



*Sheriff Michael A. Helmig*

<p><i>Office Use Only:</i></p> <p><i>Candidate Name</i> _____</p> <p><i>Address:</i> _____</p> <p><i>City/State/Zip:</i> _____</p> <p><i>Phone:</i> _____</p>
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## BOONE COUNTY SHERIFF EMPLOYMENT CANDIDATE QUESTIONNAIRE

### INSTRUCTIONS TO CANDIDATE:

1. You are hereby advised the content of this questionnaire is held strictly CONFIDENTIAL. No information will be disseminated to any person except when essential to the conduct of proper official business. Any false, misleading, or incomplete information will be grounds to disqualify you for employment with the Boone County Sheriff's Department, or if employed, grounds for dismissal. Every answer herein entered may be checked during the background investigation.
2. All questions in the questionnaire must be answered. None may be left blank. If you desire to make an explanation in your reply, answer the question briefly as best as you can, then put a check mark next to the question number and continue your answer on the Remarks Section/Continuation Sheets (pages 12 and 13).
3. If a question does not apply to you, enter "N/A".
4. Your answers must be completed in ink in your own handwriting or printing. Write or print legibly.

.....

*I voluntarily withdraw from the selection process*

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

.....

*I understand and will comply with the selection process and will complete the questionnaire.*

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

1. Name \_\_\_\_\_  
(Last) (First) (Middle)

2. Social Security # \_\_\_\_\_

3. Current Address \_\_\_\_\_  
(Street) (Apt. #)

\_\_\_\_\_  
(City) (State) (Zip Code)

4. Telephone: \_\_\_\_\_  
(Home) (Work) (Cell)

5. Place of Birth: \_\_\_\_\_

6. Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

7. List any and all aliases and nicknames used by you (specify which): \_\_\_\_\_

: \_\_\_\_\_

8. If your name has been legally changed, give the following information (include maiden name): \_\_\_\_\_

: \_\_\_\_\_

(Former Name) (Date Of Change) (Court Of Record) (City/State)

9. Are you responsible for paying any court-ordered child support? \_\_\_ Yes \_\_\_ No. If yes, give full details on page 12 and 13 of this questionnaire.

10. List Family Associates – Mother, father, Step Parents, Brothers, Sisters, Step Brothers/Sisters, Former Spouses. (Use pages 12 & 13 of this questionnaire if necessary)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

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Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

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Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

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Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

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Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

11. Character References – Other than relatives:

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Employer's Telephone # \_\_\_\_\_

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Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Employer's Telephone # \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Employer's Telephone # \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Employer's Telephone # \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Employer's Telephone # \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Employer's Telephone # \_\_\_\_\_

12. RESIDENCES - List residences for the past ten years in reverse chronological order. (Begin with current address.) Give names/current addresses of two nearest neighbors, roommate, or landlords at each location. (Use pages 12 and 13 if necessary.)

FROM (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_ TO (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name \_\_\_\_\_ Neighbor/Landlord/etc. \_\_\_\_\_

Name \_\_\_\_\_ Neighbor/Landlord/etc. \_\_\_\_\_

FROM (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_ TO (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name \_\_\_\_\_ Neighbor/Landlord/etc. \_\_\_\_\_

Name \_\_\_\_\_ Neighbor/Landlord/etc. \_\_\_\_\_

FROM (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_ TO (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name \_\_\_\_\_ Neighbor/Landlord/etc. \_\_\_\_\_

Name \_\_\_\_\_ Neighbor/Landlord/etc. \_\_\_\_\_

FROM (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_ TO (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name \_\_\_\_\_ Neighbor/Landlord/etc. \_\_\_\_\_

Name \_\_\_\_\_ Neighbor/Landlord/etc. \_\_\_\_\_

13. **EMPLOYMENT HISTORY:** Include self-employment, part-time, volunteer, and unemployment. List all employment in chronological order beginning with your present employer. (Use pages Provided at the back of this questionnaire if necessary) If you were dismissed from a job or forced To resign, give details on pages 12 and 13.

FROM (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_ TO (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Position Held \_\_\_\_\_ Telephone \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

FROM (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_ TO (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_  
Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)  
Position Held \_\_\_\_\_ Telephone \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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FROM (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_ TO (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_  
Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)  
Position Held \_\_\_\_\_ Telephone \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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FROM (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_ TO (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_  
Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)  
Position Held \_\_\_\_\_ Telephone \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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FROM (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_ TO (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Position Held \_\_\_\_\_ Telephone \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

14. EDUCATION / TRAINING:

HIGH SCHOOL: \_\_\_\_\_

Location \_\_\_\_\_

Did you graduate? \_\_\_ Yes \_\_\_ No If yes, graduation date: \_\_\_\_\_

Or

Was GED obtained? \_\_\_ Yes \_\_\_ No If yes, date and place: \_\_\_\_\_

Courses pursued/degree or diploma received: \_\_\_\_\_

:

