

MINNESOTA STATE CONSERVATION OFFICER



Pre-Employment Background Investigation Questionnaire

For Official Use Only (FOUO) / Confidential	
Applicant Name	
Investigator Assigned	
Investigation No.	
BI-	
Due Date	Date Returned

Pre-Employment Background Investigation Questionnaire

Page 2 of 50

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Table of Contents

Instructions for Completing this Form 4

Minnesota Government Data Practices Act Advisory 5

Criteria for Possible Rejection as a State Conservation Officer Applicant 6

Documents Applicant Must Provide 8

Essential Job-Related Functions of a State Conservation Officer 9

Section 1—Personal Data 10

Section 2—United States Citizenship 10

Section 3—Applicant Photograph 11

Section 4—Where You Have Lived 12

Section 5—Peace Officer License Verification 15

Section 6—Military Record..... 17

Section 7—Previous Applications & Background Investigations 19

Section 8—Education History 21

Section 9—Employment History 24

Section 10—Financial History 31

Section 11—Real Property Ownership 33

Section 12—Public Record Civil Court Actions..... 34

Section 13—Criminal Record History 35

Section 14—Motor Vehicle & Driver’s License History 40

Section 15—Natural Resources-Related Activity..... 43

Section 16—Community Service 44

Section 17—Family Information 44

Section 18—References 47

Section 19—Law Enforcement Acquaintances..... 47

Section 20—Continuation Page 49

Section 21—Signature Page..... 50

Instructions for Completing this Form

Follow instructions fully or we cannot process your form. Be sure to sign and date the Release of Information Authorization form and read and sign the Documents Applicants Must Provide page that follows the Release of Information Authorization form.

Purpose of this form

The State of Minnesota conducts background investigations to establish that prospective peace officer applicants are eligible for and fulfill the requirements for hiring.

Authority to Request this Information

The State of Minnesota is authorized to ask for this information under Minn. Stat. § [626.87](#) and Minn. Rules § [6700.0700](#).

The Investigative Process

Background investigations for peace officer positions are conducted to develop information to determine your suitability for employment as a State Conservation Officer. The information that you provide on this form is confirmed during the investigation. Investigation may extend beyond the time covered by this form when necessary to resolve issues. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

You will be asked to provide certified copies of certain documents such as birth certificate, POST license, state driver's license, Social Security card, school transcripts and diplomas. You may also be asked to provide documents about information you provided on this form or other matters requiring specific attention. These matters include, but are not limited to: alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

Your Personal Interview

Background Investigations will include one or more personal interviews with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

Instructions for Completing this Form

1. Follow the instructions given to you regarding this form. In answering all the questions on this form, keep in mind that your answers are considered together with the information obtained in the investigation to reach an appropriate conclusion.
2. Type (computer-enabled fill in form) or legibly print your answers in black ink (if your form is not legible, it will not be accepted). When completing this form, please print clearly and give complete and accurate information. This includes, but is not limited to, this document and all other forms used during the Background Investigation.
3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX" or "EST."
4. Any changes that you make to this form after you sign it must be initialed and dated by you.
5. All addresses must be complete, and include full street names, house or apartment numbers, city names and five-digit ZIP codes.

6. All telephone numbers must include area codes.
7. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 8, 2012, should be shown as 6/8/12.
8. Read and sign the Release of Information Authorization form, which immediately follows this section.
9. Read and sign the "Required Certified Documents" page that follows the Release of Information Authorization form.
10. If you find that there is not enough space to answer a specific question, provide as much information as space permits. Continue your response on additional sheets of paper if necessary. Include the number of the question and maintain the same format as on the Pre-Employment Background Questionnaire form.
11. You will be provided with several Release of Information Authorization forms at the end of the Pre-Employment Background Questionnaire. You will have to photocopy these forms. You will need one Release of Information Authorization form for each section in the Pre-Employment Background Questionnaire as noted (e.g., a separate release form for each reference, landlord, creditor or bank, school, law enforcement agency, etc.). After you photocopy the form, fill each one out with the name of the person or entity to release the information. Be sure to sign each photocopied release form with an original signature in black ink.
12. If a section requires you to provide any documents, be sure to include them.
13. Sign each form, including all Release of Information Authorization forms, signature pages and autobiography with an original signature in black ink.
14. Return the completed Pre-Employment Background Questionnaire and all requested forms and material to the person or office as you have been directed, no later than the "Due Date", or you may be removed from consideration for employment.
15. If you have any questions, please call the Training Section staff at 320/412-1181.

Final Determination on Your Eligibility

The Background Investigation is only one phase of the hiring procedure for the position of a Peace Officer with this Department. It is not the sole determining factor in whether or not you are offered employment. In addition to the Background Investigation, the Department may require successful completion of further interviews, additional information, a physical and/or medical examination and a psychological examination prior to a full employment offer.

Penalties for False Statements

Minn. Statutes § 609.63.1(6) provides for criminal penalties for any false entry or omission in a document filed by the government. In addition, law enforcement agencies generally disqualify or do not hire individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements with other law enforcement agencies. Because the position for which you are being considered is a sensitive one, your trustworthiness is a very important consideration in deciding your eligibility for the position. Your prospects of placement or employment are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Lateral Placement Advisory for Peace Officers

In the event that this background investigation should uncover information that you have or are suspected of having been engaged in illegal activities while employed as a peace officer or identifies a disqualification under the minimum selection standards or any conduct that would be a violation of standards of conduct prescribed by the Minnesota Peace Officer Standards & Training (POST) Board, this information will likely bar you from further consideration for this position.

Further, in the event this illegal activity or prohibited conduct occurred during the time of your employment as a peace officer, or if this background investigation should uncover information which raises questions about your fitness to continue as a peace officer, this information will be transmitted to your present employer and the Minnesota POST Board for their independent investigation.

Minnesota Government Data Practices Act Advisory***Read this Advisory before completing this Statement or other forms.***

As an applicant for employment with the Minnesota Department of Natural Resources-Division of Law Enforcement, you are being asked to provide information about yourself, which may include private or confidential data about yourself. The Minnesota Government Data Practices Act requires that you be advised of certain uses of this information.

You are under no legal obligation to provide the requested information. However, if you fail to do so, it will result in this Department being unable to fully evaluate your suitability for employment. The agency will be unable to conduct the required background inquiries and will not be able to process your application and the agency will not be able to consider you for appointment as a peace officer.

The information you provide will be considered to be personnel data within the meaning of the Minnesota Government Data Practices Act. As such, the information you provide may be classified as public data or private data. Public data is data which is accessible to anyone upon request. Private data is accessible only to the subject of the data, their authorized representative, individuals to whom the subject has granted access, individuals within the Department of Natural Resources whose job assignments reasonably require access, and to individuals or entities to whom this data is otherwise made available by law or court order.

You are being asked to provide the following private data:

1. Full, Legal Name
2. Any and all other name(s) by which you were known regardless of whether or not they were your legal name(s).
3. Date of Birth
4. Race
5. Sex
6. Social Security Number
7. Photograph

The purpose of collecting and intended use of this private data you supply about yourself is to conduct the background inquiries required by the Minnesota Board of Peace Officers Standards & Training Rules (Part [6700.0700](#)). These rules require the agency to conduct a thorough background investigation prior to hiring and appointing persons as licensed peace officers for the Department of Natural Resources. Inquiries requiring the release of applicant-supplied private data listed above to third parties include, but are not limited to: Bureau of Criminal Apprehension (BCA) and Federal Bureau of Investigation (FBI) fingerprint cards, authorization and release forms, driver's license verification, motor vehicle records, credit history, social security payment and earnings history, tax records, civil litigation checks, educational records, insurance information, license information, court records, voting records, ownership records, military service verifications, employment history, medical and psychological records and personal references.

This data will be used solely for the above-mentioned purposes. This data will not be made available to the hiring authority. The data will be forwarded to the background investigator for completion of the criminal history inquiries as required under Minnesota Statutes § [626.87](#) and Minnesota Rules Part [6700.0700](#). Information gained by use of previous names, date of birth, or race, will be forwarded to the hiring authority without reference to date of birth, age, or race.

The information obtained by use of protected class data will be available to you and those in the appointing authority who have a bona fide need for the data.

The data may also be used for other purposes necessary for the administration of law, rule or ordinance but will be disseminated only as required by law.

If you are certified as eligible for appointment to a position or are considered a finalist, your name becomes public data.

Under the Government Data Practices Act, the following information which is personnel data is defined to be public once you become employed: 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, badge 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 or other medical leave or other non-public data, and city and county of residence.

As an applicant, only the following data is public information: veteran status, relevant test scores, rank on eligible list, job history, education and training, and work availability. Public data is data that is available to any person upon request. The remaining data that you provide would generally be considered to be private data under the Data Practices Act

The authorizations for information that you sign and the data you provide may be conveyed to third parties. To the extent they reveal private information, they will be disclosed only to the extent that is necessary to do so to complete this employment investigation.

