

INSTRUCTIONS FOR COMPLETING THE LANSING TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

As an applicant for a position within the Lansing Township Police Department you are required to complete this background questionnaire. Applicants must be able to read, interpret, comprehend and complete agency forms and other documents accurately and in a timely manner. For this reason, in addition to evaluating your moral character and suitability, you will also be evaluated on your ability to complete this questionnaire accurately. Your answers may not, in and of themselves, be grounds for disqualification or non-selection, whereas an untruthful response will be. Be sure to carefully follow all instructions. Part of our assessment in determining your suitability for the position in which you applied is your candor and ability to accurately follow instructions.

The Lansing Township Police Department is an equal opportunity employer. We do not discriminate on the basis of a person's perceived or actual age, race, color, national origin, sex, religion, sexual orientation, physical or mental limitations, height, weight, Veteran status, marital status or gender identity in any aspect of our hiring or employment process. Our background questionnaire is designed to obtain information regarding an applicant's skills, knowledge, and ability based on the specific job requirements, and to determine whether the applicant can successfully perform the job for which he or she has applied.

INSTRUCTIONS

1. Police officer applicants are required to complete the Background Investigation Questionnaire in order to fulfill the background investigation requirement according to Section 9 of Act No. 203 of the Public Acts of 1965, as amended, being Section 28.609 of the Compiled Laws of 1948 (R28.4102.)
2. The following instructions apply to the attached background questionnaire. It is suggested that you make a copy of everything for your records.
3. Failure to return this questionnaire properly completed may result in the removal of your name for further consideration.
4. DO NOT DIVULGE INFORMATION CONCERNING ANY MEDICAL CONDITION(S), EITHER PAST OR PRESENT, IN PERSON OR ON ANY FORM. The *Americans with Disabilities Act* prohibits employers from making medically related inquiries prior to a conditional offer of employment.
5. All statements are subject to verification. Deliberate inaccuracies, incomplete statements, illegible responses, falsifications, untruthful responses, omissions, discrepancies, or unanswered questions may be grounds for disqualification from the hiring process.

6. You are to accurately and truthfully complete this background questionnaire by either printing or typing your response.
7. Answer every question. Leave no blank spaces. If a question does not apply to you, write NA in the blank provided.
8. Initial the bottom of each page of this instruction sheet AND each page of the background questionnaire. Sign your name in full wherever a signature is requested in **BLUE** ink.
9. Where you are directed to give further details or need additional space you are to:
 - a. Use only 8 ½ x 11 white paper. Lined paper is acceptable.
 - b. Print your name on the top right hand corner of each page.
 - c. Precede each answer with the number of the question being answered.
More than one answer may be put on a page.
 - d. Sign your name in full at the bottom of each page in **BLUE** ink.
10. All requested time periods in your background questionnaire must be accounted for.
11. Questions requesting addresses and telephone numbers must be complete and accurate. Zip codes are required. You must verify the address and telephone number of each employer and reference before submitting your packet. If a business has moved, you must make every effort to locate the current corporate address and write "Moved" next to this address. If the employer is no longer in business you must provide the last known address and write, "No longer in Business" next to the address.
12. Until you receive notice that you are no longer in the current hiring process, you are required to report, to the Lansing Township Police Department, any changes in your personal history covered in the background questionnaire within five (5) business days of said change. Failure to report any changes in your personal history may cause your name to be removed from further consideration.

DOCUMENTS

The following documents must be returned with the background questionnaire on or before the specified deadline.

1. Birth Certificate
2. Military Discharge DD214- long form
3. MCOLES Police Certification
4. Lautenberg Amendment (enclosed)
5. Statement of Understanding (enclosed)
6. Resume and cover letter
7. Instructions – Signed and Dated

Copies are acceptable; however, you will be required to show the originals upon request.

TRANSCRIPTS

Official school transcripts are required in order to proceed to the oral interview portion of the hiring process. Transcripts must be mailed to the Lansing Township Police Department directly from all colleges and educational institutions that you attended, regardless if classes were completed. Applicants may be disqualified if transcripts are not mailed directly from the schools to the Police Department address listed below.

