



# OAK GROVE, MISSOURI POLICE DEPARTMENT

## CANDIDATE INTERVIEW QUESTIONNAIRE (CIQ)

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### **READ CAREFULLY:**

As part of the interview process, your application is subject to a complete review, consisting of personal, financial and employment history.

- Any misstatement of fact or omission of material information requested in this questionnaire may disqualify you for any employment with the Oak Grove Police Department.
- Failure to answer all questions in the questionnaire may result in disqualification from the selection process.
- You may be administered a polygraph examination or CVSA before and/or after your background investigation to determine the authenticity of the information given by you.

### **THE FOLLOWING MAY CAUSE AUTOMATIC DISQUALIFICATION OF YOUR APPLICATION:**

- Involvement in depriving anyone's human and/or constitutional rights, individually or in concert with others.
- Commission of or participation in any FELONY crime, whether detected or not.
- On-going or repetitious history of committing or participating in MISDEMEANOR crimes, whether detected or not.
- Poor driving history, especially if license is currently revoked or suspended, due to excessive traffic citations or traffic accidents in which you were principally at fault.
- Non-creditable work history.

\*\*\*\*\*READ INSTRUCTIONS\*\*\*\*\*

1. **TYPE** or **PRINT** all answers in **BLACK INK**.
2. Answer every question. If information does not apply, indicate N/A in the blank spaces.
3. Answer all questions completely. This includes **COMPLETE STREET ADDRESSES, ZIP CODES, AREA CODES, ETC.**
4. If there is insufficient space for your answers, **ATTACH ADDITIONAL SHEETS** with appropriate references to the question numbers.
5. If you are unable to furnish any part of the information at the time of the conditional offer of hire, you must provide documentation that you have requested the information be sent to you. Failure to do so may result in **DISQUALIFICATION** from the selection procedure.
6. **DO NOT SIGN** on the last page or have this form notarized. This will be done at the time of your interview.

**SECTION I: PERSONAL DATA**

Full Name: \_\_\_\_\_  
                                LAST                                FIRST                                MIDDLE

Alias (nicknames, maiden name, any other names you have used): \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_  
                                NUMBER                                STREET                                CITY                                STATE                                ZIP

Telephone Numbers:                                  (         ) \_\_\_\_\_  
  AREA CODE                                HOME PHONE

  (         ) \_\_\_\_\_  
  AREA CODE                                WORK PHONE

  (         ) \_\_\_\_\_  
  AREA CODE                                LOCAL MESSAGE PHONE

Date of Birth: \_\_\_\_\_  
                                MONTH DAY YEAR

Are you a U. S. citizen by birth?  Yes  No                          Or by Naturalization?  Yes  No

Certification Number: If derived, parents' Certification Number: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Court: \_\_\_\_\_

## SECTION II: RESIDENTIAL HISTORY

List ALL places of residence – street address, city, county, and state (including military)

MONTH & YEAR		STREET ADDRESS	CITY	COUNTY	STATE	MILITARY INSTALLATION	POLICE CONTACT AT ADDRESS
FROM	TO						
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION III: REFERENCES

List five persons - **not related** to you and **not former employers** - who have known you for at least five years.

NAME	COMPLETE ADDRESS (INCLUDE ZIP)	PHONE NUMBER
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		

## SECTION IV: EDUCATIONAL HISTORY

Indicate the various schools you have attended, and other information requested. Start with high school and work forward, including **ALL** college, business schools, military service, trade and correspondence schools and any other schools.

Type of School <b>High School *</b>	Name	Date From (mo/yr)	Date To (mo/yr)
Address		GPA (grade avg.)	Degree/Diploma
Type of School	Name	Date From (mo/yr)	Date To (mo/yr)
Address		GPA (grade avg.)	Degree/Diploma
Type of School	Name	Date From (mo/yr)	Date To (mo/yr)
Address		GPA (grade avg.)	Degree/Diploma
Type of School	Name	Date From (mo/yr)	Date To (mo/yr)
Address		GPA (grade avg.)	Degree/Diploma
Type of School	Name	Date From (mo/yr)	Date To (mo/yr)
Address		GPA (grade avg.)	Degree/Diploma
Type of School	Name	Date From (mo/yr)	Date To (mo/yr)
Address		GPA (grade avg.)	Degree/Diploma
Type of School	Name	Date From (mo/yr)	Date To (mo/yr)
Address		GPA (grade avg.)	Degree/Diploma

\* Or GED completed?  YES  NO Date Certificate Issued: \_\_\_\_\_

How many credits of college have you completed? \_\_\_\_\_ Grade Point Average? \_\_\_\_\_

What was your major in college? \_\_\_\_\_ Minor? \_\_\_\_\_

Have you ever received any disciplinary action, suspension or expulsion from any type of school or training?

YES  NO If yes, list the name of the school/training and explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION V: EMPLOYMENT HISTORY**

Have you ever been terminated or resigned in lieu of termination?  Yes  No If yes, explain.