Disclosure of Medically Related Information

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

Criteria for Possible Rejection as a State Conservation Officer Applicant

All applicants must meet the minimum selection standards of the Minnesota POST Board to be eligible to be licensed as a peace officer in the State of Minnesota. In addition, the following POST Board criteria disqualifies individuals from consideration as a Minnesota conservation officer. The Minnesota DNR Enforcement Division criteria may provide the basis for rejection for further consideration for employment as a Minnesota conservation officer. For the purposes of this document, "conviction" includes a finding of guilt, whether the adjudication of guilt is stayed or executed, an admission of guilt, an Alford plea or no contest plea. It includes admissions to acts that would be crimes if they had been discovered or prosecuted and juvenile convictions in instances tried as an adult. Determination of any dates of offense shall be based upon the closing date of the application period for the job posting announcement for this position.

Minnesota POST Board criminal history disqualifications: Charged with and found guilty of any of the following (regardless of expungements, deferrals, or dismissals):

- A felony
 - In Minnesota or an offense in another jurisdiction that would be a felony if committed in Minnesota.
 - In another jurisdiction that is not considered to be a felony under Minnesota law, unless the felony has been expunged, set aside, pardoned, or the person's civil rights have been restored and expressly provides for the possession of a firearm.
- Gross misdemeanor assault in the fifth degree under MN Statute (MS) 609.224.
- Bias crimes including assaults motivated by bias under MS 609.2231.4, and criminal damage to property under MS 609.595.2.b.
- Domestic assault under MS 609.2242.
- Violation of a domestic abuse no contact order under MS 629.75.2.
- Violation of an order for protection under MS 518B.01.14.
- Harassment or stalking under MS 609.749.
- Violation of a harassment restraining order (HRO) under MS 609.748.6.
- Sexual extortion under MS 609.3458.
- Criminal sexual conduct under MS 609.341 to 609.3451.
- Indecent exposure under MS 617.23.
- Any mistreatment of a vulnerable adult (several statutes).
- Patrons of prostitution under MS 609.324.2.
- Making false claims for profit to a public body or officer under MS 609.465.
- Attempting medical assistance fraud under MS 609.466.
- Theft (MS 609.52), except that misdemeanor theft of movable property valued at \$500 or less is not an automatic disqualification.
- Interference with an emergency call under MS 609.78.
- Nonconsensual dissemination of private sexual images.
- Interference with privacy.
- Malicious punishment of a child under MS 609.377.
- Mistreating animals under MS 343.21.
- Misconduct of a public officer or public employee under MS 609.43.
- Narcotics or controlled substance law, excluding any non-felony marijuana offenses.
- Required to register as a predatory offender under MS 243.166 or 243.167 (or in any other state).

Other Minnesota POST Board disqualifications from licensure include:

- Listed on the National Decertification Index or have had a law enforcement license, certification, or authorization in any jurisdiction revoked or rescinded.
- Discriminatory conduct as defined under MN Rule (MR) 6700.0100.26.
- Conduct with a Hate or extremist group or a criminal gang as defined under MR 6700.0100.29.

Additional Minnesota DNR Enforcement Division potentially disqualifying criteria:

- Having engaged in sexual harassment, as defined by Minnesota Statutes, section 363A.03.43.
- Conviction of assaulting, fleeing or eluding a peace officer.
- Conviction of obstructing the legal process, arrest or firefighting in violation of Minnesota Statutes, section 609.50.
- Two or more alcohol-related driving violations or any implied consent violations within the past 60 months.
- Conviction of operating a motor vehicle, boat or snowmobile while intoxicated, or hunting while intoxicated, within the past 60 months.
- Conviction of driving after suspension, revocation, cancellation or withdrawal, reckless driving, or other serious driving violations within the past 60 months.
- Conviction of two or more misdemeanor violations, or a crime in any other state or federal jurisdiction that would constitute a misdemeanor if committed in Minnesota, involving natural resources or moving traffic convictions within the past 24 months.
- Conviction of a no-proof-of-insurance-in-a-motor-vehicle violation of Minnesota Statutes, section 169.792 within the past 12 months or two convictions within 60 months.
- Driver's license suspended twice in the past 60 months for "no-fault" violations.
- Adjudication by a court of competent jurisdiction, within or outside the state, as incapacitated, mentally incompetent, chemically dependent, mentally ill and dangerous to the public, or as having a psychopathic personality.
- Documented instances of past employee misconduct or unfitness.
- Any undesirable discharge from the military or an honorable discharge that indicates the applicant is not eligible for re-enlistment.
- Termination of a previous Minnesota State Conservation Officer background investigation for cause within the past 60 months.
- Deliberate misrepresentation, falsification, omission or failure to disclose information to the department.

¹ For the purposes of this section, "conviction" includes a finding of guilt, whether or not the adjudication of guilt is stayed or executed, an admission of guilt, an Alford plea or no contest plea and includes admissions to acts which would be crimes if they had been discovered and prosecuted.

² Determination of dates shall be based upon the closing date of the application period for the job posting announcement for this position.

Documents Applicant Must Provide

The following is a list of documents that you **must** provide to the Department when you turn in the Pre-Employment Background Investigation Questionnaire. Failure to provide any or all of the documents listed may result in the removal of your name from consideration for employment. Please note that any materials or photographs that you submit will become the property of DNR and will not be returned.

High school diploma or G.E.D certification.

All college and/or university transcripts and diploma(s).

Vo-Tech Institute/Trade School transcripts and certificate(s)/degree(s).

Copy of law enforcement academy or “skills” course transcripts and certificate.

Minnesota Board of Peace Officers Standards & Training (POST) Letter of Eligibility or copy of current Peace Officer License.

Certified copy of your birth certificate or State Department Form 240 (Report of Birth Abroad of a Citizen of the United States) if foreign born to American parent(s).

Certification of Naturalization (if naturalized citizen).

Photocopy of your driver’s license.

Copy of current automobile proof of insurance card.

Color photograph of yourself (no larger than 3" x 5" with subject image at least 2" x 3" and taken no more than three (3) months prior to completion of Pre-Employment Background Investigation Questionnaire).

Certified documents of any change of name from a previous name.

Copy of Selective Service registration verification letter (applicable only to males).

Military Records:

- The last three performance reports for those in grades E-5 or above
- POC’s for assignments with full Unit addresses and telephone numbers (including current Unit)
- A copy of Form SF-86 (Application for Security Clearance) if applied for
- If you hold a security clearance, DD Form 873 (Verification of Security Clearance) or a memo from your Security Officer
- A copy of each Form DD-214 (Discharge Record—Copy 4 Long Form).
- If currently in the National Guard or Reserves, a copy of NGB-22 (Report of Separation).
- A signed copy of Form SF-180 (Civilian Military Records)

Essential Job Related Functions of a State Conservation Officer

With or without reasonable accommodations, you must be able to perform the following tasks that describe the essential job-related functions of a State Conservation Officer. **If you have any doubts about your ability or desire to perform these essential job tasks, you should stop now and re-evaluate your decision to apply for employment as a State Conservation Officer.**

- Communicate fluently in English to read, analyze, interpret and communicate information
- Understand and follow detailed oral and written instructions
- Detect and analyze information based on senses, such as sight, sound, smell and/or taste.
- Demonstrate some knowledge of fish and wildlife identification and their habitat.
- Demonstrate some knowledge of fishing and hunting and the common methods and equipment used to fish and hunt.
- Be mobile for long periods in each day including, but not limited to, standing, walking or running over uneven terrain, jumping, crawling, stooping, kneeling and crouching.
- Work in conditions with frequent exposure to changes in temperature and environmental conditions, including cold, heat, rain, snow, dust, disagreeable odors, and, infrequently exposure to chemical irritants (e.g., tear gas, pepper spray).
- Carry, use and demonstrate proficiency with Department-approved firearms such as handguns, rifles or shotguns while on duty.
- Use force, including deadly force, for self-defense and the protection of the public.
- Shoot or otherwise euthanize wildlife if necessary.
- Wear a uniform while on duty.
- Willingness to accept assignment to a work station anywhere in the State of Minnesota.
- Be able to work a variable self-determined work schedule that is dependent upon workload and seasonal law enforcement activity.
- Work a varying schedule and workload that may require you to work more than 8 hours in a day on a regular basis and more than 80 hours in a pay period? (Overtime is presently compensated at time and a half over 86 hours per pay period).
- Work a minimum number of nights, holidays and weekends determined by the employer.
- Maintain an office and state telephone in your home.
- Work alone often with the understanding that officer back-up assistance may not be immediately available

Pre-Employment Background Investigation Questionnaire

Page 10 of 50

Section 1 Personal Data

The following personal information about you is necessary to begin the required background investigation process. Please fill in all boxes and answer all questions. If you have only initials in your name, use them and write ("IO"). If you have no middle name, enter "NMN". If you are a "Jr.", "Sr.", "II", etc., enter this after your middle name. If something does not apply, write "None" or "N/A".

