

**POLICE OFFICER APPLICATION  
SUPPLEMENTAL QUESTIONNAIRE**

The following questionnaire must be completed and submitted with the City of Kearney Application for Employment. **Complete both sides and sign the back page.**

1. Are you at least 21 years age? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Did someone suggest you apply for this position? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do you know any other law enforcement officers? Yes \_\_\_\_\_ No \_\_\_\_\_

NAME

AGENCY


4. Have you ever been denied employment by a criminal justice agency? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, what agency? \_\_\_\_\_

5. Do you speak any foreign languages? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, what language(s) and to what proficiency? \_\_\_\_\_

6. Have you committed an illegal act in the last five years, and if so, what? Yes \_\_\_\_\_ No \_\_\_\_\_

TYPE OF ACT

LOCATION


7. Have you ever been arrested or detained? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_
- What offense? \_\_\_\_\_

8. Are you presently using illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Have you ever possessed or sold any amount of illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, explain: \_\_\_\_\_

10. Do you have any outstanding civil judgments against you? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Do you have any relatives who have criminal convictions? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, for what offense? \_\_\_\_\_

12. How often do you consume alcohol? \_\_\_\_\_

13. Are you able and willing to work rotating shifts? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Are you able and willing to work any day of the week? Yes \_\_\_\_\_ No \_\_\_\_\_

**OVER** ➡

15. Are you willing to wear a uniform? Yes \_\_\_\_\_ No \_\_\_\_\_
16. Are you able and willing to meet this department's grooming standards? Yes \_\_\_\_\_ No \_\_\_\_\_
17. Are you an honest person? Yes \_\_\_\_\_ No \_\_\_\_\_
18. Are you reliable? Yes \_\_\_\_\_ No \_\_\_\_\_
19. Are you good at communicating with all kinds of people? Yes \_\_\_\_\_ No \_\_\_\_\_
20. Are you able to control your anger when insulted or threatened? Yes \_\_\_\_\_ No \_\_\_\_\_
21. Are you able to function normally when placed under temporary or prolonged stress? Yes \_\_\_\_\_ No \_\_\_\_\_
22. Have you ever received any type of disciplinary action from your current or previous employer, i.e. written reprimand, suspension with or without pay, and/or termination?  
If yes, explain: \_\_\_\_\_
- \_\_\_\_\_

**MILITARY SERVICE ONLY (Answer only if you have served in the military)**

23. What were your occupational specialties and assignments? \_\_\_\_\_
- \_\_\_\_\_
24. Was your discharge honorable? Yes \_\_\_\_\_ No \_\_\_\_\_
25. Did you have any arrest or convictions under UCMJ? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what and when? \_\_\_\_\_
26. Did you have any disciplinary actions under UCMJ? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what and when? \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME CLEARLY

\_\_\_\_\_  
SIGNATURE OF APPLICANT