ST. LOUIS COUNTY SHERIFF'S OFFICE BACKGROUND

INVESTIGATION QUESTIONNAIRE

DEPUTY SHERIFF

NAME OF APPLICANT:

Please return to:
ST. LOUIS COUNTY SHERIFF"S OFFICE
c/o Public Safety Building
2030 N. Arlington Avenue
Duluth, MN 55811
218.336.4343

Updated 8/2015

ST. LOUIS COUNTY SHERIFF'S OFFICE

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DIRECTIONS FOR COMPLETING THE BACKGROUND QUESTIONNAIRE	
1.	Read and sign the Data Practices Advisory which immediately follows this page.
2.	When completing this Background Questionnaire, please print clearly. Some questions will be repetitive; answer all questions with complete and accurate information. **Use only Blue ink.**
3.	In each place in which you are asked to provide your name, please print your complete name as it appears on your Social Security Card. Include your previous name(s) if your name has changed and/or generational information (example: Jr., Sr., III, etc.).
4.	A set of blank releases is contained at the end of this packet. Please complete, sign and return the proper releases, as indicated in the Background Questionnaire subdivisions. Note that you will have to make extra copies of releases so that there is one release for each entity you are authorizing to release information. Therefore, complete the Background Questionnaire first and then determine the type and number of releases you need to complete. Return the completed release forms with your Background Questionnaire to: **ST. LOUIS COUNTY SHERIFF'S OFFICE** **c/o Public Safety Building** **2030 N. Arlington Avenue** **Duluth, MN 55811**
5.	If you find that there is not adequate space to answer a specific question, provide as much information as space permits, and then continue your response on individual sheets of paper. Include the number of the question on the separate sheet of paper and maintain the same format as the answer space in the Background Questionnaire.
6.	If a question does not apply to you, please write "N/A" (not applicable)
7.	Include any other requested documents with your Questionnaire.
8.	Be sure to sign the Questionnaire and the Autobiography Essay and initial other areas as directed.
9.	If you have any questions, contact Sgt. Joshua Graves, St. Louis County Sheriff's Office at 218.336.4343.

DATA PRACTICES ADVISORY

 READ THIS ADVISORY BEFORE COMPLETING THIS QUESTIONNAIRE

The following Background Questionnaire is used to determine whether you meet the requirements for continuation in the Deputy Sheriff selection process for the St. Louis County Sheriff's Office. You are being asked to provide information that will be used in evaluating your suitability for employment. The purpose of this request for information is to obtain information about you to permit us to thoroughly analyze your qualifications and suitability for employment with us. Attached are several documents that ask for your signature and/or personal information about you.

Certain information requested in the Questionnaire is classified as private data under the Minnesota Government Data Practices Act (Minn. Stat. Ch. 13) and may be released only to you, to those in the County whose jobs reasonably require access to the data, to those authorized by state or federal law to have access to the data, and to those for whom you provide a written informed consent authorizing disclosure. The public data you supply is available to anyone who requests it.

Before you are certified as eligible for appointment or considered a finalist for a position, only the following information you have been asked to provide is public: veteran's status, relevant test scores, rank on eligibility list, job history, education and training, and work availability. Name, home address, and telephone number are private data on applicants and not released to the public. When you are certified as eligible or considered as a finalist, your name, test score, and standing become public information. The Government Data Practices Act defines a finalist is as an individual who is selected to be interviewed prior to selection.

If you are hired, the following personnel data is public: your name, actual gross salary, salary range, contract fees, actual gross pension, value and nature of employer paid fringe benefits, the basis for and amount of any compensation, including expense reimbursement in addition to salary, job title, job description, education and training background, previous work experience, date of first and last employment, status of any complaints or charges against the employee, whether the complaint or charge resulted in any disciplinary action, and the final disposition of any disciplinary action and supporting documentation, work location, work telephone number, honors and awards received, payroll time sheets or other comparable data that are only used to account for employee’s work time for payroll purposes, except to the extent that release of time sheet data would reveal the employee’s reasons for use of sick and other medical leave or other non-public data. Public data is data that is available to any person upon request.

The remaining data that you provide is generally considered to be private data that you would be entitled to have access to. A third party is entitled to access such data only with your consent, or pursuant to a court order or a statutory provision authorizing access.

You are not legally required to provide any of the requested data or to sign any of the release and authorization forms. However, if you do not do so, we will not be able to further consider you for employment. The authorizations that you sign and the data you provide may be conveyed to third parties. Private information will be disclosed only to the extent that is necessary to complete this employment investigation or as otherwise allowed or required by law.

This information is requested from you for the following reasons:

1. To distinguish you from all other applicants and identify you in our files.
2. To enable us to verify that you are the individual who took the exam.
3. To enable us to contact you when additional information is required, send you notices, and/or schedule you for interviews.
4. To determine whether or not you meet the minimum peace officer licensing requirements.
5. To determine whether or not any conviction record may be a job-related consideration affecting your suitability for the position for which you have applied.
6. To enable us to insure your rights to equal employment opportunities and to meet affirmative action goals.
7. To meet federal reporting requirements.
8. To make processing more efficient.

The data supplied may also be used for other purposes necessary for the administration of state or federal laws, and rules or procedures of the County.

If you are hired, you will be legally required to supply your social security number and all applicable tax information. This information will be sent to federal and state tax authorities and to the Social Security Administration, and will enable us to compute your salary deductions. Insurance data, which you will be required to furnish in order to participate in health and life insurance plans, will be classified as private data, along with other payroll deduction data.

By my signature below, I state that I have read and understand the above Government Data Practices advisory.			
Date			
Printed Name	First Name	Middle Name	Last Name
Home Address	Address, City, State, Zip Code		
Telephone (include area code)		**E-mail Address(es)**	
Written Signature			

Do not sign below until meeting with Background Investigator to review background packet	
Date	
Written Signature	

The POST Board allows an agency to have additional hiring standards which may be stricter than POST Board standards. St. Louis County has adopted additional standards which may result in rejection of applicant from the hiring process. For your information, we have included a list of selected Board of Peace Officers Standards and Training Licensing Rules that affect licensing and hiring.