Last Name		First Name		Middle Name		Social Security No.		
List all other names you have ever used and the period of time you used them (for example, your maiden name, names by a former marriage, former names, pen names, aliases, or nicknames). If the other name is your maiden name, put "nee" in front of it.								
Last Name		First Name		Middle Name		From (MM/YY)	To (MM/YY)	
Last Name		First Name		Middle Name		From (MM/YY)	To (MM/YY)	
Last Name		First Name		Middle Name		From (MM/YY)	To (MM/YY)	
Sex		Height (Feet/Inches)		Weight (Pounds)		Hair Color		Eye Color
Male Female								
Race/Ethnicity (Check only one)—This information is obtained for identification purposes only.								
1 Black (Not Hispanic)		3 American Indian / Alaskan Native		5 White				
2 Asian or Pacific Islander		4 Hispanic (Mexican / Puerto Rican / Other)		6 Multi-Racial				
Date of Birth (MM/dd/yyyy)		Place of Birth						
Residence Street Address (No P.O. Boxes)								Apt / unit
Mailing Address (If Different Than Above)								
City			State		ZIP Code		Country (If Other Than U.S.)	
E-mail Address		County of Residence						
Telephone Number (Home)			Telephone Number (Work)			Telephone Number (Cell)		

Section 2 United States Citizenship

Complete the information below that reflects your current citizenship status.

I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession.

I am a U.S. citizen, but I was NOT born in the U.S.

I am not a U.S. citizen (*Stop here and contact the person who gave you this form*)

What was your mother's full maiden name?

Last Name		First Name		Middle Name	
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If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship. **Please include certified copies of these documents when you turn in this form.**

Naturalization Certificate—Where were you naturalized?

Court	City	State	Certificate No.	Date Issued (MM/dd/yyyy)
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Citizenship Certificate: Where was the certificate issued?

Court	City	State	Certificate No.	Date Issued (MM/dd/yyyy)
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State Department Form 240 – Report of Birth Abroad of a Citizen of the United States (*You must complete and sign a Release of Information Authorization form.*)

Date Issued	Explanation
United States Passport (current or previous) (You must complete and sign a <u>Release of Information Authorization</u> form).	
Date Issued	Explanation
Dual Citizenship – If you are (or were) a dual citizen of the United States and another country, provide the name of that country.	
Country	Explanation

Section 3 Applicant Photograph

For identification and verification purposes, attach a full-face color photograph of yourself, not larger than 3" x 4". The photograph must have been taken no more than three (3) months prior to the date of completion of the current employment application. Print your name and date on the back of the photograph. Please note that this photograph, as well as other materials that you submit, will become the property of the DNR and will not be returned.



I hereby authorize and grant my informed consent to permit the Minnesota Department of Natural Resources-Division of Law Enforcement and/or its agents and/or representatives to use a photograph of me for identification and verification purposes associated with a background investigation to determine my suitability for employment as a State Conservation Officer. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and under the Minnesota Government Data Practices Act with regard to access and to disclosure of records. I hereby knowingly waive those rights with the understanding that information furnished will be used by the Minnesota Department of Natural Resources in conjunction with employment procedures. This release is valid for a period of one year or until completion of my probationary period, whichever is longer. However, I reserve the right to cancel this written authorization at any time by providing written notice to the Minnesota Department of Natural Resources.

Last Name	First Name	Middle Name	Social Security No.
Signature of Applicant			Date (MM/dd/yyyy)
X			

Pre-Employment Background Investigation Questionnaire

Page 12 of 50

Section 4 Where You Have Lived

In chronological order, list each and every place you have lived for the past 10 years beginning with your current address. Include all addresses while in the school and in the military. All periods of time must be accounted for in your list. Be sure to indicate the actual physical location of your residence – Do not use a post office box as an address or list a permanent address when you were actually living at a school address. If the address is "General Delivery", a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet. Be sure to specify your location as closely as possible – For example, do not list only your base or ship; list your barracks number or homeport. You may omit temporary duty locations less than 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

1.	From (MM/yyyy)	To	Street Address	Apt. No.	
	PRESENT				
	City			State	ZIP Code
	Name of Person(s) Who Resided With You			Current Telephone Number / Email Address	
	Name of Property Manager (If Renting)			Telephone Number	
	Street Address of Property Manager			Apt. No.	
2.	From (MM/yyyy)	To (MM/yyyy)	Street Address	Apt. No.	
	City			State	ZIP Code
	Name of Person(s) Who Resided With You			Current Telephone Number / Email Address	
	Name of Property Manager (If Renting)			Telephone Number	
	Street Address of Property Manager			Apt. No.	
	City			State	ZIP Code
3.	From (MM/yyyy)	To (MM/yyyy)	Street Address	Apt. No.	
	City			State	ZIP Code
	Name of Person(s) Who Resided With You			Current Telephone Number / Email Address	
	Name of Property Manager (If Renting)			Telephone Number	
	Street Address of Property Manager			Apt. No.	
	City			State	ZIP Code

4.	From (MM/yyyy)	To (MM/yyyy)	Street Address	Apt. No.
	City			State ZIP Code
	Name of Person(s) Who Resided With You			Current Telephone Number / Email Address
	Name of Property Manager (If Renting)			Telephone Number
	Street Address of Property Manager Apt. No.			
	City			State ZIP Code
5.	From (MM/yyyy)	To (MM/yyyy)	Street Address	Apt. No.
	City			State ZIP Code
	Name of Person(s) Who Resided With You			Current Telephone Number / Email Address
	Name of Property Manager (If Renting)			Telephone Number
	Street Address of Property Manager Apt. No.			
	City			State ZIP Code
6.	From (MM/yyyy)	To (MM/yyyy)	Street Address	Apt. No.
	City			State ZIP Code
	Name of Person(s) Who Resided With You			Current Telephone Number / Email Address
	Name of Property Manager (If Renting)			Telephone Number
	Street Address of Property Manager Apt. No.			
	City			State ZIP Code
7.	From (MM/yyyy)	To (MM/yyyy)	Street Address	Apt. No.
	City			State ZIP Code
	Name of Person(s) Who Resided With You			Current Telephone Number / Email Address
	Name of Property Manager (If Renting)			Telephone Number
	Street Address of Property Manager Apt. No.			
	City			State ZIP Code

Pre-Employment Background Investigation Questionnaire

Page 14 of 50

8.	From (MM/yyyy)	To (MM/yyyy)	Street Address		Apt. No.			
	City		State		ZIP Code			
	Name of Person(s) Who Resided With You				Current Telephone Number / Email Address			
	Name of Property Manager (If Renting)				Telephone Number			
	Street Address of Property Manager				Apt. No.			
	City		State		ZIP Code			
9.	From (MM/yyyy)	To (MM/yyyy)	Street Address		Apt. No.			
	City		State		ZIP Code			
	Name of Person(s) Who Resided With You				Current Telephone Number / Email Address			
	Name of Property Manager (If Renting)				Telephone Number			
	Street Address of Property Manager				Apt. No.			
	City		State		ZIP Code			
10.	From (MM/yyyy)	To (MM/yyyy)	Street Address		Apt. No.			
	City		State		ZIP Code			
	Name of Person(s) Who Resided With You				Current Telephone Number / Email Address			
	Name of Property Manager (If Renting)				Telephone Number			
	Street Address of Property Manager				Apt. No.			
	City		State		ZIP Code			
4-1. Have you ever been evicted or asked to leave a residence?							Yes	No
4-2. Have you ever left a residence owing rent?							Yes	No
If you answered "Yes" to either question above, please explain below:								

Section 5 Peace Officer License Verification

If you applied for a sworn, licensed peace officer position you must have a current peace officer's license or be eligible to be licensed as a peace officer in Minnesota in order to be considered for employment. Answer the following questions related to Minnesota peace officers' licenses. If a question is not applicable, write "None" or "N/A." *(You must complete and sign a Release of Information Authorization form for the Minnesota POST Board).*

5-1. I am currently licensed by the Minnesota POST Board as a peace officer.

Complete the following if you are currently licensed as a peace officer by the Minnesota POST Board and provide copies of documentation.

Current POST License No.	Date of POST License Issue (MM/dd/yyyy)	Date of POST License Expiration (MM/dd/yyyy)
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POST License Current Status

Valid-Active Status Valid-Inactive Status Lapsed Surrendered Suspended Revoked

5-2. If you are currently licensed or previously licensed as a peace officer, do you have personal knowledge of any disciplinary or court findings that find you have engaged in any of the following? Yes No

- Abuse of police authority;
- Bias against a protected class;
- Felony criminal conviction or finding of guilt;
- Conviction or finding of guilt for a crime of dishonesty;
- An act or statement of dishonesty;
- Mishandling of evidence or property;
- Undisclosed or improper inducements to witnesses or suspects;
- Unreasonable or excessive use of force;
- Unauthorized access to or unlawful misuse of government data; or
- Conduct that resulted in a Brady-Giglio disclosure by a prosecuting authority.

