

FLAT ROCK POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

PERSONAL				
1. YOUR NAME				
Last	First	Middle		
Other Names (including nicknames) you have used or been known by:				
2. LIST YOUR CURRENT ADDRESS WHERE YOU ACTUALLY RESIDE – Not a mailing address.				
Number	Street	City	State	Zip Code
3. LIST ALTERNATE ADDRESS (e.g. Mailing, School, Military, Temporary, etc.)				
Number	Street	City	State	Zip Code
4. EMAIL ADDRESSES				
1.	3.			
2.	4.			
5. LIST THE TELEPHONE NUMBER(S) AT WHICH YOU CAN BE CONTACTED.				
Home: () _____	Hours: _____			
Work: () _____	Hours: _____			
Cell: () _____	Hours: _____			
Other: () _____	Hours: _____			
6. BIRTHDATE				
	Month	Date	Year	
7. SOCIAL SECURITY NUMBER			Have you ever had more than one Social Security Number <input type="checkbox"/> YES <input type="checkbox"/> NO	
			If yes, give number and State applied:	
8. DRIVERS LICENSE NUMBER				
State:		Endorsements:		
9. Have you ever applied for a position with the Flat Rock Police Department prior to this?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, list the position in which you applied and the date.				
1. Position _____	Date _____			
2. Position _____	Date _____			
3. Position _____	Date _____			

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RESIDENCES

10. LIST ALL OF YOUR RESIDENCES DURING THE LAST 10 YEARS. Begin with your current address.

From Mo/Yr	To Mo/Yr	Street Address & Apt. #	City, State, Zip Code	1. If Renting: Name, address & phone of Landlord 2. Name of individuals residing with you. (Full information to be provided in next section) Use additional page(s) if necessary.
				1.
				2.
				1.
				2.
				1.
				2.
				1.
				2.
				1.
				2.

11. LIST INDIVIDUALS WITH WHOM YOU HAVE RESIDED DURING THE LAST 10 YEARS. Exclude family members. Include college/dorm roommates. Use additional page(s) if necessary.

Name, Relationship and where you both resided together.	Their Current Home Address (City, State, Zip Code)	Work Name and Address
	Telephone number: Home Other	Telephone number: Work
	Home Other	Work
	Home Other	Work

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ROOMMATES CONTINUED		
	Home Other	Work
	Home Other	Work
	Home Other	Work
	Home Other	Work

REFERENCES		
<p>12. RELATIVES - During the course of the background investigation, your family and other relatives will be asked to comment upon your suitability for this position. Supply the appropriate information in the spaces provided below. If a category is not applicable, print "N/A" in the box provided for the name. Use additional Page(s) if necessary.</p>		
Name of your:	Residence Address (Include Zip Code)	Telephone (include Area Code)
Father		Home
		Work
Mother		Home
		Work
Stepfather		Home
		Work
Stepmother		Home
		Work
Father-in-law		Home
		Work
Mother-in-law		Home
		Work
Brother/Sister age		Home
		Work
Brother/Sister age		Home
		Work

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Brother/Sister	age		Home
			Work
Brother/Sister	age		Home
			Work
Brother/Sister	age		Home
			Work
Stepbrother/Sister	age		Home
			Work
Stepbrother/Sister	age		Home
			Work
Stepbrother/Sister	age		Home
			Work
Stepbrother/Sister	age		Home
			Work

13A. **CHILDREN** – Please list all your children, including stepchildren and adopted children.

Full Name	Age	Date of Birth	Current Address and phone number

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13B. **MARITAL STATUS** –Supply the appropriate information in the spaces provided below. If a category is not applicable, print “N/A” in the box provided for the name. Use additional page(s) if necessary.

