

**INTERNSHIP 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 19 years of 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: _____
- _____

DATE

PRINT NAME CLEARLY

SIGNATURE OF APPLICANT