

## MISSOURI STATE HIGHWAY PATROL ADDITIONAL COMMERCIAL VEHICLE OFFICER APPLICANT INFORMATION

INSTRUCTIONS: READ CAREFULLY BEFORE PROCEEDING. THIS FORM MUST BE UPLOADED AND SUBMITTED WITH YOUR APPLICATION FOR CONSIDERATION.

- 1. It is essential that the information be accurate in all respects, as it will be used as a basis for a background investigation to determine your eligibility for employment. Answer all questions to the best of your ability. If a question is unclear, please contact the Human Resources Division at (573) 526-6117.
- 2. If a question is not applicable to you, enter NA in the space provided.
- 3. **Avoid errors** by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- 4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
- 5. If there is insufficient space on the form for you to include all information required, attach extra sheets (8 1/2 x 11) to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
- 6. An accurate and complete form will help expedite the background investigation. A pre-employment polygraph examination will be used to verify **deliberate omissions or falsifications** which may result in applicant disqualification.
- 7. Do not include information pertaining to injuries, medical issues, or disabilities in any part of this form, regarding yourself or any family member.

| A. APPLICANT ID   | ENTIFICATION -   | - Information provided in this section                    | is used for identification purposes or | ıly.                            |  |  |  |  |  |
|-------------------|------------------|---|--|---------------------------------|--|--|--|--|--|
| NAME: LAST, FIRST | , MIDDLE         |   |  | SOCIAL SECURITY NUMBER          |  |  |  |  |  |
| STREET ADDRESS    |                  |   | CITY, STATE, ZIP CODE                  |                                 |  |  |  |  |  |
| HOME TELEPHONE    | NUMBER           | BUSINESS TELEPHONE NUMBER                                 | ALTERNATE TELEPHONE NUMBER             | DATE OF BIRTH (MO/DAY/YR)       |  |  |  |  |  |
| ARE YOU LEGALLY   | _                | ORK IN THE U. S.?<br>DO YOU HAVE A WORK PERMIT?           | YES NO                                 |                                 |  |  |  |  |  |
| HAVE YOU EVER HA  | AD YOUR NAME LEG | ALLY CHANGED?   | IF YES, INDICATE PREVIOUS NAME(S       | 5)                              |  |  |  |  |  |
| DATE OF CHANGE    |                  |   | REASON FOR CHANGE                      |                                 |  |  |  |  |  |
| B. RESIDENCES     |                  | es where you have lived for the past a page if necessary. | 10 years, not including your present   | address. List date by month and |  |  |  |  |  |
| FROM              | ТО               |   | ADDRESS                                |                                 |  |  |  |  |  |
|                   |                  |   |  |                                 |  |  |  |  |  |
|                   |                  |   |  |                                 |  |  |  |  |  |
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|                   | <u> </u>         |   |  | <del></del>                     |  |  |  |  |  |

| C. WORK HIS                            | TORY — Beginning extra pages                  | with your pre<br>if necessary | esent / most recent job listed on y   | our applica   | ation, list | the name  | of a coworker for | r each employer. Attach |
|--|---|-------------------------------|---------------------------------------|---------------|-------------|-----------|-------------------|-------------------------|
| 1. FROM                                | ТО  | EMPLOYI                       | ER                                    |               |             |           |                   |                         |
| NAME OF COWO                           | DRKER   |                               |                                       |               |             |           |                   |                         |
| 2. FROM                                | ТО  | EMPLOY                        | ER                                    |               |             |           |                   |                         |
| NAME OF COWO                           | DRKER   |                               |                                       |               |             |           |                   |                         |
| 3. FROM                                | ТО  | EMPLOY                        | ER                                    |               |             |           |                   |                         |
| NAME OF COWO                           | )<br>PRKER                                    |                               | <u>-</u>                              |               |             |           |                   |                         |
| 4. FROM                                | ТО  | EMPLOY                        | ER                                    |               |             |           |                   |                         |
| NAME OF COWO                           | DRKER   |                               |                                       |               |             |           |                   |                         |
| 5. FROM                                | ТО  | EMPLOY                        | ER                                    |               |             |           |                   |                         |
| NAME OF COWO                           | DRKER   |                               |                                       |               |             |           |                   |                         |
| 6. FROM                                | ТО  | EMPLOY                        | ER                                    |               |             |           |                   |                         |
| NAME OF COWO                           | PRKER   |                               |                                       |               |             |           |                   |                         |