Are you widowed? YES NO If Yes, Name: _____ Date: _____

Spouse Information: Currently Separated

Full Name of Spouse	Maiden Name	Other Names Spouse has used	Date of Birth
Date of Marriage	Place of Marriage (City, County & State)		
Current Address of Spouse if not living with you		Home Phone or Contact Number	Work Phone

If you are divorced or you had an annulment, provide the following information:

Full Name of Former Spouse	Maiden Name	Other Names Spouse has used	Date of Birth
Date of Marriage	Place of Marriage (City, County & State)		
Current Address of Former Spouse or Last Known Address			Work Phone
Current Address of Former Spouse or Last Known Address			Home Phone or Contact #
Date Filed	Date Final	City, County, State of Divorce	

Full Name of Former Spouse	Maiden Name	Other Names Spouse has used	Date of Birth
Date of Marriage	Place of Marriage (City, County & State)		
Current Address of Former Spouse or Last Known Address			Work Phone
Current Address of Former Spouse or Last Known Address			Home Phone or Contact #
Date Filed	Date Final	City, County, State of Divorce	

14. OTHER RELATIVES WITH WHOM YOU HAVE A CLOSE PERSONAL RELATIONSHIP

Name	Relationship	Address	Telephone Number
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

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REFERENCES

15. LIST SIX (6) INDIVIDUALS WHO ARE SOCIAL ACQUAINTANCES (i.e. persons whom you have seen frequently during the past 5 years). Exclude relatives and former employers. Do not use the same names listed elsewhere in the background questionnaire. Do NOT list former or current employers, co-workers, relatives.

Name	Home address	Home tx
Relationship	Work address	Work tx
Name	Home address	Home tx
Relationship	Work address	Work tx
Name	Home address	Home tx
Relationship	Work address	Work tx
Name	Home address	Home tx
Relationship	Work address	Work tx
Name	Home address	Home tx
Relationship	Work address	Work tx
Name	Home address	Home tx
Relationship	Work address	Work tx

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EDUCATION

16. **EDUCATION** - List **all** high schools, vocational schools, college/universities you have registered at or attended. (Include online courses, non-credited courses, and training courses for which you received college credit.) Use additional page(s) if necessary.

From Mo/Yr	To Mo/Yr	Name of School	Location of School (City and State)	Course Major	Diploma/Degree, or Accumulated Credit Hours

17. **THE FLAT ROCK POLICE DEPARTMENT REQUIRES A POLICE OFFICER TO POSSESS AN ASSOCIATES DEGREE. IN ADDITION, THE FLAT ROCK POLICE DEPARTMENT VALUES LAW ENFORCEMENT EXPERIENCE AND CREDITS AT AN INSTITUTION OF HIGHER EDUCATION.**

I have: (Check All That Apply)

A high school diploma

GED equivalent

An Associates degree _____major/minor _____
Or, equivalent credit hours _____

A bachelors degree _____major/minor _____

Completed active military law enforcement experience
 1-2 years 2 years or more

Worked as a certified law enforcement officer
 6 mths-2 years 2 years or more

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18. **HAVE YOU EVER BEEN ON PROBATION, SUSPENDED OR EXPELLED FROM ANY HIGH SCHOOL OR POST SECONDARY SCHOOL OR BEEN INVESTIGATED VIA A SCHOOL JUDICIARY BOARD OR DEAN OF STUDENTS?** Post secondary schools include colleges and universities, graduate schools, business and vocational schools - any formal education beyond the high school level.

YES NO If "YES", please explain (include school, date and circumstances & Disposition) _____

19. **LIST ALL POLICE AND/OR FIRE ACADEMIES YOU HAVE ATTENDED. (Include current academy.)**

Date	Academy	Location	Graduate? Y/N

EXPERIENCE AND EMPLOYMENT – Prior to a conditional offer of employment your current employer must be contacted. Would any problem result if your present employer were contacted?

Yes No If Yes, when should such contact be made?

20. **BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT** - List all periods of employment and unemployment (including part-time, temporary, and voluntary positions) you have held in the last 10 years. (For the purposes of this questionnaire, voluntary work should be included as employment.) For identification and verification, indicate the nature of the activity; i.e. full time, part time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided. Also, give starting and ending salaries. Use additional page(s) if necessary.