REJECTION CRITERIA	
The **Minnesota Peace Officer Standards and Training** (POST) **Board** has established criteria that *will result in the rejection of a peace officer APPLICANT if:*	
1.	APPLICANT has **any Felony conviction** (including pardons or expungements)
2.	APPLICANT has **any Felony or Gross Misdemeanor Drug Conviction**
3.	APPLICANT has **any Criminal Sexual Conduct Conviction**
4.	APPLICANT has **any Gross Misdemeanor Conviction**
5.	APPLICANT has been **convicted of Assaulting or Fleeing A Peace Officer**
6.	APPLICANT has been **convicted of Domestic Assault**

Additionally, the **St. Louis County Sheriff's Office** has established criteria that will result in the disqualification of a peace officer APPLICANT if:	
1.	APPLICANT has been **convicted within the last three years** of a D.W.I., B.A.C. over .08, or Implied Consent test refusal. This would apply to the following conveyances: motor vehicles, ATV's, snowmobiles, water craft, and aircraft. A conviction of any of the above within three to 5 years may result in disqualification.
2.	APPLICANT has been **convicted of a Misdemeanor in the past three years**. This shall apply to Misdemeanor convictions under the following circumstances: a) conviction of the following MN State Statute chapters: 97 - Game and Fish; 152 - Controlled Substances; 168 - Motor Vehicle Titles; 169 - Traffic Regulations; 171 - Driver's License; 268 - Department of Economic Security; 297 - Excise and Sales Taxes; 299 - Public Safety; 340A - Liquor Regulation; 518 - Domestic Relations; 588 - Contempts; 609 - Criminal Code; 617 - Abortions, Obscenity, House of Ill Fame; 624 - Other Crimes b) conviction of an ordinance from this State or a Statute or Ordinance from another state in conformity to the above listed chapters.

3.	APPLICANT has been **terminated from a police agency** or negotiated resignation in lieu of termination within the past four years.
4.	APPLICANT has received a **dishonorable discharge from the military**.
5.	APPLICANT has been **at fault in two or more motor vehicle accidents** in the past two years, whether or not any charges were filed.
6.	APPLICANT has been **involved in instances of job related misconduct**. This would include tardiness, violence, bad behavior, employee theft, insubordination, poor performance, non-satisfactory evaluations, reprimands, or any other similar documented problem, or other undesirable work habits.
7.	APPLICANT has provided **insufficient personal references or work references** or has provided references that cannot be verified or documented.
8.	APPLICANT has **improperly or insufficiently completed the background questionnaire**.
9.	APPLICANT has been **rejected from the St. Louis County Sheriff's Office hiring process** within the past four years.
10.	APPLICANT is **not Eligible to be POST Licensed** within four weeks of the final interview with the HIRING AUTHORITY and INTERVIEW PANEL.
11.	APPLICANT has **failed to maintain POST Eligibility** during the hiring and background investigation process.
12.	During the hiring process the APPLICANT has **misrepresented or falsified any information** whether verbally or in written form.
13.	APPLICANT has **violated POST Standards of Conduct**. (Minn. Rules 6700.1600)
14.	APPLICANT has **not responded to requests by BACKGROUND INVESTIGATORS** for information, releases, or other data needed for the investigation within seven days of request without good cause. Requested information must be postmarked to the Sheriff's Background Office within seven days of request.

In addition to the above rejection criteria, the Sheriff's Office recognizes the **Powers of the Human Resources Director** as provided in Minnesota State Statute 383C.042:

"The civil service director may reject an application of any person for admission to a test or refuse to test any applicant, or to certify the name of an eligible for employment who is found to lack any of the established qualification requirements for the position applied for or tested on, or who is physically unfit to effectively perform the duties of the position, or who is addicted to the use of drugs or the habitual use of intoxicating liquors to excess, or who has been guilty of any crime or infamous or notoriously disgraceful conduct, or who has been dismissed from the public service for delinquency, or who has made a false statement of any material fact or practiced or attempted to practice deception or fraud in the application or in the test, or in securing eligibility or appointment. Any such person may appeal to the county civil service commission from the action of the civil service director in accordance with the rules established hereunder."

In addition, the Human Resources Director may remove a name from eligible registers for failure to respond to a written inquiry by the Director or appointing authority within five (5) working days.

BOARD OF PEACE OFFICERS STANDARDS AND TRAINING LICENSING RULES

Minnesota Rules, Chapter 6700

6700.0200 STATUTORY AUTHORITY

The Board of Peace Officer Standards and Training, which operates pursuant to Minnesota Statutes, sections 626.84 to 626.855, is authorized to adopt rules and standards relating to the selection, training, and licensing of peace officers and part-time peace officers in Minnesota. The following rules are adopted pursuant to Minnesota Statutes, sections 214.12, 626.843, and 626.863.

6700.0300 PROFESSIONAL PEACE OFFICER EDUCATION

Subp. 5. Participation requirements.

B. No student may be admitted to the professional peace officer program who:

(1) poses a serious threat to the health or safety of themselves or others;
(2) has been convicted of a felony;
(3) has been convicted under Minnesota Statutes, sections 609.221 to 609.224 or 609.52;
(4) has been convicted of a crime for which the penalty was enhanced under Minnesota Statutes, section 626.5531;
(5) has been convicted of a crime listed under Minnesota Statutes, section 214.10, subdivision 2a;
(6) has been convicted of misconduct by an officer under Minnesota Statutes, section 609.43; or
(7) has been convicted of any of the crimes in this item in another state or federal jurisdiction, or under a local ordinance, that would be a conviction if committed in Minnesota.

6700.0700 MINIMUM SELECTION STANDARDS

Subp. 1. Selection standards: A person eligible to be licensed shall meet the following minimum selection standards before being appointed to the position of peace officer. The appointing authority may certify that the applicant has already completed certain of these standards, but the certification must be documented pursuant to subpart 2.

A. The applicant shall be a citizen of the United States.
B. The applicant shall possess a valid Minnesota driver's license; or in case of residency therein, a valid driver's license from a contiguous state; or eligibility to obtain either license.
C. The applicant shall complete a comprehensive written application.
D. The applicant shall submit to a thorough background search, including searches by local, state, and federal agencies, to disclose the existence of any criminal record or conduct which would adversely affect the performance by the applicant of peace officer duties.
E. The applicant shall not have been convicted of a felony in this state or in any other state or federal jurisdiction which would have been a felony if committed in Minnesota.
F. The applicant shall be fingerprinted for the purpose of disclosure of any felony convictions. Fingerprint cards shall be forwarded to the appropriate divisions of the Bureau of Criminal Apprehension and the Federal Bureau of Investigation. The chief law enforcement officer shall immediately notify the board if a previous felony conviction is discovered.
G. A licensed physician or surgeon shall make a thorough medical examination of the applicant to determine that the applicant is free from any physical condition which might adversely affect the performance of peace officer duties.
H. An evaluation, including an oral interview, shall be made by a licensed psychologist to determine that the applicant is free from any emotional or mental condition which might adversely affect the performance of peace officer duties.
I. The applicant shall pass a job-related examination of the applicant's physical strength and agility to demonstrate the possession of physical skills necessary to the accomplishment of the duties and functions of a peace officer.
J. The applicant shall successfully complete an oral interview conducted by or for the agency to demonstrate the possession of communication skills necessary to the accomplishment of the duties and functions of a peace officer.

Subp. 4. More rigid standards: An appointing authority may require an applicant to meet more rigid standards than those prescribed in this part.

6700.1600 VIOLATIONS OF STANDARDS OF CONDUCT

Violation of any of the following standards of conduct by a licensee constitutes grounds for disciplinary action:

A. engaging in conduct prohibited by, or listed as, grounds for disciplinary action in this chapter, Minnesota Statutes, chapter 214, or sections 626.84 to 626.90, or engaging in conduct which violates any statute enforced by the board;

B. obtaining a license from the board by fraud or cheating, or attempting to subvert the examination process;

C. being convicted of a felony or gross misdemeanor in this state, or in any other state or federal jurisdiction of an offense that would constitute a felony or gross misdemeanor if committed in Minnesota, including a finding or verdict of guilt, whether or not the adjudication of guilt is withheld or not entered, an admission of guilt, or no contest;

D. having been the subject of revocation, suspension, or surrender of a peace officer license or certificate in resolution of a complaint or other adverse action relating to licensing or certification in another jurisdiction;

E. failing to report the revocation, suspension, or surrender of a license or certificate in resolution of a complaint, or other disciplinary or adverse action taken against a licensee in this or another jurisdiction, or having been refused a license or certificate by any other jurisdiction;

F. being convicted of a state or federal narcotics or controlled substance law irrespective of any proceedings under Minnesota Statutes, section 152.18, or any similar law of another state or federal law;

G. Being adjudicated by a court of competent jurisdiction, within or without the state, as incapacitated, mentally incompetent, chemically dependent, mentally ill and dangerous to the public, or as having a psychopathic personality;

H. violating any order issued by the board;

I. practicing outside the scope of Minnesota Statutes, section 626.863;

J. making an intentional false statement or misrepresentation to the board;

K. engaging in sexual penetration or contact without consent, as defined in Minnesota Statutes, section 609.341, or engaging in conduct that violates Minnesota Statutes, section 617.23. Sexual contact does not include contact that is part of standard police procedure such as search and arrest;

L. being convicted, including a finding or verdict of guilt, whether or not the adjudication of guilt is withheld or not entered, an admission of guilt, or a no contest plea of a violation of Minnesota Statutes, sections 518B.01, subdivision 14; 609.23; 609.231; 609.342; 609.343; 609.344; 609.345; 609.3451; 609.43; 609.465; 609.466; 609.52; 609.53; 609.748, subdivision 6; or 626.557;

M. failing to cooperate with an investigation of the board as required by part 6700.1610, subpart 4;

N. engaging in sexual harassment, as defined by Minnesota Statutes, section 363A.03, subdivision 43;

O. using deadly force when not authorized by Minnesota Statutes, section 609.066; or

P. being convicted of solicitation, inducement, or promotion of prostitution in violation of Minnesota Statutes, section 609.322, or any conviction under Minnesota Statutes, section 609.324, or being convicted of similar offenses in another state or federal jurisdiction.

6700.0701 NOTIFICATION OF CONVICTION

If any background search required by this chapter reveals a conviction of a felony, or the conviction of any crime listed in this chapter, or conviction of a crime which was charged under an ordinance or law of another state but would be a conviction under Minnesota Statutes, section 609.52, if it was charged under state law, the chief law enforcement officer shall immediately notify the board.

APPLICANT INFORMATION			
I. GENERAL BACKGROUND INFORMATION			
1. What is your full name?	**Last**	**First**	**Middle**
Give any other names you have used or by which you have been known, including nicknames, and the date of the name change. (If none, so state).			
Date of Birth	**Telephone Number(s)**		
Social Security Number	**Scars, Tattoos, or Distinguishing Marks**		
Current Address			
Email Address(es)			
2. Are you a United States Citizen?	**Yes**	**No**	

NOTE: You must, at your own expense, **immediately** forward a certified copy of your birth certificate or other documentation that serves as proof of citizenship, directed to the following address:

ST. LOUIS COUNTY SHERIFF'S OFFICE
BACKGROUND INVESTIGATIONS
2030 N. ARLINGTON AVE
DULUTH, MN 55811

Initial here _____

3. Are you currently licensed as a peace officer?	**Yes**	**No** If no, please skip to question #6

Note: You must, at your own expense, **immediately** forward a copy of your P.O.S.T. license and current renewal card, directed to the following address:

ST. LOUIS COUNTY SHERIFF'S OFFICE
BACKGROUND INVESTIGATIONS
2030 N. ARLINGTON AVE.
DULUTH, MN 55811

Initial here _____

4. Current status of peace officer license:					
Valid-Active Status	Valid-Inactive Status	Lapsed	Surrendered	Suspended	Revoked

State issuing license		License Number	
Date originally issued		License expiration date	
Number of Continuing Education (C.E.) Hours for this renewal period			

5. Have you ever had any disciplinary action against your license?	**Yes**	**No**
If yes, explain:		
6. Are you eligible for a Minnesota peace officer's license?	**Yes**	**No**
If yes, when does your eligibility expire:		

NOTE: You must, at your own expense, immediately forward a copy of your POST Board eligibility letter, directed to the following address:

ST. LOUIS COUNTY SHERIFF'S OFFICE
BACKGROUND INVESTIGATIONS
2030 N ARLINGTON AVE
DULUTH, MN 55811

Initial here_____

7. Have you ever possessed a part-time peace officer license?		**Yes**	**No**
Current status of this license:	Valid-Active Status	Valid-Inactive Status	Lapsed
Other: (Explain):			

8. Academic Component of Professional Peace Officer Program completed at:	
School	
Degree	
From (Month/Year)	To (Month/Year)
School Telephone Number	E-Mail Address
School Address	

RELEASE NOTICE: You must complete an **"Authorization for Release of Information Agreement"** for the institution listed above. Initial here_____

9. Skills component of Professional Peace Officer Education completed at:	
School	
From (Month/Year)	To (Month/Year)
School Telephone Number	E-Mail Address
School Address	
Date Skills component completed	
Date of passing Peace Officer Licensing Examination:	

RELEASE NOTICE: You must complete an **"Authorization for Release of Information Agreement"** for the institution listed above. Initial here_____

10. Have you participated in an internship with a law enforcement agency? (If yes, list departments)			**Yes**	**No**
Department				
Supervisor's Name		E-mail Address(es)		
Date of Internship	From (Month/Year)		To (Month/Year)	
Department Telephone Number				
Department Address				

RELEASE NOTICE: You must complete an "**Authorization for Release of Information Agreement"** for each agency listed. Initial here _____

11. If you were trained out of state, please complete the following:
Name of Training Program
Telephone Number
Address
Length of Course
Date of Completion
Date of Certification
Date of passing Minnesota POST Reciprocity Exam

RELEASE NOTICE: You must complete an "**Authorization for Release of Information Agreement"** for each agency listed. Initial here _____

II. RESIDENCY

12. Where do you currently reside?
Address, City, State, Zip Code

13. List in reverse chronological order (begin with current address), list each and every place in which you have lived during the past seven (7) years. <u>For any residence which you rented, attach an additional sheet and provide the name, address, telephone number and E-mail address of the rental property manager or owner</u>. Include all addresses while you were in school or in the military.

Address	City	State	Zip Code	From: Mo/Year	To: Mo/Year

RELEASE NOTICE: You must complete an **"Authorization for Release of Information Agreement"** for each residency listed and an additional "**Authorization for Release of Information Agreement"** for each Law Enforcement Agency having jurisdiction over each residence listed.
Initial here_____

14. Give the name of your father, mother, siblings and adult children (include step-relatives): If deceased, please so indicate. Include E-mail Addresses for all listed (use separate sheet if necessary).

Relationship	Name	Address	E-Mail Address	Phone Number

15. Give the full names, date of birth and relationship to you of any other adults residing in your household. Include E-mail Addresses for all listed (use separate sheet if necessary).

Relation-ship	Full Name	Date of Birth	Address	E-Mail Address	Phone Number

16. List names of four (4) friends and/or associates. Do not include former employers, school teachers or peace officers and corrections officers. Include E-mail Addresses for all listed (use separate sheet if necessary).				
Relationship	**Name**	**Address**	**E-Mail Address**	**Phone Number**

17. Are you presently a user of non-prescription controlled substances or user of prescription controlled substances in a manner other than prescribed?	Yes	No
If yes, give details and amounts:		
Have you ever used any controlled substances, illegal drugs, narcotics, marijuana, etc?	**Yes**	**No**
If yes, give details and amounts:		

18. Are you or have you been associated with or a member of any gang or criminal association?	Yes	No
If yes, give details:		

19. Do you have any close friends, family members or household members who are associated with or a member of a gang or criminal organization?	Yes	No
If yes, give details:		

20. List all peace officers and/or corrections officers with whom you are acquainted. Include E-mail Addresses for all listed (use separate sheet if necessary).				
Name	**Department**	**Contact Address**	**E-Mail Address**	**Phone Number**

III. EDUCATION HISTORY

21. List in reverse chronological order (most recent dates first) all high schools, vocational schools, and colleges you have attended:							
School	**Address**	**City**	**State**	**Zip Code**	**From Mo/Yr**	**To Mo/Yr**	**Last Grade or Term**

RELEASE NOTICE: You must complete an **"Authorization for Release of Information Agreement"** for each high school, vocational school, or college listed.

Initial here_____

22. List any college degrees/major area of study or vocational licenses received:

23. List any significant problems with school including absenteeism, tardiness, poor grades, other disciplinary problems, etc.		
Date	**School**	**Problem and/or Explanation**

24. List all major awards you received from high school, college or graduate school.		
Date	**School**	**Award**

25. List any clubs, organizations or extracurricular activities you participated in while attending school.

NOTE: You must, at your own expense, **immediately**, forward certified transcripts from all high schools, vocational schools or colleges which you attended, directed to the following address:

ST. LOUIS COUNTY SHERIFF'S OFFICE
BACKGROUND INVESTIGATIONS
2030 N ARLINGTON AVE
DULUTH, MN 55811

Initial here _____

IV. MILITARY AND SELECTIVE SERVICE BACKGROUND

26. If you are a male and were born after 1960, have you registered with the Selective Service?	Yes	No
If yes, provide Selective Service Number		
If no, please explain why not		

27. Did you ever apply for the military, but were later disqualified from the testing process?	Yes	No
If yes, please explain:		

28. Identify the military organization(s) in which you served, including any military organizations of any foreign government:	
Identify Branch of Service:	
Military Specialty:	
Rank Held:	**Service Serial #:**
Name of Commanding Officer at time of discharge:	

29. How many periods of active military service have you had (drafts, enlistments, or recalls to service) and what were your periods of active service?			
Branch	**Details**	**From**	**To**

30. How many discharges or separations from the service were given to you? Please include your DD-214.	Discharges	Separations
31. What is the type of your discharge(s) or separation(s): Honorable, dishonorable, honorable conditions, medical, etc.) Be exact.		
Type:	**Reason:**	
32. Has your discharge or separation notice ever been corrected or changed?	Yes	No
33. If yes, what was the nature of the change?		
Changed from:	**Changed to:**	

34. Were you ever court martialed, tried or charged, or were you the subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action?	**Yes**	**No**
If yes, how many times?	Give details of charges, agency concerned, dates and dispositions:	

35. Are you now or were you ever an active or inactive member of the Reserve Forces (any branch) of the United States, any foreign government, or the National Guard of any state?	**Yes**	**No**
If yes, state which (active or inactive)	**Active**	**Inactive**
Branch	**Regiment**	**Unit**
Rank	**From**	**To**
Address		

36. Have you served or lived outside the United States for any periods of time?	**Yes**	**No**
If yes, give details, locations, dates, etc.:		

NOTE: You must **immediately** forward a copy of your Form DD214, "Report of Discharge," directed to the following address:

ST. LOUIS COUNTY SHERIFF'S OFFICE
BACKGROUND INVESTIGATIONS
2030 N ARLINGTON AVE
DULUTH, MN 55811

RELEASE NOTICE: For each branch of the military in which you served, complete a "**Request Pertaining to Military Records**". The form is found at the end of this background packet.

Initial here _____

V. EMPLOYMENT BACKGROUND

The Background Investigator will use this information to contact your CURRENT and FORMER employers regarding your work history. Provide complete and accurate information for each question. Include E-mail Addresses for all listed (use separate sheet if necessary).

37. Present Employer:			
Name of Company			
Address	**City, State**		**Zip Code**
Immediate Supervisor	**Telephone**	**E-Mail Address**	
Date Hired	**Job Title**		
Work Duties			
Reason for Leaving			
38. Can your current employer be contacted prior to a job offer?	**Yes**	**No**	
If no, please explain:			

RELEASE NOTICE: You must complete an "**Authorization for Release of Information Agreement**" for current employer(s). Initial here _____

39. List in reverse chronological order (most recent dates first) each and every place you have been employed since the age of 18. OMIT NONE. Give correct, full addresses. Give dates of unemployment between periods of employment in proper sequence. Include all part-time employment, military service, volunteer work, temporary jobs, etc. Attach additional sheets as needed. Include E-mail Addresses for all listed (use separate sheet if necessary).			
Name of Company			
Address	**City, State**		**Zip Code**
Immediate Supervisor	**Telephone**	**E-Mail Address**	
Dates of Employment	**Job Title**		
Work Duties			
Reason for Leaving			

Name of Company			
Address	**City, State**		**Zip Code**
Immediate Supervisor	**Telephone**	**E-Mail Address**	
Dates of Employment	**Job Title**		
Work Duties			
Reason for Leaving			

Name of Company			
Address	**City, State**		**Zip Code**
Immediate Supervisor	**Telephone**	**E-Mail Address**	
Dates of Employment	**Job Title**		
Work Duties			
Reason for Leaving			

Name of Company			
Address	**City, State**		**Zip Code**
Immediate Supervisor	**Telephone**	**E-Mail Address**	
Dates of Employment	**Job Title**		
Work Duties			
Reason for Leaving			

RELEASE NOTICE: You must complete an **"Authorization for Release of Information Agreement"** for each employer listed. Initial here_____

40. Are you now or have you ever been engaged in any business as an owner, partner (silent or active), or corporate member or do you hold any additional jobs?	**Yes**	**No**
If yes, give details:		
41. Were you ever laid off, discharged or asked to resign from employment or negotiated a resignation in lieu of termination?	**Yes**	**No**
If yes, give details:		
42. Were you ever subjected to disciplinary action in connection with any employment?	**Yes**	**No**
If yes, give details:		

43. Have you ever filed for Unemployment Compensation?	**Yes**	**No**
If yes, give details:		
RELEASE NOTICE: You must complete an "**Authorization to Release Information**" for the State Department of Unemployment Benefits. Initial here _____		

44. Have you ever possessed a professional or occupational license, permit or certificate?	**Yes**	**No**
If yes, give details and license number:		
45. Have you, or any corporation or partnership of which you were an officer, director, or partner, ever possessed a license or permit (excluding driver's license or learner's permit) issued by any governmental agency?	**Yes**	**No**
If yes, give details:		

46. Has any license or permit (excluding driver's license or learner's permit) issued to you (or to any corporation or partnership in which you were an officer, director or partner) by any city, state or federal agency ever been denied, revoked, suspended or canceled?	**Yes**	**No**
If yes, give details:		

47. List below every professional organization in which you are or have been a member, since age 18. Include E-mail Addresses for all listed (use separate sheet if necessary).

Organization	Address	From (Month/Year)	To (Month/Year)

RELEASE NOTICE: You must complete an "**Authorization for Release of Information Agreement**" for each organization listed above. Initial here_____

48. Have you ever made application for employment with any other law enforcement agency or correctional facility? Include E-mail Addresses for all listed (use separate sheet if necessary).	**Yes**	**No**
If yes, complete the following:		

Agency Name	Date of Application	Status	Agency Address	E-Mail Address	Agency Phone

RELEASE NOTICE: You must complete an "**Authorization for Release of Information Agreement**" for each agency listed. Initial here _____

49. Have you ever been the subject of a background investigation conducted by a law enforcement agency which was considering you for employment? Include E-mail Addresses for all listed (use separate sheet if necessary).	**Yes**	**No**

If yes, complete the following:

Agency Name	Investigation Date	Status	Agency Address	E-Mail Address	Agency Phone

50. Have you ever received a conditional job offer from law enforcement agency which was considering you for employment? Include E-mail Addresses for all listed (use separate sheet if necessary).	**Yes**	**No**

If yes, complete the following:

Agency Name	Date of Offer	Agency Address	E-Mail Address	Agency Telephone

51. Have you ever been rejected by or have you withdrawn from any background investigation and/or hiring process?	**Yes**	**No**

If yes, please explain:

VI. FINANCIAL BACKGROUND

The following information will be used to obtain a Merged Profile Credit Report.

Last Name	First Name	Middle Name	Date of Birth

RELEASE NOTICE: Complete the "**Credit Report Release"** form at the end of the background packet. Initial here _____

52. Identify all savings or checking accounts on which your name is currently listed or has been listed during the past seven (7) years:			
Name of Institution	**Address/City/State/Zip Code**	**Account Number**	**Type of Account**

RELEASE NOTICE: Complete an "**Authorization for Release of Information Agreement**" for each source listed. Initial here _____

53. Please identify all other sources of income, including stocks, bonds, etc., not listed under EMPLOYMENT Section.		
Source of Income	**Amount**	**Frequency**

RELEASE NOTICE: Complete an "**Authorization for Release of Information Agreement**" for each source listed. Initial here _____

54. Have you ever had an account turned over to a collection agency for failure to pay or late payment?	**Yes**	**No**
If yes, give details:		

RELEASE NOTICE: Complete an **"Authorization for Release of Information Agreement"** for each source listed above. Initial here_____

VII. LITIGATION

55. If you have ever been a party to any civil action or proceeding in Minnesota or elsewhere, or if you have been named in a notice of claim that you may be a defendant in a civil action or proceeding, complete the following:

Date and Location of Event	Type of Proceeding	Were you: Plaintiff, Defendant, Petitioner, Respondent	Court Disposition	Court Telephone Number	Court Address

RELEASE NOTICE: For each item above, complete an "**Authorization for Release of Information Agreement**". Initial here _____

VIII. CRIMINAL LAW VIOLATIONS

56. If, as an adult, you have ever been named as a defendant or convicted as an adult for any violation of any state or federal criminal law (excluding parking violations), complete the information below: Attach additional sheets if needed.

Offense Date	Charge or Violation	Misdemeanor, Gross, Felony	Court Location	Disposition	Law Enforcement Agency Involved

NOTE: Conviction of a crime, other than a felony, in and of itself is not an automatic bar to employment and will be considered only insofar as it relates to fitness to perform a particular job.

RELEASE NOTICE: For each violation listed, complete an "**Authorization for Release of Information Agreement**". Initial here _____

57. Have you ever been fingerprinted?		Yes	No
If yes, fill in the following:			
Date	**Agency Name and Address**	**Reason for Fingerprinting**	

Complete the "**BCA/FBI Applicant Fingerprint Card Information"** form at the end of the background packet. Initial here _____

58. Have you ever had a conviction expunged or pardoned? (Note: Expungements and/or pardons must be included pursuant to Minnesota Statutes 364.04, 364.09 and 609A.03.)			**Yes**	**No**
Date	**Type of Violation**	**Court Location**	**Disposition**	**Agency Concerned**
59. Are there any outstanding warrants for your arrest?			**Yes**	**No**
If yes, provide details:				

60. List *any* other contact you have had with a law enforcement agency as an adult.		
Date of Contact	**Agency Name and Address**	**Type of Contact/Details**

RELEASE NOTICE: Complete the "**Informed Consent for Release Information**" and "**Informed Consent Release of Predatory Offender**" forms at the end of the background packet.
Initial here _____

IX. TRAFFIC LAW VIOLATIONS

61. If, as an adult, you have ever received a summons for violation of the traffic laws in Minnesota or any other state (excluding parking violations), complete the information below:

Offense Date	Type of Violation	Location of Violation	Court Disposition	Agency Concerned

RELEASE NOTICE: Complete the "**Notice of Rights and Informed Consent to Release Information for Driver's License and Criminal History Records and Offense Reports**" and "**Informed Consent for Release of** Information" forms at the end of the background packet.
Initial here _____

X. MOTOR VEHICLE AND DRIVER'S LICENSE HISTORY

62. Do you currently possess a valid driver's license?	**Yes**	**No**
Driver's License Number	State	
Date Issued	Date of Expiration	

63. Has your driver's license or other vehicle operator's license ever been:		
Revoked	**Yes**	**No**
Suspended	**Yes**	**No**
Canceled	**Yes**	**No**
If you answered yes to any one of the above, complete the information below:		
Which License	Why	
When	City	State

64. If you answered yes to question #63, was such license ever restored?	**Yes**	**No**
If yes, complete the following:		
When	Why	
By What Authority		

65. Have you ever been refused a driver's license?	**Yes**	**No**
If yes, give details:		

Note: You must include a copy of your driver's license when submitting the background packet.

66. As a driver, have you ever been involved in a motor vehicle accident?	**Yes**	**No**
If yes, complete the following:		
When		
Where		
Was law enforcement contacted	What agency	
Were any citations issued		
Give details:		
67. Have you ever had an automobile accident where you did not have auto insurance in effect or were charged with driving without insurance?	**Yes**	**No**
If yes, give details:		
68. Do you or did you ever possess a driver's license issued by any state other than Minnesota?	**Yes**	**No**
If yes, provide the following information:		
Licensing State		
Driver’s License Number		
Driver’s License Type		
69. Has any automobile insurance company ever canceled, attempted to cancel or taken action against your insurance coverage?	**Yes**	**No**
If yes, give details:		
Insurance Company	Policy Number	
Insurance Company Telephone Number		

70. Who is your current auto insurance company?	
Company Name	Address
Name of Agent	E-mail Address
Telephone Number	Policy Number

71. List any insurance company that has provided auto coverage for you during the past five (5) years. Include E-mail Addresses for all listed (use separate sheet if necessary).

Agency	Address	Telephone Number	Policy Number

RELEASE NOTICE: Complete an "**Authorization for Release of Information Agreement**" for each agency listed. Initial here _____

72. List all vehicles that are registered to you and/or that you drive:

Make and Model	Year	License Plate Number

RELEASE NOTICE: For Minnesota Driver's License information, complete an **"Authorization for Release of Information Agreement."** Complete additional **"Authorization for Release of Information Agreement"** for all other states in which you have been licensed to drive.

Initial here_____

ACKNOWLEDGMENT AND CERTIFICATION

I attest that all of the statements made by me in this Background Investigation Questionnaire and documents submitted are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made with the intent to commit fraud, any fraudulent conduct or any attempted deception by me or by others with my connivance, in any application, paper or document submitted shall bar me from further examinations for at least two (2) years; and that omission of any information from this application may be cause for rejection, or removal from any eligible list, or dismissal if employed. I further understand that I have an ongoing obligation to correct any inaccuracies in the information which I have provided as they become known to me.

Date	
Written Signature	
Printed Name	
Address	
Telephone	

If you have previously submitted a completed background packet in the last 6 months, please complete the following section:

I previously submitted a background packet on (Date):		
I have reviewed the background packet previously submitted and there are:	No changes of any kind	Changes, Additions, Corrections are Needed
I have copied the section of the background packet that has changed, noted all changes and completed additional release forms needed	Yes	No

I attest that all of the statements made by me in this Background Investigation Questionnaire and documents submitted are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made with the intent to commit fraud, any fraudulent conduct or any attempted deception by me or by others with my connivance, in any application, paper or document submitted shall bar me from further examinations for at least two (2) years; and that omission of any information from this application may be cause for rejection, or removal from any eligible list, or dismissal if employed. I further understand that I have an ongoing obligation to correct any inaccuracies in the information which I have provided as they become known to me.

Date
Written Signature
Printed Name

Name:	**Page 1 of**
AUTOBIOGRAPHY ESSAY	
Provide a brief handwritten history of your life on the following pages. Follow the instructions carefully. **No exceptions**. • The autobiography must be **in your own writing**. • **USE BLUE INK PEN**. Do not write in pencil. • Sign the bottom of the autobiography using your normal signature.	

Name:	Page 2 of

Name:	Page 3 of

Name:	Page 4 of

A P P E N D I X

INSTRUCTIONS FOR COMPLETING RELEASE FORMS **Read and follow instructions carefully**	
1.)	Review the questionnaire and use the following checklist to determine how many copies of each release form you will need. _____ Authorization for Release of Information Agreement (Be sure to fill out the **To:** section) _____ BCA/FBI Applicant Fingerprint Card Information _____ Request Pertaining to Military Records _____ Credit Report Release _____ Authorization to Release Information – State Department of Unemployment Benefits _____ Informed Consent for Release of Information _____ Informed Consent – Release of Predatory Offender Registration Data _____ Notice of Rights and Informed Consent to Release Information for Driver's License and Criminal History Records and Offense Reports
2.)	Make as many copies of the release forms as you need.
3.)	Fill out the release forms providing all the information that is requested: Name and address of agency; your name; date of birth; account numbers; etc. Sign and date all the release forms.
4.)	Return all release forms with the completed background questionnaire
5.)	Include a copy of your driver's license when submitting the background questionnaire
6.)	Complete Minnesota "DVS Records Request" form for Certified Copy (Complete History) and send, along with payment, to MN Department of Public Safety. Have record sent to: St. Louis County Sheriff's Office, Attn: Backgrounds, 2030 N. Arlington Avenue, Duluth, MN 55811. Get DVS form here: https://dps.mn.gov/divisions/dvs/forms-documents/Documents/RecordRequestForm.pdf
7.)	Request copies of any out of state driver's license records, if applicable, and have them sent to: St. Louis County Sheriff's Office, Attn: Backgrounds, 2030 N. Arlington Avenue, Duluth, MN 55811.
8.)	If you have any questions, contact Sgt. Joshua Graves, St. Louis County Sheriff's Office at 218.336.4343.

Saint Louis County Ross Litman, Sheriff

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

To:	Company Name	Address	E-Mail

I, _____, am an applicant for a position as a licensed peace officer or for a position leading to employment as a licensed peace officer with the St. Louis County Sheriff's Office. St. Louis County is conducting a thorough investigation of my employment background and personal history to evaluate my qualifications and suitability for employment as a licensed peace officer.

I do hereby give my informed consent and authorize full and complete disclosure to all records, or any part thereof, whether public, not public, private, or confidential, concerning myself to an authorized representative of the St. Louis County Sheriff's Office to use in determining my suitability for employment as a licensed peace officer. It is my intent to provide access to all data however personal and confidential it may appear to be.

I consent to your release and photocopying of any and all public, not public, private, or confidential information that you may have concerning me, my work record, my background and reputation, my military service records, education and training records, my financial status, my criminal history records, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances, filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in my case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damages pursuant to any state or federal laws. I hereby release any custodian of such records, including the officers, employees and agents of any custodian, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of an authorized representative of the St. Louis County Sheriff's Office regardless of any agreement I may have made or make with you to the contrary. The law enforcement agency requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested. This authorization and release form complies with and is required to accompany a request for employment information under Minnesota Statute 626.87, which provides employers with immunity from civil liability for employment information released to a law enforcement agency in the absence of fraud or malice.

I understand my rights under Title 5, United States Code, Section 522A, The Privacy Act of 1974, Minnesota Statute 13.05, Subd. 4, and the Minnesota Government Data Practices Act, and Rule 5. Subd. 1 of the Minnesota Rules of Public Access to Records of the Judicial Branch with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the St. Louis County Sheriff's Office in conjunction with employment procedures. Should there be any question as to the validity of this release, you may contact me. A photocopy or FAX copy of this release form, though not containing an original signature, will be valid as an original thereof.

This authorization shall be valid for a period of one year from the date of my signature, but I reserve the right to cancel this written authorization by providing written notice to the St. Louis County Sheriff's Office or to you of that fact. I agree to indemnify and hold harmless any person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Applicant Signature	Printed Name	Date

Address	Telephone Number

Signature of background investigator

Name	St. Louis County Sheriff's Office

BCA/FBI APPLICANT FINGERPRINT CARD INFORMATION		
You are being fingerprinted as a part of the application process for deputy sheriff with the St. Louis County Sheriff's Office. This information will be used to perform a criminal history check. Please complete the following: Directions: Print the following using blue ink only.		
Last Name	First Name	Middle Name
Other Names Used	Date of Birth	Place of Birth
Sex	Race	Height
Weight	Hair Color	Eye Color
Citizenship	Scars, Marks, Tattoos	
Home Address	Street	City
County	State	Zip Code
Home Telephone Number		
Driver's License Number		State

CREDIT REPORT RELEASE

Notice to Applicant
In order to fully evaluate your employment application, a credit report prepared by a credit reporting agency may be obtained. At your request the St. Louis County Sheriff's Office will provide you a free copy of your credit report if we have obtained one.
Please complete the following information:

Date	
Full Printed Name	
Former Name(s)	
Present Address	
Former Addresses	
Written Signature	

Please check the appropriate box:	
	I do not wish to receive a copy of my credit report.
	If a credit report is obtained, please send me a free copy.

For Office Use Only:
A copy of the credit report was provided to Applicant on:

INFORMED CONSENT FOR RELEASE OF INFORMATION

I, _____, authorize the St. Louis County Human Resources and/or St. Louis County Sheriff's Office to provide my: full name, previous name(s), date of birth, social security number, driver's license number, home address and previous addresses to the St. Louis County Sheriff's Office, the Minnesota Bureau of Criminal Apprehension, Department of Driver and Vehicle Services, the National Crime Information Center, Federal Bureau of Investigation, and any other law enforcement agencies with which I have had contact that has records about me, in order to determine my suitability for employment with St. Louis County.

I, _____, authorize the St. Louis County Sheriff's Office, the Minnesota Bureau of Criminal Apprehension, Department of Driver and Vehicle Services, and other law enforcement agencies with which I have had contact, to release any public, private, or confidential information pertaining to my driver's license record (including driver's license photo), Bureau of Criminal Apprehension records and/or National Crime Information Center records and any and all other offense report records to the St. Louis County Human Resources and/or St. Louis County Sheriff's Office in order to determine my suitability for employment with St. Louis County.

I understand that this written consent is valid for 1 year, but that it may be revoked by me at any time prior to the one year expiration, except to the extent that action has been taken in reliance upon it. I can revoke this consent by filing a written request with the St. Louis County Human Resources Department and St. Louis County Sheriff's Office terminating the consent. I also understand that this data and related criminal history check is defined by Minn. Stat. 13.43 as personnel data and shall be treated as such.

Date Executed: _____

Signature: _____

Notary: _____

INFORMED CONSENT
RELEASE OF PREDATORY OFFENDER
REGISTRATION DATA

PLEASE PRINT LEGIBLY – USE COMPLETE NAME, INCLUDING MIDDLE NAME

First Name:_____ Middle Name:_____ Last Name:_____

Maiden or Former Last Name(s):_____

Date of Birth:_____ Social Security Number:_____

Driver's License Number:_____ Issuing State:_____

Current Address:_____

City, State, Zip Code:_____

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to St. Louis County any information contained about me in the Minnesota Predatory Offender Registry, including, but not limited to, information related to offenses which may have occurred when I was a juvenile.

I hereby release the Minnesota Bureau of Criminal Apprehension and St. Louis County from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature:_____ Date:_____

Notary Signature:_____

Notice of Rights and Informed Consent to Release Information for Driver's License and Criminal History Records and Offense Reports

As part of your employment application process with St. Louis County you are being asked to supply private data that was not requested on the application form. St. Louis County is requesting you supply the data to determine your suitability for employment with St. Louis County, including use of the data to conduct criminal history and related records checks. You may refuse to provide any requested data. However, a refusal will prevent St. Louis County from conducting an adequate pre-employment background investigation which in turn may cause your application for employment to be removed from consideration.

Private data, such as date of birth, driver's license number and driver's license photo may be shared with the Human Resources Department, the department to which you are applying, the St. Louis County Sheriff's Office, and legal advisor to the County. Otherwise, unless authorized by State statutes or Federal law, your private data will not be released to any other person or agency without your written consent except under court order or if otherwise authorized or required by law. A written consent for release of private data is known as "INFORMED CONSENT". Any public data you provide is available to anyone requesting it.

The private data St. Louis County is now requesting from you is as follows:

Have you ever been convicted, plead guilty or been sentenced in any court of law for the commission of a criminal offense? Yes _____ No _____

If yes, state the jurisdiction(s), dates of conviction(s), please of guilty or sentenced: _____

_____

State the offense: _____

Your full legal name and current address:_____

_____

Addresses of the last seven years: _____

_____

Former names, including nicknames:_____

Driver's License Number:_____ State Issued: _____

Date of Birth: _____ Sex: Male Female Race: _____

I understand the above notice of rights; also known as the Tennessen Warning.

Signature: _____ Date: _____

Day Phone Number(s): _____

AUTHORIZATION TO RELEASE INFORMATION

State Department of Unemployment Benefits

I hereby authorize and grant consent to _____, its agents and/or representatives to obtain and collect information about my previous unemployment benefits. The information may include all data collected, created, received, retained or disseminated by your department.

I understand that the information gathered will aid in determining my suitability for employment with the office. I also understand that once this information is released it may be subject to further dissemination without my written consent.

This authorization is valid for one year, but I have the right to cancel it by providing a written notice to you of the revocation of my consent. A photocopy of this authorization will be treated in the same manner as the original.

Full Name (Print): _____

Date of Birth: _____ Other Names Used: _____

Signature: _____ Date: _____