

# **Koochiching County Sheriff's Office**

## **PRE-EMPLOYMENT BACKGROUND QUESTIONNAIRE**

APPLICANT:

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DATE:

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## DATA PRACTICES RIGHTS ADVISORY

As an applicant for employment with the **Koochiching County Sheriff's Office**, you are being asked to provide information that will be used in evaluating your suitability for employment. The purpose of this request for information is to obtain information about you to permit us to thoroughly analyze your qualifications and suitability for employment with us.

Attached are several documents that ask for your signature and/or personal data about you. You are being requested to sign these documents and provide the data to permit us to better consider your suitability for employment with us. You are not legally required to supply any of the requested data or to sign any of the release and authorization forms. However if you do not provide that data we may be unable to fully and adequately determine your suitability for employment with us and that may in turn reduce the chance you have for employment with us.

The data that you are being asked to provide is defined as personnel data under the Minnesota Data Practices Act. Under the Act some personnel data is classified as public data and the remaining information is classified as private data. The following information of job applicants is defined as public: veteran's status, relevant test scores, rank on eligibility list, job history, education and training, and work availability. As an applicant your score is considered private data except when certified as eligible for appointment to a vacancy at which time it becomes public.

If you are hired, the following personnel data is public: your name, actual gross salary, salary range, contract fees, actual gross pension, value and nature of employer paid fringe benefits, the basis for and amount of any compensation, including expense reimbursement in addition to salary, job title, job description, education and training background, previous work experience, date of first and last employment, status of any complaints or charges against the employee, whether the complaint or charge resulted in any disciplinary action, and the final disposition of any disciplinary action and supporting documentation, work location, work telephone number, honors and awards received, payroll time sheets or other comparable data that are only used to account for employee's work time for payroll purposes, except to the extent that release of time sheet data would reveal the employee's reasons for use of sick and other medical leave or other non-public data. Public data is data that is available to any person upon request.

The remaining data you provide is generally considered private data that you would be entitled to have access to. A third party is entitled to access such data only with your consent, or pursuant to a court order or a statutory provision authorizing access.

The authorizations for data you sign and data you provide may be conveyed to third parties. Private data will be disclosed only to the extent that is necessary to complete this employment investigation or as otherwise allowed or required by law.

**I HAVE READ AND UNDERSTAND THE ABOVE.**

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Signature of Applicant

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Date

## PERSONAL DATA

1. What is your full legal name?

\_\_\_\_\_

(Last)            (First)            (Middle)

2. Date of Birth: \_\_\_\_\_

3. Give any and all other names you have used or been known by, including nicknames, and the date of the name change. (If none, so state)

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

4. \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Height                              Weight                              Hair Color                              Eye Color

Scars, tattoos or distinguishing marks \_\_\_\_\_

5. Current Address: \_\_\_\_\_

6. All telephone Number(s): \_\_\_\_\_

7. All email addresses: \_\_\_\_\_

8. In chronological order, state each and every place in which you have lived in the past ten years, beginning with your present address. (Include all addresses while you were in school or the military.)

From	To	Address
Month Year	Month Year	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Provide the names of three friends and/or associates. Do not include former employers, religious leaders, medical providers or relatives:

Name	Address	Occupation	Telephone Number(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Are you presently a user or in the past have you used non-prescription controlled substances?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes give the details as to substance, dates and circumstances \_\_\_\_\_

\_\_\_\_\_

11. Are you or have you been associated with or a member of any gang or criminal association?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Do you have any close friends, family members or household members who are associated with or a member of a gang or criminal organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION

1. Starting with high school, list chronologically all schools and colleges you have attended: (complete an informed consent form for each and attach the school transcript for any school from which you graduated.)

Name of School, Address and Telephone Number	From		To		Last Grade or degree obtained
	Mo.	Year	Mo.	Year	

2. List any significant problems with school (absenteeism, tardiness, poor grades, other disciplinary problems), including college:

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3. What post-secondary education degree(s), if any, do you possess?

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Undergraduate Major and minor in \_\_\_\_\_

Grade Point Average (cumulative) \_\_\_\_\_

Graduate School Degree in \_\_\_\_\_

4. Other than English, what language(s) do you?

Speak \_\_\_\_\_

Understand \_\_\_\_\_

Read \_\_\_\_\_

5. List all major awards you received from high school, college or graduate school:

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6. List any clubs, organizations or extra-circular activities you participated in while attending school.

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**MILITARY AND SELECTIVE SERVICE**

1. Have you ever served in an active military organization of the United States?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever served in a military organization of any foreign government?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Give Branch of Service: \_\_\_\_\_

Military Specialty: \_\_\_\_\_

5. Rank Held: \_\_\_\_\_

Service Serial Number: \_\_\_\_\_

Name of Commanding Officer at Time of Discharge:

\_\_\_\_\_  
(Complete informed consent form(s))



6. Did you ever apply for the military, but were later disqualified from the testing process?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

7. How many periods of active military service have you had (enlistments, or recalls to service)?

\_\_\_\_\_

\_\_\_\_\_

8. Have you served or lived outside the United States for any periods of time? If so, give details, locations, date, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Give period or periods of active service:

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

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

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

10. List all honors, medals and decorations awarded you as a member of the armed forces

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. How many discharges or separations from the service were given to you? Include a copy of your DD-214.

Discharges \_\_\_\_\_

Separations \_\_\_\_\_

12. What is the type of your discharge(s) or separation(s): Honorable, dishonorable, honorable conditions, medical, etc.)

