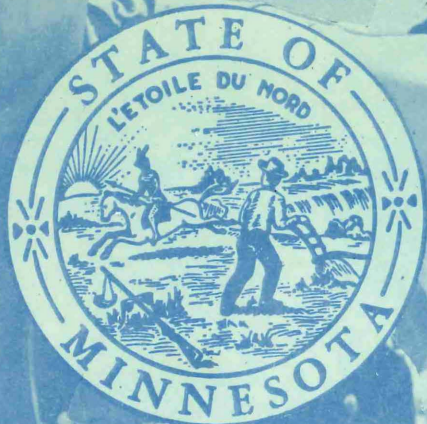


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Suggested Guidelines  
for  
Compliance  
with

MANDATORY SELECTION  
STANDARDS  
FOR  
PEACE OFFICERS

OFFICE OF THE  
ATTORNEY GENERAL  
Minnesota Peace Officer  
Training Board

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**AttyGen 207 New Peace Officers**

(a) All appointing agencies, when requested, shall furnish the name, address, date of appointment, and other pertinent information concerning a newly appointed peace officer to the Executive Director.

(b) No appointing agency shall appoint any new peace officer who does not comply with the minimum selection standards hereinafter enumerated; provided, that these standards shall not be construed to restrict an appointing agency from promulgating more rigid standards in the areas enumerated.

(1) The applicant must be a citizen of the United States.

(2) The applicant must possess or be eligible for a valid State of Minnesota driver's license.

(3) The applicant must successfully pass a written examination demonstrating the possession of all mental skills necessary for the accomplishment of the duties and functions of a peace officer.

(4) The applicant shall be required to complete and submit to the appointing agency a preliminary application form before testing and a comprehensive application form after testing and just prior to hiring. The prospective employee shall be fingerprinted, and a thorough background search shall be made through the resources of local, state and Federal agencies in order to disclose the existence of any criminal record or the extence of unacceptable standards of conduct which would adversely affect the performance by the individual of his duties as a peace officer.

(5) The applicant shall not have been convicted of a felony in this state or in any other state or in any Federal jurisdiction, or of any offense in any other state or in any Federal jurisdiction, which would have been a felony if committed in this state.

(6) A licensed physician or surgeon shall make a thorough medical examination of the applicant to determine that he or she is free from any physical condition which might adversely affect the performance by the individual of his duties as a peace officer.

(7) An evaluation shall be made by a licensed psychologist to determine that the applicant is free from any emotional or mental condition which might adversely affect the performance by the individual of his or her duties as a peace officer.

(8) The applicant must successfully pass a job-related examination of his or her physical strength and agility demonstrating the possession of physical skills necessary to the accomplishment of the duties and functions of a peace officer.

(9) The applicant must successfully complete an oral examination conducted by or for the appointing agency to demonstrate the possession of communication skills necessary to the accomplishment of the duties and functions of a peace officer.

<sup>1a</sup> <sup>1b</sup>  
**MINNESOTA PEACE OFFICER TRAINING BOARD**

<sup>2a</sup>  
**SUGGESTED GUIDELINES FOR COMPLIANCE  
WITH MANDATORY SELECTION STANDARDS  
FOR PEACE OFFICERS, --**

<sup>2b</sup>  
No date.

<sup>3</sup>  
20, 45 p.

<sup>2c</sup>  
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## **I. Introduction**

All peace officers newly employed in the State of Minnesota after August 22, 1976, must meet certain minimum standards which are prescribed in the rules of the Attorney General pertaining to peace officer training (Minn. Rules Atty. Gen. 201 — 218). The new standards constitute minimum requirements and nothing in them should be construed to prevent any local, county or state law enforcement agency from imposing higher qualifications than those prescribed in the new rules.

The Minnesota Peace Officer Training Board (MPOTB) is responsible for assisting local law enforcement agencies in their efforts to comply with the newly adopted minimum standards. Accordingly, this manual has been prepared to establish recommended guidelines for compliance with these standards.

Briefly, the new standards require that all new peace officers must:

- a) be citizens of the United States;
- b) possess or be eligible to possess a valid Minnesota driver's license; and
- c) have no record of conviction for a felony.

Additionally, certain employment procedures must be followed by each appointing authority. For instance, the successful applicant must:

- a) submit a preliminary employment application prior to any testing;
- b) pass a job-related written examination;
- c) pass a thorough medical examination;
- d) pass a job-related examination of physical strength and agility;
- e) agree to be fingerprinted and cooperate in a thorough background investigation;
- f) be evaluated by a licensed psychologist; and
- g) successfully complete an oral interview.

Finally, each successful applicant must submit a comprehensive application form after testing is completed but prior to being hired.

Recommended procedures for compliance with each of these requirements are provided hereinafter. Although the recommendations are based upon sound employment practices, it is recognized that each community within the state has its own unique problems which may require special procedures not expressly included in this manual. Competent legal counsel should be consulted whenever circumstances require special procedures. Great care has been exercised in formulating these guidelines; however, they should not be construed as a definitive statement on employment practices.

## **II. Responsibilities of the Local Unit of Government**

Local government units are to give every eligible candidate a fair and equal opportunity to be employed as a peace officer. There is no requirement, however, to employ an individual who does not meet realistic eligibility standards which have been promulgated and are imposed uniformly upon all applicants. The justification for any particular selection criterion is that it must be related to the job which the peace officer has to perform.

**Job  
relatedness**

Certain job-related standards are noncontroversial. For example, few people would say that a peace officer need not be physically fit and in reasonably good health. However, other standards are more difficult to administer uniformly and fairly. Many written examinations have been criticized either on the basis that they are not adequately related to the police function, or because certain ethnic groups may be disadvantaged when attempting to respond to the questions asked. Similarly, some physical agility examinations have been declared invalid because they require feats of brute strength which some female applicants cannot perform, but which are in no way related to the actual job functions of a peace officer. It is important, therefore, that each local agency validate its own hiring practices as far as resources will permit.

### **III. The Validation Process**

"Test validation" is an attempt to determine whether or not a particular test does, in fact, measure what it purports to measure. Although the actual mechanics of validation are beyond the scope of this manual, a few words about the process may be helpful.

**Test  
bias**

Some critics are opposed to any examination of candidates for employment because certain tests have been declared to be arbitrary or discriminatory. It is worth noting, however, that not all challenges have come from members of minority groups. Successful challenges, whatever their origin, have been founded upon evidence that the tests in question were not related to job performance or academy studies. The importance of validated tests is, therefore, twofold: First, a validated test will help your agency discover the best candidates available; and second, it may help avoid time consuming and costly legal challenges.

**Why  
validate?**

**Types  
of  
validation**

There are several ways in which tests can be validated. One method is to administer an examination to practicing peace officers and then compare the test results with performance evaluations filed by the supervisors of the officers who took the test. (Both the examination questions and the evaluations should measure specific job-related skills and knowledge.) This method is generally known as "concurrent validation."

A second method of validation called "predictive validation" compares the test scores of an officer against his future job performance. If, later on, high-scoring officers prove to be better officers than low-scoring officers, the test is considered to be a valid "predictor" of future performance.

A third method, "content validation", is probably the most widely used. This system starts with an analysis of the patrolman's job by all its component tasks followed by a determination of what specific knowledges or skills are necessary to perform each task. The examination is then compiled of questions and/or physical performances which will discover whether or not the applicant possess the required skills and knowledges.

**Financial  
considera-  
tions**

Test validation is a difficult procedure beyond the resources of many communities. Most law enforcement agencies will find it more economical to purchase the rights to tests which have already been validated rather than to attempt to validate their own tests. Some validated tests are now available either from private consulting firms or from the Minnesota Department of Personnel. The MPOTB will furnish additional information about test validation upon request.

#### IV. Preliminary Employment Application

**Purpose of the preliminary application form**

The first step in the hiring process should be the completion by each applicant of a preliminary application form. This preliminary application can be used by the hiring agency to effectively exclude those applicants who do not meet such basic qualifications as United States citizenship, possession of or eligibility for a valid Minnesota driver's license, and lack of a felony conviction record. Applicants who meet these basic qualifications may then be permitted to take the written examination.

It is the policy of some departments to allow all applicants to take the written test since they assume unqualified candidates will fail the written test or one of the other examinations. It is possible, however, that a convicted felon will score well in the various examinations, making it more difficult to terminate his or her candidacy at a later date. In general, it is best to be candid and forthright with each applicant. Selection of a new peace officer is an elimination process, and prolonging an inevitable elimination will usually lead to greater problems once the candidate has passed a number of examinations and the competition has intensified.

**Contents of the preliminary application form**

The preliminary application form should contain whatever information is considered necessary to determine whether or not the applicant should be allowed to proceed further in the testing process. The form cannot ask questions which would tend to reveal the applicant's sex, race, national origin, religion or political affiliation. However, the form may ask the applicant's age, height, and weight, and whether or not he or she has any health problems (such as a heart condition, chronic back problems, color blindness, night blindness, or extremely poor vision or hearing), which would definitely eliminate the candidate from further consideration. (A sample preliminary application form is included in the Appendix.)

#### V. Written Examination

The written examination has assumed a critical importance with the advent of civil rights legislation and the introduction of females into uniformed patrol work. Many unsuccessful applicants have successfully challenged certain written examinations as being arbitrary and/or discriminatory. Law enforcement agencies have consequently taken a greater interest in the content of written tests, and consequently today's written examinations are generally of a high quality and very helpful to agencies in search of the best available candidates.

**What the written test should measure**

The applicable standards require that the successful candidate must pass a written examination which demonstrates that the applicant possess ". . . all mental skills necessary for the accomplishment of the duties and functions of a peace officer" [Minn. Rules Att'y. Gen. 207(b)(3)]. In other words, the examination should measure, insofar as practical, all of the mental skills necessary to do the job required by your department. Your agency may encounter problems in obtaining subsequent certification of recruits if your written test does not measure their ability to perform the tasks they may be called upon to perform. More importantly, your municipality or county may be subject to a legal action by an unsuccessful applicant.

**Choice of written tests**

Your agency should exercise great care in the selection of its written examination. If you buy an examination you should be sure that the test has been validated and you should ask to see the validation data. Read the test carefully to be sure that the questions relate to the duties that your officers must perform. Look elsewhere if the company cannot furnish validation data or is unwilling to furnish a sample copy of their test.

Currently there is no one "best" test available on the market. While there is substantial research underway, it may be a year or two before a superior product is available.



While the MPOTB does not presently endorse any specific test, it should be noted that the Minnesota Department of Personnel has entry level tests available at reasonable cost and there is also a new multijurisdictional police officer exam being offered through the International Association of Chiefs of Police (IACP).

**Revision of written tests**

Regardless of which test you use, your agency will want to make certain that your written examination and its validation are current. You should avoid the use of tests which have not been revised during the past four to five years. Your consulting firm will be able to tell you when your test was most recently revised.

No examination is perfect and no amount of planning will fully remove the possibility of legal challenges. Should court action result, your position will be greatly enhanced if you are able to demonstrate a good faith attempt to use a properly validated non-discriminatory examination.

## **VI. Medical Examination**

**Job relatedness**

Under the new minimum standards the applicant must submit to a thorough medical examination “. . . to determine that he or she is free from any physical condition which might adversely affect the performance by the individual of his or her duties as a peace officer” [Minn. Rules Atty. Gen. 207(b)(6)]. Physical requirements may differ from agency to agency so it is important that your department prepare standards guidelines as to what specific physical impairments or disabilities will render an applicant undesirable as a peace officer in your agency. These guidelines should be based upon a realistic assessment of the job requirements as established by your individual department.

When a candidate has been hired, his or her physical problems become the department's problems as well. It is always difficult to reject an otherwise outstanding candidate because of a physical disability. Nevertheless, police work can be very demanding physically as well as mentally, and an unfit officer may be a source of danger to himself/herself, other officers, and the general public.

**Various alternatives**

It is important that the medical examination be thorough. Complete physicals can be very expensive and many communities lack the resources to provide extensive examinations for all applicants. There are several alternatives which can be used to overcome these problems. One suggestion is to use a cut-off point after completion of the written examination in order to keep the number of finalists within reasonable limits. For example, if an agency is only filling one or two positions, generally, not more than ten to twelve finalists will be needed on the final eligibility list. If large numbers of applicants are taking the written exam the finalists can be limited to the top twenty. This will leave an adequate number of candidates to work with while at the same time limiting costs. Once they have successfully completed the written test, remaining applicants may secure medical examinations at their own expense with the stipulation that eligible finalists will receive a comprehensive physical at the agency's expense. Another method of reducing costs is to arrange for local clinics or hospitals to administer the physical examinations.

**Cost factors**

**Procedures**

Each applicant should be required to complete a personal medical history as part of the preliminary application form. He or she should take this history to the examining physician who, in turn, should submit the history and results of the physical examination to the employing agency for review. The physician's findings should include a close scrutiny of health problems such as cardio-vascular disorders, poor vision, poor hearing, back disorders and obesity. (See Appendix for sample forms.)

