

Newton County Sheriff's Office

Background Investigation Packet
For Newton County Sheriff's Office
Detention Officer



Applicant: _____
Please Print Name

Telephone: _____

Packet Return Date: **As Soon As Possible**

Return to:
Newton County Sheriff's Office
208 W. Coler Street
Neosho, Missouri 64850

IMPORTANT NOTICE

PLEASE READ THIS PAGE CAREFULLY

Dear Applicant:

The Newton County Sheriff's Office appreciates your endeavor to become a member of our department. We know it is an extremely difficult process. All applicants who are to have a background investigation completed by the Newton County Sheriff's Office are required to complete a background investigation packet.

It is imperative that you complete this packet completely. All questions must be answered, with full explanations when necessary. Although you may have answered some of these questions elsewhere in the hiring process, it is important that they be answered here as well. The information you supply will be used only by the investigating officer to complete his investigation and reports. It will not be used for any purpose other than determining your suitability for employment.

If the information packet is returned incomplete you may automatically be disqualified. Information obtained after the completion of the packet which may indicate intended omission or falsification will be means for dismissal if consideration for hire was determined. It is in your best interest to be as truthful, thorough and complete in your answers as possible. Any deliberate omissions or untruthfulness will be noted in the investigator's final report. IT IS A VIOLATION MISSOURI STATE LAW, SUBJECT TO CRIMINAL PROSECUTION TO FILE FALSE INFORMATION ON A POLICE REPORT.

Some of the information requested may be impossible to obtain due to circumstances beyond your control. In this case, please give a brief explanation. However, this may affect the ability to judge your suitability for hire. If additional space is needed for any of the sections, attach a sheet of paper to that section with the additional information.

The selection process is on an inflexible schedule. Therefore, you must return the completed packet as soon as possible.

If you have any questions, feel free to contact _____ assigned to your background investigation.

Good Luck!

Newton County Sheriff's Office

Newton County Sheriff's Office
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____ do hereby authorize a review and full disclosure of all records concerning myself and all records concerning myself to any duly authorized officer of the Newton County Sheriff's Office whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for the full and complete disclosure of any and all records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (to include credit reports and/or ratings) and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; current employment and previous employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had interest; traffic and criminal history records, and records involving any incident where I have been arrested or convicted of a crime to include records related to arrests, contacts and or convictions concerning any incidents occurring when I was considered a juvenile. The records referred to in this paragraph shall include, but are not limited to papers, documents, recordings and photographs, whether on paper or stored/transmitted electronically.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, may be considered in determining my suitability for employment by the Newton County Sheriff's Office, whether the position sought is a paid or unpaid position, voluntary or educational in nature. I understand that (1) the Newton County Sheriff's Office states that the use of such information will be in accordance with its employment policies and that such information will not be used for any other purpose other than for consideration of the above as an employee of the Newton County Sheriff's Office and (2) this background check is required because of the nature of the particular position that I have made application in that it involves a sensitive position or that I may be working in an area where confidentiality and security is important. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release such person(s) from any and all liability, which may be incurred as a result of furnishing such information. I further release any Newton County Sheriff's Office employee who conducts any part of my background investigation from any and all liability resulting from such investigation.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

(Witness, age 21 or older)

Print applicant's full name

Date

Maiden name and/or all other
names by which you have been known
or have used

Applicant's legible signature

Current Street address

Social Security number Date of Birth

City, State, and Zip Code

Failure to fill out this form clearly correctly and completely may eliminate the applicant from further consideration and could result in civil or criminal penalties.

Newton County Sheriff's Office

WAIVER AND RELEASE OF ALL CLAIMS
and
**WAIVER OF RIGHT TO INSPECT
BACKGROUND INVESTIGATION**

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

- A) consent to an investigation by the Newton 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 Newton County Sheriff's Office; and
- C) waive my right to review the complete background investigation, or any portion thereof.

WHEREFORE

I, _____, for and in consideration of the Newton County Sheriff's Office consideration of my application for the position of police officer, do hereby specifically authorize the Newton 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 Newton County Sheriff's Office and/or any of its officials or employees that might otherwise accrue to me as a result of the Newton County Sheriff's Office conduct of the investigation. I understand that, in the event I suffer any injury of any kind as a result of the Newton County Sheriff's Office 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 Newton County Sheriff's Office or any of its officials or employees, unless such injury or harm occurs as a direct result of intentional actions to cause me physical harm.

And, also for and in consideration of the Newton County Sheriff's Office consideration of my application for the position of Detention Officer, I do hereby specifically authorize, request and direct any individual, including but not limited to my family, friends, neighbors (past or 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 Newton

County Sheriff's Office and to provide to the Newton County Sheriff's Office, 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 the release of information to the Newton County Sheriff's Office or any of its officials or employees. 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 Newton County Sheriff's Office, 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 Newton County Sheriff's Office consideration of my application for the position of Detention Officer, 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, RMSO 610.011 and 610.021, to review and/or copy the background investigation completed on me or any part thereof.

A copy of the 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 of Detention Officer, this Waiver and Release and waiver of the right to review and copy the 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 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 a mere recital.

I have carefully read the above and foregoing Waiver and Release consisting of six 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.

Applicant Signature

Date

Witness

Newton County Sheriff's Office

APPLICANT'S PERSONAL INFORMATION AND HISTORY

IMPORTANT NOTICE TO THE APPLICANT

READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING.

Instructions to the applicant: This form must be completed using black ink, in the applicant's own handwriting. Please print legibly. No one else may fill out this form for you. All questions must be answered. If a question does not pertain to you, write in "N/A." Use the reverse side of each page to complete your answer if additional space is necessary. Attach all requested documents to the back of the booklet. If you are unable to obtain the document requested in the questionnaire, give a thorough explanation. If you have any questions, feel free to contact the Newton County Sheriff's Office Investigations Division. Failure to return this questionnaire to the Newton County Sheriff's Office by the date specified on the front cover will be cause for automatic disqualification. This booklet and any attachments become the property of the Newton County Sheriff's Office. POLYGRAPH EXAMINATIONS (LIE DETECTOR TESTS) ARE ADMINISTERED TO ALL APPLICANTS WHO SUCCESSFULLY COMPLETE THE BACKGROUND INVESTIGATION.

I. 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 aliases, nicknames, monikers, former names, maiden names, abbreviations, previous married names:

3. Date of Birth: _____

4. Social Security Number: _____

5. Are you a United States Citizen? _____

6. Your current telephone numbers: Cell Phone: _____

Home: _____ Work: _____

7. Your current home address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

8. Place of Birth (include hospital name and city)

City: _____ State: _____ Zip: _____

9. A. Has an Ex-Parte or other type of restraining order ever been placed against you? _____ If yes, explain:

B. Have you ever been accused of or arrested on the charge of Domestic Violence? _____ If yes, explain:

II. EDUCATION

10. Do you possess a G.E.D, high school diploma, or college degree?
YES or NO

Which one(s) do you possess? _____

11. Please list the highest diploma or degree you possess.

(Attach copy of high school diploma or GED certificate along with college transcript.)

12. List ALL high schools that you have attended. Include the address, phone number and web address for each.

13. List all colleges or universities that you have attended. Include the address, phone number and web address of the registrar's office:

14. Give a brief explanation of any academic or disciplinary problems in which you were involved while in high school or college (including academic Suspensions):

15. List and explain ALL contacts that you have had with college security or police departments (other than employment):

III. SKILLS AND TRAINING

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

(Attach copies of any certificates or licenses including P.O.S.T)

Applicants who are licensed from another state or have an invalid Missouri license are responsible for contacting Missouri P.O.S.T. ((573) 751-4905) for information on certification.

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

V. EMPLOYMENT HISTORY

IMPORTANT NOTICE: YOU MUST LIST EVERY JOB YOU HAVE HELD SINCE YOUR 17TH BIRTHDAY, REGARDLESS OF WHETHER YOU FEEL THEY ARE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING. FAILURE TO DO SO MAY RESULT IN AUTOMATIC DISQUALIFICATION. FAILURE TO COMPLETE ALL REQUIRED INFORMATION (NAMES, ADDRESSES, DATE, PHONE NUMBERS, ETC.) MAY LIMIT OUR ABILITY TO ASSESS YOUR SUITABILITY FOR HIRE AND ELIMINATE YOU FROM FURTHER CONSIDERATION.

18. List all dates of unemployment since your 17th birthday. Include the length of unemployment, efforts to seek employment, etc. (Explain):

19. List ALL jobs you have held, including part time, temporary, and volunteer work, dating back 5 years, (Start with most recent and work back):

Business Name: _____

Business Address: _____

Start Date: _____ End Date: _____ End Salary: _____

Job Duties: _____

Reason for leaving: _____

Supervisor: _____ Phone Number: _____

Business Name: _____

Business Address: _____

Start Date: _____ End Date: _____ End Salary: _____

Job Duties: _____

Reason for leaving: _____

Supervisor: _____ Phone Number: _____

Business Name: _____

Business Address: _____

Start Date: _____ End Date: _____ End Salary: _____

Job Duties: _____

Reason for leaving: _____

Supervisor: _____ Phone Number _____

Business Name: _____

Business Address: _____

Start Date: _____ End Date: _____ End Salary: _____

Job Duties: _____

Reasons for leaving: _____

Supervisor: _____ Phone Number: _____

Business Name: _____

Business Address: _____

Start Date: _____ End Date: _____ Start Salary: _____

Job Duties: _____

Reason for leaving: _____

Supervisor: _____ Phone Number: _____

Business Name: _____

Business Address: _____

Start Date: _____ End Date: _____ End Salary: _____

Job Duties: _____

Reasons for leaving: _____

Supervisor: _____ Phone Number: _____

Business Name: _____

Business Address: _____

Start Date: _____ End Date: _____ End Salary: _____

Job Duties: _____

Reason for leaving: _____

Supervisor: _____ Phone Number: _____

IF MORE ROOM IS NEEDED, ATTACH A SEPARATE SHEET OF PAPER AND PROVIDE ALL THE INFORMATION REQUESTED IN QUESTION #38. DO NOT ATTACH A RESUME TO PROVIDE THIS INFORMATION.

20. Have you ever been fired from, terminated from, or asked to resign from a job? _____ If yes, explain fully:

21. Have you ever been suspended as a form of discipline from a job? _____ If yes, explain fully:

V. MILITARY RECORD

Note: You should read and answer the questions in this section carefully, even if you have never served in the military.

22. If you have never served in any branch of the armed services (including the National Guard or military reserves), verify by signing on the next line. If you have served, go to Question #42.

I swear or affirm that I have never served in any branch of the armed services (including the National Guard or military reserves) at any time.

Signed: _____

23. Are you currently participating in any military reserve or National Guard program? _____

24. Date of induction: _____ Date of discharge: _____

Type of discharge: _____

List any medals or awards received:

25. List and explain all disciplinary problems while in the military (Article 15's, UCMJ convictions, demotions, including any judicial or non-judicial action, court martials, etc.):

26. List all duty stations and assignments:

*Attach a copy of your DD-214 (long form)

VI. LAW ENFORCEMENT EMPLOYMENT RECORD

27. List ALL law enforcement agencies, to which you have previously applied, but were not hired (including the Newton County Sheriff's Office):

Name: _____

Address: _____ Date: _____

Name: _____

Address: _____ Date: _____

Name: _____

Address: _____ Date: _____

28. List ALL agencies that have previously investigated your background. Include the date of application and investigating officer:

VII. TRAFFIC CITATIONS AND ACCIDENTS

29. List ALL traffic summons, tickets, or citations you have received in the past 10 years:

Charge: _____ Date: _____

Agency: _____ Disposition: _____

Charge: _____ Date: _____

Agency: _____ Disposition: _____

Charge: _____ Date: _____

Agency: _____ Disposition: _____

(Attach a separate sheet of paper if necessary)

30. List ALL traffic accidents dating back 20 years in which you were the driver of a vehicle involved. Include dates, locations, amount of damage, party at fault, injuries to persons other than yourself, and all circumstances surrounding the accident. Attach a separate sheet of paper if necessary:

31. List EVERY state in which you have been licensed to operate a motor vehicle and include the year(s):

32. Have you ever been refused automobile insurance coverage or has it ever been canceled? _____ If yes, please explain:

VIII. LAW ENFORCEMENT CONTACTS

33. 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. 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 citations that were listed in Question #47. List the name of the agency or court, reason for contact, charge (if any), sentence (if any), and disposition of incident:

34. Do you now, or have you ever *illegally* possessed, used, supplied or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, methamphetamine, heroin, steroids, pharmaceuticals, or drugs of similar nature or abused prescription drugs? (Drug use is not necessarily an automatic disqualification, LYING IS.)

(Circle one) Yes No

If you answered "yes," please complete the following information:

a. Type of drug(s): _____

b. Circumstances: _____

c. Number of times possessed/used/sold/supplied: _____

d. First time possessed/used/sold/supplied: _____

e. Last time possessed/used/sold/supplied: _____

IX. FINANCIAL

35. List and explain all financial problems, past or present. Include overdue accounts, late payments, bankruptcies, failure to pay student loans, etc. (A complete credit history will be obtained by the Newton County Sheriff's Office.)

36. Have you ever had purchased goods repossessed or had any of your bills turned over to a collection agency? _____ If yes, please explain:

37. Do you owe overdue alimony or child support? _____ If yes, please explain:

X. RESIDENCY

38. Have you ever been evicted or asked to leave a rental house, apartment or other dwelling? _____ If yes, please explain:

39. List the address of every place at which you have resided, on either a permanent or temporary basis, dating back 10 years or since your 17th birthday. Start with your current address and work back:

1. Street address: _____ From: _____ To: _____

City: _____ State: _____ Zip Code _____

Landlord's name, address, e-mail address and telephone number:

2. Street address: _____ From: _____ To: _____

City: _____ State: _____ Zip Code _____

Landlord's name, address, e-mail address and telephone number:

3. Street address: _____ From: _____ To: _____

City: _____ State: _____ Zip Code: _____

Landlord's name, address, e-mail address and telephone number:

4. Street address: _____ From: _____ To: _____
City: _____ State: _____ Zip Code: _____

Landlord's name, address, e-mail address and telephone number:

5. Street address: _____ From: _____ To: _____
City: _____ State: _____ Zip Code: _____

Landlord's name, address, e-mail address and telephone number:

IF MORE ROOM IS NEEDED, ATTACH A SEPARATE SHEET OF OF PAPER AND PROVIDE ALL THE INFORMATION REQUESTED.

XI. REFERENCES

40. List three individuals who have knowledge of your character (Excluding all relatives and former employers):

1. Name: _____

Full address: _____

Phone number: Work _____ Home: _____

E-mail address: _____

2. Name: _____

Full address: _____

Phone number: Work _____ Home: _____

E-mail address: _____

3. Name: _____

Full address: _____

Phone number: Work _____ Home: _____

E-mail address: _____

41. List any information you would like us to consider concerning your personal history background investigation:

42. Is there any additional information that you would like to explain or provide that relates to your background but has not yet been asked?

PLEASE ATTACH THE FOLLOWING DOCUMENTS IF APPLICABLE (AND CHECK OFF):

- _____ Copy of high school diploma or GED certificate.
- _____ Copy of Military discharge certificate.
- _____ Copy of Military Form DD-214, Member 4, long form.
- _____ Photocopy of valid driver's license (front and back).
- _____ Copies of any licenses or certificates or training or specialization that you wish to have considered.
- _____ Copy of POST certification

NOTE: Although we have requested only photocopies of documents, you must have the original documents available for the background investigator's inspection at a later date.

I certify that I have read and understand the contents of all 21 pages of this document and that I have not deliberately falsified or omitted any information on this form. I acknowledge that deliberate falsifications, omissions or misstatements shall be grounds for disqualification.

Signed: _____ Date: _____
(Please sign legibly)

Full name: _____
(Please print)