Reason: \_\_\_\_\_  
\_\_\_\_\_

13. Has your discharge or separation notice ever been corrected or changed?  
Yes \_\_\_\_\_ No \_\_\_\_\_

14. What was the nature of the change? Changed from \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

15. Were you ever court martialed, tried or charged, or were you the subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

Give details of charges, agency concerned, dates and dispositions:

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

16. Are you now or were you ever an active or inactive member of the Reserve Forces (any branch) of the United States, any foreign government, or the National Guard of any state?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state which -- active or inactive: \_\_\_\_\_

Branch \_\_\_\_\_ Regiment \_\_\_\_\_

Unit \_\_\_\_\_

Rank \_\_\_\_\_ Address \_\_\_\_\_

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

(If you were, complete Informed consent form)

ADDENDUM

VETERANS PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of MN Statutes 43A.11. To be eligible for veterans preference points you must:

1. Be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, or who has met the minimum active duty requirement as defined by section 3 12a of Title 38, Code of Federal Regulations, or who has active military service certified under section 401, Public Law Number 95-202 The active military service must be certified by the United States Secretary of Defense as active military service and a discharge under honorable conditions must be issued by the Secretary. Section 3.12a, Title 38, Code of Federal Regulations: "minimum period of active duty" means.. (ii) the full period for which a-person was called or ordered to active duty; AND
2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veterans preference points. You are not required to supply this information, but we cannot award veteran's points without it.

YOU MUST SUPPLY A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY FORM FL-802 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214 AND FL-802 OR DEATH CERTIFICATE.

If you supply the supporting documentation by separate mail, include your name and the position applied for.

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS? YES \_\_\_\_\_ NO \_\_\_\_\_  
If you answered "yes" your DD214 or other documentation must be received no later than 7 days after the application deadline for the position.

VETERANS PREFERENCE POINTS APPLICATION

Veteran:

\_\_\_\_\_ Self      Spouse      If spouse, veteran' s name: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Period of Active Duty: from \_\_\_\_\_ to \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Type of Discharge: \_\_\_\_\_ Date of Final Discharge \_\_\_\_\_

Service No. \_\_\_\_\_

Are you receiving or eligible for a military pension? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a compensable service related disability? YES \_\_\_\_\_ NO \_\_\_\_\_

Preference Requested: Veteran \_\_\_\_\_ Disabled veteran \_\_\_\_\_  
Spouse of Disab4ed Veteran \_\_\_\_\_ Spouse of Deceased Veteran \_\_\_\_\_

Your Preference Points application cannot be considered without supporting documentation (see instructions above) If the documentation is not attached, it must be received in our office no later than 7 calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

Supporting documentation: is attached \_\_\_\_\_ will be submitted \_\_\_\_\_

## EMPLOYMENT

1. Present Employer: \_\_\_\_\_

\_\_\_\_\_  
 (Company Address) (City/State) (Zip Code)

(Complete an informed consent form for your current employer)

Date Hired \_\_\_\_\_ Job Title and Duties Include: \_\_\_\_\_

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

Can your current employer be contacted prior to a job offer?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain: \_\_\_\_\_

\_\_\_\_\_

2. Are you now engaged in any business as an owner, partner (active or silent), or corporate member or do you hold any additional part-time jobs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

3. List below chronologically, earliest dates first, each and every place you were previously employed since the age of 18. OMIT NONE. Give correct, full addresses. Give dates of unemployment between periods of employment in proper sequence. (Include all part-time employment.) (Complete an informed consent form for each former employer)

From Mo.	From Yr.	From Mo.	From Yr.	Name and Address Of Employer	Immediate Supervisor	Reason for Leaving

From Mo. Yr.	From Mo. Yr.	Name and Address Of Employer	Immediate Supervisor	Reason for Leaving

4. Were you ever laid off, discharged or asked to resign from employment?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please complete the following:

Employer	Date Left	Reason for Leaving

5. Were you ever subjected to disciplinary action in connection with any employment? Yes

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

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6. Have you, or any corporation or partnership of which you were an officer, director, or partner, ever possessed a license or permit (excluding driver's license or learner's permit) issued by any governmental agency? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give details: \_\_\_\_\_

\_\_\_\_\_  
(If yes, complete an informed consent release form for each)

7. Have you ever possessed a professional or occupational license, permit or certificate: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details and license number:

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

\_\_\_\_\_  
(If yes, complete an informed consent release form for each)

8. Has any license or permit (excluding driver's license or learner's permit) issued by any city, state or federal agency ever been denied, revoked, suspended or cancelled to you, or to any corporation or partnership of which you were an officer, director or partner? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give details and complete an informed consent release form for each

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



**MOTOR VEHICLE AND DRIVER'S LICENSE HISTORY**

1. Do you or did you possess a Minnesota Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, complete the following:

Driver's License Number: \_\_\_\_\_

Type of License: \_\_\_\_\_

Complete an informed consent release form for the Department of Public Safety Driver Services Division

2. Do you or did you ever possess a driver's license issued by any state other than Minnesota?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide the following information:

Name of State: \_\_\_\_\_

Type of License: \_\_\_\_\_

(Complete an informed consent release form for each state)



3. Has your driver's license or vehicle operator's privilege in this, or any other state, ever been:

Revoked?	Yes _____	No _____
Suspended?	Yes _____	No _____
Cancelled?	Yes _____	No _____

If you answered yes to any of the above, complete below:

Which license: \_\_\_\_\_

When: \_\_\_\_\_ Where: \_\_\_\_\_

Why: \_\_\_\_\_

\_\_\_\_\_

4. If you answered yes to the above question, was such license ever restored?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following:

When: \_\_\_\_\_ Where: \_\_\_\_\_

Why: \_\_\_\_\_

\_\_\_\_\_

I certify all of the statements made by me in this questionnaire are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false information, misrepresentations or omission of information may be cause for rejection from further consideration from employment or dismissal, if employed at the time of discovery of the misrepresentation or omission.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)