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COLLEGE: \_\_\_\_\_

Location \_\_\_\_\_

Dates attended From Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ To Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Courses pursued/degree or diploma received \_\_\_\_\_

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COLLEGE: \_\_\_\_\_

Location \_\_\_\_\_

Dates attended From Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ To Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Courses pursued/degree or diploma received \_\_\_\_\_

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15. OTHER EDUCATION/TRAINING: Name of institution \_\_\_\_\_  
Location \_\_\_\_\_  
Dates attended From Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ To Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
Courses pursued/degree or diploma received \_\_\_\_\_

16. Were you ever dismissed from a school or was any disciplinary action ever taken against you during your scholastic career?  Yes  No If yes explain \_\_\_\_\_  
: \_\_\_\_\_  
School \_\_\_\_\_ Date \_\_\_\_\_ Type of Action \_\_\_\_\_  
: \_\_\_\_\_

17. MILITARY SERVICE:  
Branch of Service \_\_\_\_\_ Highest Rank: \_\_\_\_\_  
Active Service  Yes  No Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_  
Honorable Discharge  Yes  No  
Reserve Serve  Yes  No Dates Of Service: From \_\_\_\_\_ To \_\_\_\_\_  
Honorable Discharge  Yes  No  
Check one  Officer  Enlisted Service # \_\_\_\_\_  
Present Status  Active Duty  Ready Reserve  Inactive Ready Reserve  
 Inactive Reserve  
Board #. \_\_\_\_\_ City / State \_\_\_\_\_  
National Guard Membership  None  Army  Air Force  State  
 Organization  
Dates of Membership: From \_\_\_\_\_ To \_\_\_\_\_ Service # \_\_\_\_\_  
 Officer  Enlisted

18. DRIVER'S LICENSE  
Presently held Driver's License # \_\_\_\_\_  
State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Class \_\_\_\_\_ Restriction \_\_\_\_\_



19. Motor Vehicles registered in your name or vehicles you have the exclusive use of:

Make \_\_\_\_\_ Color \_\_\_\_\_ Yr \_\_\_\_\_ State \_\_\_\_\_ Tag # \_\_\_\_\_

Make \_\_\_\_\_ Color \_\_\_\_\_ Yr \_\_\_\_\_ State \_\_\_\_\_ Tag # \_\_\_\_\_

Make \_\_\_\_\_ Color \_\_\_\_\_ Yr \_\_\_\_\_ State \_\_\_\_\_ Tag # \_\_\_\_\_

20. Are your vehicle license plates nor or have they ever been:

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

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

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

Subjected to any other similar penalty or action \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "yes" to any of the above, explain: \_\_\_\_\_

\_\_\_\_\_

21. List any and all motor vehicle accidents you have been involved in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. Has your operator's license ever been suspended or revoked in this or any other state?

\_\_\_\_\_ Yes \_\_\_\_\_ No If so, when and where? \_\_\_\_\_

23. List all Traffic Citations received, including date, agency, location, violation and disposition.

\_\_\_\_\_

\_\_\_\_\_

24. List any additional motor vehicle history not listed above, including license number and state for any and all licenses held in other states. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

25. Have you ever been involved in any civil action, in or out of court, as a plaintiff or defendant, as a Result of a criminal traffic or other incident for any reason? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

26. Do you have any credit problem at present time?  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
27. Do you now have, or have you ever had, any wage garnishments?  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
28. Have you ever been found delinquent on income or other tax payments? (Include ONLY those situations where your delinquency was discovered and brought to your attention BEFORE you actually made payment.)  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
29. Have you ever had a court-ordered financial judgment against you?  Yes  No If yes explain: \_\_\_\_\_  
\_\_\_\_\_
30. Do you presently have a financial judgment pending in court?  Yes  No If yes explain: \_\_\_\_\_  
\_\_\_\_\_
31. Have you ever had any real or personal property repossessed?  Yes  No If yes explain: \_\_\_\_\_  
\_\_\_\_\_
32. Have you ever made application with any other public safety (police, fire, emergency medical services) agency?  Yes  No If yes what was the date, agency's name, and disposition of your application? \_\_\_\_\_  
\_\_\_\_\_
33. Do you have applications pending for any type of employment with any other public safety (police, Fire, emergency medical services) agency at this time?  Yes  No

34. Have you ever been denied any employment?  Yes  No If so, where, when and why?

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35. Give details of any instance where you have been discharged or forced to resign from a position?

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36. Have you applied for a position with Boone County before?  Yes  No If yes, when and for what position?

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37. Are you a current user of the following drugs or narcotics (including abused prescribed medication, Medication prescribed to someone else, or an accidental injection.)?

