

West Central Dispatch Center

1011 Municipal Center Drive, St. Louis, Missouri 63131

314-737-4600

PERSONAL HISTORY QUESTIONNAIRE

The West Central Dispatch Center resolves that, subject to all applicable State and federal statutory or judicial exemptions, all qualified applicants for employment and/or advancement shall be given equal opportunity for consideration, selection, appointment and retention, regardless of race, color, religion, sex, national origin, age, disability or political affiliation.

AN EQUAL OPPORTUNITY EMPLOYER

E-Mail: WCDC@wcdc911.org

West Central Dispatch Center
1011 Municipal Center Drive
St. Louis, Missouri 63131

CERTIFICATE OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
SSN	DATE OF BIRTH	OTHER NAME(S) USED

I_____ (Print full name), hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material facts will cause forfeiture on my part of all rights to initial employment or continued employment by the West Central Dispatch Center.

The intent of this authorization is to make available a full and complete disclosure of any and all information pertaining to my person; therefore, I do hereby authorize all present or past employers, all law enforcement agencies, all military agencies, the Veterans Administration, the U.S. Army, U.S. Air Force, U.S. Coast Guard, all Federal, State or local government agencies, State and Federal tax bureaus, all credit bureaus including Experian, TransUnion, and Equifax, schools, insurance companies and universities to furnish the West Central Dispatch Center with any and all available information regarding my past or present performance, conduct or behavior. I further authorize the release of any punitive or disciplinary action, or memorandum, to the West Central Dispatch Center in order that the information be evaluated to assist in the determination of my suitability for employment.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal and business life for the specific purpose of conducting a pre-employment background investigation.

I authorize the West Central Dispatch Center to make an inquiry and gather any documents of my present and past employers regarding my character, integrity, reputation and performance.

I authorize the release of any and all of the aforelisted information regarding my person, employment, credit or any other aspect, whether personal or otherwise, that may or may not be in their written records.

I understand that all materials pertaining to this background investigation become the property of the West Central Dispatch Center and will not be made available or returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented, along with the company or organization therein from any and all claims, damages, losses and expenses, including reasonable attorney's fees arising out of complying with this request.

I understand that in the event my application is disapproved, the sources of information obtained are confidential and cannot be revealed to me.

A copy of this authorization will be considered as effective and valid as the original, even though the copy does not contain an original writing of my signature.

_____ _____

Signature (Applicant must sign before Notary) Address City / State / Zip

----------For Notary Use Below----------

Subscribed and sworn to before me this

_____ day of _____ , 20___

_____

Notary Signature

APPLICANT PERSONAL HISTORY QUESTIONNAIRE

PRE-EMPLOYMENT HISTORY FILE ACCESS RESTRICED

VERIFICATION OF INFORMATION

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment with the West Central Dispatch Center (WCD). An extensive background investigation may be conducted into your personal history. Applicants for WCD positions may be required to take a CVSA or polygraph (lie detector) examination to confirm the information in this questionnaire, and to determine other items of background information.

Any false, misleading or incomplete information substituted for accurate information will be grounds to disqualify you from further consideration in the application process with the West Central Dispatch Center.

_____

I confirm that I have read and that I understand the above, and that all statements . and documents presented to the West Central Dispatch Center are true, correct, complete, and made in good faith.

_____ _____

Signature Date

Please indicate position(s) for which you are applying: _____

_____

DIRECTIONS

1. BEFORE YOU BEGIN, read the entire set of directions and listing of documents required for submission. An application checklist is provided on page 9 for your convenience. This is a competitive process, therefore, applications will not be accepted, processed or evaluated unless complete. All addresses and phone numbers must include zip codes and area codes.

2. USE BLACK INK PEN ONLY. Complete this form in your own handwriting or printing. If you need any special accommodations in completing this questionnaire, contact West Central Dispatch at 314-587-2852.

3. Read each question carefully before answering. Be certain that your answers are legible.

4. Be certain that each question is answered COMPLETELY and CORRECTLY. Submit all documents as requested. If a question does not apply to you, write "N/A" (not applicable) in the space.

