# Missouri Peace Officer License Legal Questionnaire





New Licensure Applicants

Last Revised 03/09/2017

**Instructions:**

* All basic training applicants shall complete this questionnaire prior to being admitted into a basic training course.
* If the applicant indicates “yes” to the question listed below, submit the questionnaire to the POST Program for review **prior** to admitting the individual into a basic training course.
* Maintain a copy of the completed questionnaire and submit it along with the individual’s Peace Officer License Application.

Licensed Basic Training Center: *­Cass County Sheriff’s Office Regional Training Academy*

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been arrested for, charged with, or committed any criminal offense? (§ 590.080.1(2), RSMo)

□ YES \* □ NO

\*If yes, describe the offense(s) below. If needed, you may attach additional pages.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Charge/Offense | City/County/State | Misd/Felony/Ordinance | Disposition | Arresting Agency |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Before signing and submitting the notarized questionnaire, please feel free to discuss any questions you might have with a representative of the POST Program by calling (573)751-3409.

I am aware that causing a material fact to be misrepresented for the purpose of obtaining a peace officer license issued pursuant to Chapter 590 RSMo, is a Class B Misdemeanor.

**Signature of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_. I am commissioned as a notary public within the

county of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and my commission expires on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

**NOTARY PUBLIC**

**\*POST USE ONLY\***

Based on the information provided, the above listed applicant is eligible for licensure.

POST Program Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_