Dates of Employment		Name, Address, and Telephone No. of Employer	Name & cell of Supervisor	
From Mo/Yr ____/____	To Mo/Yr ____/____		Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				
Dates of Employment		Name, Address, and Telephone No. of Employer	Name & cell of Supervisor	

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From Mo/Yr ____/____	To Mo/Yr ____/____		Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				
Dates of Employment		Name, Address, and Telephone No. of Employer	Name & cell of Supervisor	
From Mo/Yr ____/____	To Mo/Yr ____/____		Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				
Dates of Employment		Name, Address, and Telephone No. of Employer	Name & cell of Supervisor	
From Mo/Yr ____/____	To Mo/Yr ____/____		Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				
Dates of Employment		Name, Address, and Telephone No. of Employer	Name & cell of Supervisor	
From Mo/Yr ____/____	To Mo/Yr ____/____		Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				
Dates of Employment		Name, Address, and Telephone No. of Employer	Name & cell of Supervisor	
From	To			

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Mo/Yr ____/____	Mo/Yr ____/____		Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				
Dates of Employment		Name, Address, and Telephone No. of Employer	Name & cell of Supervisor	
From Mo/Yr ____/____	To Mo/Yr ____/____		Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				
Dates of Employment		Name, Address, and Telephone No. of Employer	Name cell of Supervisor	
From Mo/Yr ____/____	To Mo/Yr ____/____		Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				
Dates of Employment		Name, Address, and Telephone No. of Employer	Name & cell of Supervisor	
From Mo/Yr ____/____	To Mo/Yr ____/____		Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				
Dates of Employment		Name, Address, and Telephone No. of Employer	Name & cell of Supervisor	
From Mo/Yr ____/____	To Mo/Yr ____/____		Name(s) and phone numbers of three Co-Worker(s)	

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___/___/___	___/___/___			
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				
Dates of Employment		Name, Address, and Telephone No. of Employer	Name & cell of Supervisor	
From Mo/Yr ___/___	To Mo/Yr ___/___		Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				
Dates of Employment		Name, Address, and Telephone No. of Employer	Name & cell of Supervisor	
From Mo/Yr ___/___	To Mo/Yr ___/___		Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:
Reason for Leaving:				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo/Yr To: Mo/Yr				

21. EMPLOYMENT DISCIPLINARY RECORD - List those employers who either 1) disciplined you –verbal or written, 2) discharged you, or 3) requested you resign. Give details on a separate sheet if necessary.			
Employer's Name	Date of Action	Name of Supervisor Involved	Action or Resolution

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Give Details of the Incident:			
Employer's Name	Date of Action	Name of Supervisor Involved	Action or Resolution
Give Details of the Incident			
Employer's Name	Date of Action	Name of Supervisor Involved	Action or Resolution
Give Details of the Incident			
Employer's Name	Date of Action	Name of Supervisor Involved	Action or Resolution
Give Details of the Incident			

22. WERE YOU EVER A LAW ENFORCEMENT EXPLORER? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", please provide the following information.		
Agency	Dates	Reason for Leaving

MILITARY SERVICE

23. IF YOU ARE A MALE AND BORN BEFORE MARCH 29, 1957 OR AFTER DECEMBER 31, 1959, AND ARE A U.S. CITIZEN, OR YOU WERE A RESIDENT OF THE U.S. ON YOUR 18TH BIRTHDAY, PROVIDE YOUR SELECTIVE SERVICE NUMBER HERE:
SELECTIVE SERVICE NUMBER # _____

