\_\_\_\_

17. EMPLOYMENT

a. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member:

\_\_\_ Yes \_\_\_ No   If yes, give details: \_\_\_\_\_

\_\_\_\_\_

b. Were you ever discharged, terminated, fired or forced to resign because of misconduct or unsatisfactory service (except military)? \_\_\_\_ Yes \_\_\_\_ No If yes, explain, giving name and address of employer, approximate date, and reasons in each case: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Have your employers always treated you fairly? \_\_\_\_ Yes \_\_\_\_ No If not, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. Have you ever received unemployment insurance or other Federal, State or local benefits or assistance? \_\_\_\_ Yes \_\_\_\_ No

TYPE OF ASSISTANCE	LOCAL OFFICE	ADDRESS	FOR HOW LONG?

e. List all jobs you have held since age of 18. Place your present or most recent job FIRST.

If you need more space, you may attach additional sheets. Include military service in proper time sequence and also all periods of unemployment. List all part-time, temporary, seasonal and voluntary jobs.

FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NUMBER (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE	NAME OF SUPERVISOR		NAME OF CO-WORKER
SALARY END	WHY DID YOU LEAVE?			

FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NUMBER (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE	NAME OF SUPERVISOR		NAME OF CO-WORKER
SALARY END	WHY DID YOU LEAVE?			

FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NUMBER (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE	NAME OF SUPERVISOR		NAME OF CO-WORKER
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SALARY BEGIN	CITY, STATE, ZIP CODE	NAME OF SUPERVISOR		NAME OF CO-WORKER
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FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
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SALARY BEGIN	CITY, STATE, ZIP CODE	NAME OF SUPERVISOR		NAME OF CO-WORKER
SALARY END	WHY DID YOU LEAVE?			

FROM DATE	NAME OF EMPLOYER	PART TIME	FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NUMBER (Area Code)		DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE	NAME OF SUPERVISOR		NAME OF CO-WORKER
SALARY END	WHY DID YOU LEAVE?			

18. VEHICLE OPERATOR'S LICENSE: (Driver's, Chauffeur's, etc.)

- a. Can you operate a motor vehicle?  Yes  No Driver's License No. \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Restrictions \_\_\_\_\_
- b. Did you ever possess a driver's license issued by any state other than Tennessee?  Yes  No  
If yes, provide the following information: Driver's Lic. No. \_\_\_\_\_ State \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Restrictions \_\_\_\_\_
- c. Was your license ever suspended or revoked?  Yes  No If yes, give reasons \_\_\_\_\_  
\_\_\_\_\_
- d. Was your license ever restored?  Yes  No\_ When? \_\_\_\_\_
- e. Have you ever been refused a driver's license by any state?  Yes  No If yes, give details \_\_\_\_\_  
\_\_\_\_\_
- f. Has your driver's license ever been restricted due to traffic offense convictions or placed on negligent operator's probation?  Yes  No If so, give details \_\_\_\_\_
- g. Have you ever been involved in a motor vehicle accident?  Yes  No If yes, give complete details for each accident whether collision, non-collision or hit and run.
- Date \_\_\_\_\_ Police Investigation?  Yes  No  
Location \_\_\_\_\_  
Cause of Accident (for example, ran red light, careless driving, etc.) \_\_\_\_\_  
Injury or non-injury \_\_\_\_\_ Who was charged with accident and court disposition? \_\_\_\_\_  
\_\_\_\_\_
- Date \_\_\_\_\_ Police Investigation?  Yes  No  
Location \_\_\_\_\_  
Cause of Accident (for example, ran red light, careless driving, etc.) \_\_\_\_\_  
Injury or non-injury \_\_\_\_\_ Who was charged with accident and court disposition? \_\_\_\_\_  
\_\_\_\_\_
- Date \_\_\_\_\_ Police Investigation?  Yes  No  
Location \_\_\_\_\_  
Cause of Accident (for example, ran red light, careless driving, etc.) \_\_\_\_\_  
Injury or non-injury \_\_\_\_\_ Who was charged with accident and court disposition? \_\_\_\_\_  
\_\_\_\_\_
- Date \_\_\_\_\_ Police Investigation?  Yes  No  
Location \_\_\_\_\_  
Cause of Accident (for example, ran red light, careless driving, etc.) \_\_\_\_\_  
Injury or non-injury \_\_\_\_\_ Who was charged with accident and court disposition? \_\_\_\_\_  
\_\_\_\_\_



h. List below all traffic citations you have received: (include parking tickets)

<i>LOCATION (Street, City, State)</i>	<i>APPROXIMATE DATE</i>	<i>NATURE OF VIOLATION</i>	<i>PENALTY OR DISPOSITION</i>

i. List all vehicles that you currently own or operate.

<i>YEAR</i>	<i>MAKE</i>	<i>MODEL</i>	<i>COLOR</i>	<i>TAG NUMBER</i>	<i>OWN YES/NO</i>

19. MOTOR VEHICLE INSURANCE:

a. Do you presently have automobile liability insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, give details \_\_\_\_\_

b. If presently have automobile insurance, list the following information:

Name of Company	Policy Number	Name of Agent	Address	Phone Number

List date of coverage: FROM \_\_\_\_\_ TO \_\_\_\_\_

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

c. If you have been insured by this company for less than 3 years list the previous insurance company:

Name of Company	Policy Number	Name of Agent	Address	Phone Number

List date of coverage: FROM \_\_\_\_\_ TO \_\_\_\_\_

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

d. List your present policy coverage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance?  Yes  No If yes, give details \_\_\_\_\_  
 \_\_\_\_\_

20. ARREST, DETENTION, AND LITIGATION: (Show all arrests including juvenile, delinquent and traffic arrests – any time placed in jail)

a. Have you ever been arrested or detained by ANY law enforcement agency? (Include any arrests in which the records were expunged or sealed or plea nolo contendere)

Crime charged \_\_\_\_\_ Police Agency \_\_\_\_\_

Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_  
 \_\_\_\_\_

b. Have you ever been placed on probation?  Yes  No If yes, give details \_\_\_\_\_  
 \_\_\_\_\_

c. Have you ever been required to pay a fine?  Yes  No If yes, give details \_\_\_\_\_  
 \_\_\_\_\_

d. Has any member of your immediate family ever been arrested for or convicted of a criminal offense?

Yes  No If yes, give particulars below:

NAME	RELATIONSHIP	OFFENSE	WHERE ARRESTED	DATE

e. Have you or any member of your immediate family ever been a victim of a crime?  Yes  No  
 If yes, give details \_\_\_\_\_

f. Have you or your spouse ever sued anyone (civil court plaintiff)?  Yes  No If yes, give details \_\_\_\_\_  
 \_\_\_\_\_

g. Have you or your spouse ever been sued by anyone (civil court defendant)?  Yes  No If yes, give details \_\_\_\_\_  
 \_\_\_\_\_

h. What is your total indebtedness at the present time? \_\_\_\_\_

i. Have your creditors treated you fairly?  Yes  No If not, explain \_\_\_\_\_  
 \_\_\_\_\_

j. Have you ever had accounts placed in the hands of a collection agency?  Yes  No If yes, give details \_\_\_\_\_  
 \_\_\_\_\_

k. Have you ever filed for bankruptcy?  Yes  No If yes, give details (date/court filed) \_\_\_\_\_  
 \_\_\_\_\_

l. Do you drink alcoholic beverages?  Yes  No If yes, to what degree \_\_\_\_\_

- m. Have you ever used marijuana? \_\_\_\_ Yes \_\_\_\_ No If yes, how many times and when was the last time you used marijuana (explain the circumstances) \_\_\_\_\_  
 \_\_\_\_\_
- n. Have you ever used any other illegal drugs, cocaine, hallucinogens, hashish, opiates, pills, etc.? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, explain fully: \_\_\_\_\_  
 \_\_\_\_\_

21. CIVIL SERVICE

- a. List below EVERY civil service, law enforcement or corrections competitive examination you have taken.  
 If none, so state.

AGENCY (City & State)	Approx. Date of Exam	Position Applied For	Position on List	Present Status

- b. Are you now on any eligibility list? \_\_\_\_ Yes \_\_\_\_ No If yes, give details below: \_\_\_\_\_  
 \_\_\_\_\_
- c. If you were ever placed on an eligibility list and were not hired, state why: \_\_\_\_\_  
 \_\_\_\_\_
- d. Were you ever rejected for any civil service, law enforcement or correction position? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, state reasons why \_\_\_\_\_  
 \_\_\_\_\_
- e. Have you previously submitted an application for employment with this Department or any other Law Enforcement agency? \_\_\_\_ Yes \_\_\_\_ No

Approximate Date	NAME OF AGENCY

22. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which may be required of you in the capacity for which you applied which might require further explanation?  
 \_\_\_\_ Yes \_\_\_\_ No If yes, give details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

23. CHARACTER AND CREDIT REFERENCES: (**Do not** include relatives, former employers, or persons living outside the United States or its Territories). List only character references that have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat the names of supervisors.

**List 3 credit and 8 character references.**

a.

NAME OF <b>CREDIT</b> REFERENCE	YRS KNOWN	ADDRESS (Street, City, State, Zip Code)	PHONE (Area Code)

b.

NAME OF <b>CHARACTER</b> REFERENCE	YRS KNOWN	ADDRESS (Street, City, State, Zip Code)	PHONE (Area Code) Business	PHONE (Area Code) Residence

c. Are you acquainted with any members of this Department? If so, whom \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

24. I, \_\_\_\_\_, am being considered for employment in the position of \_\_\_\_\_.

I understand that this confidential questionnaire is part of my official application for this position. By signing this document, I hereby certify that all information contained in this questionnaire and all documents submitted are true, accurate, and complete to the best of my knowledge and that there is no exaggeration, falsification, misrepresentation, or omission. I also understand that all statements and documents are subject to investigation and that exaggeration, falsification, misrepresentation, omission, or other unfavorable information developed is sufficient cause for disqualification, immediate dismissal from City service, and/or disqualification from applying for any position in the service of the City of Cookeville.

I consent to submitting to the following background investigation and other selection process which may include: medical, urinalysis, mental health evaluation, polygraph, fingerprint processing, job interview and other means as deemed necessary and proper by the City of Cookeville Police Department to complete its investigation as to my fitness and suitability for the position for which I have applied. I thoroughly understand that I must successfully complete the above mentioned processes.

I understand that the City of Cookeville/City of Cookeville Police Department will not reimburse any expenses I might incur in seeking this position. I recognize that the time required to process and select employees for this position is lengthy and time-consuming. No promises or commitments are expected by me as to a time when as hiring decision and/or actual hiring might take place.

I understand and consent to all of the above statements and conditions.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

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