5. Initial EACH page on the bottom right corner.

6. Additional space is provided on Pages 10 and 11 for answers that require clarification or further explanation. All entries on Pages 10 and 11 will begin with page, section number (Roman numerals I-XI) and question (letters A-L) you are explaining or clarifying.

7. Pursuant to Public Law 93-579, the disclosure of your Social Security Number is completely voluntary. Your refusal to reveal it will in no way affect applications for any job or consideration provided by this Department. The Social Security Number assists the Department in differentiating between applicants with similar or identical names.

8. Upon completion, the questionnaire must be returned to the West Central Dispatch Center at 1011 Municipal Center Drive, St. Louis, Missouri 63131.

CONFIDENTIAL

I. PERSONAL DATA

FULL NAME	LAST	FIRST	MIDDLE			HOME PHONE
ADDRESS	NUMBER STREET	CITY	STATE	ZIP CODE		CELL/PAGER
PERMANENT ADDRESS	NUMBER STREET	CITY	STATE	ZIP CODE		HOME PHONE

AGE	HEIGHT	WEIGHT	HAIR	EYES	DATE OF BIRTH	PLACE OF BIRTH

E-MAIL ADDRESS	SOCIAL SECURITY NUMBER	OPERATOR'S LICENSE NUMBER	STATE ISSUED

A. LIST ANY OTHER NAMES YOU HAVE EVER USED:

B. ARE YOU A CITIZEN OF THE UNITED STATES? ☐ Yes ☐ No

C. WERE YOU NATURALIZED? ☐ Yes ☐ No

D. LIST FIRST YOUR PRESENT ADDRESS, THEN LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST TEN (10) YEARS, INCLUDING YOUR ADDRESS(ES) IN THE MILITARY SERVICE OR WHILE ATTENDING COLLEGE.

FROM	TO	STREET ADDRESS	CITY/COUNTY	STATE	ZIP CODE

E. HAVE YOU EVER APPLIED FOR A POSITION WITH WCD BEFORE? ☐ Yes ☐ No

IF "YES," DATE OF APPLICATION:

F. HAVE YOU FILED AN EMPLOYMENT APPLICATION WITH ANY OTHER SOURCES WITHIN THE LAST SIX MONTHS? IF "YES," LIST BELOW: ☐ Yes ☐ No

DATE	ORGANIZATION/FIRM NAME	ADDRESS/ZIP CODE	POSITION APPLIED FOR	STATUS OF APPLICATION

G. ARE YOU ACQUAINTED WITH ANY WCD EMPLOYEES? IF "YES," LIST NAMES BELOW: ☐ Yes ☐ No

H. BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU APPLIED, DESCRIBED IN THE WRITTEN JOB DESCRIPTION THAT ACCOMPANIED THIS APPLICATION, ARE YOU ABLE TO PERFORM THESE FUNCTIONS? ☐ Yes ☐ No

II. REFERENCES

LIST FOUR (4) CHARACTER REFERENCES, TWO OF WHOM ARE NEAR YOUR SAME AGE AND ARE NOT RELATIVES, IN-LAWS OR PAST EMPLOYERS WHO HAVE KNOWN YOU WELL DURING THE PAST THREE YEARS OR MORE:

1. NAME	PHONE NUMBER	YEARS ACQUAINTED

RESIDENCE ADDRESS	CITY	STATE	ZIP CODE

BUSINESS NAME AND ADDRESS	OCCUPATION

INITIALS _____

2. NAME	PHONE NUMBER	YEARS ACQUAINTED
RESIDENCE ADDRESS	CITY / STATE / ZIP CODE	
BUSINESS NAME AND ADDRESS	OCCUPATION	

3. NAME	PHONE NUMBER	YEARS ACQUAINTED
RESIDENCE ADDRESS	CITY / STATE / ZIP CODE	
BUSINESS NAME AND ADDRESS	OCCUPATION	

4. NAME	PHONE NUMBER	YEARS ACQUAINTED
RESIDENCE ADDRESS	CITY / STATE / ZIP CODE	
BUSINESS NAME AND ADDRESS	OCCUPATION	

III. ARREST HISTORY

A. OTHER THAN TRAFFIC CITATIONS, HAVE YOU EVER BEEN ARRESTED, CONVICTED, CHARGED, QUESTIONED, ACCUSED OR DETAINED FOR ANY REASON BY ANY POLICE, SECURITY OFFICER OR MILITARY POLICE AUTHORITY, EITHER IN THE UNITED STATES OR IN ANY FOREIGN COUNTRY? IF "YES," DESCRIBE BELOW AND EXPLAIN IN FULL DETAIL ON PAGES 10 AND 11. ☐ Yes ☐ No