DEADLINE

Mail or return in person this questionnaire, along with the requested documents, to:

Chief Kay Hoffman
Lansing Township Police Department
3209 W. Michigan Ave
Lansing, MI 48917

It is your responsibility to verify that your application was received. Do not call to confirm receipt. Confirmation can be determined by mailing the application via return receipt. The Lansing Township Police Department is not responsible for lost background questionnaires or background questionnaires received via the US Postal Service after the deadline.

My signature on this document indicates that I fully understand these instructions and will comply with them.

Applicant Name: _____ Date: _____

Applicant Signature: _____

APPLICANT'S STATEMENT OF UNDERSTANDING

I. I understand that during the hiring process, I am required to report to the Lansing Township Police Department any changes in my personal history covered in this background questionnaire within five (5) business days of the said change. I am also aware that failure to report any changes in my personal history may cause my name to be removed from further consideration.

Initial here _____

II. I certify that the information that I provided on the questionnaire is accurate and complete. I understand that all answers to the application and questionnaire are subject to verification throughout a background investigation. I further understand that any false statements or deliberate omissions made to the Lansing Township Police Department, to an employee or agent of the Police Department, to the Background Investigator, or on any subsequent forms, may be grounds for immediate disqualification or dismissal if an appointment is made.

Initial here _____

III. I understand that any information secured pursuant to this background investigation, which is reasonably believed to be of a criminal nature will be forwarded to the respective law enforcement agency for review and investigation.

Initial here _____

IV. I further understand that all documents, reports, questionnaires, and statements, including the background investigator's notes are considered confidential. I understand that all questionnaires, applications and documents that I submit to the Lansing Township Police Department and affiliated hiring becomes the sole property of the Lansing Township Police Department and will not be returned to me for any reason at any point in the hiring process. I voluntarily waive any right or opportunity to read or review any confidential information provided in the background report prepared by the Lansing Township Police Department Background Investigator, or obtain the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied which might identify that person or organization.

Initial here _____

V. I understand that any conditional offer or appointment tendered me will be contingent upon the result of a comprehensive background investigation, amongst other requirements.

Initial here _____

VI. I understand that all appointments are probationary, during which time I must demonstrate that I can successfully fulfill the responsibilities of the position for which I applied.

Initial here _____

VII. I agree to these conditions and hereby certify that all statements made by me on this application/questionnaire are true and complete to the best of my knowledge.

Initial here _____

Applicant Name _____ Date _____
Please Print

Applicant Signature _____

Lautenberg Amendment

In September 1996, the United States Congress passed what is known as the Lautenberg Amendment. This law now prohibits anyone convicted of a domestic violent crime from possessing a firearm or ammunition. The wide-ranging provisions of the law, contained in Title 18, United States Code 922 (g) (9) apply to all U.S. citizens including law enforcement personnel.

Under the Lautenberg Amendment, anyone convicted of a misdemeanor crime of domestic violence would be charged with a felony for possession of a firearm or ammunition. The Amendment defines a crime of domestic violence as any offense, whether or not explicitly described in a statute as a crime of domestic violence, which has as its factual basis, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by the victim's current or former domestic partner, parent or guardian. Further, this law affects anyone previously convicted of the cited misdemeanor with no prior time limits imposed.

Our law enforcement community must adhere to the Lautenberg Amendment.

I certify that, as of this date, I have never been convicted of a domestic violent crime:

Signature

Date

Printed Name

STATE OF MICHIGAN

)

)SS.

COUNTY OF _____

)

Subscribed and sworn to before me a notary public on this _____ day of _____, 20____, by the above sworn _____, who executed the foregoing instrument and acknowledged it to be a free act and deed.

Notary Public

County, Michigan

My Commission Expires: _____

09/2009

Michigan Commission on Law Enforcement Standards

106 West Allegan Suite 600, Lansing, MI 48909

(517) 322-1417

**APPLICANT INFORMATION SHEET AND
AUTHORIZATION FOR RELEASE OF INFORMATION***Type or print only:*

Name: Last:	First:	Middle:	Suffix (Jr, Sr, III):
Social Security No.*:	Date of Birth:	Gender [‡] :	Race [‡] :
Residence Address (Street, City, State, Zip):		Phone No.:	Highest Degree:
Drivers License No.:	Issuing State:	E-Mail:	

Authorization for release of information:

I hereby authorize any individual, agency or organization to furnish the Michigan Commission on Law Enforcement Standards, its representatives and/or agents (including, but not limited to, its academies or contractors) any and all information pertaining to my background and ability to comply with the standards for selection, employment, training and licensing as a law enforcement officer. Such information includes, but is not necessarily limited to: employment, criminal, academic, military, and personal histories; academic, attendance, and driving records; and medical records (includes medical/emotional, including diagnosis and prognosis, if any).