|  |   |                               |                                       |               |             |           |                   |                         |
|  |   |                               |                                       |               |             |           |                   |                         |
|  | SERVICE REGISTE                               |                               | -                                     |               |             |           |                   |                         |
| 1. ARE YOU RE                          |   |                               | IVE SERVICE SYSTEM?<br>TRATION NUMBER |               | REGISTI     | RATION NU | MBER              |                         |
| E. MILITARY R                          | ECORD   |                               |                                       |               |             |           |                   |                         |
|  | ERVED IN THE U.S. A                           | RMED FORCE                    |                                       |               |             | T         |                   |                         |
| <ol><li>DATE OF SEF<br/>FROM</li></ol> | TO  |                               | BRANCH OF SERVICE                     |               |             | UNIT DES  | SIGNATION         |                         |
|  | CURRENT / HIGHEST RANK HELD MOS OR SPECIALITY |                               |                                       |               |             |           |                   |                         |
| 3. TYPE OF DIS                         | SCHARGE (If applicable                        | e)                            |                                       |               |             | 1         |                   |                         |
| 4. WERE YOU                            | EVER DISCIPLINED V                            | VHILE IN THE                  | MILITARY SERVICE (Include court-m     | artial, capta | ins mast,   | company p | unishment, etc.)? | YES NO                  |
|  | CHARGE AGENCY DATE AGE DISPOSITION            |                               |                                       |               |             |           |                   | DISPOSITION             |
|  |   |                               |                                       |               |             |           |                   |                         |
|  |   |                               |                                       |               |             |           |                   |                         |
|  |   |                               |                                       |               |             |           |                   |                         |
|  |   |                               |                                       |               |             |           |                   |                         |
|  |   |                               |                                       |               |             |           |                   |                         |

| F. EDUCATIONAL HISTORY  |                                    |                                       | Т                  |                |                 |         |
|---|------------------------------------|---------------------------------------|--------------------|----------------|-----------------|---------|
| 4 HIGH COHOOL (C) ATTEMPED  | <u></u>                            | AND CTATE                             | DATES A            | TO TO          | GRAD<br>YES     | UATE    |
| 1. HIGH SCHOOL(S) ATTENDED  | CITY                               | CITY AND STATE                        |                    |                |                 | NO      |
|   |                                    |                                       |                    |                |                 |         |
|   |                                    |                                       |                    |                |                 |         |
|   |                                    |                                       |                    |                |                 |         |
|   |                                    |                                       |                    |                |                 |         |
|   |                                    |                                       |                    |                |                 |         |
| a collection of thinkerolty/(FO) ATTEMPED   |                                    | OLTY AND OTATE                        |                    |                |                 | TTENDED |
| 2. COLLEGE(S) OR UNIVERSITY(IES) ATTENDED   |                                    | CITY AND STATE                        |                    |                | FROM            | 10      |
|   |                                    |                                       |                    |                |                 |         |
| TOTAL CREDIT HOURS COMPLETED  | DEGREE RECEIVED                    |                                       | Di                 | ATE OF DE      | GREE            |         |
|   |                                    |                                       |                    |                | 1               |         |
| COLLEGE(C) OR LINIVERCITY/JEC) ATTEMPER   |                                    | CITY AND CTATE                        |                    |                |                 | TTENDED |
| COLLEGE(S) OR UNIVERSITY(IES) ATTENDED  |                                    | CITY AND STATE                        |                    |                | FROM            | ТО      |
|   |                                    |                                       |                    |                |                 |         |
| TOTAL CREDIT HOURS COMPLETED  | DEGREE RECEIVED                    |                                       | D                  | ATE OF DE      | GREE            |         |