If "Yes", please explain below:

Explanation:

5-3. Has your law enforcement license, certification, or authorization to serve as a law enforcement officer in any jurisdiction been the subject of any disciplinary action, or been suspended, revoked, or rescinded? If "Yes", please explain below. Yes No

Explanation:

5-4. Have you ever engaged in any activities that would be considered violations of the Minnesota POST Board standards of conduct (Minn. Rules ss 6700.1600) if employed as a peace officer in this state? Yes No
If "Yes", please explain below:

Explanation:

5-5. I am eligible to be licensed by the Minnesota POST Board as a peace officer.

Complete the following if you are **eligible to be licensed** as a peace officer by the Minnesota Post Board and provide copies of documentation.

Current Letter of Eligibility Expiration Date	Date Exam Scheduled
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Pre-Employment Background Investigation Questionnaire

Page 16 of 50

Academic Component of Professional Peace Officer program (You must complete and sign a <u>Release of Information Authorization</u> form for each Academy and/or School). List any other institutions on a separate page.			
Name of College, University or LE Academy		From (MM/yyyy)	To (MM/yyyy)
Street Address			
City		State	ZIP Code
Name of School Advisor		Telephone No. / Current Email Address	
Date of Completion or Certification (MM/dd/yyyy)		Type of Degree or Certificate	
Out of State or Federal Law Enforcement Training and/or Certification (You must complete and sign a <u>Release of Information Authorization</u> form for each Academy and/or School).			
5-6. Are or were you licensed or certified in another state as a Peace Officer? If "Yes", please include copy of License or Certification.			Yes No
Name of Training Program or LE Academy		From (MM/yyyy)	To (MM/yyyy)
Street Address			
City		State	ZIP Code
Name of Academy Advisor		Telephone No. / Current Email Address	
Date of Completion or Certification (MM/dd/yyyy)		Date of Passing Minnesota POST Reciprocity Exam (MM/dd/yyyy)	
Name of Out of State or Federal Law Enforcement Agency			State
Special Warden, Police Reserve or Special Deputy Experience			
5-7. Have you ever been a special warden, police reservist or special deputy? (You must complete and sign a <u>Release of Information Authorization</u> form for each agency).			Yes No
Name of Law Enforcement Agency		From (MM/yyyy)	To (MM/yyyy)
Street Address			
City		State	ZIP Code
Supervisor's Name		Telephone Number / Current Email Address	
Law Enforcement Internships			
5-8. Have you ever participated in any formal internship with any law enforcement agency? (You must complete and sign a <u>Release of Information Authorization</u> form for each agency).			Yes No
Name of Law Enforcement Agency		From (MM/yyyy)	To (MM/yyyy)
Street Address			
City		State	ZIP Code
Supervisor's Name		Telephone Number / Current Email Address	

Section 6 Military Record

Please answer the following questions pertaining to Military and Selective Service. List all of your military service below in chronological order, including service in Reserve, National Guard, and U.S. Merchant Marine. If you had a break in service, each separate period should be listed.

6-1. Have you ever served in the United States Military? If "Yes", you must include the following: Yes No

- Release of Information Authorization form for each service branch.
- A copy of each Form DD-214 (Discharge Record—Copy 4 Long Form) or NGB-22 (National Guard Report of Separation).
- The last three performance reports for those in grades E-5 or above.
- POC's for assignments with full Unit addresses and telephone numbers (including current Unit).
- A copy of Form SF-86 (Application for Security Clearance) if applied for.
- If you hold a security clearance, DD Form 873 (Verification of Security Clearance) or a memo from your Security Officer.
- If currently in the National Guard or Reserves, copies from your personnel file jacket indicating assignments, occupational specialty and awards.

6-2. Have you ever served in the United States Merchant Marine? Yes No

6-3. If you are a male and were born after 1960, have you registered with Selective Service? If "No", explain. Include your Selective Service System (SSS) registration number. (If you do not know your registration number, you can obtain it by calling the automated system at 1-847-688-6888 or via the Internet at www.sss.gov.) Yes No

6-4. Upon registration for military service, have you ever been disqualified for reasons other than medical? If "Yes", explain. Yes No

6-5. Has your discharge or separation notice ever been corrected or changed? If "Yes", what was the nature of the change or correction? Yes No

6-6. Were you ever the subject of any military disciplinary action, including but not limited to court martial, captain's mast, company punishment, summary court, deck court, or any other disciplinary action? If "Yes", give details of charges, agency concerned, dates and disposition(s). Yes No

6-7. Did you receive any awards or decorations you received while in the military? If "Yes", please list them below. Yes No

Pre-Employment Background Investigation Questionnaire

Page 18 of 50

Active Service						
Branch of Military	Dates of Active Duty From (MM/yyyy) To (MM/yyyy)		MOS	Check One Officer Enlisted		Service/Certificate No.
Highest Rank Achieved	Number of Discharges		Number of Separations	Name of Commanding Officer at Time of Discharge		
Reserves – Active or Inactive						
Branch of Military	Dates of Active Duty From (MM/yyyy) To (MM/yyyy)		MOS	Check One Officer Enlisted		Service/Certificate No.
Highest Rank Achieved	Number of Discharges		Number of Separations	Name of Commanding Officer at Time of Discharge		
National Guard Membership						
Branch of Military & State	Dates of Active Duty From (MM/yyyy) To (MM/yyyy)		MOS	Check One Officer Enlisted		Service/Certificate No.
Highest Rank Achieved	Number of Discharges		Number of Separations	Name of Commanding Officer at Time of Discharge		

Pre-Employment Background Investigation Questionnaire

Page 20 of 50

Date (MM/yyyy)	Agency Name	Telephone Number	Status
7-4. Have you ever been the subject of a background investigation conducted by a law enforcement agency that was considering you for employment? If "Yes", list agencies in chronological order beginning with the most recent. Give date of application, name of agency, telephone number and status of application. <i>(You must complete and sign a Release of Information Authorization form for each agency).</i>			Yes No
Date (MM/yyyy)	Agency Name	Telephone Number	Status
Date (MM/yyyy)	Agency Name	Telephone Number	Status
Date (MM/yyyy)	Agency Name	Telephone Number	Status
Date (MM/yyyy)	Agency Name	Telephone Number	Status
Date (MM/yyyy)	Agency Name	Telephone Number	Status
Date (MM/yyyy)	Agency Name	Telephone Number	Status
Date (MM/yyyy)	Agency Name	Telephone Number	Status
Date (MM/yyyy)	Agency Name	Telephone Number	Status
7-5. Have you ever withdrawn from or been rejected in any other agency's background investigation? If "Yes", give date of rejection/withdrawal, name of agency, telephone number and brief explanation. <i>(You must complete and sign a Release of Information Authorization form for each agency).</i>			Yes No
Date (MM/yyyy)	Agency Name	Telephone Number	Status
Explanation			
Date (MM/yyyy)	Agency Name	Telephone Number	Status
Explanation			

Section 8 Education History

List all schools you have attended, beyond junior high school, beginning with the most recent. List College or University degrees and the dates they were received. *(You must complete and sign a Release of Information Authorization form for each school – You must also ensure that you have ALL official transcripts and copies of diplomas or certificates from EACH school attended when you turn in this form. Transcripts can take time to be processed and delivered –DO NOT DELAY IN REQUESTING TRANSCRIPTS FROM THE SCHOOLS YOU ATTENDED.)*

1.	From (MM/yyyy)	To (MM/yyyy)	Name of School	
	Street Address			
	City		State	Zip Code
	Telephone Number		Degree/Diploma/Other	Date Awarded (MM/yyyy)
2.	From (MM/yyyy)	To (MM/yyyy)	Name of School	
	Street Address			
	City		State	Zip Code
	Telephone Number		Degree/Diploma/Other	Date Awarded (MM/yyyy)
3.	From (MM/yyyy)	To (MM/yyyy)	Name of School	
	Street Address			
	City		State	Zip Code
	Telephone Number		Degree/Diploma/Other	Date Awarded (MM/yyyy)
4.	From (MM/yyyy)	To (MM/yyyy)	Name of School	
	Street Address			
	City		State	Zip Code
	Telephone Number		Degree/Diploma/Other	Date Awarded (MM/yyyy)
5.	From (MM/yyyy)	To (MM/yyyy)	Name of School	
	Street Address			
	City		State	Zip Code
	Telephone Number		Degree/Diploma/Other	Date Awarded (MM/yyyy)

Pre-Employment Background Investigation Questionnaire

Page 22 of 50

6.	From (MM/yyyy)	To (MM/yyyy)	To (MM/yyyy)		
	Street Address			State	Zip Code
	City				
	Telephone Number		Degree/Diploma/Other	Date Awarded (MM/yyyy)	
7.	From (MM/yyyy)	To (MM/yyyy)	Name of School		
	Street Address				
	City			State	Zip Code
	Telephone Number		Degree/Diploma/Other	Date Awarded (MM/yyyy)	
8.	From (MM/yyyy)	To (MM/yyyy)	Name of School		
	Street Address				
	City			State	Zip Code
	Telephone Number		Degree/Diploma/Other	Date Awarded (MM/yyyy)	
8-1. Have you ever been the subject of any disciplinary action (behavioral or academic), including discipline, suspension or expulsion by any school you attended? If "Yes", explain below.					
Yes No					
8-2. Have you ever received any Awards or Honors (Academic or Non-Academic) from any school? If "Yes", list them below					
Yes No					

8-3. While you were in any school, were you ever a member of any fraternity, sorority, club, organization or other group? If "Yes", list them below. (You must complete and sign a Release of Information Authorization form for each fraternity or organization.)

