

BERRIEN SPRINGS ORONOKO TOWNSHIP POLICE DEPARTMENT
EXPERIENCE AND EDUCATION QUESTIONNAIRE

1. READ ALL INSTRUCTIONS CAREFULLY

2. This questionnaire must be filled out in detail. Please complete this form as soon as possible or at least by the deadline provided, and return it in person or via US Mail to EXECUTIVE ASSISTANT to the CHIEF OF POLICE. 4411 E Snow Road; PO Box 97, Berrien Springs, MI 49103
3. Read all statements and questions carefully before answering.
4. All questions **MUST** be answered. In the event that a question does not apply to you, place the letters N/A in the space provided for the answer.
5. This questionnaire must be typewritten or printed in ink.
6. In the event that there is not sufficient space on this form for your answers, additional sheets must be attached.
7. **This questionnaire must be completed accurately and honestly. Omission, misleading or falsification of information may result in the rejection of your application.**
8. Obtain the following documents if applicable and return them with this questionnaire (unless they were submitted with the initial application form)
 - Copy of Drivers License
 - Copy of Social Security Card
 - MCOLES Certification Documentation
 - High School & College Transcripts
 - Marriage Certificate
 - Order of Divorce / Annulment
 - Birth Certificate
 - Military Service DD-214
9. This form will be used to conduct your background investigation. Employers, relatives, neighbors, and other associates will be interviewed. The final investigation report will be used by the oral interview board to assist in their evaluation of your suitability for a police officer position.
10. The report and all attachments become the property of Oronoko Charter Township / Berrien Springs Oronoko Township Police Department and will not be released to any other agency or individual without your written permission.

*****READ ALL OF THE ABOVE INSTRUCTIONS BEFORE*****
COMPLETING THIS QUESTIONNAIRE

BERRIEN SPRINGS ORONOKO TOWNSHIP POLICE

PERSONAL BACKGROUND QUESTIONNAIRE

1. First Name	Middle Name	Last Name	
2. Present Street Number and Street Address	City	State	Zip Code County
3. Permanent Street Number and Street Address	City	State	Zip Code County
4. Telephone No. – Home	Telephone No. – Business	Telephone No. – Pager/Cell	Any E-mail Address /Face Book Names used:
5. Have you used any name (including nicknames) other than listed above to obtain education, employment, finances, or to obtain traffic or criminal records? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain If a legal change, indicate date, location, and authority.			
6. Date of Birth	Age	Driver License No.	Last four digits of Social Security No.
7. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Note: If hired, you will be asked to produce proof of citizenship (a birth certificate, certificate of naturalization, or certificate of citizenship.)	
8. Have you attended a law enforcement training academy in the past to become a law enforcement officer If yes, list Name of school attended. <input type="checkbox"/> Yes <input type="checkbox"/> No		Address	City/State/Zip
9. Have you ever applied to another law enforcement agency in the continental United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the date, name and address of the agency below. If you have applied to more than two, list the same information for each agency on an additional page.		Are you a Michigan Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone
Agency Name	Date of Application	Address	Current Status of Application
Agency Name	Date of Application	Address	Current Status of Application

**BERRIEN SPRINGS ORONOKO TOWNSHIP POLICE
PERSONAL BACKGROUND QUESTIONNAIRE**

TRAFFIC AND CRIMINAL HISTORY

10. Have you ever had an operator's (driver) license issued by another state? Yes No
If yes, provide the following:

State	Dates	Number

List any additional licenses on a separate page.

11. Have you ever received an appearance ticket or have you been arrested for any felony or misdemeanor other than a traffic violation; i.e., minor in possession, open intoxicants, home invasion, etc. This list is not all inclusive.
 Yes No If yes, provide the following:

Date	Charge	Disposition	Location
Arresting Agency	Address	Court	Address

List any other arrests on a separate page.

Note: The above section is to include any and all arrests other than those for traffic violations. Having been arrested does not mean you cannot be appointed. The seriousness, length of time of occurrence from applying, number, pattern, and surrounding circumstances will be considered.