- Amphetamines, uppers, speed, diet pills:  Yes  No  
Barbiturates, tranquilizers, downers, sleeping pills:  Yes  No  
Hallucinogens (LSD, PCP, Angel Dust, Peyote):  Yes  No  
Quaalude (horse pills):  Yes  No  
Inhalants (glue, paint):  Yes  No  
Opium (opium base liquor):  Yes  No  
Morphine:  Yes  No  
Heroin:  Yes  No  
Cocaine:  Yes  No  
Codeine:  Yes  No  
Mescaline:  Yes  No  
Smoked Marijuana  Yes  No  
Hashish:  Yes  No  
Any other drug not mentioned:  Yes  No  
Alcohol use?  Yes  No

For all "yes" answers, give full details on page 12 and 13 of this questionnaire.

38. Have you ever been involved in the illegal purchase, possession or sale of any narcotic, depressant, Stimulant, hallucinogen, or cannabis?  Yes  No If yes, give full details on pages 12 and 13 of this questionnaire.

39. How much and how frequently do you drink alcoholic beverages? \_\_\_\_\_

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40. Do you smoke?  Yes  No If yes, give type(s) \_\_\_\_\_

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41. When was the last time you were involved in a fist fight? What were the circumstances? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

42. Have you EVER been arrested, charged, cited or held by federal, state, or local law enforcement authorities regardless of whether the arrest citation was dropped or dismissed, or you were found not guilty? (Include traffic offenses and all court martial or non-judicial punishment while in the military service.) \_\_\_\_ Yes \_\_\_\_ No If yes give full details on pages 12 and 13.

43. As a result of being arrested, charged, cited or held by law enforcement authorities, have you ever been convicted, fined or forfeited bond to a Federal, state or other judicial authority or adjudicated a youthful offender or juvenile delinquent (regardless of whether the record in your case has been sealed, expunged, or stricken from the court record? \_\_\_\_ Yes \_\_\_\_ No If yes, give full details on pages 12 and 13 of this questionnaire.

44. Have you EVER been detained, held in, or served time in any jail, prison, reform industrial school or institution under the jurisdiction of any city, county, state, Federal or foreign country? \_\_\_\_ Yes \_\_\_\_ No If yes, give full details on pages 12 and 13 of this questionnaire.

45. Have you ever been fingerprinted before? \_\_\_\_ Yes \_\_\_\_ No If yes, where and when? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

46. Have you ever been issued a permit or license to carry a handgun or other weapon on your person? \_\_\_\_ Yes \_\_\_\_ No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

47. Do you own a hand gun? \_\_\_\_ Yes \_\_\_\_ No

48. Have you had firearms training? \_\_\_\_ Yes \_\_\_\_ No

49. Have any of your family members or blood relatives ever been convicted for other than traffic violation? \_\_\_\_ Yes \_\_\_\_ No If yes, give full details on pages 12 and 13 of this questionnaire.

50. Are you a United States citizen? \_\_\_\_ Yes \_\_\_\_ No

If naturalized give the following information: Date \_\_\_\_\_

Place \_\_\_\_\_

Court \_\_\_\_\_ Certificate Number \_\_\_\_\_

Include a copy of your Naturalization Certificate with this questionnaire.





CERTIFICATION AND SIGNATURE

Have you been completely truthful to all questions asked? Keep in mind the Boone County Sheriff's Department verifies the information given to further evaluate applicants and to insure the information furnished by the applicant has been truthful to the best of his or her knowledge.

I hereby certify that every statement made on this questionnaire is true and complete to the best of my knowledge. I understand that any false, misleading, or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I understand I may be required to verify all information given on this questionnaire. Employment will be contingent upon results of a complete character/background investigation. I also understand that all appointments are probationary for a period of one year, during which I must demonstrate my fitness for continued employment by the Boone County Sheriff's Department.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Signature of Candidate: \_\_\_\_\_

BOONE COUNTY SHERIFF'S DEPARTMENT  
AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Applicant \_\_\_\_\_

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

Military Serial Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

This release, when presented by a duly authorized representative of the Boone County Sheriff's Department will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background. Specifically, I hereby authorize the release of the following data records to the Boone County Sheriff's Department:

- Employment Information
- Credit Bureau Information
- Educational Information
- Medical and Military Medical Information
- Residence(s) Records
- Police and Criminal Records

This authorization is given in connection with a personnel background investigation being conducted relative to my application for or continued employment with the Boone County Sheriff's Department.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Assigned Investigator (name and title) \_\_\_\_\_

Investigative period from \_\_\_\_\_ to \_\_\_\_\_

Authorized by (name and title) \_\_\_\_\_

(signature) \_\_\_\_\_ date \_\_\_\_\_