Yes

No

8-4. While you were in any school, did you ever participate in any internship program(s) not related to law enforcement? If "Yes", please include name of internship program, address, dates, description of services performed, and name of supervisor. (You must complete and sign a Release of Information Authorization form for any organization or company for which you were an intern.)

Yes

No

Pre-Employment Background Investigation Questionnaire

Page 24 of 50

Section 9 Employment History

In chronological order, list all past employment. Begin with your present employer and continue listing all places previously employed. OMIT NONE- Do not leave any time unaccounted, including when you were unemployed for more than 30 days. List any unemployment compensation and dates received as if it was a period of employment. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work and all periods of unemployment. You do not need to list any employment prior to the age of 18 years. Provide the name under which you were employed if it was different than the name by which you are now known. If additional space is needed, photocopy one of the next pages before you write on it or use a continuation sheet. *(You must complete and sign a Release of Information Authorization form for any organization or company for which you were employed.)*

1.	From (MM/yyyy)	To	Name of Employer/Company/Military Duty Location		
	PRESENT				
	Street Address				
	City		State	Zip Code	
	Job Title	Name of Supervisor	Telephone Number / Current Email Address		
	Beginning Salary	Ending Salary	Average No. of Hours/Week		
	\$ per	\$ per			
	Co-Worker Name		Co-Worker Name		
	Position Held, Duties & Reason for Leaving				
2.	From (MM/yyyy)	To (MM/yyyy)	Name of Employer/Company/Military Duty Location		
	Street Address				
	City		State	Zip Code	
	Job Title	Name of Supervisor	Telephone Number / Current Email Address		
	Beginning Salary	Ending Salary	Average No. of Hours/Week		
	\$ per	\$ per			
	Co-Worker Name		Co-Worker Name		
	Position Held, Duties & Reason for Leaving				

3.	From (MM/yyyy)	To (MM/yyyy)	Name of Employer/Company/Military Duty Location	
	Street Address			
	City		State	Zip Code
	Job Title	Name of Supervisor		Telephone Number / Current Email Address
	Beginning Salary	Ending Salary		Average No. of Hours/Week
	\$ per	\$ per		
	Co-Worker Name		Co-Worker Name	
Position Held, Duties & Reason for Leaving				
4.	From (MM/yyyy)	To (MM/yyyy)	Name of Employer/Company/Military Duty Location	
	Street Address			
	City		State	Zip Code
	Job Title	Name of Supervisor		Telephone Number / Current Email Address
	Beginning Salary	Ending Salary		Average No. of Hours/Week
	\$ per	\$ per		
	Co-Worker Name		Co-Worker Name	
Position Held, Duties & Reason for Leaving				

Pre-Employment Background Investigation Questionnaire

Page 26 of 50

5.	From (MM/yyyy)	To (MM/yyyy)	Name of Employer/Company/Military Duty Location	
	Street Address			
	City		State	Zip Code
	Job Title	Name of Supervisor		Telephone Number / Current Email Address
	Beginning Salary	Ending Salary		Average No. of Hours/Week
	\$ per	\$ per		
	Co-Worker Name		Co-Worker Name	
Position Held, Duties & Reason for Leaving				
6.	From (MM/yyyy)	To (MM/yyyy)	Name of Employer/Company/Military Duty Location	
	Street Address			
	City		State	Zip Code
	Job Title	Name of Supervisor		Telephone Number / Current Email Address
	Beginning Salary	Ending Salary		Average No. of Hours/Week
	\$ per	\$ per		
	Co-Worker Name		Co-Worker Name	
Position Held, Duties & Reason for Leaving				

7.	From (MM/yyyy)	To (MM/yyyy)	Name of Employer/Company/Military Duty Location	
	Street Address			
	City		State	Zip Code
	Job Title	Name of Supervisor		Telephone Number / Current Email Address
	Beginning Salary	Ending Salary		Average No. of Hours/Week
	\$ per	\$ per		
	Co-Worker Name		Co-Worker Name	
Position Held, Duties & Reason for Leaving				
8.	From (MM/yyyy)	To (MM/yyyy)	Name of Employer/Company/Military Duty Location	
	Street Address			
	City		City	State
	Job Title	Name of Supervisor		Telephone Number / Current Email Address
	Beginning Salary	Ending Salary		Average No. of Hours/Week
	\$ per	\$ per		
	Co-Worker Name		Co-Worker Name	
Position Held, Duties & Reason for Leaving				

Pre-Employment Background Investigation Questionnaire

Page 28 of 50

9.	From (MM/yyyy)	To (MM/yyyy)	Name of Employer/Company/Military Duty Location	
	Street Address			
	City		State	Zip Code
	Job Title		Name of Supervisor	Telephone Number / Current Email Address
	Beginning Salary		Ending Salary	Average No. of Hours/Week
	\$ per		\$ per	
	Co-Worker Name		Co-Worker Name	
Position Held, Duties & Reason for Leaving				
10.	From (MM/yyyy)	To (MM/yyyy)	Name of Employer/Company/Military Duty Location	
	Street Address			
	City		State	Zip Code
	Job Title		Name of Supervisor	Telephone Number / Current Email Address
	Beginning Salary		Ending Salary	Average No. of Hours/Week
	\$ per		\$ per	
	Co-Worker Name		Co-Worker Name	
Position Held, Duties & Reason for Leaving				

11.	From (MM/yyyy)	To (MM/yyyy)	Name of Employer/Company/Military Duty Location	
	Street Address			
	City		State	Zip Code
	Job Title	Name of Supervisor	Telephone Number / Current Email Address	
	Beginning Salary	Ending Salary	Average No. of Hours/Week	
	\$ per	\$ per		
	Co-Worker Name		Co-Worker Name	
Position Held, Duties & Reason for Leaving				
12.	From (MM/yyyy)	To (MM/yyyy)	Name of Employer/Company/Military Duty Location	
	Street Address			
	City		State	Zip Code
	Job Title	Name of Supervisor	Telephone Number / Current Email Address	
	Beginning Salary	Ending Salary	Average No. of Hours/Week	
	\$ per	\$ per		
	Co-Worker Name		Co-Worker Name	
Position Held, Duties & Reason for Leaving				
9-1. Were you ever fired, released from probation or asked to resign from employment?				
				Yes No
9-2. Have you ever resigned in lieu of termination?				
				Yes No
9-3. Have you ever quit without giving proper notice?				
				Yes No
9-4. Have you ever been subjected to disciplinary action (including those not sustained) in connection with any employment? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)				
				Yes No
9-5. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?				
				Yes No

Pre-Employment Background Investigation Questionnaire

Page 30 of 50

9-6. Were you ever the subject of a written complaint at work?	Yes	No
9-7. Have you ever been counseled at work due to lateness or absences?	Yes	No
9-8. Did you ever receive an unsatisfactory performance review?	Yes	No
9-9. Have you ever been counseled at work regarding improper use of sick or personal time?	Yes	No
9-10. Have you ever used sick leave when you were not sick or caring for an immediate family member, or otherwise authorized to utilize sick leave?	Yes	No
9-11. In the past three (3) years, have you missed work or been late to work without an excused reason?	Yes	No
9-12. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	Yes	No
9-13. Have you ever sold, released, or given away legally confidential information?	Yes	No
If you answered "Yes" to any of the above, give details below. Include circumstances, dates and reference question number:		
9-14. Have you or your 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? If "Yes", give details below.	Yes	No
9-15. Are you now engaged, or have you ever been, in any business as an owner (active or silent), partner, stockholder, and/or corporate member? If "Yes", please give details below. <i>(You must complete and sign a <u>Release of Information Authorization</u> form for each organization or company for which you answered "Yes".)</i>	Yes	No
9-16. Have you ever possessed <u>any</u> professional or occupational license, permit or certificate (excluding Peace Officer's License or regular driver's license)? If "Yes", please list them below. <i>(You must complete and sign a <u>Release of Information Authorization</u> form for each entity that has issued you a license or certificate.)</i>	Yes	No