12. Have any immediate family members (father, mother, brothers, sisters, spouse, children) been convicted of any crime other than a traffic violation in the last five years? Yes No If yes, provide the following:

Family Member	Charge	Agency	Address

13. Have you ever been investigated, contacted, or interviewed as a suspect or witness by any law enforcement agency for any reason? Yes No If yes, provide the following:

Date	Agency	Number and Street Address	City	State	Zip Code	Telephone

Reason

14. Have you or a member of your immediate family been a victim of a crime?
 Yes No If yes, give particulars.

15. List all traffic citations, including parking citations, which you have been issued.

(1) Date	Charge	Location -- Street and nearest cross street	City	State	Zip Code

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Police Agency	Address	Telephone	Court Disposition	
(2) Date	Charge	Location – Street and nearest cross street	City	State
				Zip Code
Police Agency	Address	Telephone	Court Disposition	
(3) Date	Charge	Location – Street and nearest cross street	City	State
				Zip Code
Police Agency	Address	Telephone	Court Disposition	
(4) Date	Charge	Location – Street and nearest cross street	City	State
				Zip Code
Police Agency	Address	Telephone	Court Disposition	
(5) Date	Charge	Location – Street and nearest cross street	City	State
				Zip Code
Police Agency	Address	Telephone	Court Disposition	
(6) Date	Charge	Location – Street and nearest cross street	City	State
				Zip Code
Police Agency	Address	Telephone	Court Disposition	
Please list any additional citations on a separate page.				
16. List all traffic accidents in which you have been involved. Please include any accidents that were not reported.				
(1) Date	Complaint Number	Location – Street and nearest cross street	City	State
				Zip Code
Police Agency	Address	Telephone	Issued Citation	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If citation issued, give charge.		If not reported, give reason.		

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(2) Date	Complaint Number	Location – Street and nearest cross street	City	State	Zip Code
		Address	Telephone	Issued Citation	<input type="checkbox"/> Yes <input type="checkbox"/> No
If citation issued, give charge.		If not reported, give reason.			
(3) Date	Complaint Number	Location – Street and nearest cross street	City	State	Zip Code
		Address	Telephone	Issued Citation	<input type="checkbox"/> Yes <input type="checkbox"/> No
If citation issued, give charge.		If not reported, give reason.			
Date	Complaint Number	Location – Street and nearest cross street	City	State	Zip Code
		Address	Telephone	Issued Citation	<input type="checkbox"/> Yes <input type="checkbox"/> No
If citation issued, give charge.		If not reported, give reason.			
EDUCATION					
17. High School					
Number - Street Address					
City	State	Zip Code	Area Code – Telephone		
Dates Attended	Did you Graduate?	If no, have you completed a general educational development test?			
From To	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
18. Colleges Attended					
(1) College Name					
Please list any additional high schools on a separate page.					
You must provide high school transcripts or G.E.D. scores.					
Number - Street Address					

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Dates Attended From To	Degree	Major	Years Completed
(2) College Name		Number - Street Address	
City	State	Zip Code	Area Code – Telephone
Dates Attended From To	Degree	Major	Years Completed
(3) College Name		Number - Street Address	
City	State	Zip Code	Area Code – Telephone
Dates Attended From To	Degree	Major	Years Completed

You must provide college transcripts and diplomas. Please list additional colleges on a separate page.

19. Correspondence or trade school Name

Number - Street Address	
City	State
Zip Code	Area Code – Telephone
Courses	Years, months or hours Completed
Dates Attended From To	Certificate

20. What languages can you read and/or speak fluently?

ACTIVITIES

21. List any activities in which you have been involved that you believe reflects your interest in public service work or community affairs. Include tutoring, drug treatment or crisis work, correctional program assistance, coaching, counseling, or other relevant public service.

Organization Name		Number - Street Address	
City	State	Zip Code	Area Code – Telephone

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22. List any honors, awards, or other recognition which you may have received for scholarships, athletics, community service, or other achievements.

23. List any positions of leadership (elected or appointed) that you have held as part of or separate from school.

Organization	County	Number - Street Address	
City	State	Zip Code	Area Code - Telephone
Position Held			

Please list any additional offices on a separate page.

EMPLOYMENT

24. Please give your chronological history of employment for the past ten years. Account for the entire ten-year period. Include all service for any military reserve organization, all casual employment, and all periods of unemployment. State what you did during those periods.

List present or most recent job first.