I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Michigan Commission on Law Enforcement Standards.

Further, I hereby authorize the Michigan Commission on Law Enforcement Standards to release any and all records collected pursuant to this authorization to any individual, agency or organization for the legitimate purposes of fulfilling the Commission's statutory and administrative objectives.

I hereby release any individual, agency or organization, including its officers, employees and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it.

This Authorization shall continue in effect until revoked by me in writing. A photostatic copy of this Authorization shall have the same force as the original.

Signature:	Today's Date:
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AUTHORITY:	203 PA 1965
COMPLIANCE:	Voluntary
PENALTY:	No License Activation/ Academy Enrollment

* This information is confidential. Confidential information is protected by the Federal Privacy Act.
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‡ This information is for the purposes of EEO reporting only.

LANSING TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

JOB TITLE: POLICE OFFICER

GENERAL STATEMENT OF DUTIES: To perform responsible law enforcement which includes but not limited to the enforcement of laws and ordinances, prevention, detection and investigations of crime and delinquency. The apprehension of violators, the recovery of property, preservation of order and related police functions.

TYPICAL EXAMPLES OR WORK: The employee in this class may be called upon to do any or all of the following: (These examples do not include all of the tasks which the employee may be expected to perform).

- Climb over obstacles; climb through openings; jump down from elevated surfaces; jump over obstacles, ditches and streams; and crawl in confined areas to pursue, search, investigate and/or rescue.
- Conduct searches of buildings and large outdoor areas which may involve walking and/or standing for long periods of time.
- Enter and exit vehicles quickly to perform rescue operations, pursue a suspect or answer an emergency call.
- Operate an emergency vehicle; during the day and night; in emergency and pursuit situations involving speeds in excess of posted limits, while exercising due care and caution; and, in congested traffic, unsafe road conditions, and environmental conditions such as fog, smoke, rain, ice and snow.
- Load, aim, and fire handguns, shotguns, and other agency-specific firearms from a variety of body positions in situations that justify the use of deadly force while maintaining emotional control under extreme stress.
- Identify wanted persons and vehicles; and, locate stolen property and identify potential evidence, which requires the ability to distinguish color and perceive shapes.
- Perform law enforcement patrol functions while working rotating shifts and unanticipated overtime.
- Perform tasks which require lifting, carrying, or dragging people or heavy objects while performing arrest, rescue, or general patrol functions.
- Perform searches of persons which involve touching and feeling to detect potential weapons and contraband.
- Pursue fleeing suspects on foot both day and night in unfamiliar terrain.
- Read and comprehend rules, regulations, policies, procedures and the law for purposes of ensuring appropriate officer behavior/response and performing enforcement activities involving the public.
- Subdue resisting subjects using hands and feet while employing defensive tactics maneuvers or approved non-lethal weapons.
- Use body force to gain entrance through barriers to search, seize, investigate and/or rescue.
- Conduct initial and follow-up investigations on complaints and crimes.
- Performance of general or specialized patrol duties.
- Responsible for criminal and non-criminal calls for service.
- Perform traffic enforcement duties.
- Provide protection for private and public property.
- Take charge of emergency situations in the absence of a superior officer.
- Affect an arrest, forcibly if necessary, using handcuffs and other restraints.

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- Manage interpersonal conflicts to maintain order.
- Process crime scenes.
- Exercise independent judgment within legal guidelines, to determine when there is reasonable suspicion to detain, when probable cause exists to search and arrest and when force may be used and to what degree.
- Gather information in criminal investigations by interviewing and obtaining the statements of victims, witnesses, suspects and confidential informants.
- Ability to accurately and completely prepare written reports and forms.
- Prepare investigative and other reports, including sketches, using appropriate grammar, symbols and mathematical computations.
- Communicate effectively over law enforcement radio channels while initiating and responding to radio communications, often under adverse conditions such as siren usage and high speed vehicle operations.
- Communicate verbally and effectively by listening to people and by giving information, directions, and commands.
- Perform other essential tasks as identified by the employing agency and/or the Michigan Commission on Law Enforcement Standards= job-task analysis.