Section 10 Financial History

10-1. In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?	Yes	No
--	-----	----

10-2. In the last 7 years, have you had your wages garnished or had any property repossessed for any reason (including voluntary repossession)?	Yes	No
---	-----	----

10-3. In the last 7 years, have you ever been delinquent on state or federal income tax payments?	Yes	No
---	-----	----

10-4. In the last 7 years, have you ever been the subject of an audit by a state or federal tax agency?	Yes	No
---	-----	----

10-5. In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?	Yes	No
--	-----	----

10-6. In the last 7 years, have you had any judgments against you that have not been paid?	Yes	No
--	-----	----

10-7. Are you currently an owner, partner or financier in any business enterprise that requires the attainment of a federal, state, county or city permit or license to operate?	Yes	No
--	-----	----

10-8. Have you ever borrowed money from anyone to pay for a gambling debt?	Yes	No
--	-----	----

If you answered "Yes", to any of the questions above, provide details below. Include date(s) and reasons. *(You must complete and sign a Release of Information Authorization form for any court of jurisdiction where judgments or any other legal action is mentioned.)*

Financial Delinquencies

10-9. In the last 7 years, have you been over 180 days delinquent on any debt(s)?	Yes	No
---	-----	----

10-10. In the last 7 years, have you ever had any of your bills turned over to a collection agency?	Yes	No
---	-----	----

10-11. In the last 7 years, have you been refused credit?	Yes	No
---	-----	----

10-12. Have you ever defaulted on (failed to pay) a loan?	Yes	No
---	-----	----

10-13. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution)?	Yes	No
--	-----	----

10-14. In the last 7 years, have you ever had checks returned for non-sufficient funds?	Yes	No
---	-----	----

Pre-Employment Background Investigation Questionnaire

Page 32 of 50

10-15. Are you currently delinquent on any debt(s)?		Yes No
If you answered "Yes", to any of the questions above, provide details below. <i>(You must complete and sign a <u>Release of Information Authorization form for each creditor or obligee mentioned.</u>)</i>		
Type of Loan or Obligation and Account Number	Amount \$	Name/Address of Creditor or Obligor
Explanation		
Type of Loan or Obligation and Account Number	Amount \$	Name/Address of Creditor or Obligor
Explanation		
Type of Loan or Obligation and Account Number	Amount \$	Name/Address of Creditor or Obligor
Explanation		
<u>Financial Institution Information</u> List all of the institutions, businesses, and/or persons with whom you have any financial accounts and/or to whom you are indebted. Include mortgages, rents, loans, savings, checking, bank cards, credit cards, stocks, bonds, money market accounts and any other debts or scheduled payments. If additional space is needed, photocopy one of the next pages before you write on it or use a continuation sheet. <i>(You must complete and sign a <u>Release of Information Authorization form for every bank, creditor or institution.</u>)</i>		
1.	Name of Financial Institution or Creditor	Telephone Number
	Type of Account	Account Number
	Total Balance (+/-) \$	Monthly Payment \$
	Street Address	
	City	State ZIP Code
2.	Name of Financial Institution or Creditor	Telephone Number
	Type of Account	Account Number
	Total Balance (+/-) \$	Monthly Payment \$
	Street Address	
	City	State ZIP Code
3.	Name of Financial Institution or Creditor	Telephone Number
	Type of Account	Account Number
	Total Balance (+/-) \$	Monthly Payment \$
	Street Address	
	City	State ZIP Code

4.	Name of Financial Institution or Creditor		Telephone Number	
	Type of Account		Account Number	
	Total Balance (+/-)		Monthly Payment	
	\$		\$	
	Street Address			
City		State	ZIP Code	
5.	Name of Financial Institution or Creditor		Telephone Number	
	Type of Account		Account Number	
	Total Balance (+/-)		Monthly Payment	
	\$		\$	
	Street Address			
City		State	ZIP Code	
6.	Name of Financial Institution or Creditor		Telephone Number	
	Type of Account		Account Number	
	Total Balance (+/-)		Monthly Payment	
	\$		\$	
	Street Address			
City		State	ZIP Code	
7.	Name of Financial Institution or Creditor		Telephone Number	
	Type of Account		Account Number	
	Total Balance (+/-)		Monthly Payment	
	\$		\$	
	Street Address			
City		State	ZIP Code	

Section 11 Real Property Ownership

List all the locations of any real property in which you currently have any type of ownership interest. Include all property that is under contract for deed, leasehold, mortgage, family ownership, co-signature or under any other type of contractual or ownership arrangement. Examples include, but are not limited to, any lands or buildings such as cabins, lakeshore property, vacation condominiums, timeshare property, real estate investments, hunting property, farmland, undeveloped land or industrial property.

1.	Street Address		
	City	State	ZIP Code
	County and Township	Name(s) of Co-Owners	

Pre-Employment Background Investigation Questionnaire

Page 34 of 50

2.	Street Address		
	City	State	ZIP Code
	County and Township	Name(s) of Co-Owners	
3.	Street Address		
	City	State	ZIP Code
	County and Township	Name(s) of Co-Owners	
4.	Street Address		
	City	State	ZIP Code
	County and Township	Name(s) of Co-Owners	
5.	Street Address		
	City	State	ZIP Code
	County and Township	Name(s) of Co-Owners	

Section 12 Civil Court Actions

12-1. Were you ever a party to any civil court action or proceeding in this state or elsewhere, or have you been named in a notice of claim that you may be a defendant in a civil action or proceeding? (Civil actions include automobile accidents, orders for protection, restraining orders, divorce proceedings, child custody, credit or bank actions, etc.)

Yes

No

If "Yes", give details below.

Date (MM/yyyy)	Plaintiff	Defendant	Petitioner	Respondent
Type of Action or Proceeding			Disposition of Action or Proceeding	
Name(s) of Parties Involved				
Court Address (Include County)				
Date (MM/yyyy)	Plaintiff	Defendant	Petitioner	Respondent
Type of Action or Proceeding			Disposition of Action or Proceeding	
Name(s) of Parties Involved				
Court Address (Include County)				

Date (MM/yyyy)	Plaintiff	Defendant	Petitioner	Respondent
Type of Action or Proceeding			Disposition of Action or Proceeding	
Name(s) of Parties Involved				
Court Address (Include County)				

Section 13 Criminal Record History

For this section, report information regardless of whether the record in your case has been "sealed", expunged or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. *(Note—Conviction of a crime other than a felony or gross misdemeanor, and those listed in Minnesota Rules § 6700, in and of itself is not an automatic bar to employment, but only insofar as it relates to fitness to perform a particular job. Age and time of the offense and rehabilitation will be taken into account when considering an applicant. However, failure to list all contacts with a law enforcement agency is falsification by omission and could render you ineligible to continue in the hiring process.)*

13-1.	Have you ever been detained for investigation, questioned, held on suspicion, arrested, indicted, charged with or been convicted of any misdemeanor or felony offense (including any offenses committed while a juvenile or those punishable under the Uniform Code of Military Justice)?	Yes	No
13-2.	Have you ever been arrested for, charged with or convicted of <u>any</u> criminal or forfeiture offense(s) not listed above (including, but not limited to, traffic, game & fish, boating or recreational vehicle offenses)?	Yes	No
13-3.	Have you ever received a pardon for a crime?	Yes	No
13-4.	Have you ever been fingerprinted by a law enforcement agency? (Do not include fingerprints associated with law enforcement employment applications).	Yes	No
13-5.	Have you ever had <u>any</u> contact with any law enforcement agency as a victim, witness or suspect?	Yes	No
13-6.	Are there currently any charges pending against you for any criminal offense?	Yes	No
13-7.	Have you ever been placed on court probation as an adult?	Yes	No
13-8.	Were you ever required to appear before a juvenile court for an act that would have been a crime if committed as an adult?	Yes	No
13-9.	Have you ever been the subject of an emergency order for protection, restraining order or stay-away order?	Yes	No
13-10.	Have you ever been charged with or convicted of a firearms or explosives offense?	Yes	No
13-11.	Have you ever been convicted of a misdemeanor crime that involved the use, attempted use, or threatened use physical force?	Yes	No
13-12.	Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?	Yes	No

If you answered "Yes" to any of the questions above, explain below:

1.	Date (MM/yyyy)	Offense	Disposition	
	Law Enforcement Authority / Court Name		County Name	
	Address			
	City		State	ZIP Code
	Details			
2.	Date (MM/yyyy)	Offense	Disposition	

Pre-Employment Background Investigation Questionnaire

Page 36 of 50

	Law Enforcement Authority / Court Name		County Name	
	Address			
	City		State	ZIP Code
	Details			
3.	Date (MM/yyyy)	Offense	Disposition	
	Law Enforcement Authority / Court Name		County Name	
	Address			
	City		State	ZIP Code
	Details			
4.	Date (MM/yyyy)	Offense	Disposition	
	Law Enforcement Authority / Court Name		County Name	
	Address			
	City		State	ZIP Code
	Details			
5.	Date (MM/yyyy)	Offense	Disposition	
	Law Enforcement Authority / Court Name		County Name	
	Address			
	City		State	ZIP Code
	Details			
6.	Date (MM/yyyy)	Offense	Disposition	
	Law Enforcement Authority / Court Name		County Name	
	Address			
	City		State	ZIP Code
	Details			

7.	Date (MM/yyyy)	Offense	Disposition	
	Law Enforcement Authority / Court Name		County Name	
	Address			
	City	State	ZIP Code	
	Details			

Involvement in Criminal Acts—Part 1

13-13. Within the last seven (7) years, or any time after you were first employed as a law enforcement officer, have you committed any of the following acts? NOTE: You may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

Obscene or Harassing telephone calls	Yes	No
Assault (including any anger-provoked physical fight or confrontation)	Yes	No
Brandishing a weapon (any type of weapon)	Yes	No
Carrying a concealed firearm without a permit	Yes	No
Contributing to the delinquency of a minor	Yes	No
Defrauding an innkeeper (not paying for food or room at a hotel/motel)	Yes	No
Driving a motor vehicle under the influence of alcohol and/or drugs	Yes	No
Public intoxication (being so intoxicated that you are not able to care for yourself)	Yes	No
Hit and run motor vehicle accident (no injuries)	Yes	No
Hunting or fishing without a license	Yes	No
Illegal gambling	Yes	No
Impersonating a peace officer (pretending to be a police officer)	Yes	No
Indecent exposure	Yes	No
Using a motor vehicle without the owner's permission	Yes	No
Taken anything from an employer (value of \$250 or less)	Yes	No
Passed forged or altered checks	Yes	No
Possession of falsified or altered identification, including the use of another person's ID for any reason	Yes	No
Prostitution or solicitation of a prostitute	Yes	No
Non-support of spouse or child	Yes	No
Resisting arrest (including running from police)	Yes	No

Pre-Employment Background Investigation Questionnaire

Page 38 of 50

Trespassing	Yes	No
Vandalism	Yes	No
Writing of dishonored checks (value less than \$250)	Yes	No
Disorderly conduct	Yes	No
Traffic violations	Yes	No
Any other act constituting a misdemeanor	Yes	No
If you answered "Yes", to any of the questions above, provide details below. Include date(s) and name(s) of other person(s) involved.		
Undetected Acts—Part 2 13-14. At any time in your life have you ever committed any of the following acts, even if they were never detected by law enforcement? NOTE: You may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.		
Arson (including wildfire arson)	Yes	No
Assault (threat or use of deadly force)	Yes	No
Domestic assault	Yes	No
Burglary (entering a building to commit theft or other crime)	Yes	No
Criminal sexual conduct	Yes	No
Possession of child pornography	Yes	No
Criminal abuse and/or neglect (of a vulnerable adult)	Yes	No
Embezzlement (theft of money or other valuables entrusted to you)	Yes	No
Insurance Fraud	Yes	No
Financial transaction card fraud	Yes	No
Murder or Manslaughter	Yes	No
Robbery or Aggravated Robbery (taking property from another person with the use or threat of force)	Yes	No
Bias-motivated crimes	Yes	No

Perjury (lying under oath)	Yes	No
Harassment or Stalking	Yes	No
Violation of restraining order or order for protection (OFP)	Yes	No
Medical assistance fraud	Yes	No
Misconduct of public officer or employee	Yes	No
Presenting false claims to a public officer or body	Yes	No
Theft	Yes	No
Receiving stolen property	Yes	No
Any other act amounting to a gross misdemeanor or felony	Yes	No
If you answered "Yes", to any of the questions above, provide details below. Include date(s), names of other persons involved.		
<p>Illegal Drug Use and Drug Activity</p> <p>The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions truthfully, and your failure to do so could be grounds for an adverse employment decision, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding. The questions in this section pertain to the use of <u>any</u> illegal drug, excluding the authorized use of prescription drugs or over-the-counter drugs. This includes, <u>but is not limited to</u>, the following drugs and/or controlled substances:</p> <ul style="list-style-type: none"> • Amphetamines / Methamphetamines (<i>Uppers, Speed, Crank</i>) • Barbiturates (<i>Downers</i>) • Cocaine / Crack Cocaine • Designer Drugs (<i>Ecstasy, Synthetic Heroin</i>) • GHB (<i>Date Rape Drug</i>) • Glue • Hallucinogens (<i>Peyote, LSD, Mushrooms</i>) • Hashish / Hashish Oil • Heroin / Opium • Marijuana • Mescaline • Tranquilizers • Morphine • PCP / Angel Dust • Quaaludes • Steroids • Tetrahydrocannabinals (THC) • Methaqualone 		
13-17. Have you ever illegally used any drug or controlled substance while employed as a law enforcement officer, prosecutor or courtroom official; while possessing a security clearance; or, while in a position directly and immediately affecting public safety?	Yes	No
13-18. Have you ever sold, manufactured, purchased, furnished, cultivated or produced any illegal drug or controlled substance?	Yes	No
13-19. Have you ever carried or transported any illegal drug or controlled substance for yourself or another person?	Yes	No
13-20. Have you ever held or temporarily stored any illegal drug or controlled substance for yourself or another person?	Yes	No

Pre-Employment Background Investigation Questionnaire

Page 40 of 50

If you answered "Yes" to any of the above questions provide details below:		
Most Recent Date (MM/YYYY)	Controlled Substance or Drug	Circumstances
Most Recent Date (MM/YYYY)	Controlled Substance or Drug	Circumstances
Most Recent Date (MM/YYYY)	Controlled Substance or Drug	Circumstances
13-21. Within the past six months , have you used any illegal drug or controlled substance?		Yes No
13-22. Do you currently have any illegal drugs or controlled substances in your home or motor vehicle?		Yes No
If you answered "Yes" to any of the above questions provide details below:		
Most Recent Date (MM/YYYY)	Controlled Substance or Drug	Circumstances
Most Recent Date (MM/YYYY)	Controlled Substance or Drug	Circumstances
Most Recent Date (MM/YYYY)	Controlled Substance or Drug	Circumstances
13-23. Prior to the past six months (check all that apply):		
<input type="checkbox"/> I have never used any drug recreationally.		
<input type="checkbox"/> I have tried or used one or more drugs, but only under limited circumstances (<i>for example, experimentation, at parties, concerts, special events, etc.</i>). If you checked the box for this statement, provide details below:		
Most Recent Date (MM/YYYY)	Controlled Substance or Drug	Circumstances
Most Recent Date (MM/YYYY)	Controlled Substance or Drug	Circumstances
Most Recent Date (MM/YYYY)	Controlled Substance or Drug	Circumstances
Association Record		
13-24. Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?		Yes No
13-25. Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government?		Yes No
13-26. Have you ever been closely associated with any persons (including relatives and roommates) that were convicted felons?		Yes No
13-27. Have you ever been a member or associated with a member of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference or disability?		Yes No
13-28. All information on this questionnaire will be investigated. Are you therefore aware of any information about yourself or anyone with whom you are or have been closely associated (including relatives and roommates) that tends to reflect unfavorably on your reputation, morals, character, abilities, or loyalty to the United States?		Yes No
If you answered "Yes", to any of the questions above, provide details below.		

Section 14 Motor Vehicle & Driver's License History

14-1. Do you now or did you possess a Minnesota Driver's License? If "Yes", provide details below: (<i>You must complete and sign a <u>Release of Information Authorization</u> form for Minnesota Driver & Vehicle Services.</i>)		Yes No
Driver's License Number	Class of License	Endorsements

Pre-Employment Background Investigation Questionnaire

Page 41 of 50

14-2. Do you or did you ever possess a driver's license issued by any other state (or country) other than the State of Minnesota? If "Yes", provide details below: <i>(You must complete and sign a <u>Release of Information Authorization</u> form listing the name of the state and driver's license number.)</i>				Yes	No
Driver's License Number		Class of License		State	
Driver's License Number		Class of License		State	
14-3. Has your driver's license or other vehicle operator's license (e.g., boat, snowmobile, ATV) ever been revoked, cancelled or suspended? If "Yes", provide details below:				Yes	No
License Revoked or Suspended			Date of Revocation/Suspension (MM/dd/yyyy)		
Reason for Revocation/Suspension					
If you answered "Yes" to the question above, were your license privileges ever restored? If "Yes", provide details below:					
License Revoked or Suspended			Date of Revocation/Suspension		
Reason for Restoration					
14-4. Have you ever been involved in a motor vehicle accident? If "Yes", provide details below:				Yes	No
Date (MM/yyyy)	Location		Investigating Agency		
Type of Accident			Violations		
Date (MM/yyyy)	Location		Investigating Agency		
Type of Accident			Violations		
Automobile Insurance Information					
Give the name and policy number for your current automobile insurance and the name(s) and policy number(s) for any other automobile insurance you have had in the last 7 years: <i>(You must complete and sign a <u>Release of Information Authorization</u> form for each insurance agency.)</i>					
Insurance Company Name			Policy Number		
Name of Agency			Telephone Number / Email Address		
Street Address					
City			State	ZIP Code	
Insurance Company Name			Policy Number		
Name of Agency			Telephone Number		
Street Address					
City			State	ZIP Code	
Insurance Company Name			Policy Number		
Name of Agency			Telephone Number / Email Address		
Street Address					

Page 42 of 50

[illegible]

Section 15 Natural Resources Related Activity

15-1. Do you hunt, fish, trap or engage in any activity related to hunting or fishing? Yes No

If "Yes", give details below. Describe the type of hunting or fishing you do or have done on a regular basis, what type(s) of license(s) you normally buy and how many time(s) per year you normally engage in hunting or fishing related recreation:

15-2. Do you own or use any recreational vehicles such as watercraft, snowmobile, all-terrain vehicle, or off-road vehicle? Yes No

15-3. Do you camp, hike, cross-country ski or engage in other nature-related activities? Yes No

15-4. Do you have any farming or other experience directly related to animals, husbandry, agriculture or natural resources? Yes No

15-5. Have you ever held a DNR commercial license such as Taxidermist, Fur Dealer, Minnow Dealer, etc.? Yes No

15-6. Do you have any experience in forestry, fisheries or wildlife management? Yes No

15-7. Have you ever done volunteer work (internships, ride-a-longs) for the DNR or any other state or federal natural resource agency? Yes No

15-8. Do you belong to any natural resources-based organizations? Example: Ducks Unlimited, Pheasants Forever, Local Sportsman's Clubs, The Wildlife Society, National Turkey Federation, Trout Unlimited, Nature Conservancy, National Wildlife Federation, American Fisheries Society, Ruffed Grouse Society, etc. Yes No

If you answered "Yes", to any of the questions above, provide details below.

Pre-Employment Background Investigation Questionnaire

Page 44 of 50

Section 16 Community Service

Please list the name(s) of any organizations, groups, and clubs, fraternal organizations where you have performed community service or volunteer work within the last seven (7) years. *(You must complete and sign a Release of Information Authorization form for each organization).*

1.	From (MM/yyyy)	To (MM/yyyy)	Name of Organization	
	Street Address			
	City		State	ZIP Code
	Contact Name		Telephone Number / Email Address	
2.	From (MM/yyyy)	To (MM/yyyy)	Name of Organization	
	Street Address			
	City		State	ZIP Code
	Contact Name		Telephone Number / Email Address	
3.	From (MM/yyyy)	To (MM/yyyy)	Name of Organization	
	Street Address			
	City		State	ZIP Code
	Contact Name		Telephone Number / Email Address	
4.	From (MM/yyyy)	To (MM/yyyy)	Name of Organization	
	Street Address			
	City		State	ZIP Code
	Contact Name		Telephone Number / Email Address	

Section 17 Family Information

All applicants must provide complete information regarding your father, mother (maiden name also), siblings, step and half-siblings, present and former spouse, children and step-children. Please note if deceased or if the family reference person is under the age of 16. If a relative does not have a middle name, indicate "NMN", meaning no middle name. If you are unable to furnish complete information concerning your parents or relatives, give a justifiable explanation as to why you cannot do so. If you have been married more than once, give the requested information for each former spouse. For deceased relatives, give the requested information and indicate the decedent's last residence and year of death. If you are engaged to be married, include this information below and clearly indicate that they are future relationships.

17-1. Father

N/A

Name	Current Telephone Number / Email Address		
Street Address	Apt. No.		
City	State	ZIP Code	

17-2. Step-Father, Foster Father

N/A

Name	Current Telephone Number / Email Address		
Street Address	Apt. No.		

City		State	ZIP Code
17-3. Mother		N/A	
Name		Current Telephone Number / Email Address	
Street Address		Apt. No.	
City		State	ZIP Code
17-4. Step-Mother, Foster Mother		N/A	
Name		Current Telephone Number / Email Address	
Street Address		Apt. No.	
City		State	ZIP Code
17-5. Spouse or Domestic Partner		N/A	
Name		Current Telephone Number / Email Address	
Street Address		Apt. No.	
City		State	ZIP Code
17-6. Father-in-Law		N/A	
Name		Current Telephone Number / Email Address	
Street Address		Apt. No.	
City		State	ZIP Code
17-7. Mother-in-Law		N/A	
Name		Current Telephone Number / Email Address	
Street Address		Apt. No.	
City		State	ZIP Code
17-8. Former Spouse or Former Domestic Partner		N/A	
Name		Current Telephone Number / Email Address	
Street Address		Apt. No.	
City		State	ZIP Code
17-9. Former Spouse or Former Domestic Partner		N/A	
Name		Current Telephone Number / Email Address	
Street Address		Apt. No.	
City		State	ZIP Code
17-10. Sibling, Half or Step-Sibling		N/A	
Name		Current Telephone Number / Email Address	

Pre-Employment Background Investigation Questionnaire

Page 46 of 50

Street Address		Apt. No.	
City		State	ZIP Code
17-11. Sibling, Half or Step-Sibling		N/A	
Name		Current Telephone Number / Email Address	
Street Address		Apt. No.	
City		State	ZIP Code
17-12. Sibling, Half or Step-Sibling		N/A	
Name		Current Telephone Number / Email Address	
Street Address		Apt. No.	
City		State	ZIP Code
17-13. Sibling, Half or Step-Sibling		N/A	
Name		Current Telephone Number / Email Address	
Street Address		Apt. No.	
City		State	ZIP Code
17-1. Sibling, Half or Step-Sibling		N/A	
Name		Current Telephone Number / Email Address	
Street Address		Apt. No.	
City		State	ZIP Code

Section 18 References

List the names of up to three (3) persons, not related to you, who are not former employers, school teachers, or law enforcement officers listed elsewhere in this questionnaire, and who have known you well for at least five (5) years. All persons to whom you refer may be asked to comment upon your character, abilities, experience, personality, and other qualities.

1.	Name			
	Street Address		Apt. No.	
	City	State	ZIP Code	
	Telephone Number (Home) / Email Address		Telephone Number (Work) / Email Address	
	How do you know this person?			Length of Relationship
2.	Name			
	Street Address		Apt. No.	
	City	State	ZIP Code	
	Telephone Number (Home) / Email Address		Telephone Number (Work) / Email Address	
	How do you know this person?			Length of Relationship
3.	Name			
	Street Address		Apt. No.	
	City	State	ZIP Code	
	Telephone Number (Home) / Email Address		Telephone Number (Work) / Email Address	
	How do you know this person?			Length of Relationship

Section 19 Law Enforcement Acquaintances

List the name(s) of up to three law enforcement officers, including Minnesota State Conservation Officers, who have more than a casual knowledge of you and know you well enough to discuss your personal background. Do not use names previously used as personal references or supervisors.

1.	Name		Agency Name	
	Street Address		Apt. No.	
	City	State	ZIP Code	
	Telephone Number (Home) / Email Address		Telephone Number (Work) / Email Address	
	How do you know this person?			Length of Relationship

Pre-Employment Background Investigation Questionnaire

Page 48 of 50

2.	Name		Agency Name	
	Street Address		Apt. No.	
	City		State	ZIP Code
	Telephone Number (Home) / Email Address		Telephone Number (Work) / Email Address	
	How do you know this person?		Length of Relationship	
3.	Name		Agency Name	
	Street Address		Apt. No.	
	City		State	ZIP Code
	Telephone Number (Home) / Email Address		Telephone Number (Work) / Email Address	
	How do you know this person?		Length of Relationship	

Section 20 Continuation Page

Use this blank page to add information from previous questions if you run out of space. Reference the section and question number before adding information. Photocopy this page as necessary if manually completing form.

Section 21 Signature Page			
I acknowledge that I fully understood all of the questions asked in this Pre-Employment Background Investigation Questionnaire and what was being inquired of me. I further attest that all of the statements made by me in this Pre-Employment Background Investigation Questionnaire and the documents that I have submitted are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made with the intent to commit fraud, and any fraudulent conduct, or any attempted deception by me or by others with my connivance, in an application, paper or document submitted, shall bar me from further employment consideration with the Department of Natural Resources as a State Conservation Officer for at least two years. I understand that omission of any information from this questionnaire may be cause for my rejection, or removal from any eligible list, or dismissal, if employed.			
Last Name	First Name	Middle Name	Social Security No.
Signature			Date (MM/dd/yyyy)
X			



END OF DOCUMENT

Please double-check the accuracy and completeness of your work before submitting this form. Thank you for your efforts to become a Minnesota State Conservation Officer!