<b>Obesity</b>	Note: Many departments are concerned with the percentage of fatty tissue in the applicant's body rather than actual weight. There are measurement devices available to determine fatty tissue, and you may wish to consult the examining physician regarding the efficacy of this technique. Nationally the average percentage of body fat is 15-18% for young males and 26-29% for young females. <sup>1</sup>
<b>Vision</b>	Minimum vision requirements vary greatly from department to department. Each agency should prescribe a minimum requirement based upon job-relatedness. Many departments throughout the United States require that a new officer's eyesight should not be less than 20/100 uncorrected in the stronger eye and 20/40 in the weaker eye. The successful applicant should also have normal depth perception, normal peripheral vision, normal night vision and normal color discrimination.
<b>Future considerations</b>	Your agency should establish definitive health requirements and strictly adhere to them even though you may have to reject candidates who are otherwise extremely well-qualified. Remember, most applicants will be at the peak of physical condition at the time they apply for work in law enforcement. As time passes their health problems will generally get worse rather than better. It is reasonable to assume that a physically borderline candidate will have pronounced medical problems in the future.

## **VII. Examination of Physical Strength and Agility**

<b>Purpose</b>	Physical agility examinations provide a basis for judging whether or not each candidate will be able to perform the necessary physical feats required and expected of peace officers in their community.
<b>What to avoid</b>	Problems have arisen out of physical agility testing in recent years. Many of them have been caused by tests which fail disproportionate numbers of females and members of minority groups which tend to be of small stature. Challengers and possible litigation can be avoided if job-related guidelines are followed in the testing procedure. Calisthenics or tests of brute strength should be eliminated. Pushups, situps, squat thrusts, and rope climbs are not job-related. A good "rule of thumb" is to ask whether or not a peace officer would actually have to perform a similar feat in the line of duty. Tests such as running, jumping, fence climbing, pushing a vehicle, carrying a stretcher, dragging a body, and gripping are job-related and, therefore, are probably not discriminatory. It is recommended that while being tested, applicants be required to wear equipment comparable in weight to that worn by your officers while on duty.
<b>Acceptable tests</b>	
<b>Running and jumping</b>	Generally, running should be timed over a fixed distance. It is recommended that the run include hurdling barriers in an effort to simulate a chase through residential back yards. The run should be long enough to measure endurance as well as speed.
<b>Fence climb</b>	The device used in your "fence climb" should be no higher than the highest fence in your community. Also it should be similar in construction to the fences your officers may actually have to climb. (Note: A recent agility test was declared invalid when it was shown that there was no wood fence in the community such as the fence the applicants were required to climb.)
<b>Body drag</b>	The "Body drag" simulates the rescue of a victim from a building or car. In this exercise the applicant must successfully drag a 185-pound person or dummy a distance of 75 feet while holding the "victim" under the arms from the rear.

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<sup>1</sup>T. L. Doolittle, Ph.D., "Proposed Physical Test for King County Police," Feb. 1975, p. 12.

<b>Vehicle push</b>	The "vehicle push" may be used to measure the ability of the candidate to push a disabled vehicle off the roadway. A standard sized car should be used on level ground over a distance of 30 to 50 feet.
<b>Stretcher carry</b>	During the "stretcher carry" the candidate may be asked to lift one end of a stretcher and carry it a distance of 120 feet over terrain and under conditions similar to those likely to be encountered in the local community.
<b>Grip test</b>	It may be desirable to test the "grip" strength of candidates on a machine or other mechanical device to determine whether or not they are capable of hanging onto a struggling subject or handling and firing a sidearm.

The preceding tests are only examples of certain job-related agility feats. Each department should develop its own tests according to individual needs. Additionally, assistance in developing and administering your tests may be obtained from local school athletic coaches.

<b>Scoring</b>	It is recommended that physical agility tests be administered on a pass-fail basis rather than on a graduated scale. The following procedures are recommended for establishing minimum acceptable time limits on the running and jumping test, and minimum acceptable pressure on the grip test:
----------------	--

#### Running and Jumping

- a) Set up the obstacle course over a fixed distance.
- b) Have your present peace officers run the course. Note: Do not use officers who are physically impaired and use those only who are within the required age limits for entry into the department (e.g., 21-35 years of age) and ask them to do their best.
- c) Clock each officer and record his or her time.
- d) Delete the slowest 25% of all the recorded times from the list.
- f) The lowest remaining time then becomes the minimal acceptable time for candidates.

Example: There are sixteen officers in the department who are within the entry age limits and who have no physical disabilities. All sixteen individuals run the course and the following times are recorded with best times at the top of the list.

	<u>Seconds</u>
	14
	15
	16
	16
	16
Best scores	17
(upper three fourths)	18
	19
	20
	21
	21
	22
Cutoff point	24
	26
Slowest scores	29
(lower one fourth)	32

In this example 22 seconds would be the lowest acceptable score on a pass-fail basis.

### Grip Test

The scoring system is similar to the above example with each healthy incumbent officer called upon to squeeze the grip meter with each hand and the total pounds of pressure for both hands is recorded. Again the bottom fourth of the recorded totals is removed from a rank-ordered list and the remaining lowest score is the pass-fail point.

Should your agency not employ a sufficient number of officers for an adequate sample, it may be advisable to cooperate with other departments in your region to obtain acceptable pass-fail scores.

## **VIII. Comprehensive Employment Application and Thorough Background Investigation**

### **Purpose**

The background investigation is probably the most critical part of the recruit selection process. The purpose of the personal history or background investigation is to find character traits in the applicant's life which may help to predict whether or not the applicant will be an effective police officer. The investigation should be conducted by a skilled investigator and the results should be evaluated to determine whether or not the applicant is a suitable candidate. Additionally, the results of the background study may be used by the examining psychologist to assist in that examination, as well as by the oral interview board. (See Sections IX and X, infra.)

**Requirements** The background investigation should include the following procedures:

1. The applicant should complete a comprehensive employment application (see Appendix).
2. The investigation should include inquiries into the following sources of information for the specific and sole purposes indicated:
  - a. The Minnesota Department of Public Safety, Drivers License Division, to determine the applicant's driving record.
  - b. The high school and any higher educational institutions that the applicant attended to determine the educational achievements, character and career potential of the applicant.
  - c. The Bureau of Vital Statistics (Minnesota Department of Health) and local Clerk of Court to verify birth, age, marriage and divorce records.
  - d. All police files in jurisdictions where the applicant has lived, worked, or attended school to determine whether any criminal record exists.
  - e. Records of the Minnesota Bureau of Criminal Apprehension (BCA). Copies of responses should be retained in the applicant's personnel file.
  - f. Records of the Federal Bureau of Investigation (FBI). Copies of responses should be retained in the applicant's personnel file.
  - g. All previous employers to determine the quality and reliability of the applicant's work record.
  - h. Within practical limits, any and all personal references supplied by the applicant to determine the applicant's potential and character.
  - i. The applicant's present neighbors and, where practical, neighbors where the applicant previously resided to determine his or her reputation as a member of the community.
  - j. The applicant's credit records to determine his or her credit standing with banks, retail stores and commercial establishments.

- k. Military records, if any, to determine the quality of the applicant's service.
- l. Hospitals, clinics and physicians having medical records of the applicant to determine the medical history of the applicant.

**Beginning  
the  
investigation**

These guidelines presume that the background investigator is trained and experienced in the techniques of investigation, yet may have no training or experience in conducting background investigations on police applicants. The following pages will offer types and sources of information usually necessary for a complete and thorough background investigation, as well as a format for reporting the results of the investigation. The Appendix contains sample forms for securing information. In short, this manual should be considered as a resource for the already competent law enforcement investigator who seeks guidelines in the area of background investigations. Even so, three admonitions should be heeded:

- (1) The information given by the candidate in the required "Personal History Statement" and that obtained in any subsequent investigation is private. At no time should any portion of the investigation be revealed to anyone, other than the candidate (or someone with his or her written consent), and those persons expressly authorized to evaluate the test's results. The information is gathered and should be used for the sole purpose of allowing the appointing authority or its designated representative to make a sound judgment as to the candidate's employability as a peace officer in its organization.
- (2) Persons contacted during the course of the investigation, including the applicant, may have never had personal contact with a peace officer. It is important that each person be left with a feeling that courtesy, integrity, and thoroughness are essential qualities of a peace officer and the law enforcement organization the investigator represents.
- (3) If during the course of the investigation information is obtained which is likely to cause rejection of the candidate, the investigator should consult with the appropriate superior officer to determine whether or not the investigation should continue.

**Begin by  
getting  
organized**

The background investigation should begin with a comprehensive "Personal History Statement" completed by the candidate. Each candidate should be permitted several days to complete the form. When provided the form, each candidate should be given instructions on how to fill it out, including the necessity for complete and truthful responses. They should be advised that the background investigation will be based on that document and any misrepresentations or falsifications may be grounds for rejection or dismissal.

At the time the candidate is provided with a copy of the form (see Appendix), he or she should be instructed to return it with documents for verifying citizenship, age, educational achievements, etc. (See "Prepare a Folder or Worksheet", infra.)

Review each Personal History Statement carefully. It is the basic document of the investigation and will acquaint you with the candidates. Check it for inconsistencies, conflicting statements or omissions. Check it against the preliminary application, if available, and such other documents as the applicant may have provided. Note any questionable items which must be resolved by the investigation or clarified by the candidate. Be sure that the candidate has signed and dated it in the proper place.

Determine what work has been done, if any, by others prior to your assignment to the investigation. For example, in the interest of conserving time, some departments photograph and fingerprint the candidate as soon as it is determined that a background investigation will be made. The fingerprint cards are then sent immediately to the BCA and FBI in order to reduce possible delay in receiving replies. Identification photographs are developed and made available to the investigator to assure that interviewees properly identify the candidate as the subject of the interview.

**Prepare a  
Folder or  
Work Sheet**

List those documents to be collected or examined to verify compliance with local departmental and MPOTB requirements and needed to support other necessary facts. The list should include:

1. Birth certificate.
2. Naturalization papers (when applicable).
3. Educational documents (when applicable).
  - a. High school diploma; or
  - b. GED equivalency test; or
  - c. College diploma and transcript.
4. Marriage certificate (when applicable).
5. Dissolution of marriage papers (when applicable).
6. Military discharge or certificate of service (when applicable).
7. Minnesota driver's license, or proof of eligibility.

List the names, addresses and telephone numbers of individuals to be contacted or personally interviewed, arranging them so that they can be contacted in logical sequence to avoid waste of time and backtracking. Telephone calls to arrange appointments conserve time. Keep your schedules flexible to allow for pursuing leads developed during the investigation.

List those persons or other sources of information which may be contacted by mail. For example, the FBI and BCA are agencies which, by necessity, must be contacted by mail. Subsequent sections will provide additional information on specific sources of information which may require written inquiries.

**Secure  
necessary  
documents**

Whenever possible, secure from the candidate certified copies of the documents specifically required and noted heretofore. With the exception of the record of naturalization, all documents should be photocopied or electrostatically reproduced and the originals returned to the applicant. (Federal law prohibits duplication of the record of naturalization. Pertinent material from this document may be recorded and attested to by the investigator.) Copies of the other documents should be retained for the personnel jacket of the applicant, should he or she become an employee.

**NOTE:** Although copies of essential documents are preferred, a document checkoff list may be used, such as the sample provided in the Appendix.

Birth certificate information in Minnesota may be obtained from the Clerk of District Court of the county where the person was born or from the Minnesota Department of Health, Bureau of Vital Statistics.

Certificates of marriage or marriage dissolution may be obtained or verified by the Clerk of District Court in the county where the action took place.

Check all documents to be sure the candidate meets basic employment requirements. There is no purpose in conducting a background investigation on a candidate who obviously does not meet the basic criteria for the position, such as U.S. citizenship, valid driver's license, etc.

**Secure  
necessary  
forms  
authorizing  
release of  
information**

Forms authorizing release of information (see Appendix) should be completed, signed and dated by the applicant in sufficient numbers to provide at least one for each school, financial and employment source named. It is better to have too many such forms than too few. Most departments require the investigator to present one to each source interviewed or questioned, verifying that the investigation is solely for employment and not other matters.



For military records information, the "Authorization for Release of Military and Medical Information" should be sent to the appropriate Military Records Center (see Appendix).

If medical information from a private firm or physician is necessary, an appropriate authorization for release of medical records will be necessary (see Appendix).

**Send letters of inquiry and requests for information as necessary**

Personal interviews are preferable. More information is obtained and the source of the data can be more accurately evaluated. However, there are practical limits beyond which sources must be contacted by mail. In order to conserve time, determine the letters and/or "Request for Information" forms which must be mailed. Replies will thereafter be received and reviewed as the investigation is being conducted and any questionable areas may be pursued before the active investigation is terminated. Remember, self-addressed stamped envelopes always facilitate replies.