|   |                                    |                                       |                    |                |                 |         |
|   |                                    | a                                     |                    |                |                 | TTENDED |
| 3. TRADE, VOCATIONAL, BUSINESS SCHOOL(S) AT   | TENDED                             | CITY AND STATE                        |                    |                | FROM            | ТО      |
|   |                                    |                                       |                    |                |                 |         |
| TOTAL CREDIT HOURS COMPLETED  | CERTIFICATION RECEIVED             |                                       | D                  | ATE OF CE      | L<br>RTIFICATIO | N       |
|   |                                    |                                       |                    |                |                 |         |
|   |                                    |                                       |                    |                |                 | TTENDED |
| TRADE, VOCATIONAL, BUSINESS SCHOOL(S) AT  | TENDED                             | CITY AND STATE                        |                    |                | FROM            | ТО      |
|   |                                    |                                       |                    |                |                 |         |
| TOTAL CREDIT HOURS COMPLETED  | CERTIFICATION RECEIVED             |                                       | D                  | ATE OF CER     | <br>RTIFICATIO  | N.      |
| TO THE STIEST THOOMS COME ELTED   | OLITII IOMIOIVILEOLIVED            |                                       |                    | 112 01 021     | 1111 1071110    |         |
|   |                                    |                                       |                    |                |                 |         |
| G. SPECIAL QUALIFICATIONS AND SKILLS  |                                    |                                       |                    |                |                 |         |
| <ol> <li>PEACE OFFICER STANDARDS TRAINING CERTIFI<br/>of employment.) NOTE: This can be more than one.</li> </ol> | CATION (Include the license class, | certifying agency, agency you worked  | for including city | and state, a   | nd dates        |         |
| , ,   |                                    |                                       |                    |                |                 |         |
|   |                                    |                                       |                    |                |                 |         |
|   |                                    |                                       |                    |                |                 |         |
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|   |                                    |                                       |                    |                |                 |         |
| 2 LIST ANY SPECIAL LICENSES VOLUMOID (Such as   | naramodic omt nilot radio oporat   | or souths, ata \ SHOWING LICENSIN     | IC ALITHODITY (    | DIGINAL D      | ATE OF 189      | SHE     |
| <ol><li>LIST ANY SPECIAL LICENSES YOU HOLD (Such as<br/>DATE OF EXPIRATION, AND HOURS OF TRAINING</li></ol>       | i.                                 | or, scuba, etc./ or lowning Liberions | NO AO ITIOTIITI, C | JI II GIIVAL D | AIL OI 100      | JOL,    |
|   |                                    |                                       |                    |                |                 |         |
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|   |                                    |                                       |                    |                |                 |         |
|   |                                    |                                       |                    |                |                 |         |
| 3. LIST SPECIAL SKILLS YOU POSSESS OR HOBBIE  | S IN WHICH YOU ENGAGE (foreig      | n language proficiencies, computer p  | rogramming/skills  | i. etc.)       |                 |         |
| 0. 20. 0. 20. 20. 20. 20. 200 200 200 20  | o in trimorrio o Entartal (ioloig  | agaage pronoisioos, compator p        | og.ag,o            | ,, 0.0.,       |                 |         |
|   |                                    |                                       |                    |                |                 |         |
|   |                                    |                                       |                    |                |                 |         |
|   |                                    |                                       |                    |                |                 |         |
| 4. LIST ANY VOLUNTEER WORK OR COMMUNITY IN  | VOLVEMENT                          |                                       |                    |                |                 |         |
| 4. LIST ANT VOLUNTEER WORK OR COMMUNITY IN  | VOLVEIVIEIN I.                     |                                       |                    |                |                 |         |
|   |                                    |                                       |                    |                |                 |         |
|   |                                    |                                       |                    |                |                 |         |
|   |                                    |                                       |                    |                |                 |         |

| H. CRIMINAL HISTORY |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|---------------------|---------------|--------------------------------------|-------------------------|------------------|--------------------------|-----------|------------|-----------------------|------------------|-------------------|-------------------|
|                     |               | RRESTED FOR, CONVI                   |                         |                  |                          |           |            |                       |                  | YES               |                   |
| OATE                | es for w      | hich you received a su<br>ALLEGED CF |                         |                  | tence, redu<br>POLICE AC |           |            |                       | olation)         | NO NO             | THE FOLLOWING.    |
| DATE                |               | ALLEGED OF                           | KIIVIE                  | '                | POLICE A                 | ZENUI,    | CILTAG     | IAIE                  |                  | DISPUSIT          | ION OF GASE       |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
| 2 HAVE VOLLEVED     | DEEN V        | ARRESTED FOR, CONVI                  | OTEN OF OD DIED G       | <br>             | TO A MISDE               | NAE A NOE | 70         |                       |                  | YES               | IF YES, COMPLETE  |
|                     |               | hich you received a su               |                         |                  |                          |           |            | a milita <u>ry vi</u> | olatio <u>n)</u> | ☐ NO              | THE FOLLOWING.    |
| DATE                |               | ALLEGED CI                           |                         |                  | POLICE A                 |           |            |                       |                  | DISPOSIT          | TON OF CASE       |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
| 3. HAVE YOU EVER    | R BEEN A      | ARRESTED FOR, CONVI                  | CTED OF, OR PLED G      | UILTY            | TO DOMES                 | TIC VIOL  | ENCE?      | YES                   | │ NO             | )                 |                   |
| DATE                | -             | COUNT                                |                         |                  | POLICE A                 |           |            |                       |                  |                   | TON OF CASE       |
|                     |               |                                      |                         |                  | ·                        |           |            | ••••                  |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
| 4 ADE VOITPRESE     | I<br>NITI V O | N PROBATION FOR AN                   | Z ODIMINIAL OFFENSE     | <u> </u><br>:၁ [ | YES                      | П по      | IE VES     | EXPLAIN.              |                  |                   |                   |
| 4. ANE TOUTTIESE    | INILIO        | N PRODATION I OILTUR                 | Y UNIVIIIVAL OI I LIVOL | : r              |                          | L INC     | II ILO,    | EAFLAIN.              |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|                     |               | LEGAL DRUGS, NARCO                   | TICS, OR A PRESCRI      | PTION            | DRUG OF                  |           | YES [      |                       |                  |                   | TAIL & INCLUDE    |
| ANOTHER PERSO       | ON?           |                                      |                         |                  |                          |           |            | DA                    | ATES (MC         | NTH / YEAR        | 3).               |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
| 6 HAVE YOU EVER     | ⊇ II I FG/    | ALLY SOLD DRUGS, NA                  | POOTIOS OR A PRES       | CRIPT            | ION DRUG                 | τΩ        | □ ves[     | □ NO IF               | VES EXE          | DI VININ DE.      | TAIL & INCLUDE    |
| ANYONE?             | 1 1666        |                                      |                         |                  |                          |           |            |                       |                  | NTH / YEAR        |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
| 7. HAVE YOU EVER    | GIVEN         | OR FURNISHED ILLEGA                  | L DRUGS, NARCOTIC       | S, OR            | A PRESCRIF               | PTION     | YES        |                       |                  |                   | TAIL & INCLUDE    |
| DRUG TO ANYON       | NE?           |                                      |                         |                  |                          |           |            | D#                    | ATES (MC         | NTH / YEAR        | R).               |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
| I. TRAFFIC REC      | ORD           |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
| 1. DO YOU POSSES    | S A VAL       | ID DRIVER LICENSE?                   | DRIVER LICENSE NU       | MBER             |                          |           |            |                       |                  | STATE OF I        | SSUE              |
| ☐ YES ☐             | NO            |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
| 2. LIST ALL STATES  | WHERE         | E YOU WERE ISSUED A                  | DRIVER LICENSE (In      | clude d          | river license            | number)   |            |                       |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
| 3. HAS YOUR DRIVE   | ER LICEI      | NSE EVER BEEN SUSPI                  | ENDED OR REVOKED        | ?                | YES                      | □ NO      | O IF YES   | S. GIVE DAT           | E, STATE         | , & REASON        | <b>J</b> .        |
|                     |               |                                      |                         |                  |                          |           |            | .,                    |                  | , .               |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
| 4 LIST MOTOR VEH    | HCLE(S)       | , CRAFTS, TRAILERS, E                | TO CURRENTLY REG        | ISTER            | FD OR TITL               | FD IN YO  | IIR NAME   | (Your name            | listed on t      | the title / lien) | ١                 |
| MAKE                | 1022,2,       | MODEL                                | YEAR                    |                  | 1                        |           | NUMBER     | STAT                  |                  | <u>.</u>          | ICENSE EXPIRES    |
| 1717                |               |                                      |                         |                  |                          |           |            | +                     |                  | 1 - 7             | IOLITOL LATITICES |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|                     | G CITAT       | IONS YOU HAVE RECEI                  |                         | RKING            | TICKETS.                 |           |            |                       | ,                |                   |                   |
| DATE                |               | CHARGE                               | S                       |                  | POLICE A                 | GENCY.    | , CITY & S | STATE                 |                  | DISPOSIT          | TION OF CASE      |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
| 6. ARE YOU PRESE    | NTLY O        | N PROBATION FOR AN'                  | TRAFFIC OFFENSE?        |                  | YES                      | ☐ NO      | IF YES, E  | XPLAIN.               |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |
|                     |               |                                      |                         |                  |                          |           |            |                       |                  |                   |                   |

| TRAF     | 'E YOU EVER BEEN ARRESTED FOR, CONVICTED OF, OF<br>FFIC OFFENSE, OR CHARGES REDUCED IN RELATION To<br>ude charges for which you received a suspended imp | O ALCOHOL RELATED T         |             |                                | ☐ NO IF             | YES, EXPLAIN       | ٧.                 |
|----------|--|-----------------------------|-------------|--------------------------------|---------------------|--------------------|--------------------|
| `        | ,  | ,                           |             |                                |                     |                    |                    |
|          | SCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS ach additional pages if necessary)   | S IN WHICH YOU HAVE E       | BEEN INVO   | DLVED, GIVING APPROXIMA        | TE DATES AN         | D LOCATIONS        |                    |
| 1,       | don dasassas pages   |                             |             |                                |                     |                    |                    |
|          |  |                             |             |                                |                     |                    |                    |
|          |  |                             |             |                                |                     |                    |                    |
| J. FIN   | IANCIAL — Attach additional pages if necessary   |                             |             |                                |                     |                    |                    |
| CHECK    | KING AND SAVINGS ACCOUNTS (Enter a "C" for checking c  | or a "S" for savings in the | column en   | titled "C / S.") You may be re | equired to provi    | de account nur     | mbers during       |
| C/S      | NAME OF FINANCIAL INSTITUTION  | N                           |             |                                | CITY & STAT         | E                  |                    |
|          |  |                             |             |                                |                     |                    |                    |
|          |  |                             |             |                                |                     |                    |                    |
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|          |  |                             |             |                                |                     |                    |                    |
|          |  |                             |             |                                |                     |                    |                    |
| LOANS    | <br>   | ast 15 years.) You may b    | pe required | to provide account numbers     | during the back     | kground investi    | gation phase.      |
|          | NAME OF LENDER / INSTITUTION   | (                           | CITY & ST   | ATE                            | ORIGINAL<br>BALANCE | MONTHLY<br>PAYMENT | PRESENT<br>BALANCE |
|          |  |                             |             |                                |                     |                    |                    |
|          |  |                             |             |                                |                     |                    |                    |
|          |  |                             |             |                                |                     |                    |                    |
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|          |  |                             |             |                                |                     |                    |                    |
| CREDI    | T CARDS  |                             |             |                                |                     |                    |                    |
| OTILD.   | NAME OF CREDIT CARD  |                             |             | MONTHLY PAYMEN                 | T F                 | PRESENT BA         | LANCE              |
|          |  |                             |             |                                |                     |                    |                    |
|          |  |                             |             |                                |                     |                    |                    |
|          |  |                             |             |                                |                     |                    |                    |
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|          |  |                             |             |                                |                     |                    |                    |
| <b>!</b> |  |                             |             |                                |                     |                    |                    |

| 1. HAVE YOU EVER KNOWINGLY   | Y WRITTEN A "NO ACC | SOU             | NT" CHECK?              | Y               | YES          | NO        | IF YES, NUMBER WRITTEN      | 1E>                | KPLAIN:         |
|--|---------------------|-----------------|-------------------------|-----------------|--------------|-----------|-----------------------------|--------------------|-----------------|
|  |                     |                 |                         |                 |              |           |                             |                    |                 |
|  |                     |                 |                         |                 |              |           |                             |                    |                 |
|  |                     | _               |                         |                 |              |           |                             |                    |                 |
| 2. HAVE YOU EVER KNOWINGLY   | Y WRITTEN AN "INSUF | FFIC            | IENT FUNDS CHECK        | ("?             | YES          | ☐ NO      | IF YES, NUMBER WRITTEN      | 1E                 | XPLAIN:         |
|  |                     |                 |                         |                 |              |           |                             |                    |                 |
|  |                     |                 |                         |                 |              |           |                             |                    |                 |
|  |                     |                 |                         |                 |              |           |                             |                    |                 |
| 3. HAVE YOU EVER PETITIONEI  | D FOR BANKRUPTCY?   |                 |                         | Y               | YES          | ☐ NO      | IF SO, WHEN AND WHERE       | ?                  |                 |
|  |                     |                 |                         |                 |              |           |                             |                    |                 |
|  |                     |                 |                         |                 |              |           |                             |                    |                 |
|  |                     |                 |                         |                 |              |           |                             |                    |                 |
| K. REFERENCES — List five  | persons whom you k  | knov            | w well enough to pr     | rovide o        | current in   | nformatio | on about you. Do not list r | elatives or former | r employers.    |
| NAME   |                     | ST              | TREET ADDRESS, CIT      | TY, STA         | ATE, ZIP (   | CODE      |                             |                    |                 |
| 1.<br>RELATIONSHIP   | RESIDENCE PHONE     | L               | BUSINESS PHONE          | - 1             | DUIGINE      |           | 2500                        |                    | YEARS KNOWN     |
| RELATIONSHIP   | KESIDENGE FRONL     |                 | ROSINESS LUCIAL         | <u>:</u>        | ROSINE       | SS ADDR   | (ESS                        |                    | YEARS KINOWIN   |
| NAME   |                     | ST              | ⊥<br>FREET ADDRESS, CIT | TY, STA         | ATE, ZIP (   | CODE      |                             |                    |                 |
| 2.   |                     |                 |                         |                 |              |           |                             |                    |                 |
| RELATIONSHIP   | RESIDENCE PHONE     |                 | BUSINESS PHONE          | <u> </u>        | BUSINE       | SS ADDR   | RESS                        |                    | YEARS KNOWN     |
| NI A NA F  |                     | T <sub>97</sub> | TOTAL ADDRESS OF        |                 | TF 71D       |           |                             |                    |                 |
| NAME<br>3.   |                     | 51              | FREET ADDRESS, CIT      | 11, 51 <i>H</i> | (   E, ZIF ( | JODE      |                             |                    |                 |
| RELATIONSHIP   | RESIDENCE PHONE     |                 | BUSINESS PHONE          | =               | BUSINE       | SS ADDR   | RESS                        |                    | YEARS KNOWN     |
|  |                     |                 |                         |                 |              |           |                             |                    |                 |
| NAME   |                     | ST              | REET ADDRESS, CIT       | TY, STA         | NTE, ZIP (   | CODE      |                             |                    |                 |
| 4.   | DECIDENCE PHONE     | L               | DUCINESS BHONE          | - 1             | DITOINE      |           | 2500                        |                    | VE A DO KALOWAL |
| RELATIONSHIP   | RESIDENCE PHONE     |                 | BUSINESS PHONE          | :               | BUSINE       | SS ADDR   | RESS                        |                    | YEARS KNOWN     |
| NAME   |                     | ST              | <u> </u>                | TY, STA         | ATE, ZIP (   | CODE      |                             |                    |                 |
| 5.   |                     |                 |                         |                 |              |           |                             |                    |                 |
| RELATIONSHIP   | RESIDENCE PHONE     |                 | BUSINESS PHONE          | <u> </u>        | BUSINE       | SS ADDR   | RESS                        |                    | YEARS KNOWN     |
| L. LIST NAMES OF RELATIV   | LES MUBKING EUB     | THI             | MISSOLIDI STATI         | E HIGH          | -1/1/AV D    | ATROL     | (Whathar by blood or ma     | rriago)            |                 |
| NAME   |                     |                 | RELATIONSHIP            |                 | 10001.       | 411102.   | NAME                        |                    | TIONSHIP        |
|  |                     |                 |                         |                 |              |           |                             |                    |                 |
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|  |                     |                 |                         |                 |              |           |                             |                    |                 |
| M. PERSONAL DECLARATIO   | ONS                 | _               |                         |                 |              |           |                             |                    |                 |
| 1. HAVE YOU MADE APPLICATION   | ON FOR EMPLOYMENT   | WIT             | TH THIS OR ANY OTH      | HER LA          | W ENFO       | RCEMEN    | T OR RELATED AGENCY?        | YES                | NO              |
| NAME OF DEPARTME   | ENT / AGENCY        | $\perp$         | DATE APPLIED            | ACCEP           | 'TED         | GIVE R    | REASON FOR REJECTION OR     | R DECLINING THE    | APPOINTMENT     |
|  |                     |                 |                         | YES             | □ NO         |           |                             |                    |                 |
|  |                     | $\rightarrow$   | <del>-  -</del>         |                 | $\neg$       |           |                             |                    |                 |
|  |                     |                 |                         | YES             | ∐ NO         |           |                             |                    |                 |
|  |                     |                 |                         | YES             |              |           |                             |                    |                 |
|  |                     |                 |                         |                 |              |           |                             |                    |                 |
|  |                     |                 |                         | YES             | □ NO         |           |                             |                    |                 |
| 2. ARE THERE ANY INCIDENTS I   | IN YOUR LIFE OR DET | ع الـ۵          | POSITIVE OR NEG         |                 | NOT ME       | NTIONED   | HEREIN WHICH MAY INFI U     | ENCE THIS PATRO    | N'S EVALUA-     |
| TION OF YOUR SUITABILITY F   |                     |                 |                         |                 | YES          |           | IF SO, EXPLAIN              | ENOL IIIO I AITA   | JES EVALUA-     |
|  |                     |                 |                         |                 |              |           |                             |                    |                 |
|  |                     |                 |                         |                 |              |           |                             |                    |                 |
| <ol><li>ARE YOU NOW OR HAVE EVE<br/>LOCAL, STATE, OR FEDERAL I</li></ol> |                     | . WIT           | TH AN INDIVIDUAL OF     | R ENTI          | TY KNOV      | VN TO PA  | ARTICIPATE IN ACTIVITY THA  | T IS BLATANTLY IN  | N VIOLATION OF  |
| YES NO IF YES,   |                     |                 |                         |                 |              |           |                             |                    |                 |
|  |                     |                 |                         |                 |              |           |                             |                    |                 |

| N. PERSONAL BIOGRAPHY –        | <ul> <li>Include information from birth to present.</li> </ul>  | (Use only the space provided.     | Do not attach additio    | nal sheet(s) for this section.) |
|--------------------------------|---|-----------------------------------|--------------------------|---------------------------------|
| Do NOT include information reg | garding injuries, medical issues, or disabilitie  | es, regarding yourself or any far | nily member.             |                                 |
|                                |   |                                   |                          |                                 |
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|                                |   |                                   |                          |                                 |
| O. APPLICANT CERTIFICATION     | NA .  |                                   |                          |                                 |
|                                | AKE A HUMAN LIFE IN THE COURSE OF YOUR  | DUTIES AS A COMMERCIAL VEH        | ICLE OFFICER,            | YES NO                          |
| ARE YOU WILLING TO RELOCATE    | ANYWHERE IN THE STATE OF MISSOURI?  | DO YOU HAVE A TROOP PREFE         | ERENCE?<br>LIST TROOP(S) |                                 |
| The Missouri State H           | Highway Patrol reserves the right to  | assign members to any loc         | cation within the S      | tate of Missouri.               |
|                                | no willful misrepresentations, omissions, ch misrepresentations, omissions, or f                          |                                   |                          |                                 |
| testing will be a basis for d  | vithholding information or making fals ismissal and permanent disqualificatid by a polygraph examination. |                                   |                          |                                 |
| SIGNATURE OF APPLICANT         |   |                                   |                          | DATE                            |