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24. HAVE YOU EVER SERVED IN ANY OF THE ARMED FORCES, NATIONAL GUARD OR MILITARY RESERVES? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete QUESTIONS #25 through #28. If NO, go to QUESTION #29.			
25. ACTIVE DUTY MILITARY RECORD – RESERVE AND/OR NATIONAL GUARD RECORD – List active military duty and/or present or past service in any Reserve or National Guard Unit.			
Branch of Service	Unit AND /Occupation	Enlistment Date	Discharge Date
Service Number	Highest Rank Attained	Rank at Discharge	Type of Discharge
Separation Code	Re-enlistment Code	If Active or Current Reserve, list your Commanding Officer's Name	
Branch of Service	Unit AND Occupation	Enlistment Date	Discharge Date
Service Number	Highest Rank Attained	Rank at Discharge	Type of Discharge
Separation Code	Re-enlistment Code	If Active or Current Reserve, list your Commanding Officer's Name	
Branch of Service	Unit AND Occupation	Enlistment Date	Discharge Date
Service Number	Highest Rank Attained	Rank at Discharge	Type of Discharge
Separation Code	Re-enlistment Code	If Active or Current Reserve, list your Commanding Officer's Name	
26. MILITARY DISCIPLINE RECORD – INCLUDING RESERVE AND/OR NATIONAL GUARD DISCIPLINARY RECORD. List all disciplinary actions against you, including formal charges as well as company punishments, including Article 15 and Captain's Mast, whether found guilty or not. <i>*Include reductions in pay grade, judicial or non-judicial disciplinary action.</i>			
Charge Against You	Type of Court Martial or Other Disciplinary Proceedings	Disposition	
27. STARTING WITH MOST RECENT; LIST ALL DUTY STATIONS Include basic training, tours overseas, etc. while in the military.			
Month and Year	Location	Duties/Purpose (approximate length of your tour)	
28. WERE YOU GIVEN A SECURITY CLEARANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: _____			

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CREDIT

29. **Have you ever filed for or declared bankruptcy?** YES NO
Have any of your bills ever been turned over to a collection agency? YES NO
Have you ever had purchased goods repossessed? YES NO
Have your wages ever been garnished YES NO

If you answered "YES" to any of the these questions, give details:

LIST ALL MONTHLY BILLS OR OBLIGATIONS:

Mortgage / Rent

Vehicle Payments or Lease Payments

Utilities

Electric

Heat

Water

Telephone

Cellular

Cable

Insurance

Vehicle

Home

Other

Child Support or Alimony

All other monthly or reoccurring debts

List ALL Sources of Income:

Your Wages including tips

Spouse or significant other wages

Military

Child Support or Alimony

All other monthly income

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LEGAL

30. Have you **ever** (either as a juvenile or an adult) been suspected or accused of breaking the law, been taken to a police station to be fingerprinted or questioned because of suspicion of committing a crime, been given a citation to appear for breaking the law (such as Minor in Possession of Alcohol), been arrested or convicted of a crime? **YES** **NO** If in doubt, answer **YES** and explain fully on an attached page, as directed in the instructions. Give date, place, charge, and disposition. **FAILURE TO REPORT THIS INFORMATION CAN DISQUALIFY YOU!** (This includes expungements, Investigations by a Gov't entity (Atty. General, Inspector General, MUA Investigations) Diversion Programs, HYTA, pardons, dismissals, sealed files, deferments, any and all other sentence agreements.)

Date	City/Town, State and Police Agency	Charge(s)	Disposition and Date

31. **CRIMINAL COURT ACTION** - List all incidents in which you are/were a complainant or witness in a criminal case (Except as listed in #30 above) Include all City, State, Federal and Grand Jury cases. (Do not include cases related to law enforcement or security employment).

Date	Location (City, State)	Court or Investigative Body	Who Was the Defendant?

Give synopsis of case:

--

Give synopsis of case:

32. **CIVIL COURT ACTION** – Are you currently or were you ever involved as a plaintiff, defendant or witness in a civil lawsuit of any type filed by you or another party? **YES** **NO** If yes, list detail below. (Court depositions, divorce hearings, Small Claims Court, Friend of the Court hearings, arbitration, County/City/Township administrative hearings, landlord/tenant disputes, etc.)

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MOTOR VEHICLE OPERATION

33. NAMES UNDER WHICH YOU EVER ACQUIRED A DRIVERS LICENSE.

1. _____ 2. _____ 3. _____

34. MOTOR VEHICLE OPERATOR RECORD – List **all** chauffeur and/or driver licenses past or presently held from this state or **any** other state, territory, or country.

CHECK ONE		License Number	Issuing State	Endorsements	Restrictions	License or Permit ever Revoked or Suspended (YES/NO). If YES, give details in #38	License Restored YES/NO
Operator	Chauffeur						

34 (a) DO YOU CURRENTLY HAVE A CDL THAT IS IN GOOD STANDING WITH THE STATE OF MICH.
 YES

35. HAS YOUR LICENSE EVER BEEN SUSPENDED, RESTRICTED, AND/OR REVOKED OR HAVE YOU EVER BEEN REFUSED A DRIVERS LICENSE – BY ANY STATE?
 YES NO If “Yes”, details:

36. VIOLATION RECORD list all summonses, citations, or tickets received by you for any traffic law violation or violation that you received while in a motor vehicle, whether you were the driver or passenger. Include reduced, dismissed, held in abeyance and taken under advisement. Use additional page(s) if necessary.

Date of violation	City/Town, State and Police Agency	Violation(s)	Court Disposition and Date

37. MICHIGAN LAW REQUIRES THAT DRIVERS AND OWNERS OF VEHICLES BE COVERED BY AUTOMOBILE LIABILITY INSURANCE. PLEASE LIST YOUR INSURANCE COMPANY.

Insurance Company	Agent Telephone Number	Policy Number	Expiration Date

Have you ever been refused auto insurance? YES NO If “YES”, explain _____

38. MOTOR VEHICLE ACCIDENTS – list every accident you have ever been involved in as a driver. Use additional pages if necessary.

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Date:	Location:	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police Investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Police Agency (address and telephone number)	Citation Received? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date:	Location:	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police Investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Police Agency (address and telephone number)	Citation Received? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date:	Location:	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
Police Investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Police Agency (address and telephone number)	Citation Received? <input type="checkbox"/> YES <input type="checkbox"/> NO
39. DO YOU NOW HAVE ANY UNPAID SUMMONSES AGAINST YOU FOR PARKING OR ANY OTHER VIOLATION IN THE USE OF A MOTOR VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", give details		
40. HAS THE MICHIGAN SECRETARY OF STATE OR ANY OTHER STATE'S DEPARTMENT OF MOTOR VEHICLES EVER REVOKED OR SUSPENDED YOUR ABILITY TO REGISTER YOUR VEHICLE OR HAS YOUR VEHICLE EVER BEEN FORFEITED BY ANY LAW ENFORCEMENT AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", give details		

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WEAPONS

41. HAVE YOU EVER BEEN QUESTIONED BY ANY LAW ENFORCEMENT OFFICIAL ABOUT AN INCIDENT WHICH INVOLVED A FIREARM, WHETHER THE FIREARM BELONGED TO YOU OR NOT. (Include Federal and State Wildlife officials, MI DNR)

42. HAVE YOU EVER APPLIED FOR A PERMIT TO CARRY A CONCEALED WEAPON?

YES NO If "Yes", please provide the following information.

Where was the application filed?

Was the permit Issued? Permit number if issued #

Was the permit Denied? If denied, state reason(s).

43. LIST ALL PISTOLS PRESENTLY OWNED BY YOU

Make	Model	Serial Number	Caliber	Issuing Agency of Safety Inspection Certificate

APPLICATIONS

44. LIST EVERY APPLICATION YOU HAVE MADE WITH A GOVERNMENTAL OR QUASI-GOVERNMENTAL AGENCY OR AUTHORITY IN THE LAST 2 YEARS Use additional page(s) if necessary.

Date	Agency, Address and Phone (list phone of background investigator or recruiter)	Position Applied For	Accepted, Rejected, Eligible for Hire	Reason (If Rejected)

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45. PLEASE PROVIDE INFORMATION ABOUT FINGERPRINTS PREVIOUSLY TAKEN.		
When	Where	Purpose

DRUG & ALCOHOL USE			
46. IN THE LAST TWO YEARS HAS YOUR USE OF ALCOHOL INHIBITED YOUR ABILITY TO WORK OR DRIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain:			
47. Have your ever used, attempted to use, thought you were using, smoked, inhaled, ingested or experimented in any fashion with Marijuana? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide the following information. Be as specific as possible.			
Date first used	Estimated use during last 2 years	Estimated use during your lifetime	Did you ever grow, cultivate, manufacture, distribute, or sell Marijuana. <input type="checkbox"/> YES <input type="checkbox"/> NO
48. Have your ever used, thought you were using, tasted, sniffed, smoked, ingested, inhaled, injected, swallowed, smelled, attempted to use or experimented with any form of illegal drug, narcotic or substance such as, but not limited to, "crack cocaine," speed, PCP, cocaine, meth, heroin, mescaline, LSD, mushrooms, Hashish, Opiates, barbiturates, amphetamines, hallucinogens, steroids, designer drugs, peyote, morphine or any other illegal substance other than those drugs prescribed by your physician? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list all drugs and/or narcotics used in the next portion of this application. Be as specific as possible.			
Name of substance or drug	Date first used or your age when you first used this substance?	Estimated use during the last 2 years	
Did you ever possess, adulterate, grow, cultivate, manufacture, distribute, sell, package for sale this substance, or possess an imitation of this substance			
Name of substance or drug	Date first used or your age when you first used this substance?	Estimated use during the last 2 years	
Did you ever possess, adulterate, grow, cultivate, manufacture, distribute, sell, package for sale this substance, or possess an imitation of this substance			
Name of substance or drug	Date first used or your age when you first used this substance?	Estimated use during the last 2 years	
Did you ever possess, adulterate, grow, cultivate, manufacture, distribute, sell, package for sale this substance, or possess an imitation of this substance			

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Are you currently using any illegal substance? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what is the substance?
49. HAVE YOU EVER SOLD OR FURNISHED DRUGS OR NARCOTICS OR WHAT YOU BELIEVED TO BE DRUGS OR NARCOTICS TO ANYONE? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", give details

JOB SPECIFIC QUESTIONS
50. ARE YOU ABLE AND WILLING TO FULLY PERFORM THE DUTIES OF A POLICE OFFICER, INCLUDING WORKING 8, 10, or 12-HOUR SHIFTS, ON WEEKENDS AND/OR HOLIDAYS; WEARING A UNIFORM, AND COMPLYING WITH GROOMING STANDARDS? <input type="checkbox"/> YES <input type="checkbox"/> NO If "No", explain
(A job description will be made available upon request.)
51. DO YOU HAVE ANY BODY PIERCINGS, TATTOOS OR BODY ART?
<input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", describe.
52. POLICE OFFICERS ARE TRAINED IN THE USE OF DEADLY FORCE. COULD YOU USE DEADLY FORCE IN THE LINE OF DUTY KNOWING THAT THE RESULT COULD BE THE DEATH OF ANOTHER HUMAN BEING? <input type="checkbox"/> YES <input type="checkbox"/> NO If "No", explain
53. HAVE YOU EVER BEEN SUBJECT TO DISCIPLINE OR PROPOSED DISCIPLINE BY A SCHOOL, BUSINESS, OR LAW ENFORCEMENT AGENCY? I.E. INTERNAL INVESTIGATIONS, FIRING, ARREST, VERBAL OR WRITTEN DISCIPLINARY ACTION, SUSPENSION, DEMOTION, LOSS OF PAY, FORFEITURE OF TIME, DISMISSAL, COUNSELING, AFFIRMATIVE ASSISTANCE, ETC.
<input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", describe.

**FLAT ROCK POLICE DEPARTMENT
BACKGROUND QUESTIONNAIRE**

54. ADDITIONAL INFORMATION. DO YOU HAVE ANY KNOWLEDGE OR INFORMATION, IN ADDITION TO THAT SPECIFICALLY CALLED FOR IN THE PRECEDING QUESTIONS, WHICH IS OR WHICH MAY BE RELEVANT, DIRECTLY OR INDIRECTLY, IN CONNECTION WITH AN INVESTIGATION OF YOUR ELIGIBILITY OR FITNESS FOR THE POSITION OF POLICE OFFICER; INCLUDING BUT NOT LIMITED TO, KNOWLEDGE OR INFORMATION CONCERNING YOUR CHARACTER, TEMPERAMENT, HABITS, EMPLOYMENT, EDUCATION, ILLEGAL SUBVERSIVE ACTIVITIES, ILLEGAL ASSOCIATIONS, CRIMINAL & CIVIL RECORD, TRAFFIC VIOLATIONS, RESIDENCES, OR OTHERWISE?

YES NO If "Yes", give details on a separate sheet.

Signature in Full:

Date Completed: