

# Montgomery County Sheriff's Office



## Personal History Questionnaire

The County of Montgomery resolve that all applicable State, Federal, Statutory or Judicial exemptions, all qualified applicants for employment and/or advancement shall be given equal opportunity for consideration, selection, appointment and retention, regardless of race, color, religion, sex, sexual orientation, national origin, age, disability, or political affiliation.

**AN EQUAL OPPORTUNITY EMPLOYER**

**APPLICANT PERSONAL HISTORY QUESTIONNAIRE**

**VERIFICATION OF INFORMATION**

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment with the Montgomery County Sheriff's Office. An extensive background investigation will be conducted into your personal history.

**Any false, misleading, or incomplete information substituted for accurate information will be grounds to disqualify you from further consideration in the applicant process with the Montgomery County Sheriff's Office.**

*I confirm that I have read and that I understand the above, and that all statements and documents presented to the Montgomery County Sheriff's Office are true, correct, complete, and made in good faith.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please indicate the position(s) for which you are applying

**Directions**

1. BEFORE YOU BEGIN, read the entire set of direction and listing of documents required for submission. An applicant checklist is provided on page 14 for your convenience. This is a competitive process, therefore, applications will not be accepted, processed, or evaluated unless complete. All addresses and phone numbers MUST include zip codes and area codes.
2. USE BLACK INK PEN ONLY. Complete this form in your handwriting. If you need any special accommodations in completing this questionnaire, contact an officer or deputy.
3. READ each question carefully before answering. Be certain that your answers are legible.
4. Be certain that each question is answered COMPLETELY and CORRECTLY. Submit all documents as requested. If a question does not apply to you, write "N/A" (not applicable) in the space.
5. Initial EACH page on the bottom right corner.
6. Additional space is provided on Pages 12 and 13 for answers that require clarification or further explanation. All entries on Pages 12 and 13 will begin with page, section number (Roman numerals I-XV) and question (Letters A-J) you are explaining or clarifying.
7. Upon completion, the questionnaire must be returned to the Montgomery County Sheriff's Office at 211 E. Third St., Montgomery City, MO. 63361



**MONTGOMERY**  
**COUNTY**  
**SHERIFF'S OFFICE**

**Sheriff Craig S. Allison**  
211 E. 3<sup>rd</sup>. Street  
Montgomery City, MO. 63361  
(573) 564-8084

**CERTIFICATE OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION**

LAST NAME	FIRST NAME	MIDDLE NAME
SSN	DATE OF BIRTH	

I \_\_\_\_\_ (Print full name), hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material facts will cause forfeiture on my part of all rights to initial employment or continued employment by the Montgomery County Sheriff's Office.

The intent of this authorization is to make available a full and complete disclosure of any and all information pertaining to my person; therefore, I do hereby authorize all present or past employers, all law enforcement agencies, all military agencies, the Veterans Administration, the U.S. Army, U.S. Air Force, U.S. Coast Guard, all Federal, State, or local government agencies, State and Federal tax bureaus, credit bureaus, schools, insurance companies, and universities to furnish the Montgomery County Sheriff's Office, with any and all available information regarding my past or present performance, conduct or behavior. I further authorize the release of any punitive or disciplinary action, or memorandum, to the Supervisor in order that the information be evaluated to assist in the determination of my suitability for police work.

I understand the Montgomery County Sheriff's Office acquisition, retention, and sharing of information related to my employment application is generally authorized under state and federal citations. The purpose for the Department requesting this information is to conduct a complete background investigation pertaining to my fitness to serve as a Montgomery County Sheriff's Office employee. This background investigation may include inquiries pertaining to my employment, education, medical history, credit history, criminal history, and any information relevant to my character and reputation. By signing this form, I am acknowledging that I have received notice and have provided consent for the Montgomery County Sheriff's Office to use this information to conduct such a background investigation, which may include the searching of N-DEX, criminal justice databases, private databases, and public databases.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal and business life for the purpose of conducting a pre-employment background investigation. I authorize the Montgomery County Sheriff's Office to make an inquiry and gather any documents of my present and past employers regarding my character, integrity, reputation, and performance.

I authorize the release of any and all of the afore listed information regarding my person, employment, credit, or any other aspect, whether personal or otherwise, that may or may not be in their written records. I understand that all materials pertaining to this background investigation become the property of the Montgomery County Sheriff's Office and will not be made available or returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented, along with the company or organization therein from any and all claims, damages, losses and expenses, including reasonable attorney's fees arising out of complying with this request.

A copy of this authorization will be considered as effective and valid as the original, even though the copy does not contain an original writing of my signature.

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY;**  
**NOTARY AVAILABLE AT THE MONTGOMERY COUNTY SHERIFF'S OFFICE IF NEEDED.**

Applicant signature: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary signature: \_\_\_\_\_

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

**I. PERSONAL DATA**

FULL NAME	LAST			FIRST			MIDDLE			HOME PHONE
ADDRESS	NUMBER	STREET			CITY	STATE	ZIP CODE			CELL PHONE
PERMANENT ADDRESS	NUMBER	STREET			CITY	STATE	ZIP CODE			HOME PHONE
AGE	HEIGHT	WEIGHT	HAIR	EYES	DATE OF BIRTH	PLACE OF BIRTH				
E-MAIL ADDRESS			SOCIAL SECURITY NUMBER			OPERATOR'S LICENSE NUMBER			STATE ISSUED	

A. LIST ANY OTHER NAMES YOU HAVE EVER USED:

B. ARE YOU A CITIZEN OF THE UNITED STATES?

YES  NO

C. WHERE YOU NATURALIZED?

YES  NO

D. IN ORDER, LIST ALL OTHER ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST (10) YEARS, INCLUDING YOUR ADDRESS (ES) IN THE MILITARY SERVICE WHILE ATTENDING COLLEGE.

FROM	TO	STREET ADDRESS	CITY/COUNTY	STATE	ZIP CODE

E. HAVE YOU EVER APPLIED FOR A POSITION WITH THIS DEPARTMENT BEFORE?

YES  NO

IF "YES," DATE OF APPLICATION

F. ARE YOU ACQUAINTED WITH ANY MONTGOMERY COUNTY SHERIFF'S OFFICE EMPLOYEES?

IF "YES," LIST NAMES BELOW:  YES  NO

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G. BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU APPLIED, DESCRIBED IN THE WRITTEN JOB DESCRIPTION THAT ACCOMPANIED THIS APPLICATION, ARE YOU ABLE TO PERFORM THESE FUNCTIONS?  YES  NO

**II. EDUCATION**

A. DO YOU HAVE (CHECK APPROPRIATE BOXES):

GED/HIGH SCHOOL                     
 3-31 COLLEGE CREDITS                     
 32-60 COLLEGE CREDITS  
 64-119 COLLEGE CREDITS                     
 MISSOURI POST LICENSE                     
 ASSOCIATE'S/BACHELOR'S DEGREE

B. STARTING WITH THE MOST RECENT, LIST ALL ELEMENTARY, HIGH SCHOOL, COLLEGES, AND UNIVERSITIES YOU HAVE ATTENDED:

MONTH & YEAR ATTENDED		NAME & LOCATION (STREET, CITY, STATE, ZIP CODE)	# OF CREDITS COMPLETED	MAJOR	YEAR OF DEGREE
TO	FROM				

**III. EMPLOYMENT HISTORY**

A. START WITH YOUR PRESENT OR LAST JOB AND LIST ALL OF THE PLACES YOU HAVE WORKED FOR THE PAST TEN YEAR. LIST ANY ADDITIONAL EMPLOYERS ON PAGES 12 AND 13. IF YOU ARE PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER?  YES  NO

1. EMPLOYER		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER
DATES EMPLOYED FROM:                      TO:		HOURLY OR ANNUAL SALARY START:                      FINISH:	JOB TITLE
WORK PERFORMED		SUPERVISOR	SUPERVISOR'S TITLE
REASON FOR LEAVING			

2. EMPLOYER		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER
DATES EMPLOYED FROM:                      TO:		HOURLY OR ANNUAL SALARY START:                      FINISH:	JOB TITLE
WORK PERFORMED		SUPERVISOR	SUPERVISOR'S TITLE
REASON FOR LEAVING			

3. EMPLOYER		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER
DATES EMPLOYED FROM:                      TO:		HOURLY OR ANNUAL SALARY START:                      FINISH:	JOB TITLE
WORK PERFORMED		SUPERVISOR	SUPERVISOR'S TITLE
REASON FOR LEAVING			

4. EMPLOYER		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER
DATES EMPLOYED FROM:                      TO:		HOURLY OR ANNUAL SALARY START:                      FINISH:	JOB TITLE
WORK PERFORMED		SUPERVISOR	SUPERVISOR'S TITLE
REASON FOR LEAVING			

B. HAVE YOU EVER BEEN DISMISSED, FIRED, OR ASKED TO RESIGN FROM ANY EMPLOYMENT? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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C. HAVE YOU EVER STOLEN ANY MONEY OR MERCHANDISE FROM ANY PLACE OF EMPLOYMENT? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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D. HAVE YOU EVER BEEN UNEMPLOYED FOR A PERIOD OF TIME IN EXCESS OF SIX MONTHS/ IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**IV. MILITARY STATUS**

A. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		B. REGISTRATION NUMBER	C. LOCATION WHERE REGISTERED		
D. DO YOU HAVE A CURRENT OBLIGATION WITH THE MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		UNIT	ADDRESS/PHONE	COMMANDER	
E. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, ROTC, OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? (IF THERE IS MORE THAN ONE PERIOD, LIST THE SEPARATE PERIODS.)					<input type="checkbox"/> YES <input type="checkbox"/> NO
MONTH/YEAR ENTERED	BRANCH/ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK	OCCUPATIONAL SPECIALTY
F. WERE YOU EVER REDUCED IN RANK IN THE MILITARY? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.		<input type="checkbox"/> YES <input type="checkbox"/> NO	REDUCED FROM	REDUCED TO	
G. WERE YOU EVER COURT MARTIALED? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.					<input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF COURT MARTIAL:	<input type="checkbox"/> SUMMARY	<input type="checkbox"/> SPECIAL	<input type="checkbox"/> GENERAL		
SENTENCE RECEIVED:					
HAVE YOU EVER RECEIVED A CAPTAIN'S MAST, COMPANY PUNISHMENT, OR ARTICLE 15? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.					<input type="checkbox"/> YES <input type="checkbox"/> NO

**V. DRIVING HISTORY**

A. LIST ALL DRIVER'S AND NON DRIVER'S LICENSES YOU NOW HOLD OR HAVE PREVIOUSLY HELD, EITHER IN MISSOURI OR ANY OTHER STATE OR COUNTY.

STATE	TYPE OF LICENSE	LICENSE NUMBER	EXPIRATION DATE

B. HAVE ANY OF THE ABOVE LICENSES EVER BEEN SUSPENDED OR REVOKED? IF "YES," EXPLAIN:

YES  NO

C. LIST ALL DRIVING CITATIONS/TICKETS OR SUMMONSES YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, BEGINNING WITH THE MOST RECENT. IF YOU CANNOT REMEMBER EXACT DATES OR LOCATIONS, GIVE APPROXIMATE DATES AND LOCATIONS. CONTINUE ON PAGES 12 AND 13. IF NEEDED.

MONTH/YEAR	CHARGE	CITY/STATE	ISSUING AGENCY/DEPARTMENT	DISPOSITION

**VI. NARCOTIC AND LIQUOR USAGE**

A. WITHIN THE LAST SIX MONTHS HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGES BECAUSE OF AN ADDICTION TO ALCOHOL? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. WITHIN THE LAST SIX MONTHS HAVE YOU USED A CONTROLLED SUBSTANCE WITHOUT A PRESCRIPTION? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.	<input type="checkbox"/> YES <input type="checkbox"/> NO

C. HAVE YOU EVER USED ANY OF THE FOLLOWING NARCOTICS: COCAINE (OR ANY OF ITS DERIVATE), HEROIN (OR ANY OF ITS DERIVATES), METHAMPHETAMINE, PCP, MARIJUANA, ECSTASY, OR ANY OTHER CONTROLLED SUBSTANCES (TO INCLUDE ANABOLIC STEROIDS) THAT IF IN YOUR POSSESSION WOULD CONSTITUTE A CRIMINAL OFFENCE? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13

YES  
 NO

D. IF YOU HAVE USED MARIJUANA IN THE PAST, INDICATE HOW MANY TIMES, FREQUENCY OF USE, AND LAST TIME INGESTED:  
HOW MANY TIMES USED? \_\_\_\_\_ FREQUENCY OF USE (DAILY, WEEKLY, ETC.) \_\_\_\_\_ DATE LAST INGESTED \_\_\_\_\_

**VII. ARREST HISTORY**

A. OTHER THAN TRAFFIC CITATIONS, HAVE YOU, AS AN ADULT OR JUVENILE BEEN ARRESTED, CONVICTED, CHARGED, QUESTION, ACCUSED, OR DETAINED FOR ANY REASON BY ANY CITY OFFICER, COUNTY OFFICER, SECURITY OFFICER, MILITARY OFFICER, ETC. IN THE UNITED STATES OF AMERICA OR IN ANY FOREIGN COUNTRY? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.

YES  
 NO

DATE	CHARGE	DEPARTMENT/AGENCY	LOCATION (CITY, COUNTY, STATE, COUNTRY)	DISPOSITION

B. WERE YOU EVER SERVED A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS OTHER THAN TRAFFIC? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.

YES  NO

C. HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR FORMER OR CURRENT ADDRESSES FOR ANY REASON? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.

YES  NO

D. HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED CRIME, INCLUDING THE BUYING OR SELLING OF ILLICIT DRUGS? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13

YES  NO

E. ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF THE LAW OR CURRENTLY BEING INVESTIGATED BY ANY LAW ENFORCEMENT AGENCY, WHETHER IT BE LOCAL, STATE OR FEDERAL? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.

YES  NO

**VIII. USE OF FORCE**

A. IF NECESSITY AROSE FOR YOU TO USE LESS LETHAL OR LETHAL FORCE AGAINST A PERSON IN THE COURSE OF YOUR DUTIES AS AN OFFICER, WOULD YOU HAVE ANY RELUCTANCE TO DO SO? IF "YES," EXPLAIN IN FULL DETAIL PAGES 12 AND 13.

YES  NO

B. HAVE YOU EVER USED A WEAPON OR PHYSICAL FORCE TO DEFEND YOURSELF OR OTHERS? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.

YES  NO

C. AS THE NEED TO DO SO MAY ARISE AT ANY TIME, ARE YOU PHYSICALLY CAPABLE OF MAKING A FORCEFUL ARREST REQUIRING PHYSICAL STRENGTH AND EXERTION? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.

YES  NO

**IX. SOCIAL MEDIA**

A. DO YOU HAVE ANY OF THE FOLLOWING SOCIAL NETWORKING/MEDIA RESOURCES: FACEBOOK, MYSPACE, YOUTUBE ACCOUNT, TWITTER, INSTAGRAM, OR ANY OTHER SOCIAL MEDIA RESOURCE? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.

YES  NO

B. IS THERE ANYTHING ON YOUR SOCIAL MEDIA THAT WOULD BE POTENTIALLY EMBARRASSING TO YOU, ANY POLICE DEPARTMENT, THE LAW ENFORCEMENT FIELD AS A WHOLE, OR COULD BE A VIOLATION OF OPERATIONAL SECURITY? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.

YES  NO

**X. NARRATIVE**

A. IN THE SPACE PROVIDED, EXPLAIN WHY YOU WISH TO BE A OFFICER/DEPUTY WITH THE MONTGOMERY COUNTY SHERIFF'S OFFICE.

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**XI. FINANCIAL**

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," WRITE DETAILS ON PAGES 12 AND 13.

A. HAVE YOU EVER BEEN DELINQUENT IN ANY OF YOUR FINANCIAL OBLIGATIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	F. HAVE YOU EVER FILED A LAWSUIT OR HAD A REPRESENTATIVE FILE A LAWSUIT ON YOUR BEHALF?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	G. HAS YOUR TAX RETURN EVER BEEN AUDITED BY THE IRS FOR ANY REASON OTHER THAN A RANDOM AUDIT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. HAVE YOU EVER FILED BANKRUPTCY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	H. HAVE YOU EVER FAILED TO FILE OR BEEN DELINQUENT IN FILING YOUR TAX RETURN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. HAVE YOU EVER BEEN SUED IN COURT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	I. DO YOU RECEIVE OR HAVE YOU EVER RECEIVED AN INCOME FROM ANY ILLEGAL SOURCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
E. HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES, INJURY, LIBEL, ETC., EITHER WITH OR WITHOUT COURT ACTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

**XII. SPECIAL SKILLS**

A. BRIEFLY LIST BELOW, ANY TRAINING OR SKILLS, INCLUDING FIREARMS THAT WOULD BE OF ASSISTANCE IN THE JOB YOU ARE APPLYING FOR. IF YOU HAVE ANY COPIES OF CERTIFICATES FOR ANY TRAINING, PLEASE ATTACH THEM TO THE APPLICATION.

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B. DO YOU SPEAK ANY OTHER LANGUAGES OTHER THAN ENGLISH?  YES  NO FLUENT?  YES  NO

IF "YES." PLEASE LIST: \_\_\_\_\_

C. RATE YOURSELF ON THE FOLLOWING, USING A 1 TO 10 SCALE, WITH 10 BEING THE BEST.

1. ORAL COMMUNICATIONS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
2. WRITING	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
3. SPELLING	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
4. GRAMMAR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
5. APPEARANCE	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
6. PUBLIC RELATIONS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
7. COMPUTER SKILLS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
8. ABILITY TO FOLLOW DIRECTIVES	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
9. SELF MOTIVATION	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

**XIII. EMERGENCY CONTACT**

FULL NAME	LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP
	NUMBER	STREET	CITY	STATE
ADDRESS	ZIP CODE			
CONTACT	HOME PHONE	CELL PHONE	OTHER	



**XIV. GENERAL QUESTIONS**

ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY. IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," THEN EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.

A. HAVE YOU EVER ACCEPTED MONEY OR ANY ITEM, IN RETURN FOR NOT ENFORCING A LAW, JAIL, OR PRISON POLICY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. HAVE YOU EVER FALSIFIED ANY TYPE OF POLICE REPORT OR LEGAL DOCUMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. HAVE YOU EVER HAD ANY EXCESSIVE FORCE COMPLAINTS FILED AGAINST YOU?	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. HAVE YOU EVER SLEPT ON DUTY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
E. HAVE YOU EVER ENGAGED IN ANY SEXUAL CONTACT WHILE YOU WERE ON DUTY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
F. WOULD YOU HAVE A PROBLEM WORKING FOR OR WITH A MEMBER OF THE OPPOSITE SEX?	<input type="checkbox"/> YES <input type="checkbox"/> NO
G. IN THE COURSE OF YOUR TRAINING YOU WILL BE CERTIFIED ON THE USE OF LESS LETHAL CHEMICAL WEAPONS. DO YOU HAVE ANY PROBLEMS WITH BEING EXPOSED TO PEPPER SPRAY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
H. YOU MAY BE REQUIRED TO BE CERTIFIED ON THE USE OF LETHAL WEAPONS WHICH MAY INCLUDE SHOTGUN, PISTOL, AND RIFLE. DO YOU HAVE ANY PROBLEMS WITH CARRYING OR USING LETHAL WEAPON?	<input type="checkbox"/> YES <input type="checkbox"/> NO
I. DURING THE COURSE OF YOUR EMPLOYMENT YOU MAY BE REQUIRED TO YOU WILL BE REQUIRED TO WORK SOME OF THE FOLLOWING: OVERTIME, HOLIDAYS, AND WEEKENDS. WILL THIS BE A PROBLEM?	<input type="checkbox"/> YES <input type="checkbox"/> NO
J. HAVE YOU EVER RESIGNED FROM ANY EMPLOYMENT WHILE UNDER ANY TYPE OF INVESTIGATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
H. ARE YOU ABLE TO SET ASIDE BOTH PERSONAL AND RELIGIOUS OPINIONS ABOUT OTHERS FOR THE BETTER GOOD OF THE DEPARTMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
I. HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME(S) OTHER THAN THE NAME LISTED ON THIS APPLICATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
J. IF NEED BE, WOULD YOU BE ABLE TO ACT APPROPRIATELY IN HIGH STRESS SITUATIONS THAT WOULD REQUIRE YOU TO MAKE SPLIT SECOND DECISIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**XV. ADDITIONAL INFORMATION**

A. IS THERE ANY ADDITIONAL INFORMATION, NOT MENTIONED IN THIS APPLICATION, WHICH YOU WOULD LIKE BRING TO THE ATTENTION OF THE MONTGOMERY COUNTY SHERIFF'S OFFICE? IF SO, LIST IT IN THE SPACE PROVIDED BELOW. ADDITIONAL SPACE ON PAGES 12 AND 13 IF NEEDED.

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