Note: Employers, supervisors, and co-workers may be interviewed by the investigator. Employment discharge or discipline does not mean you cannot be appointed. The seriousness, recency, and surrounding circumstances will be considered.

(1) Dates of Employment	Employer	Number - Street Address	
City	State	Zip Code	Area Code - Telephone
Type of Business	Supervisor	Title of Position	
Salary	Duties	Reason for Leaving	
Are you eligible for rehiring? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, why?	

(2) Dates of Employment	Employer	Number - Street Address	
City	State	Zip Code	Area Code - Telephone
Type of Business	Supervisor	Title of Position	

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Salary	Duties	Reason for Leaving	
Are you eligible for rehiring? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, why?	
(3) Dates of Employment		Employer	
City	State	Zip Code	Area Code -- Telephone
Type of Business	Supervisor	Title of Position	
Salary	Duties	Reason for Leaving	
Are you eligible for rehiring? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, why?	
(4) Dates of Employment		Employer	
City	State	Zip Code	Area Code -- Telephone
Type of Business	Supervisor	Title of Position	
Salary	Duties	Reason for Leaving	
Are you eligible for rehiring? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, why?	
(5) Dates of Employment		Employer	
City	State	Zip Code	Area Code -- Telephone
Type of Business	Supervisor	Title of Position	
Salary	Duties	Reason for Leaving	

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Are you eligible for rehiring? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why?		
(6) Dates of Employment	Employer	Number - Street Address	
City	State	Zip Code	Area Code -- Telephone
Type of Business	Supervisor	Title of Position	
Salary	Duties	Reason for Leaving	
Are you eligible for rehiring? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why?		
(7) Dates of Employment	Employer	Number - Street Address	
City	State	Zip Code	Area Code -- Telephone
Type of Business	Supervisor	Title of Position	
Salary	Duties	Reason for Leaving	
Are you eligible for rehiring? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why?		
Have you ever applied for unemployment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer	Office or Branch	Number - Street Address
Dates	Employer		
List any additional unemployment on a separate page.			
MARITAL STATUS AND FAMILY			
25. The full name of each family member (father, mother, spouse, brothers, sisters, children, step-fathers, step-mothers, step-brothers, step-sisters, step-children, including guardians) is required. Include maiden names, if different from your own. If you have been married more than once, including annulments, furnish the same data concerning former spouse. List children last.			
(1) First Name	Middle Name	Last Name	Relationship

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Number and Street Address	City	State	Zip Code	County
Telephone – Home	Telephone Business	Date of Birth	Place of Birth	
Living or Deceased	If Deceased, Please Give Date of Death.			
(2) First Name				
	Middle Name	Last Name		Relationship
Number and Street Address	City	State	Zip Code	County
Telephone - Home	Telephone Business	Date of Birth	Place of Birth	
Living or Deceased	If Deceased, Please Give Date of Death.			
(3) First Name				
	Middle Name	Last Name		Relationship
Number and Street Address	City	State	Zip Code	County
Telephone – Home	Telephone Business	Date of Birth	Place of Birth	
Living or Deceased	If Deceased, Please Give Date of Death.			
(4) First Name				
	Middle Name	Last Name		Relationship
Number and Street Address	City	State	Zip Code	County
Telephone – Home	Telephone Business	Date of Birth	Place of Birth	
Living or Deceased	If Deceased, Please Give Date of Death.			
(5) First Name				
	Middle Name	Last Name		Relationship

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Number and Street Address	City	State	Zip Code	County
Telephone – Home	Telephone Business	Date of Birth	Place of Birth	
Living or Deceased	If Deceased, Please Give Date of Death.			
(6) First Name	Middle Name	Last Name	Relationship	
Number and Street Address	City	State	Zip Code	County
Telephone – Home	Telephone Business	Date of Birth	Place of Birth	
Living or Deceased	If Deceased, Please Give Date of Death.			
(7) First Name	Middle Name	Last Name	Relationship	
Number and Street Address	City	State	Zip Code	County
Telephone – Home	Telephone Business	Date of Birth	Place of Birth	
Living or Deceased	If Deceased, Please Give Date of Death.			
(8) First Name	Middle Name	Last Name	Relationship	
Number and Street Address	City	State	Zip Code	County
Telephone – Home	Telephone Business	Date of Birth	Place of Birth	
Living or Deceased	If Deceased, Please Give Date of Death.			

Please list any additional family members on a separate page.

26. With whom are you currently living?			
Name	Age	Relationship	

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Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship

MILITARY

27. Selective Service Number	Military Serial Number
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Have you ever served in the military of a foreign government?
 Yes No If yes, answer questions 46-51 regarding that service on a separate page.

28. Selective Service Board Number	Number and Street Address
29. Draft Classification	Draft Lottery Number

30. Dates of Active Service
 From To

31. Branch of Service

Last Duty Station

Complete Military Address	
32. Rank Upon Discharge	Type of Discharge <input type="checkbox"/> Honorable <input type="checkbox"/> Other If other, give details on a separate page.

33. Were you ever the subject of a court-martial or other disciplinary action?
 Yes No If yes, provide details on a separate page explaining each incident in detail.
 How many times?

Note: If you were separated from any branch of military service, you must provide a certificate of separation (DD-214).

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34.

REFERENCES

(1) First Name		Last Name		Relationship	
Number and Street Address		City	State	Zip Code	County
Number and Business Street Address		City	State	Zip Code	County
Area Code - Telephone -- Home		Area Code - Telephone -- Business			
(2) First Name		Last Name		Relationship	
Number and Street Address		City	State	Zip Code	County
Number and Business Street Address		City	State	Zip Code	County
Area Code - Telephone -- Home		Area Code - Telephone -- Business			
(3) First Name		Last Name		Relationship	
Number and Street Address		City	State	Zip Code	County
Number and Business Street Address		City	State	Zip Code	County
Area Code - Telephone -- Home		Area Code - Telephone -- Business			
(4) First Name		Last Name		Relationship	
Number and Street Address		City	State	Zip Code	County
Number and Business Street Address		City	State	Zip Code	County
Area Code - Telephone -- Home		Area Code - Telephone -- Business			

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PERSONAL BACKGROUND QUESTIONNAIRE

(5) First Name	Last Name	Relationship	
Number and Street Address	City	State	Zip Code County
Number and Business Street Address	City	State	Zip Code County
Area Code - Telephone -- Home	Area Code - Telephone -- Business		

35. List any law enforcement officials whom you know personally.

(1) First Name	Last Name	Relationship	
Number and Street Address	City	State	Zip Code County
Number and Business Street Address	City	State	Zip Code County
Area Code - Telephone -- Home	Area Code - Telephone -- Business		Agency

(2) First Name	Last Name	Relationship	
Number and Street Address	City	State	Zip Code County
Number and Business Street Address	City	State	Zip Code County
Area Code - Telephone -- Home	Area Code - Telephone -- Business	Agency	

36. Please list any additional information on a separate page.

RESIDENCE RECORD

37. List all residences since age 16.

(1) Dates		Number and Street Address			
From	To	City	State	County	Zip Code
(2) Dates		Number and Street Address			
From	To	City	State	County	Zip Code

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	City		State		County		Zip Code
(3) Dates		Number and Street Address					
From	To						
City		State		County		Zip Code	
(4) Dates		Number and Street Address					
From	To						
City		State		County		Zip Code	
(5) Dates		Number and Street Address					
From	To						
City		State		County		Zip Code	
(6) Dates		Number and Street Address					
From	To						
City		State		County		Zip Code	
(7) Dates		Number and Street Address					
From	To						
City		State		County		Zip Code	
(8) Dates		Number and Street Address					
From	To						
City		State		County		Zip Code	

List any additional addresses on a separate page.

RECREATION

38. List any recreational activities in which you participate.

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OTHER INFORMATION

39. In the area below, furnish any additional information you feel will be of value to the investigator. Include information you feel will explain or clarify information you provided in your application for this position.

READ CAREFULLY BEFORE SIGNING

I hereby swear and affirm that all answers are COMPLETE, TRUE, and ACCURATELY recorded in this and all other documents submitted to the Berrien Springs Oronoko Township Police Department in consideration of my application for the listed position. I understand that providing FALSE, MISLEADING, and/or INCOMPLETE information during the selection process is grounds for exclusion from the selection process, or discharge if discovered after a conditional offer of employment has been given.

Signature _____

Date _____