Check here if this involved a law enforcement or law enforcement-related employer. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever received discipline (i.e., oral/written reprimand, suspension, etc.) for excessive absences, tardiness, work performance or other work-related concerns?  Yes  No If yes, explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any employer who might give a different version of why you separated from employment. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever taken anything (i.e., office supplies, food, tools, cash, property, etc.) from a former employer or anyone without their permission?  YES  NO If yes, explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any objections to our contacting your present employer?  Yes  No If yes, why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMPLETE EMPLOYMENT HISTORY (start with present position and work backwards).** Account for all time frames, starting from date of your first employment (including when unemployed and/or attending school). Attach additional pages (if needed) following this format. **(Only positions that you have held while with the City of Oak Grove)**

Date (From -To)	Name of Company	Phone #	Job Title	Monthly Salary
Address	(Number & Street)	(City)	(State)	(Zip)
Name of Supervisor	Names of Three (3) Coworkers			
Reason for Leaving				

**EMPLOYMENT HISTORY (continued)**

Date (From -To)	Name of Company	Phone #	Job Title	Monthly Salary
Address (Number & Street) (City) (State) (Zip)				
Name of Supervisor	Names of Three (3) Coworkers			
Reason for Leaving				
Date (From -To)	Name of Company	Phone #	Job Title	Monthly Salary
Address (Number & Street) (City) (State) (Zip)				
Name of Supervisor	Names of Three (3) Coworkers			
Reason for Leaving				
Date (From -To)	Name of Company	Phone #	Job Title	Monthly Salary
Address (Number & Street) (City) (State) (Zip)				
Name of Supervisor	Names of Three (3) Coworkers			
Reason for Leaving				
Date (From -To)	Name of Company	Phone #	Job Title	Monthly Salary
Address (Number & Street) (City) (State) (Zip)				
Name of Supervisor	Names of Three (3) Coworkers			
Reason for Leaving				
Date (From -To)	Name of Company	Phone #	Job Title	Monthly Salary
Address (Number & Street) (City) (State) (Zip)				
Name of Supervisor	Names of Three (3) Coworkers			
Reason for Leaving				
Date (From -To)	Name of Company	Phone #	Job Title	Monthly Salary
Address (Number & Street) (City) (State) (Zip)				
Name of Supervisor	Names of Three (3) Coworkers			
Reason for Leaving				

**EMPLOYMENT HISTORY (continued)**

Date (From -To)	Name of Company	Phone #	Job Title	Monthly Salary
Address (Number & Street) (City) (State) (Zip)				
Name of Supervisor	Names of Three (3) Coworkers			
Reason for Leaving				
Date (From -To)	Name of Company	Phone #	Job Title	Monthly Salary
Address (Number & Street) (City) (State) (Zip)				
Name of Supervisor	Names of Three (3) Coworkers			
Reason for Leaving				
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Reason for Leaving				
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Name of Supervisor	Names of Three (3) Coworkers			
Reason for Leaving				
Date (From -To)	Name of Company	Phone #	Job Title	Monthly Salary
Address (Number & Street) (City) (State) (Zip)				
Name of Supervisor	Names of Three (3) Coworkers			
Reason for Leaving				
Date (From -To)	Name of Company	Phone #	Job Title	Monthly Salary
Address (Number & Street) (City) (State) (Zip)				
Name of Supervisor	Names of Three (3) Coworkers			
Reason for Leaving				

Have you ever applied for a position with any law enforcement, law enforcement-related or any governmental agency?  
 YES    NO   If yes, give details below.

NAME OF AGENCY, CONTACT PERSON & PHONE NUMBER	DATE	POSITION	BACKGROUND CONDUCTED	DISPOSITION
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
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			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

Have you ever been fingerprinted for any reason?    YES    NO   If yes, give details below.

NAME OF AGENCY	DATE	PURPOSE



## **SECTION VI: FINANCIAL HISTORY**

Spouse/Significant Other's Employer:

Name of Company	Job Title	
Address (Number & Street)	(City)	(State) (Zip)
Name of Supervisor	Phone Number	

Do you have any other source(s) of income?  YES  NO Give source(s). \_\_\_\_\_

Have you ever had any credit problems (i.e., bankruptcy, delinquent accounts, liens, charge-offs, repossessions, foreclosures, etc.)?  YES  NO If yes, where and when and give details. \_\_\_\_\_

## **SECTION VII: MILITARY HISTORY**

Selective Service Number (males under 26 years of age): \_\_\_\_\_

Have you been in the military (including the Reserves, National Guard, ROTC)?  YES  NO If yes, complete the following chart.

BRANCH OF SERVICE	SERIAL NUMBER	DATE ENTERED	OCCUPATIONAL SPECIALTY

Have you been discharged from your military service?  YES  NO If yes, complete the following chart.

DATE SEPARATED/PROJECTED DATE	TYPE OF DISCHARGE

Were you ever the subject of a military criminal investigation?  YES  NO If yes, explain. \_\_\_\_\_

Were you ever the subject of military discipline pursuant to the Uniform Code of Military Justice or any service regulation?

YES  NO If yes, complete the following chart.

DATE	CHARGE	DISPOSITION

### **SECTION VIII: DRIVING HISTORY**

Give the following information concerning ALL driver's licenses you **have held or now hold**.

STATE ISSUED	NAME ISSUED	DRIVERS LIC. #	DATES FROM/TO	RESTRICTIONS

Has your license/privilege to drive ever been suspended or revoked?  YES  NO If yes, explain. \_\_\_\_\_

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

Have you ever been arrested or cited for an alcohol-related offense?  YES  NO If yes, explain and give dates. \_\_\_\_\_

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

Have you ever operated a motor vehicle while under the influence of an intoxicating beverage?  YES  NO If yes, explain and give dates. \_\_\_\_\_

\_\_\_\_\_

List each traffic accident you have been involved in.

DATE	CITY & STATE	CITED?	INCIDENT
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

List **ALL** driving citations (excluding parking tickets) you have received.

DATE	CITY & STATE	CHARGE	DISPOSITION OR PENALTY

**SECTION VIII: CRIMINAL HISTORY**

Has a warrant for your arrest ever been issued (i.e., criminal charges, civil proceedings, court proceedings, traffic offenses, criminal non-support, etc.) or have you ever been summonsed for anything (including traffic)?

YES  NO If yes, when and where, give details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been arrested, detained by police, cited into court, or had any police contact (excluding traffic citations)?

YES  NO If yes, complete the following (**list juvenile and adult occurrences**).

DATE	CITY & STATE	OCCURRENCE	DISPOSITION OR PENALTY


Regardless of who was at fault, have you ever had or been accused of having a physical altercation?

YES  NO If yes, explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been involved in any CIVIL court action?  YES  NO If yes, explain. \_\_\_\_\_

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

Party Named: \_\_\_\_\_ Party Initiated: \_\_\_\_\_

Have you, your spouse and/or significant other, any members of your family or any members of your spouse's and/or significant other's family ever been arrested for a felony?  YES  NO If yes, give full details (Name, Address, Relationship, Charge, etc.). \_\_\_\_\_

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

Have you, your spouse and/or significant other, any members of your family or any members of your spouse's and/or significant other's family ever been associated with gangs or subversive groups (Minutemen, Aryan Brotherhood, etc.)?

YES  NO If yes, explain in a separate statement.

**SECTION X: ALCOHOL & DRUG HISTORY (ILLEGAL ACTIVITY ONLY)**

When was the last time you were present while others were using illegal drugs? \_\_\_\_\_

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

Have you ever sold, bought, or delivered any drug or controlled substance? \_\_\_\_\_

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

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Have you ever manufactured, grown, produced or injected any drug or controlled substance? \_\_\_\_\_

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When was the last time you used **STEROIDS**? Explain the incident. Also, include in what manner the steroids were administered (orally, injected, etc.): \_\_\_\_\_

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When was the last time you used **INHALANTS**? Explain the incident: \_\_\_\_\_

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When was the last time you used **HALLUCINOGENS** (LSD, PCP, Peyote, Mushrooms, Mescaline, etc.)? Explain the incident: \_\_\_\_\_

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When was the last time you used **NARCOTICS** (Codeine, Opium, Morphine, Heroin, etc.)? Explain the incident: \_\_\_\_\_

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When was the last time you used **DEPRESSANTS** (tranquilizers, barbiturates, Benzodiazepines, Methaqualone, etc.)? Explain the incident: \_\_\_\_\_

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When was the last time you used **STIMULANTS** (Cocaine, Crack, Rock, Crank, Crystal, Angel Dust, Speed, Amphetamines, Methamphetamines, etc.)? Explain the incident: \_\_\_\_\_

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When was the last time you used **CANNABIS SUBSTANCES** (Marijuana, Hashish, Hashish Oil, etc.)? Explain the incident:

When was the last time you used someone else's prescription? Explain the incident: \_\_\_\_\_

When was the last time you consumed alcohol? Explain: \_\_\_\_\_

Have you ever missed work because of consuming intoxicating beverages? Explain: \_\_\_\_\_

Have you ever consumed intoxicating beverages on the job without permission? Explain: \_\_\_\_\_

Have you ever reported to work after consuming intoxicating beverages or being under the influence of an alcoholic beverage? Explain: \_\_\_\_\_

When was the last time you drove after consuming intoxicating beverages? Explain: \_\_\_\_\_

When was the last time you were involved in or present at an activity that was as an illegal act? \_\_\_\_\_

Have you received information from anyone that could cause you to be dishonest with us?  YES  NO Explain.

What is there ethically in your life that could bring discredit to the OGPD if you were hired? \_\_\_\_\_

Can you fully discharge the **ESSENTIAL WORK FUNCTIONS OF THE POSITION FOR WHICH YOU HAVE APPLIED?**

YES  NO If no, explain: \_\_\_\_\_

## DECLARATION OF TRUTHFUL STATEMENTS

**WARNING: Do not sign this page until in the presence of an OGPD official.**

I, \_\_\_\_\_, have reviewed my answers as recorded and certify that they are correct and true. I understand that any false statement or omission in this document will result in my immediate disqualification from the selection process.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_  
WITNESS OGPD OFFICER SIGNATURE