DESIRABLE QUALIFICATIONS FOR EMPLOYMENT:

- Some knowledge of applicable federal, state, local laws, codes and ordinances.
- Basic knowledge of modern law enforcement practices, principles and techniques.
- Basic understanding of the relationship and interaction between the law, department rules, regulations, policies and procedures.
- Political sensitivity to the department's role in government and society as a whole.
- Basic knowledge of police skills to properly manage the affairs and responsibilities of the classification.
- The ability to display and exercise a positive and cooperative demeanor towards citizens, fellow employees and other representatives of the criminal justice system, as well as to the policies of the department and the Township of Lansing.
- Adaptability to change and progress.
- Loyal and faithful to the mission and ethical ideals of the department.
- Ability to research problems and to verbally present or write clear, concise, understandable, grammatically correct reports.
- Basic ability to handle crisis situations as they arise.
- Ability to make quick, effective and rational decisions based on aptitude to quickly assimilate information and analyze situations.

DESIRABLE EDUCATION AND EXPERIENCE:

- High school graduation or GED equivalent and an Associate=s Degree is required. A Baccalaureate Degree is preferred.
- Completion of state accredited training academy or pre-service employment qualification from M.C.O.L.E.S. is required.
- Considerable training in self defense, crowd control, radar usage, precision driving, legal updates, first aid and other law enforcement training is preferred.

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KNOWLEDGE, SKILLS AND ABILITIES

- ❖ Must meet the employment standard for Michigan Law Enforcement Officers, published by the Michigan Commission on Law Enforcement Standards (MCOLES). Must pass fitness testing / medical clearance exam per Federal OSHA Standard.
- ❖ Must have successfully obtained a minimum of an Associates Degree.
- ❖ Possess a valid Michigan Operator's License upon appointment. Driving record must be acceptable.

The Lansing Township Police Department promotes safe driving of all employees, while establishing minimum standard requirements for new hires and existing staff. The Lansing Township Police Department has established more stringent requirements in regards to the operation of motor vehicles.

There shall be a minimum standard regarding a potential employee's driving record before they may be considered qualified to drive township police vehicles and, therefore, be employed by the police department. No persons shall be considered for employment by the police department as a police officer, if their driving records contain any of the following situations within the last five years:

1. There is a conviction of alcohol or narcotic-related offenses.
2. A license suspension for failure to appear in court or failure to comply with a judgment.
3. More than three "at-fault" accidents.
4. More than three hazardous moving violations.
5. Negligent homicide, manslaughter, or assaults involving the operation of a vehicle.

The township reserves the right to disqualify applicants who do not meet these specific thresholds or have driving records that reflect a lack of responsibility, driving judgment, and / or respect for authority while operating a motor vehicle.

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LANSING TWP POLICE DEPARTMENT –BACKGROUND INVESTIGATIVE APPLICATION

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

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RESIDENCES

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

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

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

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

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	Telephone number: Home Other	Telephone number: Work
	Telephone number: Home Other	Telephone number: Work
	Telephone number: Home Other	Telephone number: Work
	Telephone number: Home Other	Telephone number: Work

TRAVEL

12. LIST FOREIGN LANDS VISITED Excluding military. If more space is needed, attach another page per the instructions. (Document Military travel in question #27)

COUNTRY	FROM MO/YR	TO MO/YR	REASON (Vacation, Relatives, School, etc.)

REFERENCES

13. RELATIVES - During the course of the background investigation, your family and other relatives will be asked to comment upon your suitability for this position. Supply the appropriate information, including maiden names, in the spaces provided below. If a category is not applicable, print "N/A" in the box provided for the name. Use additional page(s) if necessary.

Name of your:	Residence Address (Include Zip Code)	Telephone (Include Area Code)
Father		Home
Occupation		Work
Mother		Home
Occupation		Work
Stepfather		Home
Occupation		Work
Stepmother		Home
Occupation		Work

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Father-in-law		Home
Occupation		Work
Mother-in-law		Home
Occupation		Work
Brother/Sister age		Home
Occupation		Work
Brother/Sister age		Home
Occupation		Work
Brother/Sister age		Home
Occupation		Work
Brother/Sister age		Home
Occupation		Work
Brother/Sister age		Home
Occupation		Work
Stepbrother/Sister age		Home
Occupation		Work
Stepbrother/Sister age		Home
Occupation		Work
Stepbrother/Sister age		Home
Occupation		Work
Stepbrother/Sister age		Home
Occupation		Work

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

Full Name	Age	Date of Birth	Current Address and Phone Number

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13b. MARITAL STATUS – Supply the appropriate information in the spaces provided below. If a category is not applicable, print "N/A" in the box provided for the name. Use additional page(s) if necessary.			
Are you widowed? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Name of deceased spouse: _____			
Spouse Information: Currently Separated <input type="checkbox"/> Please DO NOT contact my spouse <input type="checkbox"/> You May contact my spouse <input type="checkbox"/>			
Full Name of Spouse	Maiden Name	Other Names Spouse has used	Date of Birth
Date of Marriage	Place of Marriage (City, County & State)		How Long
Spouse's Employer		Occupation or Position	How Long Employed
Current Address of Spouse (if not living with you)		Home Phone or Contact Number	Work Phone
If you are divorced or you had an annulment, provide the following information:			
Full Name of Former Spouse	Maiden Name	Other Name(s) Spouse has Used	Date of Birth
Date of Marriage	Place of Marriage (City, County & State)		
Former Spouse's Employer and Address			Work Phone
Current Address of Former Spouse or Last Known Address			Home Phone or Contact #
Date Filed	Date Final	City, County, State of Divorce	
Full Name of Former Spouse	Maiden Name	Other Name(s) Spouse has Used	Date of Birth
Date of Marriage	Place of Marriage (City, County & State)		
Former Spouse's Employer and Address			Work Phone
Current Address of Former Spouse or Last Known Address			Home Phone or Contact #
Date Filed	Date Final	City, County, State of Divorce	
14. OTHER RELATIVES WITH WHOM YOU HAVE A CLOSE PERSONAL RELATIONSHIP			
Name	Relationship	Address	Telephone Number
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Name	Relationship	Address	Telephone Number
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Name	Relationship	Address	Telephone Number
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

LANSING TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

REFERENCES

15. **LIST A MINIMUM OF SIX (6) INDIVIDUALS WHO ARE SOCIAL ACQUAINTANCES** (i.e. persons whom you have seen frequently during the past 5 years). Exclude relatives and former employers. Do NOT use the same names listed in the Job Experience section of this application. Do NOT list former or current employers, co-workers, relatives. Use additional page(s) if necessary.

Name	Home address	Home Phone
Relationship	Work address	Work Phone

Name	Home address	Home Phone
Relationship	Work address	Work Phone

Name	Home address	Home Phone
Relationship	Work address	Work Phone

Name	Home address	Home Phone
Relationship	Work address	Work Phone

Name	Home address	Home Phone
Relationship	Work address	Work Phone

Name	Home address	Home Phone
Relationship	Work address	Work Phone

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EDUCATION

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

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

17. **THE LANSING TWP POLICE DEPARTMENT REQUIRES A POLICE OFFICER TO POSSESS A HIGH SCHOOL DIPLOMA, OR GED EQUIVALENT, AS WELL AS A MINIMUM OF AN ASSOCIATES DEGREE.**

I have: (Check All That Apply)

- ☐ A high school diploma
- ☐ GED equivalent
- ☐ An Associates Degree _____ major/minor _____
- ☐ A Bachelors Degree _____ major/minor _____
- ☐ Completed active military law enforcement experience
☐ 1-2 years ☐ 2 years or more
- ☐ Worked as a certified law enforcement officer
☐ 6 mths-2 years ☐ 2 years or more

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

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

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

Date	Academy	Location	Graduate? Y/N

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

☐ Yes ☐ No if yes, when should such contact be made?

20. **BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT** - List all periods of employment and unemployment (including part-time, temporary, and voluntary positions) you have held for the past 15 years. (For the purposes of this questionnaire, voluntary work should be included as employment.) For identification and verification, indicate the nature of the activity; i.e. full time, part time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided. Also, give starting and ending salaries. Use additional page(s) if necessary.

Dates of Employment		Name, Address, and Telephone No. of Employer	Name of Supervisor	
From Mo/Yr ____/____	To Mo/Yr ____/____		Name(s) and phone numbers of three Co-Worker(s)	
		Telephone No.		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Title or Duties (For Identification Purposes)	Salary Start:	Salary End:

Reason for Leaving: _____

☐ Military Service ☐ Not Employed From: Mo/Yr To: Mo/Yr

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

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

LANSING TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

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

Make additional copies of page 11 if necessary. LIST ALL EMPLOYMENT!!!

LANSING TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

21. **EMPLOYMENT DISCIPLINARY RECORD** - List those employers who either 1) disciplined you -verbal or written, 2) discharged you, 3) requested you resign, or 4) have pending discipline with. Give details on a separate sheet if necessary.

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

22. **What other L/E Agencies have you applied to?** (List all agencies names that you have applied to)

23. Are you currently, or have you ever had a law enforcement back ground investigation completed upon you ☐ YES ☐ NO If yes, please list the agencies that have completed the background investigation, and your current status with that agency.

Date	Police Agency	Disposition	

LANSING TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

MILITARY SERVICE

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

SELECTIVE SERVICE NUMBER # _____

25. HAVE YOU EVER SERVED IN ANY OF THE ARMED FORCES, NATIONAL GUARD OR MILITARY RESERVES? ☐ YES ☐ NO

If YES, complete QUESTIONS #25 through #28. If NO, go to QUESTION #29.

26. ACTIVE DUTY MILITARY RECORD – RESERVE AND/OR NATIONAL GUARD RECORD – List active military duty and/or present or past service in any Reserve or National Guard Unit.

Branch of Service	Unit AND Occupation	Enlistment Date	Discharge Date
Service Number	Highest Rank Attained	Rank at Discharge	Type of Discharge
Separation Code	Re-enlistment Code	If Active or Current Reserve, list your Commanding Officer's Name	
Branch of Service	Unit AND Occupation	Enlistment Date	Discharge Date
Service Number	Highest Rank Attained	Rank at Discharge	Type of Discharge
Separation Code	Re-enlistment Code	If Active or Current Reserve, list your Commanding Officer's Name	
Branch of Service	Unit AND Occupation	Enlistment Date	Discharge Date
Service Number	Highest Rank Attained	Rank at Discharge	Type of Discharge
Separation Code	Re-enlistment Code	If Active or Current Reserve, list your Commanding Officer's Name	

27. MILITARY DISCIPLINE RECORD – INCLUDING RESERVE AND/OR NATIONAL GUARD DISCIPLINARY RECORD. List all disciplinary actions against you, including formal charges as well as company punishments, including Article 15 and Captain's Mast, whether found guilty or not. **Include reductions in pay grade, judicial or non-judicial disciplinary action.*

Charge Against You	Type of Court Martial or Other Disciplinary Proceedings	Disposition

28. STARTING WITH MOST RECENT; LIST ALL DUTY STATIONS Include basic training, tours overseas, etc. while in the military.

Month and Year	Location	Duties/Purpose (approximate length of your tour)

LANSING TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

29. WERE YOU GIVEN A SECURITY CLEARANCE? ☐ YES ☐ NO
TYPE: _____

FINANCIAL

30. COMPLETE THE FOLLOWING STATEMENTS

ASSETS: (Examples: Total monthly income, Bank accounts, automobiles, real estate, stocks, bonds, household goods).

Monthly Obligations: (Examples: Loans, credit cards, rent, mortgage, etc). Use additional page(s) if necessary.

Item	Value	Item	Value
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
TOTAL	\$	TOTAL	\$
NET WORTH: (Assets minus Monthly obligations) =			\$

30a. LIST ANY INCOME OTHER THAN NOTED UNDER CURRENT EMPLOYMENT.