DATE	CHARGE	DEPARTMENT/AGENCY	LOCATION (CITY, COUNTY, STATE)	DISPOSITION

B. WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS OTHER THAN TRAFFIC? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 10 AND 11. ☐ Yes ☐ No

C. HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR FORMER OR CURRENT RESIDENCES FOR ANY REASON? If "YES," EXPLAIN IN FULL DETAIL ON PAGES 10 AND 11. ☐ Yes ☐ No

D. HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED CRIME, INCLUDING THE BUYING OR SELLING OF ILLICIT DRUGS? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 10 AND 11. ☐ Yes ☐ No

E. ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 10 AND 11. ☐ Yes ☐ No

IV. EDUCATION AND SKILLS

A. DO YOU HAVE (CHECK APPROPRIATE BOXES:

☐ GED/HIGH SCHOOL ☐ 3-31 COLLEGE CREDIT HOURS ☐ 32-63 COLLEGE CREDIT HOURS
☐ 64-119 COLLEGE CREDITS ☐ BACHELOR'S DEGREE ☐ POST GRADUATE DEGREE

B. STARTING WITH THE MOST RECENT, LIST ALL ELEMENTARY, HIGH SCHOOL, COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED:

MONTH & YEAR ATTENDED		NAME AND LOCATION (STREET, CITY, STATE, ZIP)	# CREDITS COMPLETED	TYPE OF DEGREE	MAJOR	YEAR OF DEGREE
FROM	TO					

INITIALS _____

C. STUDENT ASSOCIATIONS/ACTIVITIES:

_____ _____ _____

D. HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO LEAVE ANY SCHOOL FOR DISCIPLINARY REASONS? IF "YES," EXPLAIN IN FULL DETAIL ON Pages 11 and 12.	☐ Yes	☐ No
E. HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION? IF "YES," EXPLAIN IN FULL DETAIL ON PAGE 4.	☐ Yes	☐ No

F. INDICATE LANGUAGES YOU SPEAK, READ AND/OR WRITE, OTHER THAN ENGLISH:

	FLUENT	ABOVE AVERAGE	FAIR
SPEAK			
READ			
WRITE			

G. SPECIAL SKILLS, QUALIFICATIONS AND AWARDS – SUMMARIZE SPECIAL SKILLS, QUALIFICATIONS AND ACCOMPLISHMENTS (INCLUDING CLERICAL SKILLS) THAT YOU WISH TO BE CONSIDERED:

V. EMPLOYMENT HISTORY

A. START WITH YOUR PRESENT OR LAST JOB AND LIST ALL OF THE PLACES YOU HAVE WORKED FOR THE PAST TEN YEARS. LIST ANY ADDITIONAL EMPLOYERS ON PAGES 10 AND 11. IF YOU AR PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER? ☐ Yes ☐ Not at this time

1. EMPLOYER | ADDRESS

CITY | STATE | ZIP CODE | PHONE NUMBER

DATES EMPLOYED FROM: TO: | HOURLY OR ANNUAL SALARY START: FINAL: | JOB TITLE

WORK PERFORMED | SUPERVISOR | CO-WORKER

REASON FOR LEAVING

2. EMPLOYER | ADDRESS

CITY | STATE | ZIP CODE | PHONE NUMBER

DATES EMPLOYED FROM: TO: | HOURLY OR ANNUAL SALARY START: FINAL: | JOB TITLE

WORK PERFORMED | SUPERVISOR | CO-WORKER

REASON FOR LEAVING

3. EMPLOYER | ADDRESS

CITY | STATE | ZIP CODE | PHONE NUMBER

DATES EMPLOYED FROM: TO: | HOURLY OR ANNUAL SALARY START: FINAL: | JOB TITLE

WORK PERFORMED | SUPERVISOR | CO-WORKER

REASON FOR LEAVING

INITIALS _____