Law enforcement agencies within whose jurisdiction the candidate resided or worked or attended school should be requested to check their files for any record on the candidate. Again, requests made in person are preferable.

Contact the Minnesota Department of Public Safety, Driver's License Division, for the applicant's driving record. If the candidate resided, was employed, or attended school outside Minnesota, inquire of the foreign jurisdiction whether it has any pertinent driving record for the applicant.

Be sure that the applicant's fingerprints have been secured and sent to the BCA in St. Paul and the FBI (United States Department of Justice, Washington, D.C. 20535) for any criminal record. Replies from these agencies always take time.

**Checking references**

When investigating the applicant's background, certain questions should always be asked:

Who else knows the applicant well? (This question is used to develop other sources of information.)

Have there been any instances where the applicant has shown a deviation from consistently good judgment?

Is there any reason to question the applicant's moral or physical courage?

Take complete notes of all interviews so that your final report will accurately reflect what was said. Quotations or paraphrasing are preferred over subjective conclusions. Record the name, address and telephone number of each person interviewed, and include the date, time and location of the interview.

**Personal interview**

A personal interview of the candidate should take place in the initial stages of the investigation but after the Personal History Statement has been thoroughly reviewed. During the interview, those questionable areas noted on the Personal History Statement should be clarified. Other areas should be explored, such as the candidate's interest and participation in community affairs; membership in social, service, fraternal or other organizations and any positions of leadership held; hobbies or other recreational activities; special abilities or skills possessed, such as speaking foreign languages, drawing, wood working, photography, typing, welding, ham radio operation, musical instruments, etc. How does the candidate spend his or her spare time? What does he/she usually read? Determine those persons, including relatives, closest to the candidate and those who may influence him/her the most.

The candidate's interest in law enforcement should be ascertained. How long has he or she prepared for a career in the field? Does he/she know anyone in law enforcement? Why did the candidate choose your particular department.

The candidate should be asked directly whether he or she has ever used marijuana, opiates, LSD or any other nonprescription drug or is currently under the care of a doctor. If the answer is other than "no", determine the circumstances.

Determine from the candidate when he or she would be available for hiring if he/she is subsequently accepted for employment by your department. Usually employers require at least two weeks notice if an employee is leaving voluntarily and most law enforcement agencies, as a matter of professional courtesy, insist that any candidate give the proper notice to his/her current employer. Candidates should be assured that any contact with their present employer will take place as near the end of the investigation as can be arranged (see "Work History", infra). Be sure to make it clear that your contact is not an offer of employment but just another step in the examination process.

#### **Marital**

If marriage is claimed it should be verified by a marriage certificate. If the candidate's marriage was dissolved, verification can be made from a copy of the final order obtained from the Clerk of Court in the county where the dissolution occurred, or from the Bureau of Vital Statistics, Minnesota Department of Health.

It is important that the spouse of each candidate be interviewed and support (or lack of support) for the mate's desire to be a peace officer ascertained. He or she should be candidly informed of the good and the bad elements of a police career. Care must be exercised not to oversell or degrade any aspect of the prospective position. Be factual and objective in the explanation. If the spouse's attitude is not in support of the candidate's desires, this fact is important in considering the candidate's suitability. It is preferable that the interview take place in the applicant's home so that its condition may be observed. It is also desirable that the candidate's spouse be given the opportunity to express himself/herself when the candidate is not present. This may not always be possible, but if a spouse reflects any displeasure or unusual degree of apprehension, that should be explored more fully while the candidate is not present. The spouse must be given ample opportunity to ask questions and be given freedom to frankly express his or her feelings.

#### **House and possessions**

While in the home, observe its general appearance. Is it clean and orderly? Do the furniture and appliances appear to be within the candidate's ability to pay? Will the candidate be forced to "moonlight"? Are the exterior of the house and surrounding grounds neat and well maintained? Is the candidate responsible for maintaining them? Is there any evidence of luxury items beyond his or her apparent means such as expensive motor vehicles, a large boat or a spacious swimming pool? Determine all sources of income available to the candidate, such as a working spouse, inheritance resources, investments, financial help from relatives, etc.

The former spouse of a divorced candidate should be interviewed. His or her opinion as to the applicant's suitability as a peace officer may offer an entirely different appraisal than that of the present spouse or current associates. Be sure to obtain facts from which a just inference can be drawn.

If the candidate is engaged, determine what the fiancé thinks of his or her prospective mate becoming a member of your department. Without prying into personal affairs, attempt to ascertain whether marriage is contemplated, and if so, when.

#### **References**

Listed personal references are valuable as sources of information since they may furnish names of other persons not mentioned in the Personal History Statement as having personal knowledge of the applicant. These sources are sometimes referred to as "secondary references." Acquaintances not mentioned by the applicant may render a more objective opinion of the subject's character and habits than the "friendly" references offered. At least three secondary references should be interviewed in addition to references listed by the applicant. Whenever possible, a named reference should be personally interviewed.

**Family history**

Interview close relatives and in-laws whenever possible. Family members listed by the candidate residing beyond the practical limits for personal interview should be contacted by letter. While interviewing friends and acquaintances of the candidate, any comments on the general character and reputation of the candidate's immediate relatives should also be noted. If derogatory information is developed, it should be pursued to a logical conclusion and the degree of the candidate's association with those relatives should be ascertained. Relatives and close friends residing locally should be checked in local law enforcement files.

**Financial record**

Whenever possible, personal contacts should be made to verify information relating to personal and/or business indebtedness of the candidate.

1. Creditors, charge accounts: The firms listed by the candidate to which he or she is indebted are prime sources reflecting the promptness and consistency of making payments. The opinion of the firm on the candidate's reliability in honoring financial obligations should be obtained.
2. Banks or savings and loan associations: Because the relationship between banks and customers is considered "privileged", these agencies are normally reluctant to part with specific information without the express written permission of their customer. However, usually they will verify whether or not the candidate has accounts with their institution. Further information, if necessary, may require an "Authorization to Release Information" form signed by the candidate.
3. Credit bureaus: The local credit bureau should be checked. If it is affiliated with Associated Credit Bureaus, Inc., a national association of credit bureaus reporting individual credit histories, information available will include: name; age; marital status; spouse's name; number of dependents; former addresses; how long at present address; whether the home is owned or rented; occupation; employer; monthly income of husband and wife; paying habits; number of accounts maintained and balances in high or low figure accounts; and case histories of accounts held locally and in other cities. Many police departments find it worthwhile to maintain a membership in the local credit bureau, thus assuring them of ready access to essential information. Others prefer to pay on a limited-use-basis for credit service actually rendered.
4. Loan and bonding companies: Information available from these firms includes sources of income and amount; property owned; location and kind; amount of indebtedness; and credit references. The legal owner of an automobile, if other than the candidate or spouse, usually will be a money-lending agency or an auto dealer. Automobile loan payment records are an indication of contractual reliability. Is the candidate paying his or her debts as agreed? Is his or her total indebtedness within his/her ability to pay.

**Residence record**

Beginning with the most recent address, at least three neighbors not listed as personal references should be interviewed in an effort to ascertain the reputation, general conduct and civic-mindedness of the candidate. Some helpful questions of the candidate's neighbors are:

1. How well are you acquainted with the candidate?
2. Does he/she control his/her temper?
3. What are his/her driving habits?
4. How does he/she get along with his/her neighbors?
5. Does he/she appear to be a good parent?
6. Does he/she have frequent parties? If so, do they usually create a disturbance?
7. Does he/she control his/her children and pets?

8. Does he/she borrow from the neighbors without returning the item that was borrowed?
9. Does he/she maintain his/her residence and grounds?
10. Has he/she ever displayed any evidence of prejudice toward any racial, ethnic or religious groups?
11. Has he/she ever been involved in law suits or litigation?

Additionally, at some point during the interview, the following question should be asked a neighbor by the investigator: "If your neighbor (former neighbor) is appointed a peace officer, would you have confidence in his or her ability and integrity if he/she responded to your call for law enforcement service?" The answer to this question may disclose a contradictory opinion held by the neighbor who previously may have expressed a favorable or unfavorable opinion on the general reputation of the candidate.

Derogatory information from a neighbor should be verified by other neighbors but the source not disclosed to others interviewed. Singular incidents of family or neighborhood friction or conflict may have left a derogatory impression on the reporting neighbor and he/she is relating the only recollection he/she has of the candidate.

Another question that is often useful when ascertaining the candid opinion of a former neighbor is: "Would you be pleased if the candidate resumed residence next door (across the street)?"

In your final report generally describe the house, neighborhood and atmosphere of each of the candidate's residences visited.

#### **Employment history**

The area of employment history should be carefully investigated and reported. Any discrepancies on the Personal History Statement as determined by the investigation should be thoroughly noted. Errors or omissions by the candidate in reporting work history information should be adequately explained. Be sure the candidate has accounted for the entire uninterrupted period of time requested.

1. Labor unions: Membership, past or present, in any organized labor union may provide information to compare with claimed work experience. Contact with the local union secretary may reveal that the candidate was the subject of disciplinary action by either the union or the employer.
2. Former employers: The thoroughness with which this phase of the investigation is conducted largely determines how well the appointing authority can predict the candidate's future work performance as a peace officer. Frequency in changes of employment may be a clue as to how long the candidate would remain with your department if hired.

Contact the candidate's present employer as close to the end of your investigation as you can arrange, preferably last if it appears that the candidate is likely to be accepted by your department. The present employer may not appreciate the candidate leaving his employ, and that possibility may prejudice his view of the candidate or even result in his/her premature termination.

Co-workers listed by the candidate are prone to report only favorable impressions. "Secondary references" whose identities are learned from the listed co-workers are more likely to render candid opinions of the candidate's work habits.

Immediate supervisors are most likely to possess detailed knowledge of the candidate's performance on the job. Of special importance are questions alluding to the candidate's attitude toward supervisors and his ability to take instructions and accept criticism. If derogatory information is obtained, it is important to determine whether or not written

reports to higher authority were made of any misconduct or inefficiency. Final questions, to be asked of both co-workers and immediate supervisors, include: "Would you want the candidate as your co-worker (subordinate) again?" "Do you think he/she is qualified to be a peace officer?"

The employer may make available the candidate's complete file for inspection. More commonly, however, employers will retain custody of the file and only answer direct questions asked by the investigator. Areas which should be discussed include:

- (a) Exact dates of employment. (Compare with Personal History Statement. Do they correspond? If not, find out why.)
- (b) Job titles and duties.
- (c) Reasons for termination of employment as shown in the record and the actual reason expressed by the employer.
- (d) Disciplinary record.
- (e) Work performance rating.
- (f) Sick record, including nature of illness and any injury for which accrued sick benefits were used.
- (g) On-the-job safety record, including personal injury accidents involving others. Auto driving record may indicate accident proneness.
- (h) Whether or not candidate would be eligible for re-employment.
- (i) Any record of salary garnishments or other financial problems.
- (j) Personal honesty and truthfulness.
- (k) How did he or she get along with other employees and with supervisors?
- (l) Was there any evidence of racial, ethnic or religious prejudices?
- (m) Has the applicant ever been involved in law suits or other civil litigation?

When making mail inquiries, completed "Authorization to Release Information" forms should accompany the letter if an adequate answer is expected. Remember, self-addressed envelopes facilitate replies. It should be noted that an "Authorization to Release Information" form, properly signed by the candidate, may be needed even when making personal contacts in order to minimize reluctance to speak frankly on the part of the interviewee.

**Military records**

Military and other federal service records are a rich source of information to aid in evaluating a candidate's medical history, sense of duty, patriotism and personal conduct while in the service. Repositories of records of discharged military personnel may be contacted by mail with the appropriate signed "Authorization for Release of Military and Medical Information" form attached (see Appendix). What is the candidate's reserve status, if any? Is he or she a member of the National Guard? Does he or she have any existing military service commitments?

**Education**

**Personal interviews**

**Examination of school records**

School officials are valuable sources of information on the candidate's temperament, prejudice, mental alertness, attitudes, honesty and citizenship. Normally, an investigator should call at the principal's office in a high school (the registrar's office in a college) and request an interview with a teacher and/or counselor who remembers the candidate. The investigator should also interview a school official having custody of the academic records of the candidate. Grade average, personal conduct or disciplinary records, dates of attendance, date of birth, and other information which tends to verify other data contained in the Personal History Statement should be obtained. Any extra-curricular activities and the degree of success in participation should also be noted. (The "year book" of the candidate's graduating class frequently contains information on extra-curricular activities.)

Written inquiries should be addressed to the principal of the high school(s) attended by the candidate. These should be accompanied by a copy of the "Authorization to Release Information" form (see Appendix) signed by the candidate. Reference should be made to the candidate's full name, date of birth and the dates of attendance to provide a reference point in searching school records.

Some departments have found it a useful procedure to include in a written inquiry the following statement: "If, for reasons of security, you do not wish to complete the written report enclosed, please place a collect, person-to-person telephone call to the undersigned so that oral information may be obtained."

**Medical  
record**

The "Authorization for Release of Military and Medical Information" form is a standard acceptable form which may be used when inquiring about disciplinary and medical records at all military record centers. Two copies, both signed by the candidate, should be forwarded to the appropriate military service records center. Any questionable medical defects identified in the military record should be reviewed by the department's examining physician.

The sample form "Authorization for Release of Medical Records Information" (see Appendix) is designed to obtain medical information from a private firm. Slightly modified, this type of form may be directed to a private physician who has knowledge of the applicant's past health and physical condition. In either case a signed copy should be provided for the physician or custodian of records for their files.

Any questions answered in the "yes" column of the medical history questionnaire should be thoroughly investigated and a determination made that the candidate is not now suffering disqualifying effects from any illness or condition so listed. If there is any doubt remaining, the item should be called to the attention of the employing agency's examining physician so that he may pursue the matter further. Physicians treating the candidate for any illness or medical condition will require a signed authorization for the release of any medical information to the investigator. It may also be necessary for the departmental physician to contact another physician or hospital in order to properly interpret the information submitted on the candidate.

**Arrest and  
military  
disciplinary  
record**

State standards prohibit any department from employing as a peace officer any person who has been convicted by any state or the federal government of a crime which is equivalent to a felony in Minnesota [Minn. Rules Atty. Gen. 207(b)(5)]. Returns from the fingerprint cards submitted to the BCA and FBI usually will reveal this information. However, in order to properly evaluate the candidate, it is necessary to make a complete check of all records in every police department where the candidate resided, worked, or attended school. Personal inquiries are preferable because the investigator can pursue any questionable entries by reading or securing copies of pertinent reports or by interviewing the investigating officers in any arrest, detention or unusual case. If it is not practical to check personally, a letter of request which states that the subject is a candidate for employment usually results in the desired information. (Self-addressed stamped envelopes will facilitate replies.)

Driving records are considered to be extremely important by many police administrators since they tend to show the attitude of the subject toward law observance and safety while at the same time verifying his operator's license. Out-of-state agencies which provide the same service as the Minnesota Department of Public Safety, Driver's License Division, should be contacted for any record of a candidate who has lived or worked in their jurisdiction.

Court dispositions, including sentence, may be obtained from the Clerk of the Municipal, County, or District Court having jurisdiction over the matter. Military disciplinary actions and dispositions are contained in the individual's service record obtained through the appropriate military records center.



**Written  
report of  
investigation**

The investigator should make certain that all the documents and investigative information necessary to verify compliance with departmental and statewide requirements are in the file. That material should include:

<u>REQUIREMENT</u>	<u>SOURCE</u>
_____ Age	Birth certificate
_____ Citizenship	Birth certificate or naturalization records
_____ Height	Medical examination
_____ Good physical and mental condition	Medical examination
_____ Visual acuity	Medical examination
_____ Normal color vision	Medical examination
_____ Normal hearing	Medical examination
_____ No disqualifying criminal record	FBI (fingerprints) BCA (fingerprints) Local police files Other appropriate state agencies Military records center
_____ Valid operator's license (driving record)	Minnesota Department of Public Safety, Driver's License Division Other state records as required Local police files
_____ Education	High school diploma GED test scores College diploma and transcripts

Have you made satisfactory inquiry into the candidate's background in the following areas?

<u>AREA OF CONCERN</u>	<u>SOURCES</u>
_____ Employment record	Former employers Labor unions Military records center
_____ Credit standing	Credit bureaus Lending institutions Creditors
_____ Reputation, character, loyalty, reliability, judgment, prejudices, integrity	Friends Associates Relatives Neighbors
_____ Military service status	Selective Service Board Military Records Center
_____ Interest in law enforcement	Personal interview Spouse or fiancé Friends, associates School officials and records

Organize your thoughts and material. Do you have sufficient information to submit to the appointing authority so that it may make a proper decision as to whether or not the candidate qualifies to become a member of the department and the law enforcement profession?

**Suggested  
format**

The written report should be complete, yet concise, and in narrative form. All documents and material necessary to verify compliance with departmental and statewide requirements should be submitted with the report to the chief administrator or the officer designated by him to receive, review and evaluate the information. Also included with the report should be all verifying documents, unused authorizations, returned forms and letters, the investigator's notes of interviews and all other pertinent material.

The report should be factual. Positive as well as negative information should be included in sufficient depth so that the evaluator will be able to form a sound judgment of the candidate's suitability for employment. Persons interviewed should be quoted verbatim or at least their pertinent remarks should be paraphrased accurately.

The following format is suggested for the narrative report. Material and information obtained should be arranged according to this format and it is suggested that each area be typed in capital letters, underlined, and then followed by the appropriate information.

PERSONAL

MARITAL

REFERENCES

PRESENT AND FORMER NEIGHBORS

FAMILY HISTORY

FINANCIAL AND CREDIT

EMPLOYMENT HISTORY

MILITARY RECORD

EDUCATION

MEDICAL HISTORY AND PRESENT PHYSICAL CONDITION

ARREST RECORD

RECOMMENDATIONS OF INVESTIGATOR (Include basis for recommendation.)

**Cover or  
summary  
sheet**

Some police administrators prefer to have a summary sheet submitted with the final investigation report. On this sheet, in summary form, the investigator verifies that essential information has been secured. Such a form, if desired, usually includes the following information:

Photograph of candidate

Candidate's full name, address and telephone number

Age and date of birth

Citizenship verified/place of birth

Height

Weight

Visual acuity (uncorrected), left eye — 20/\_\_\_\_  
right eye — 20/\_\_\_\_

Normal color vision

Normal hearing

Recommendations of examining physician

Fingerprints: Date taken, FBI return, BCA return

Education: College degree or units completed  
High school diploma or GED equivalency

Valid operator's license, date of expiration

Name of investigator

Date report submitted

Investigator's recommendation

Date candidate available for hiring

Report reviewed for completeness by: \_\_\_\_\_

Date report reviewed

## IX. Psychological Evaluation

**Purpose** Each candidate remaining after the comprehensive employment application and background investigation have been completed should undergo an evaluation by a competent, licensed psychologist. The purpose of the testing is to determine whether or not the candidate possesses character traits which will enable him or her to become a successful peace officer. Conversely, the exams should also reveal any characteristics which would generally preclude successful career performance — e.g., over-aggressiveness, hostility, cruelty, immaturity, dishonesty and personality disorders.

**Importance** Experience has shown that most psychological examinations are accurate predictors of future conduct, especially when the evaluations are predominantly negative. Anyone who has been in law enforcement administration is well aware of the problems arising out of a peace officer's emotional disorders. It is important, therefore, to choose the examining psychologist carefully and follow his or her recommendations regarding individual applicants.

It is desirable to obtain the service of a psychologist who is familiar with police work or who has had experience in testing police applicants. In this way the evaluation can center around those issues which are important in law enforcement. (The Appendix contains examples of desirable traits.)

**Content of report** In any case it is important that the evaluator presents specific opinions and recommendations. Some psychologists are hesitant to commit themselves with the result that their reports are vague, inconclusive and of little value to the appointing authority. If the psychologist feels that an applicant is unsuitable for police work, his/her report should say so, with specific references and supporting data. An administrator should be able to tell immediately after reviewing a psychological evaluation whether the applicant is a good, poor, or borderline prospect.

**Selection of evaluator** Care should be exercised in the selection of a psychologist. First, be sure that the individual is licensed by the state, and don't be afraid to ask to see the license. (There have been cases where entire eligibility lists were discounted because the psychologist did not possess the proper credentials.) Second, check the cost per exam. Some private psychologists charge as much as \$60 to \$100 per hour (not per exam). An exam can easily run several hours, thereby making the cost prohibitive. Third, be sure that the psychologist understands what your community wants in a peace officer and that you expect unequivocal written recommendations regarding each candidate's suitability in an unambiguous form.

While there are many qualified psychologists in the state, your agency may want to consider using the resources of a regional State Mental Health Center. Generally these centers provide reliable testing at a moderate cost. (A list of such centers is provided in the Appendix.)

## **X. Oral Examination**

<b>Purpose</b>	The purpose of the oral examination is to determine whether or not the applicant possesses the communications skills required of a successful police officer. The exam can also be used to evaluate the candidate's personality, attitude and desire to serve in the law enforcement profession.
<b>Legal issues</b>	Oral exams are subject to the same legal constraints as written exams. Even though the setting is generally informal, examiners should confine themselves to questions which are <u>related to the job requirements in their own community</u> . An attempt should be made to <u>standardize the questioning</u> so that all applicants are questioned regarding similar subject matter. Interviewers should have their questions prepared in advance and should stay within the parameters of those questions. They should not become overly friendly with the applicants nor engage in casual conversation. When interviewing females or minority people, terms which are demeaning or in poor taste should be absolutely avoided. The interviewers should not flirt with or patronize the applicant, nor should they ask any questions about religious beliefs, political affiliations, union activities, ethnic background or personal philosophies. Interviewers should not bring up their own prejudices or beliefs, even in a friendly or joking manner.
<b>What to avoid</b>	<p>If an interviewer does not like a candidate, he or she should not attempt to discourage that person by over-emphasizing the negative aspects of the job. (However, this does not mean it is improper to see if the applicant understands the unpleasantness involved in certain aspects of police work — i.e., working shifts, weekends, holidays, etc.)</p>
<b>Female applicants</b>	When interviewing female applicants, it is illegal to ask any questions about their marital status, number of children, plans for children in the future, birth control practices, etc. It is permissible to interview the spouse prior to hiring, but only if the same procedure is followed with male applicants. Thus, if the spouse of a female applicant is interviewed, be sure that the questions are similar to those asked of the spouses of the male applicants.
<b>Recommendations</b>	Many communities have civil service commissions or police committees which traditionally have conducted the oral interview stage of the selection process. The MPOTB recommends that this assignment be delegated to law enforcement professionals outside the community. Ideally, three or four experienced police administrators from outside agencies should conduct the interviews in the presence of the civil service commissioner or police committee. These professionals will be in a better position to identify important job elements. They, in turn, should: (1) use a standard set of questions for each of the important job elements; (2) use valid evaluation techniques for recording and summarizing observations; (3) use only the important job elements; (4) avoid making overall judgments, quick evaluations or over-emphasizing negative information; (5) avoid comparing one candidate with another; (6) rate each trait independently (avoiding the "halo effect"); (7) be aware of rating errors due to leniency, strictness, central tendency, halo, bias, and so on; and (8) allot each candidate an equal amount of time.
<b>Positive approach</b>	Because there are so many "don'ts" involved in oral interviews, interviewers may wonder just what they <u>can</u> talk about. There are many positive possibilities. Talk about the job itself — its duties and responsibilities; the organization — its mission, programs and achievements; and career possibilities — opportunities for growth, employment benefits, etc. Most importantly, discuss the applicant's qualifications in terms of the job elements — i.e., his or her abilities, experience, training, interests and attitudes toward law enforcement. These job-related topics should provide more than enough material to cover in the allotted amount of time without straying into irrelevant subjects which may waste time and ultimately invalidate the oral interview.

## Summary

The MPOTB hopes that these guidelines are helpful. Again, it should be emphasized that they are intended as guidelines and therefore are not meant to be all-inclusive or final.

The preceding pages should be used to stimulate ideas within your agency on how you can best make your own selection procedures valid. Each appointing authority has the responsibility to utilize all available expertise in developing testing procedures tailored to your own department's needs. Remember — the key to selection procedures is job relatedness!

While it is not the desire or intent of the MPOTB to supersede local authority, please be advised that we are available to assist you with any questions on problems that you may encounter in the implementation of these standards.

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MINNESOTA PEACE OFFICER TRAINING BOARD  
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St. Paul, Minnesota 55104

Telephone: (612) 296-2620

Carl V. Pearson, Executive Director

## APPENDIX



# PRELIMINARY APPLICATION FOR PEACE OFFICER

## INSTRUCTIONS

1. Use a typewriter or print your answers in ink.
2. Answer all questions carefully and correctly.
3. If space provided for answer is not sufficient, use a separate sheet of paper of the same size as this application form. At the top of each separate sheet write your name, address, and position applied for.
4. Avoid all reference to religion, sex, age, race, national origin, color, membership in fraternal orders, or political affiliations.
5. Notify \_\_\_\_\_ immediately of any change of address after filing application.

## DO NOT WRITE IN THIS SPACE

Physical \_\_\_\_\_

Agility \_\_\_\_\_

Psychological \_\_\_\_\_

Written \_\_\_\_\_

Veteran's preference \_\_\_\_\_

1. TITLE OF POSITION APPLIED FOR: (Please check one or more)

Deputy Sheriff ☐      Police Officer ☐      Highway Patrol ☐      Other ☐ \_\_\_\_\_

2. NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME): \_\_\_\_\_

3. ADDRESS: \_\_\_\_\_  
                                     Number and Street                                    City                                    State                                    Zip code

4. PHONE: Home ( )  
A/C Business ( )  
A/C Other ( )  
A/C

5. DATE OF BIRTH: \_\_\_\_\_ 6. SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

7. Do you claim veteran's preference? Yes ☐ No ☐ Branch of service \_\_\_\_\_

If yes, give dates of active service (From) \_\_\_\_\_ (To) \_\_\_\_\_

8. Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_

9. Have you ever been convicted of a crime which is a felony in Minnesota? Yes ☐ No ☐

10. Visual acuity (if known): R 20/\_\_\_\_\_ L 20/\_\_\_\_\_

Is your visual acuity correctable to R 20/\_\_\_\_\_ L 20/\_\_\_\_\_? Yes ☐ No ☐ Unsure ☐

Are you free from color blindness? Yes ☐ No ☐ Unsure ☐

11. Are you aware of any physical disabilities that would prevent you from performing the duties of a peace officer? If yes, please explain.

Yes ☐ \_\_\_\_\_ No ☐

12. Are you aware of any emotional or mental disabilities that would prevent you from performing the duties of a peace officer? If yes, please explain.

Yes ☐ \_\_\_\_\_ No ☐

13. Are you a certified peace officer? Yes ☐ No ☐ If yes, where? \_\_\_\_\_

- #### 14. Secondary education

Are you a high school graduate? Yes ☐ No ☐ If no, last year completed: \_\_\_\_\_

Do you have a G.E.D. certificate? Yes ☐ No ☐

- ## 15. Post-secondary education

Total years completed: \_\_\_\_\_ Degree(s) received: \_\_\_\_\_

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and ability, and I realize that any misstatement or omission of material facts may subject me to disqualification, dismissal or criminal prosecution.

Signature (Full Name of Applicant)

Date \_\_\_\_\_

19

Veterans must furnish a copy of their honorable discharge or form DD 214. All applicants shall be subject to a thorough background investigation including fingerprinting. Employment of any applicant shall depend upon his or her successful completion of a written test, a physical (medical) examination, a test of physical strength and agility, a psychological evaluation, and an oral interview.

# MEDICAL HISTORY QUESTIONNAIRE

This box to be completed by the Appointing Authority

Name: _____ First                                Middle                                Last  Address: _____ Number and Street  _____ City                                State                                Zip	You are to report to: _____  Address: _____ _____  at _____ o'clock _____, _____ Mo                    Da                    Yr  with this questionnaire completed.
--	---

TO THE APPLICANT:

Medical clearance is required by the Minnesota Peace Officer Training Board prior to employment as a peace officer in a participating police agency. Your cooperation in filling in this questionnaire as completely as possible will expedite the evaluation and avoid delay.

<b>Instructions to Candidate.</b> Complete this form prior to your physical examination and give it to the examining physician at the time of examination. Answer all questions completely and accurately.		
Date of Birth Mo. _____ Day _____ Year _____	Age _____	Current Occupation _____

**SECTION A** Have you ever or do you now have any of the following? For "Yes" answers, supply full details in Section B on the reverse side. If the condition required hospitalization, check the corresponding box.

CONDITION	NO	YES	HOSP	CONDITION	NO	YES	HOSP
1. Head injury				24. Sensivity to dust			
2. Back trouble or back pain				25. Other allergies			
3. Any defect of bones or joints (including amputations, dislocations, broken bones)				26. Frequent colds			
4. Lameness				27. Cancer or malignancy			
5. Rheumatism or arthritis				28. Tumor, growth, or cyst			
6. Trick or locked knee/knee injury				29. Any complications from childhood diseases			
7. Foot trouble				30. Polio			
8. Eye injury, surgery, disease				31. Rheumatic fever			
9. Have you ever worn glasses/contact lenses				32. Heart trouble, including circulatory			
10. Hard of hearing or hearing problems				33. High or low blood pressure			
11. Worn a hearing aid				34. Varicose veins			
12. Headaches				35. Pernicious anemia, leukemia, or other blood disorder or ailment			
13. Mental illness or nervous breakdown				36. Hepatitis, jaundice, or other liver ailment			
14. Addiction to drugs or alcohol				37. Diabetes or sugar in urine			
15. Fainting or dizzy spells				38. Ulcers or other stomach trouble			
16. Epilepsy or fits				39. Colitis			
17. Disorder of the nervous system				40. Gall bladder trouble			
18. Tuberculosis or other lung trouble				41. Kidney or bladder trouble			
19. Shortness of breath				42. Piles or hemorrhoids			
20. Asthma				43. Rupture or hernia			
21. Bronchitis				44. Mononucleosis			
22. Poison oak or poison ivy				45.			
23. Skin trouble							
					NO	YES	
46. Have you ever had or been advised to have an operation? If "Yes", give the nature and date(s) of operation(s):							
47. Have you ever been a patient (committed or voluntary) in a mental hospital? If "Yes", give reasons, date(s), and place(s):							
<b>CONTINUE ON REVERSE SIDE. REMINDER: FOR "YES" ANSWERS, SUPPLY DETAILS IN SECTION B ON REVERSE SIDE.</b>							

SECTION A CONTINUED		NO	YES
48. Have you had any other illness, injury, or physical condition not named above, other than childhood diseases or minor illnesses? If "Yes", explain:			
49. Have you had an injury within the last 3 years which caused you to lose time from work?			
50. Have you ever been denied employment or insurance for medical reasons?			
51. Have you ever been deferred from military service for medical, emotional, or health reasons?			
52. Have you ever been discharged or released from employment or from the armed forces for medical, emotional, or health reasons?			
53. Have you ever received or applied for pension or compensation for disability or injury?			
54. Are you presently under the doctor's care for any condition?			
55. Have you ever taken medication the last 12 months for any reason? If "Yes", explain:			
56. Do you or have you ever had any physical or emotional limitations? If "Yes", explain:			

PHYSICIANS CONSULTED (For above items checked "Yes", identify item No.)		
Item	Physician's Name	Address (no., st., city, state)

**SECTION B** Write your own account and explain all items answered "Yes" in this questionnaire; identify item number. Include diagnosis, date of onset, and your present condition. If necessary, continue on 8½ x 11 sheets and attach.

Item	

#### PENALTY

ANY FALSIFICATION, WITHHOLDING OR FAILURE TO ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY MAY CAUSE FORFEITURE OF ALL RIGHTS TO THIS EMPLOYMENT.

#### CERTIFICATION

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS, AND THAT ALL STATEMENTS AND ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Applicant  
(sign in ink)

X

DATE SIGNED

# MEDICAL EXAMINATION REPORT

To Be Completed by a Licensed Physician

INSTRUCTIONS TO EXAMINING PHYSICIAN: Please review the Medical History Questionnaire before examining the candidate. Do not forward this report until lab results are received. Use Section 24 for explanation of details, if necessary.

1. Name (Last, First, Middle)			2. Birth Date Mo      Day      Year		
3. Height (without shoes)	4. Weight (without shoes & coat)	5. Chest Girth (Expiration)		6. Abdomen Girth	
7. Visual Acuity (If applicant wears glasses, test and record acuity both with and without glasses)					
a. Without glasses    R20/_____ L20/_____ B20/_____ c. Depth perception _____					
b. With glasses        R20/_____ L20/_____ B20/_____ d. Color perception _____					
e. Pupils: Equal _____ Reaction _____					
f. Eye Grounds: _____					
g. Form Fields of Vision (Temporal): Right eye _____ Left eye _____ Each eye on Zero Line (Record degrees of temporal fields obtained by instrumentation or confrontation in spaces above and on diagram below)					
h. Evidence of Suppression _____ Note any abnormality					
8. HEARING (Whispered conversation at 15 ft. considered normal)					
RIGHT      15/ _____		HEARING AID USED <input type="checkbox"/> NO <input type="checkbox"/> YES		DRUM PERFORATION OR DRAINAGE <input type="checkbox"/> NO <input type="checkbox"/> YES	
LEFT        15/ _____		NOTE ANY ABNORMALITY			
9. Head (note any defect, disease, or injury involving eyes, ears, nose, mouth, throat)					10. Dentistry Recommended <input type="checkbox"/> NO <input type="checkbox"/> YES
11. Lungs			12. Date Chest X-ray Taken		13. Chest X-ray normal <input type="checkbox"/> NO <input type="checkbox"/> YES (report may be attached)
14. CARDIO VASCULAR SYSTEM					
TYPE OF ACTION	BLOOD PRESSURE	PULSE RATE	SOUNDS	RHYTHM	
A. AT REST	/				
B. AFTER MODERATE EXERCISE					
C. TWO MINUTES AFTER EXERCISE	/				
D. CIRCULATION TO EXTREMITIES			E. NOTE ANY ABNORMALITY		
15. Nervous System (describe any pathology or abnormal reflexes)					
16. ABDOMEN			17. RECTAL		
MASSES			FISSURE		
TENDERNESS			FISTULA		
HERNIA			HEMORRHOIDS		
18. GENITO-URINARY SYSTEM (note any abnormalities)					

19.					
<b>MUSCULO – SKELETAL</b> <i>(Test by bending, stooping, squatting; also by head, arm, leg, and finger motions)</i>					
A. SPINE	MOBILITY	SIMMETRY	POSTURE	X-RAY RECOMMENDED □ NO    □ YES	
B. UPPER EXTREMITIES	LIMITED FUNCTION	MISSING PARTS			
C. LOWER EXTREMITIES	LIMITED FUNCTION	MISSING PARTS			
20. SKIN ( <i>scars, varicosities, disease, abnormalities — nature and severity</i> ) .					
21. <b>LABORATORY</b> ( <i>Report May Be Attached</i> )					
A. URINALYSIS	SP. GRAVITY	ALB.	SUGAR	MICROSCOPIC	
B. SEROLOGY ( <i>VDRL</i> )		□ POSITIVE	□ NEGATIVE	□ NON-REACTIVE	BLOOD TYPE
22. ARE THERE ANY CONDITIONS, PHYSICAL, MENTAL OR EMOTIONAL WHICH, IN YOUR OPINION, SUGGEST FURTHER EXAMINATION? □ NO      □ YES ( <i>explain in 24 below</i> )		23. DO YOU HAVE ANY RESERVATIONS ABOUT THIS CANDIDATE'S ABILITY TO PHYSICALLY PERFORM THE DUTIES OF A PEACE OFFICER? □ NO      □ YES ( <i>explain in 24 below</i> )			
24. SUMMARY/COMMENTS					
SPECIAL INSTRUCTIONS:					
PHYSICIAN'S SIGNATURE			NAME AND ADDRESS OF PHYSICIAN ( <i>Print or Type</i> )		
Date					

PHYSICAL AGILITY EXAMINATION

LIABILITY WAIVER

To:

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

\_\_\_\_\_  
(Name and address of local unit of government)

I have applied for the position of \_\_\_\_\_  
(job title)

with the law enforcement agency which serves your local unit of government. I understand that I must pass a physical agility examination before I can be considered for the appointment which I seek. I hereby expressly release and hold harmless the \_\_\_\_\_  
(name of local unit of government)

from any liability or claim for damages which may arise from or result from my participation in such examination. I also declare that, to the best of my knowledge, I am in good health and sound physical condition and have no physical disability or impairment or health condition which would prevent me from participating in this examination.

\_\_\_\_\_  
Signature (Person Authorizing Release)

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

\_\_\_\_\_  
Applicant's Social Security Number

\_\_\_\_\_, 19\_\_\_\_\_  
Date



\_\_\_\_\_, 19\_\_\_\_  
Month Day Year

## PERSONAL HISTORY STATEMENT

### INSTRUCTIONS

Fill out this questionnaire completely and accurately. All statements in the questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add another page and identify additional information by item number.

### PERSONAL

1. Your Name:

\_\_\_\_\_  
First Middle Last

Give any other names you have used  
or been known by, and attach a state-  
ment giving reasons (if none, so state)

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

2. Your Weight: \_\_\_\_\_ lbs.

Your Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.

3. Your Address:

\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State Zip

4. Do you reside with relatives? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give name(s): \_\_\_\_\_

5. Birthdate:

\_\_\_\_\_  
Month Day Year

6. Birthplace:

\_\_\_\_\_  
City County State

7. Are you a citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Natural Born: \_\_\_\_\_ Naturalized (give date): \_\_\_\_\_

8. List all organizations, clubs and associations of which you are or have been a member, or with which you are or have been associated.

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

9. What are your hobbies and special skills and abilities, including speaking foreign languages?

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**MARITAL**

10. Give the name and address of your spouse, if he or she is living:

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

11. Give the name(s) and address(es) of former spouse(s) who are living:

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

12. (Two question spaces are left blank so that individual agencies may insert appropriate job-related & questions if they so desire.)

13.

14. List below every child born to you, adopted by you or in your household:

FULL NAME OF CHILD	DATE OF BIRTH	(CITY/STATE)

15. Are you now supporting all children listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, give complete details: \_\_\_\_\_

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**REFERENCES**

16. Fill in the names of six (6) persons not related to you, and not former employers, who have known you intimately for at least 5 years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities.

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Business, Occupation, or Profession \_\_\_\_\_

Home Address:

Business Address:

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
Number Street

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

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

Home Telephone: ( )  
..... A/C .....

Business Telephone: ( )  
..... A/C .....

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Business, Occupation, or Profession \_\_\_\_\_

Home Address:

Business Address:

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
Number Street

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

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

Home Telephone: ( )  
..... A/C .....

Business Telephone: ( )  
..... A/C .....

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Business, Occupation, or Profession \_\_\_\_\_

Home Address:

Business Address:

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
Number Street

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

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

Home Telephone: ( )  
..... A/C .....

Business Telephone: ( )  
..... A/C .....

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Business, Occupation, or Profession \_\_\_\_\_

Home Address:

Business Address:

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
Number Street

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

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

Home Telephone: ( )  
..... A/C .....

Business Telephone: ( )  
..... A/C .....

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Business, Occupation, or Profession \_\_\_\_\_

Home Address:

Business Address:

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
Number Street

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

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

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_  
A/C

Business Telephone: (\_\_\_\_\_) \_\_\_\_\_  
A/C

.....

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Business, Occupation, or Profession \_\_\_\_\_

Home Address:

Business Address:

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
Number Street

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

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

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_  
A/C

Business Telephone: (\_\_\_\_\_) \_\_\_\_\_  
A/C

.....

17. If you are planning marriage, please give the full name, address and telephone number of your future spouse.

Name \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_  
A/C

Address \_\_\_\_\_  
Number Street

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

18. Give the names of every living member of your immediate family and your spouse's immediate family:

FULL NAME	RELATIONSHIP	ADDRESS	TELEPHONE	OCCUPATION
			( )	
			( )	
			( )	
			( )	
			( )	
			( )	
			( )	
			( )	
			( )	
			( )	
			( )	
			( )	

19. Has any member of your immediate family ever been arrested for or convicted of a criminal offense?  
If yes, give particulars below:

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

NAME	RELATIONSHIP	OFFENSE	WHERE ARRESTED

20. Has any member of your immediate family ever committed or attempted suicide or been treated for a nervous or mental disorder? If yes, give particulars below:

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

NAME	RELATIONSHIP	NATURE OF ILLNESS	WHERE & BY WHOM TREATED

21. Is your life insured? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what value or amount? \_\_\_\_\_

Company \_\_\_\_\_ City and state \_\_\_\_\_

22. List all savings accounts held by you and/or your spouse:

INSTITUTION	CITY AND STATE	ACCOUNT NUMBER	CURRENT BALANCE

23. List all checking accounts held by you and/or your spouse:

INSTITUTION	CITY AND STATE	ACCOUNT NUMBER	CURRENT BALANCE

24. Do you and/or your spouse have any investments (stocks or bonds)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give particulars:

Amount \_\_\_\_\_ Company \_\_\_\_\_ City and State \_\_\_\_\_

Amount \_\_\_\_\_ Company \_\_\_\_\_ City and State \_\_\_\_\_

25. What income other than salary do you have at present? Include spouse's salary.

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26. Do you own or are you buying your own home? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give particulars: Purchase price \_\_\_\_\_

Mortgagee \_\_\_\_\_ Down payment \_\_\_\_\_

City and State \_\_\_\_\_ Amount owed \_\_\_\_\_

27. Do you own or are you buying other real estate? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give particulars: Purchase price \_\_\_\_\_

Mortgagee \_\_\_\_\_ Down payment \_\_\_\_\_

City and State \_\_\_\_\_ Amount owed \_\_\_\_\_

Type of property \_\_\_\_\_

28. Do you own or are you buying (an) automobile(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give particulars:

YEAR AND MAKE	LICENSE #	VALUE		LIEN HOLDER
		INVESTED	OWING	
				NAME: ADDRESS: CITY & STATE:
				NAME: ADDRESS: CITY & STATE:
				NAME: ADDRESS: CITY & STATE:

29. How many other persons are presently dependent upon you for support?

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**CREDIT**

30. List firms with which you have, or have had, charge accounts. Also list firms or institutions from whom you have borrowed money for any purpose.

PERSON OR FIRM	ACCOUNT	PURPOSE OF LOAN
NAME: ADDRESS: CITY & STATE TYPE OF BUSINESS:	NUMBER: BALANCE: DATE OPENED: DATE CLOSED:	
NAME: ADDRESS: CITY & STATE: TYPE OF BUSINESS:	NUMBER: BALANCE: DATE OPENED: DATE CLOSED:	
NAME: ADDRESS: CITY & STATE: TYPE OF BUSINESS:	NUMBER: BALANCE: DATE OPENED: DATE CLOSED:	
NAME: ADDRESS: CITY & STATE: TYPE OF BUSINESS:	NUMBER: BLANACE DATE OPENED: DATE CLOSED:	

31. What is your total indebtedness at present? \_\_\_\_\_

What does this indebtedness cover, other than that listed in the preceding questions?

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32. Have you ever declared bankruptcy? If so, explain and give details:

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---

33. Have you ever been sued? If so, give details:

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---

---

**RESIDENCES**

34. List your home addresses (permanent or temporary) for the past 15 years starting with your present address:

FROM <sup>*</sup> MO./YR.	TO MO./YR.	Street Address	City and State	From Whom Rented (Include Address)
/	/			
/	/			
/	/			
/	/			
/	/			
/	/			
/	/			
/	/			
/	/			

**WORK HISTORY**

35. What is your present occupation?

36. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member? If yes, give pertinent details:

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37. Social security number: \_\_\_\_\_

38. Were you ever discharged or forced to resign from employment because of misconduct or unsatisfactory service? If yes, give details:

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39. Do you object to wearing a uniform?    Yes \_\_\_\_\_    No \_\_\_\_\_

40. Do you object to working nights?        Yes \_\_\_\_\_    No \_\_\_\_\_

41. Have you had experience with shift work?    Yes \_\_\_\_\_    No \_\_\_\_\_

42. List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper sequence, and include temporary part-time jobs.

.....



From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year Exact Title of Position

Name of Employer \_\_\_\_\_ Duties: \_\_\_\_\_

Address of Employer \_\_\_\_\_

City and State \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Number of Workers Supervised \_\_\_\_\_ Salary \_\_\_\_\_ /Month

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

.....

From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year Exact Title of Position

Name of Employer \_\_\_\_\_ Duties: \_\_\_\_\_

Address of Employer \_\_\_\_\_

City and State \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Number of Workers Supervised \_\_\_\_\_ Salary \_\_\_\_\_ /Month

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

.....

From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year Exact Title of Position

Name of Employer \_\_\_\_\_ Duties: \_\_\_\_\_

Address of Employer \_\_\_\_\_

City and State \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Number of Workers Supervised \_\_\_\_\_ Salary \_\_\_\_\_ /Month

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

.....

From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year Exact Title of Position

Name of Employer \_\_\_\_\_ Duties: \_\_\_\_\_

Address of Employer \_\_\_\_\_

City and State \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Number of Workers Supervised \_\_\_\_\_ Salary \_\_\_\_\_ /Month

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

.....

From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year Exact Title of Position

Name of Employer \_\_\_\_\_ Duties: \_\_\_\_\_

Address of Employer \_\_\_\_\_

City and State \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Number of Workers Supervised \_\_\_\_\_ Salary \_\_\_\_\_ /Month

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

.....

From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year Exact Title of Position

Name of Employer \_\_\_\_\_ Duties: \_\_\_\_\_

Address of Employer \_\_\_\_\_

City and State \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Number of Workers Supervised \_\_\_\_\_ Salary \_\_\_\_\_ /Month

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

.....

From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year Exact Title of Position

Name of Employer \_\_\_\_\_ Duties: \_\_\_\_\_

Address of Employer \_\_\_\_\_

City and State \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Number of Workers Supervised \_\_\_\_\_ Salary \_\_\_\_\_ /Month

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

From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year Exact Title of Position

Name of Employer \_\_\_\_\_ Duties: \_\_\_\_\_

Address of Employer \_\_\_\_\_

City and State \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Number of Workers Supervised \_\_\_\_\_ Salary \_\_\_\_\_ /Month

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

From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year Exact Title of Position

Name of Employer \_\_\_\_\_ Duties: \_\_\_\_\_

Address of Employer \_\_\_\_\_

City and State \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Number of Workers Supervised \_\_\_\_\_ Salary \_\_\_\_\_ /Month

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

43. Have you ever filed a claim for workman's compensation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give details below:

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44. Do you have any physical disabilities at this time or have you ever had any?

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

---

---

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45. List below any extended absences from work you have had because of personal illness and fully describe the causes or circumstances:

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46. List below every civil service competitive examination you have taken. If none, so state.

AGENCY	APPROXIMATE DATE OF EXAM	POSITION ON LIST	STATUS

47. Are you now on any eligibility list? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list below:

---

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---

---

48. If you were ever placed on an eligibility list and were not hired, state why:

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---

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49. Were you ever rejected for any civil service position? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, why?

---

---

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50. Have you previously applied for employment with this agency? If so, what was the approximate date?

No \_\_\_\_\_ Yes \_\_\_\_\_ Approximate date: \_\_\_\_\_

51. Have you ever received unemployment insurance or any other governmental benefits or financial assistance? If so, give details:

TYPE OF ASSISTANCE	AGENCY	ADDRESS	DATE

52. Briefly explain your reasons for applying for this position:

---

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**MILITARY**

53. Have you served in the United States armed forces? Yes \_\_\_\_\_ No \_\_\_\_\_

54. If you have had no military service, give reasons: \_\_\_\_\_

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**QUESTIONS 55 THROUGH 63 ARE APPLICABLE ONLY TO VETERANS.**

55. What is your service number? \_\_\_\_\_

56. What was the highest rank that you held? \_\_\_\_\_

57. What was the date and location of your first entrance into active duty?

Date: \_\_\_\_\_ Location: \_\_\_\_\_

58. What were your unit assignments in the service?

BRANCH	UNIT (COMPANY OR SHIP)	LOCATION	FROM MO/YR	TO MO/YR
			/	/
			/	/
			/	/
			/	/
			/	/
			/	/
			/	/
			/	/

59. What was the date and location of your last discharge from active duty?

Date: \_\_\_\_\_ Location: \_\_\_\_\_

60. What was the type of your last discharge?

Honorable \_\_\_\_\_ General \_\_\_\_\_ Medical \_\_\_\_\_ Bad conduct \_\_\_\_\_ Dishonorable \_\_\_\_\_

Other: \_\_\_\_\_

61. List all medals and decorations awarded you during your military service:

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62. Are you now or were you ever an active or inactive member of any branch of the United States reserve forces?

No \_\_\_\_\_ Yes, active \_\_\_\_\_ Yes, inactive \_\_\_\_\_ If yes: Branch \_\_\_\_\_

Unit \_\_\_\_\_ Location: \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Highest rank \_\_\_\_\_

63. Are you now or were you ever a member of the National Guard?

No \_\_\_\_\_ Yes, past \_\_\_\_\_ Yes, present \_\_\_\_\_ If yes: State \_\_\_\_\_

Regiment \_\_\_\_\_ Unit \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Highest rank \_\_\_\_\_

Type of discharge \_\_\_\_\_

**EDUCATION**

64. Indicate below the schools you have attended. If you cannot remember, say so.

Name Address (City and State)	No. Full Yrs. Work Completed	When Attended	Graduate	Principal Or Dean
Grammar _____				
Schools _____				
Junior _____				
High _____				
Schools _____				
High _____				
Schools _____				
University _____				
or _____				
Colleges _____				
Extension, Graduate, Correspondence Courses				

65. Were you ever expelled or suspended from any school or were you ever disciplined by any school official? If yes, give particulars below:

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**USE OF ALCOHOL OR DRUGS**

66. Do you drink alcoholic beverages? If yes, to what degree?

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

67. Have you ever used marijuana? If yes, what were the circumstances?

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

68. Have you ever used any other non-prescription drugs, opiates, pills, etc.? If yes, under what circumstances?

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

**ARREST AND MILITARY DISCIPLINARY ACTIONS**

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. (Exclude Traffic Citations)

69. Have you ever been arrested or detained by police? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details below:

Crime Charged \_\_\_\_\_ Police Agency \_\_\_\_\_

Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_

.....  
Crime Charged \_\_\_\_\_ Police Agency \_\_\_\_\_

Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_

.....  
Crime Charged \_\_\_\_\_ Police Agency \_\_\_\_\_

Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_

70. Have you ever been placed on probation? If yes, give details.

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

71. Have you ever been required to pay a fine in excess of \$25.00? If yes, give details.

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

72. Have you ever been reported as a missing person or as a runaway? If yes, give complete details, including jurisdiction, dates and outcome.

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



73. Were you ever court-martialed while a member of the United States armed forces? If yes, explain.

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

74. List any disciplinary action taken against you in the National Guard or other reserve unit.

75. List any occasions on which you have been fingerprinted.

Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_

Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_

Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_

76. Do you currently possess a valid Minnesota operator's license?

No \_\_\_\_\_ Yes \_\_\_\_\_ License number: \_\_\_\_\_ Date issued: \_\_\_\_\_

77. Did you ever possess an operator's license issued by any state other than Minnesota? If yes, give state, license number, and date(s):

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

State: \_\_\_\_\_ License number: \_\_\_\_\_ Date issued: \_\_\_\_\_

State: \_\_\_\_\_ License number: \_\_\_\_\_ Date issued: \_\_\_\_\_

78. Has your driver's license ever been suspended or revoked? If yes, state which and give reasons.

No \_\_\_\_\_ Yes, suspended \_\_\_\_\_ Yes, revoked \_\_\_\_\_

79. Was your license restored? If yes, when?

No \_\_\_\_\_ Yes \_\_\_\_\_ When? \_\_\_\_\_

80. Have you ever been refused an operator's license by any state? If yes, give details.

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

81. Have you ever been involved in a motor vehicle accident? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, give complete details for each accident whether collision or non-collision.

.....

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Injury? No \_\_\_\_\_ Yes \_\_\_\_\_ Police investigation? No \_\_\_\_\_ Yes \_\_\_\_\_

Cause of accident? \_\_\_\_\_

Who legally at fault? \_\_\_\_\_

.....

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Injury? No \_\_\_\_\_ Yes \_\_\_\_\_ Police investigation? No \_\_\_\_\_ Yes \_\_\_\_\_

Cause of accident? \_\_\_\_\_

Who legally at fault? \_\_\_\_\_

.....

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Injury? No \_\_\_\_\_ Yes \_\_\_\_\_ Police investigation? No \_\_\_\_\_ Yes \_\_\_\_\_

Cause of accident? \_\_\_\_\_

Who legally at fault? \_\_\_\_\_

.....

82. List below all traffic citations you have received (exclude parking citations):

LOCATION (CITY)	APPROX. DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

83. Do you type? If so, how many words per minute?

Do not type \_\_\_\_\_ Type \_\_\_\_\_ words per minute

84. If it became necessary in the course of police duties to take a human life, would you have any reluctance to do so because of religious or other beliefs? If yes, explain.

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

I hereby certify that all statements made in this questionnaire are true and complete, and understand that any misstatements or omissions of material facts will subject me to disqualification, dismissal, or criminal prosecution.

\_\_\_\_\_  
(Signature in Full)

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

**DOCUMENT VERIFICATION LIST**  
(May be used in lieu of attaching actual documents)

Name of Applicant \_\_\_\_\_  
Last First Middle

1. Birth Certificate State File Number \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Place of Birth: \_\_\_\_\_  
State County City

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

Parents: \_\_\_\_\_  
Mother (Maiden Name) (Father)

Signature of Person Checking \_\_\_\_\_ Date \_\_\_\_\_

2. Evidence of High School Graduation, G.E.D., or Required College Experience

High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

G.E.D. Location: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

G.E.D. Scores: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

College: \_\_\_\_\_ Number of College Units Completed: \_\_\_\_\_

Signature of Person Checking \_\_\_\_\_ Date \_\_\_\_\_

3. Military [ ] No Military Service

Branch(es) of Service: \_\_\_\_\_ Service Number(s): \_\_\_\_\_

Highest Grade or Rank Achieved: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature of Person Checking \_\_\_\_\_ Date \_\_\_\_\_

4. Valid Minnesota Driver's License

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature of Person Checking \_\_\_\_\_ Date \_\_\_\_\_

5. Marriage Certificate

License Number: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_  
City County State

Spouse's Maiden Name Spouse's Birthdate  
(If Applicable) \_\_\_\_\_

Signature of Person Checking \_\_\_\_\_ Date \_\_\_\_\_

6. Naturalization

Date First Papers \_\_\_\_\_ Place \_\_\_\_\_

Date of Oath \_\_\_\_\_ Place \_\_\_\_\_

Country of Origin \_\_\_\_\_

Name (if different) \_\_\_\_\_

Signature of Person Checking \_\_\_\_\_ Date \_\_\_\_\_

AUTHORIZATION TO RELEASE INFORMATION

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As an applicant for a position with \_\_\_\_\_,  
I am required to furnish information which that agency may use in determining my moral, physical, mental and financial qualifications. In this connection, I hereby expressly authorize release of any and all information which you may have concerning me, including information of a confidential or privileged nature.

I hereby release the agency with which I am seeking employment, and any organization, company or person furnishing information to that agency as expressly authorized above, from any liability for damage which may result from furnishing the information requested.

Date: \_\_\_\_\_, 19\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Applicant's Full  
Printed Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
(Number) (Street)

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

Applicant's Birth Date: \_\_\_\_\_  
(Mo) (Day) (Year)

Applicant's Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

AUTHORIZATION FOR RELEASE OF MILITARY AND MEDICAL INFORMATION			
TO:		DATE	
		NAME OF APPLICANT - Printed	
<p>As an applicant for a position with the _____ Department, I am required to furnish information for use in determining my moral, physical, and mental qualifications. In this connection, I authorize release of the information items below from my military and related medical records.</p>			
BRANCH OF SERVICE	SERVICE NO.	DATE LAST SEPARATED FROM ACTIVE SERVICE	
PRESENT MILITARY STATUS  <input type="checkbox"/> None <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Army Reserve  <input type="checkbox"/> Naval Reserve <input type="checkbox"/> Marine Corps Reserve		PRESENT HOME ADDRESS	
FURNISH INFORMATION TO:		APPLICANT FOR POSITION OF	
		SIGNATURE OF APPLICANT	
		X	
TO BE COMPLETED BY RECORDS OFFICE			
DATE OF ENTRY	DATE SEPARATED	REASON FOR SEPARATION	CHARACTER OF SERVICE
<i>NOTE: If discharge other than "HONORABLE", no further information is required</i>			
DISCIPLINARY DATA – If Any <input type="checkbox"/> None <input type="checkbox"/> See Remarks			
SIGNIFICANT ILLNESS OR INJURIES – If Any <input type="checkbox"/> None <input type="checkbox"/> See Remarks <input type="checkbox"/> See Attached Documents			
PSYCHIATRIC OBSERVATIONS AND TREATMENT – If Any <input type="checkbox"/> None <input type="checkbox"/> See Remarks <input type="checkbox"/> See Attached Documents			
PHYSICAL CONDITION AT TIME OF SEPARATION <input type="checkbox"/> Report of Separation Physical Attached			
REMARKS:			
RELEASING OFFICE		RELEASED BY (SIGNATURE)	DATE RELEASED

☐ Continued on Reverse

## MILITARY RECORDS CENTERS

### AIR FORCE

Headquarters, USAF (AFDASE)  
Washington, D.C. 20330  
(EAD off.; retirees; ANG personnel)

Air Reserve Records Center  
3800 York St.,  
Denver, Colo. 80205  
(Reservists not on EAD)

Military Personnel Records Center,  
GSA (Air Force)  
St. Louis, Mo. 63132  
(Off. & airmen completely separated; EAD airmen)

The Adjutant General's Office  
Personnel Records Division  
Department of the Army  
Washington, D.C. 20310  
(all EAD off.; all general off.)

Commanding Officer  
U.S. Army Records Center, TAGO  
9700 Page Blvd.,  
St. Louis, Mo. 63132  
(Off. & EM completely separated after Oct. 5, 1945; retired off. & EM; non-EAD Res. off. & EM; field personnel files of Standby & Retired Reserve personnel)

### COAST GUARD

Commandant  
U.S. Coast Guard  
Washington, D.C. 20226  
(EAD off. & EM; EM separated during current yr. & 1 yr. prior; off. completely separated before Jan. 1, 1929)

Military Personnel Records Center,  
GSA (Coast Guard)  
9700 Page Blvd.  
St. Louis, Mo. 63132  
(Off. completely separated after Dec. 31, 1928, except less than 3 mos.; EM completely separated except for current yr. & 1 yr. prior)

### ARMY

Commanding Officer  
U.S. Army Personnel Services Support Center,  
Ft. Benjamin Harrison, Ind. 46249  
(all EAD enlisted personnel)

Military Personnel Records Center,  
GSA (Army)  
9700 Page Blvd.,  
St. Louis, Mo. 63132  
(Off. completely separated between July 1, 1917 and Oct. 6, 1945; EM completely separated after Oct. 31, 1912, unless entry or re-entry into service was after Oct. 5, 1945)

### NAVY

Chief of Naval Personnel  
Department of the Navy  
Washington, D.C. 20370  
(All off. personnel; EAD EM; active & inactive reservists, retirees; EM completely separated less than 6 mos.)

Military Personnel Records Center, GSA (Navy)  
9700 Page Blvd.  
St. Louis, Mo. 63132  
(EM completely separated 6 mos. or more)

### MARINE CORPS

Commandant of the Marine Corps (DGK)  
Headquarters, U.S. Marine Corps  
Washington, D.C. 20380  
(USMC & USMCR off. & EM on EAD; active Res. EM; off. & EM completely separated less than 4 mos.)

Military Personnel Records Center, GSA (Marine Corps)  
9700 Page Blvd.  
St. Louis, Mo. 63132  
(Off. & EM completely separated 4 mos. or more; retired off. & EM; inactive Res. EM)

## AUTHORIZATION TO RELEASE MEDICAL RECORDS

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am a candidate for the position of \_\_\_\_\_  
with the \_\_\_\_\_, and it is essential for that agency to evaluate  
my medical background. For the purpose of that evaluation, the agency requires that I furnish it with  
a list of all injuries and illnesses for which I have been treated. Please forward any information that  
you may have regarding my medical background to:

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

This is a matter of great importance to me, and your prompt reply will be greatly appreciated.

Very truly yours,

_____ Signature	_____, 19____ Date
_____ Printed Name	_____ Social Security Number
_____ Street Address	_____ Date of Birth
_____ City State Zip	( ) _____ Telephone Number



COVER LETTER TO ACCOMPANY QUESTIONNAIRE TO FORMER EMPLOYERS

Date: \_\_\_\_\_, 19\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_ :

\_\_\_\_\_ (Name of Candidate) \_\_\_\_\_, who was employed by your firm from \_\_\_\_\_ to \_\_\_\_\_, is an applicant for a position of police officer in this department.

We feel it essential that the personal history of a police officer be above reproach and we are, therefore, soliciting your assistance in determining the pattern of the applicant's personal conduct.

Will you please assist us by answering the questions on the enclosed questionnaire? Your responses will be kept private--accessible only to the applicant or his designated representative.

If you prefer to convey your information by telephone, please call \_\_\_\_\_ (Name of officer) at \_\_\_\_\_ (telephone number) \_\_\_\_\_, collect.

Your cooperation will be greatly appreciated.

Very truly yours,

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Number) (Street)

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

\_\_\_\_\_  
( )  
(Telephone Number)

(Address and telephone number may be omitted if they are on your department's letterhead.)

## REPORT OF (FORMER) EMPLOYER

Concerning your employment of \_\_\_\_\_.

1. What were the dates of his/her employment with your company?

From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_.  
Month Year Month Year

2. What was the nature of his/her job when he/she started?

\_\_\_\_\_.

3. What was he/she doing when he/she left your employment?

\_\_\_\_\_.

4. He/she states he/she was earning approximately \$\_\_\_\_\_ per \_\_\_\_\_.

Is that correct? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Did he/she follow instructions satisfactorily?

\_\_\_\_\_.

6. Did he/she show an ability to learn readily?

\_\_\_\_\_.

7. Was his/her attendance record good?

\_\_\_\_\_.

8. Did he/she lose much time because of poor health?

\_\_\_\_\_.

9. Do you know of any financial difficulties he/she had?

\_\_\_\_\_.

10. Did he/she have any domestic problems that interfered with his/her job?

\_\_\_\_\_.

11. How did he/she get along with his/her immediate supervisor(s)?

\_\_\_\_\_.

With his/her fellow workers? \_\_\_\_\_.

12. What type of safety record did he/she have?

\_\_\_\_\_.

13. Was he/she involved in any accident?

\_\_\_\_\_.

14. How would you describe his/her honesty, morals, and personal habits?

\_\_\_\_\_.

15. Would you re-employ him/her? Why or why not?

\_\_\_\_\_.

16. Are you convinced that he/she is honest, reliable and capable enough to be given a responsible job as a police officer?

\_\_\_\_\_.

17. For whom did he/she work just before he/she entered your firm? For whom did he/she work next after leaving your firm?

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

18. Please give the names and addresses of any other persons who may be able to furnish information concerning his/her character or work record:

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

Please sign: \_\_\_\_\_

Position: \_\_\_\_\_

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

\_\_\_\_\_

Date: \_\_\_\_\_, 19\_\_\_\_

Thank you for your assistance.

# COVER LETTER TO ACCOMPANY QUESTIONNAIRE TO SCHOOL OFFICIALS

Date: \_\_\_\_\_, 19\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_ :

\_\_\_\_\_, who attended your school approximately from \_\_\_\_\_ to \_\_\_\_\_, is an applicant for a position as a police officer in this department.

We feel it essential that the personal history of a police officer be above reproach, and we are soliciting your assistance in determining the pattern of his personal conduct.

We would be interested in knowing if school records indicate whether the applicant was a disciplinary problem while attending your school. A brief statement concerning his scholastic ability and extra-curricular activities will also be helpful. The enclosed sheet is for your convenience.

Your assistance will be appreciated.

Very truly yours,

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street address)

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

( )  
A/C (Telephone number)

(Address and telephone number may be omitted if they are on your department's letterhead.)

ACADEMIC BACKGROUND

LIABILITY WAIVER

To: \_\_\_\_\_  
(Insert name of school)

I respectfully request and expressly authorize you to permit \_\_\_\_\_  
(Insert name of law enforcement agency)

to review my academic records and my personal history, and I further authorize you to release such other information as may be required by that agency. Such information is to be used by that agency to assist it in determining my qualifications and fitness for an employment position which I am currently seeking.

I hereby expressly release your institution and its employees from any liability for damage to me which may result from the furnishing of such information.

Date: \_\_\_\_\_, 19 \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Authorizing Release

\_\_\_\_\_  
Printed Name

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

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

## ACADEMIC REPORT

Concerning: \_\_\_\_\_.

1. Dates of attendance: From \_\_\_\_\_ until \_\_\_\_\_.
2. Highest grade or year completed: \_\_\_\_\_.
3. Major or program: \_\_\_\_\_.
4. Was his/her academic work satisfactory or unsatisfactory? If unsatisfactory, please state primary reasons:

\_\_\_\_\_

5. What were his/her extracurricular activities?

\_\_\_\_\_

\_\_\_\_\_

6. What was his/her moral reputation?

Excellent \_\_\_\_\_

Satisfactory \_\_\_\_\_

Questionable \_\_\_\_\_

7. Was he/she ever expelled or suspended while enrolled at your institution? If so, please state the reasons:

Expelled \_\_\_\_\_

Suspended \_\_\_\_\_

Neither \_\_\_\_\_

Reasons: \_\_\_\_\_

8. Please state any other schools attended by this person:

\_\_\_\_\_

\_\_\_\_\_

9. Please state any other sources of information that might be helpful in appraising this person's suitability for employment as a peace officer:

\_\_\_\_\_

\_\_\_\_\_

Please sign: \_\_\_\_\_

Title: \_\_\_\_\_

School: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your assistance.

COVER LETTER TO ACCOMPANY QUESTIONNAIRES SENT  
TO REFERENCES, RELATIVES OR ACQUAINTANCES

Date: \_\_\_\_\_, 19\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

\_\_\_\_\_ has applied for a position in this department. We are informed that you can furnish information of value concerning the applicant's qualifications. Will you please assist us by returning the enclosed questionnaire?

We rely upon well-informed individuals to assist us in the selection of personnel who are qualified for public service by reason of outstanding integrity and who will maintain high standards of performance in law enforcement. The information you supply may also permit us to guide an unsuccessful candidate into employment more compatible with his personal qualifications.

Your cooperation and an early reply will be appreciated.

Very truly yours,

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Number) (Street)

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

\_\_\_\_\_  
( A/C ) (Telephone Number)

(Address and telephone number may be omitted if they are on your department's letterhead.)

## PERSONAL REFERENCE

Concerning: \_\_\_\_\_

1. How many years have you known this person? \_\_\_\_\_

2. How did you become acquainted with him/her?

\_\_\_\_\_

3. Does he/she make friends easily? If not, state reasons.

Yes \_\_\_\_\_

No \_\_\_\_\_

Reasons: \_\_\_\_\_

4. Are you acquainted with his/her family background? If so, would you say that his/her family life is normal?

\_\_\_\_\_

5. Have you ever observed the applicant under stress? If so, what were the circumstances?

No \_\_\_\_\_

Yes \_\_\_\_\_

Circumstances: \_\_\_\_\_

6. Would you trust the applicant with confidential matters?

\_\_\_\_\_

7. Does the applicant discuss personal matters with you or friends?

\_\_\_\_\_

8. How does the applicant conduct himself/herself at social gatherings?

\_\_\_\_\_

9. Does he/she mix well with a group? \_\_\_\_\_

10. Have you ever seen this person drink? If so, how much? Under what circumstances?

\_\_\_\_\_

\_\_\_\_\_

11. Does this person meet his/her family and personal obligations?

\_\_\_\_\_

12. Does this person tend to take irrational positions in discussions of controversial matters? Does he/she become upset or lose his/her temper?

\_\_\_\_\_

\_\_\_\_\_



13. Has this person ever expressed or displayed any bias or prejudice regarding others?

\_\_\_\_\_

14. What is this person's usual reaction when he/she is proven wrong in a friendly discussion or in an argument?

\_\_\_\_\_

15. Is this person generous? Is he/she willing to do things for others even at his/her own inconvenience?

\_\_\_\_\_

16. Has this person ever discussed his/her ambitions with you? If so, what did he/she state those ambitions to be?

\_\_\_\_\_

17. Are you aware of any reason why this person may be unqualified for public service?

\_\_\_\_\_

18. Please list two other persons who may be able to furnish more information regarding the applicant.

1) Name: \_\_\_\_\_ 2) Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: ( ) Telephone: ( )

Please sign: \_\_\_\_\_

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

(Number)

(Street)

(City)

(State)

(Zip)

Thank you for your assistance.

COVER LETTER  
TO ACCOMPANY QUESTIONNAIRE FOR LANDLORD

Date: \_\_\_\_\_, 19\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_ :

\_\_\_\_\_ (Name of candidate) \_\_\_\_\_, who is an applicant for a position as a police officer in this department, states that he/she was a tenant at \_\_\_\_\_ approximately from \_\_\_\_\_ until \_\_\_\_\_.

We feel it essential that the personal history of a police officer be above reproach. We are soliciting your assistance in determining whether, during the time the applicant lived at the address indicated above, he/she exhibited or did not exhibit the qualities which a police officer should possess.

Will you please give us your evaluation of the applicant in the enclosed questionnaire? Your assistance will be appreciated.

Very truly yours,

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Number) (Street)

\_\_\_\_\_  
(City) (Zip)

( \_\_\_\_\_ )  
A/C (Telephone Number)

(Address and telephone number may be omitted if they are on your department's letterhead.)

## LANDLORD'S REPORT

Concerning: \_\_\_\_\_

1. Are you related to this person? If so, what is the relationship?

\_\_\_\_\_

2. During what period of time did this person rent from you?

From (month and year): \_\_\_\_\_

Until (month and year): \_\_\_\_\_

3. Did this person pay his/her rent regularly? If he/she did not pay regularly, what were the circumstances?

\_\_\_\_\_

4. Why did this person vacate your property?

\_\_\_\_\_

5. To your knowledge, did the applicant ever use drugs or intoxicants? If so, to what extent? (Please explain fully.)

\_\_\_\_\_

6. Is this person of good moral character? If no, in what particular area(s) of conduct is he deficient?

\_\_\_\_\_

7. Are you aware of any circumstances which might disqualify this person from public service?

\_\_\_\_\_

8. Would you recommend this person for the position of police officer?

\_\_\_\_\_

9. Please give any additional information which you believe to be pertinent to this person's application for employment in law enforcement.

\_\_\_\_\_

\_\_\_\_\_

Please sign: \_\_\_\_\_

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

\_\_\_\_\_

Date: \_\_\_\_\_, 19 \_\_\_\_\_

Thank you for your assistance.

LETTER OF REQUEST FOR POLICE DEPARTMENT FILE CHECK

Date: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Re:

Birthdate:

Social Security Number:

Height:                      Weight:

Fingerprint class:

The above-named person is an applicant for a position with this agency. At one time he/she resided or was employed within your jurisdiction. We would greatly appreciate your assistance in our background investigation of this applicant's suitability for employment in law enforcement.

Would you please check your files and let us know whether or not this person has ever come to the attention of your department? A synopsis of any derogatory information would be very helpful. You may use the reverse side of this sheet for your reply.

Thank you for your cooperation. Please call upon us if we can perform a similar service for you at any time.

Very truly yours,

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Number) (Street)

\_\_\_\_\_  
(City) (Zip)

(       )  
A/C (Telephone)

Identification File  
Numbers:

Traffic \_\_\_\_\_  
Juvenile \_\_\_\_\_  
Criminal \_\_\_\_\_  
Other \_\_\_\_\_

## DESIRABLE TRAITS OF PEACE OFFICERS

A panel of administrators in law enforcement has identified the following character traits as some of the most important that they seek in employing new peace officers:

Honesty	Ability to work under pressure
Initiative	Ability to accept direction
Promptness	Willingness to accept change
Self assurance	Enthusiasm
Tact	Resourcefulness
Dependability	Good self expression
Intelligence (IQ at least 115)	Respectfulness toward others
Stability	Consideration of others
Neatness	Compassion
Humility	Warmth
Good judgment	Self respect and ability to command respect from others
Logical thinking	

A test used to evaluate peace officers is valuable to the extent that it enables an evaluator to predict which of these traits a new officer will possess under the stresses of his work. Usually a candidate will be required to complete two or more standard tests chosen from the following:

Wide Range Achievement	Otis
Sentence Completion	Rorschach
Draw A Person	Edwards
Strong Vocational Interest	California Personality Inventory
Personality Research	Minnesota Personality Inventory
Cynicism (Neiderhoffer)	WAIS
Shipley-Hartford	TAT
Bender Gestalt	SILS
	ATP

Nearly all evaluators supplement these standard tests with an oral interview of the applicant for employment.

## MINNESOTA MENTAL HEALTH CENTERS

City and Zip Code	Center and Address
Albert Lea 56007	Southern Minnesota Human Development Center 139½ South Broadway
Anoka 55303	Anoka County Human Resource Office 325 East Main Street (County Courthouse)
Austin 55912	Mower County Consultation Center, Inc. 306 First Avenue Northwest
Bemidji 56601	Upper Mississippi Mental Health Center 722 Fifteenth Street
Braham 55006	Five County Mental Health Center 205 Second Street Southwest
Crookston 56716	NW Mental Health Center College Avenue
Duluth 55805	Area MH-MP-I Board of NE Minnesota 500 East Tenth Street
Fergus Falls 56537	Lakeland Mental Health Center 126 East Alcott Avenue
Grand Rapids 55744	Northland Area Program Office 415 South Pokegama Avenue
Lake Elmo 55042	Washington County MH-MR Board 3430 Hudson Road
Little Falls 56345	Northern Pines Mental Health Center, Inc. 101½ East Broadway
Luverne 56156	Southwestern Mental Health Center 306 North McKenzie (Post Office Box D)
Mankato 56001	Minnesota Valley Mental Health Center 402 North Fifth Street
Marshall 56258	Western Mental Health Center 1106 East College Drive (Post Office Box 450)
Minneapolis 55415	Hennepin County MH-MR-CD Program Office Second Floor McGill Building 527 Park Avenue South
New Ulm 56073	Sioux Trails Mental Health Center 1407 South State Street
Owatonna 55060	Luther Youngdahl Human Relations Center 215 South Oak Street

Rochester 55901	Zumbro Valley Mental Health Center 2100 East Center
St. Cloud 56301	Central Minnesota Mental Health Center, Inc. 1321 Thirteenth Street
St. Paul 55101	St. Paul-Ramsey Community Mental Health Center 529 Jackson
Shakopee 55398	Scott County Human Services 440 South Atwood
South St. Paul 55075	Dakota County Mental Health Center 744 Nineteenth Avenue North
Virginia 55792	Range Mental Health Center, Inc. 624 Thirteenth Street South
Waconia 55387	Carver Mental Health Center 609 West First Street
Willmar 56201	West Central Community Services 1125 SE Sixth Street & 711 E. Willmar Avenue
Winona 55987	Hiawatha Valley Mental Health Center 76 East Fourth Street