- a. Second Job
- b. Military Reserve
- c. Alimony
- d. Other (Specify)

CREDIT

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

LEGAL

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

[illegible]

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

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

Give synopsis of case:

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

Give synopsis of case:

LANSING TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

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

MOTOR VEHICLE OPERATION

35. **NAMES UNDER WHICH YOU EVER ACQUIRED A DRIVERS LICENSE.**

1.	2.	3.
----	----	----

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

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

36a **DO YOU CURRENTLY HAVE A CDL THAT IS IN GOOD STANDING WITH THE STATE OF MICH.**
☐ YES ☐ NO

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

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

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

LANSING TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

39. MICHIGAN LAW REQUIRES THAT DRIVERS AND OWNERS OF VEHICLES BE COVERED BY AUTOMOBILE LIABILITY INSURANCE. PLEASE LIST YOUR INSURANCE COMPANY.			
Insurance Company	Agent Telephone Number	Policy Number	Expiration Date
Have you ever been refused auto insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain <div style="height: 40px;"></div>			
40. MOTOR VEHICLE ACCIDENTS – list every accident you have ever been involved in as a driver. Use additional pages if necessary.			
Date:	Location:	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury	
Police Investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Police Agency (address and telephone number)	Citation Received or found at fault? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date:	Location:	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury	
Police Investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Police Agency (address and telephone number)	Citation Received or found at fault? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date:	Location:	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury	
Police Investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Police Agency (address and telephone number)	Citation Received or found at fault? <input type="checkbox"/> YES <input type="checkbox"/> NO	
41. DO YOU NOW HAVE ANY UNPAID SUMMONSES AGAINST YOU FOR PARKING OR ANY OTHER VIOLATION IN THE USE OF A MOTOR VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", give details			
42. HAS THE MICHIGAN SECRETARY OF STATE OR ANY OTHER STATE'S DEPARTMENT OF MOTOR VEHICLES EVER REVOKED OR SUSPENDED YOUR ABILITY TO REGISTER YOUR VEHICLE OR HAS YOUR VEHICLE EVER BEEN FORFEITED BY ANY LAW ENFORCEMENT AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", give details			

LANSING TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

WEAPONS

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

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

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

Where was the application filed?

Was the permit ☐ Issued? Permit number if issued #

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

45. LIST ALL PISTOLS PRESENTLY OWNED BY YOU

Make	Model	Serial Number	Caliber	Issuing Agency of Safety Inspection Certificate

APPLICATIONS

46. LIST EVERY APPLICATION YOU HAVE MADE WITH A GOVERNMENTAL OR QUASI-GOVERNMENTAL AGENCY OR AUTHORITY Use additional page(s) if necessary.

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

LANSING TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

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

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

LANSING TOWNSHIP POLICE DEPARTMENT BACKGROUND QUESTIONNAIRE

Are you currently using any illegal substance? ☐ YES ☐ NO If "Yes", what is the substance?

51. HAVE YOU EVER SOLD OR FURNISHED DRUGS OR NARCOTICS OR WHAT YOU BELIEVED TO BE DRUGS OR NARCOTICS TO ANYONE? ☐ YES ☐ NO If "Yes", give details.

JOB SPECIFIC QUESTIONS

52. ARE YOU ABLE AND WILLING TO FULLY PERFORM THE DUTIES OF A POLICE OFFICER, INCLUDING WORKING WEEKENDS AND/OR HOLIDAYS, WEARING A UNIFORM AND COMPLYING WITH GROOMING STANDARDS? ☐ YES ☐ NO If "No", explain.

(A job description is included)

53. DO YOU HAVE ANY BODY PIERCINGS, TATTOOS OR BODY ART?
☐ YES ☐ NO If "Yes", give details.

54. POLICE OFFICERS ARE TRAINED IN THE USE OF DEADLY FORCE. COULD YOU USE DEADLY FORCE IN THE LINE OF DUTY KNOWING THAT THE RESULT COULD BE THE DEATH OF ANOTHER HUMAN BEING? ☐ YES ☐ NO If "No", explain

55. HAVE YOU EVER BEEN SUBJECT TO DISCIPLINE OR PROPOSED DISCIPLINE BY A SCHOOL, BUSINESS, OR LAW ENFORCEMENT AGENCY? I.E. ANY ARREST, VERBAL OR WRITTEN DISCIPLINARY ACTION, SUSPENSION, DEMOTION, LOSS OF PAY, FORFEITURE OF TIME, DISMISSAL, COUNSELING, AFFIRMATIVE ASSISTANCE, ETC.

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

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

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

Signature in Full:

Date Completed: