



**Fargo Police Department
222 4th Street North
P.O. Box 150
Fargo, North Dakota 58107**

Fargo Police Department's Police Officer Background Investigative Packet

Directions for this Background Investigative Packet

Dear Candidates:

Please follow the following checklist when completing this background investigative form:

- Read the job description for the position you applied for. It provides information on the essential functions of the position. You may be asked about your ability to perform these functions.
- Complete the Personal Data section.
- Type or print clearly using black ink.
- Fill in address, telephone number, date, and all information. If you find that there is not enough space to answer a specific question, provide as much information as the space permits, then continue your response on an individual sheet of paper. Include the question number on the attached sheet of paper.
- If a question does not apply to you, write N/A (not applicable) in the answer space.
- Sign and date the Statement of Acknowledgement.
- Sign and date the credit release form.
- Sign and date the attached release form. This form will be used for employers, for every school you have attended, and for every law enforcement agency you have applied for.
- Provide a copy of military DD214 form if you ever served in an active military organization of the United States of America.
- Provide official school transcripts for all of your high school and post-secondary education. These can be sent to the Fargo Police Department, 222 4th Street North, Fargo, North Dakota, 58102, attention Shaun Crowell.
- Provide copies of your POST Board letter or peace officer's license if you are or ever have been a licensed peace officer.
- If you have questions, contact Shaun Crowell at (701) 241-8162.

Failure to fully complete and return this form may delay processing of your application or may eliminate you from consideration.

Personal Data

Last	First	Middle

Nicknames, other names you have used and/or name changes:

Current address:

Number	Street	Apt. #	
City	State	County	Zip Code

Full name and the date of birth of all people living at your address:

Last	First	Middle	Date of Birth

Home Phone	Cell Phone	Work Phone
Email Address		
Tell us how you heard about this position.		

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Date of Birth (Mo./Date/Yr.)	Place of Birth

Height	Weight	Hair	Eyes

Social Security Number

Are you a U.S. citizen? Yes _____ No _____

*Please include a certified copy of your birth certificate.

List all sports/hobbies you believe may be of value to you as a police officer:

List all organizations, societies, clubs and associations, past or present, in which you have held membership:

List all special qualifications or past experience you have that would be of value in the position of police officer.

Are you now, or have you ever been, a member of any organization, association, movement, group, or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or of seeking to alter the form of government of the United States by unconstitutional means? If yes, explain:

Address History

In chronological order, list every place you have lived since the age of 18. Begin with your present address.

Dates (From- To)	Address	City
State	County	Zip

Dates (From- To)	Address	City
State	County	Zip

Dates (From- To)	Address	City
State	County	Zip

Dates (From- To)	Address	City
State	County	Zip

Dates (From- To)	Address	City
State	County	Zip

Make additional copies of this page if more space is needed:

Dates (From- To)	Address	City
State	County	Zip

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State	County	Zip

Dates (From- To)	Address	City
State	County	Zip

Dates (From- To)	Address	City
State	County	Zip

Dates (From- To)	Address	City
State	County	Zip

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Educational Background

Education (List grammar schools, high schools, and colleges):

From (month/year)	To (month/year)	Name of School	
Address			Phone Number
City		State	Zip Code

From (month/year)	To (month/year)	Name of School	
Address			Phone Number
City		State	Zip Code

From (month/year)	To (month/year)	Name of School	
Address			Phone Number
City		State	Zip Code

From (month/year)	To (month/year)	Name of School	
Address			Phone Number
City		State	Zip Code

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Make additional copies of this page if more space is needed.

From (month/year)	To (month/year)	Name of School
Address		Phone Number
City	State	Zip Code

From (month/year)	To (month/year)	Name of School
Address		Phone Number
City	State	Zip Code

From (month/year)	To (month/year)	Name of School
Address		Phone Number
City	State	Zip Code

From (month/year)	To (month/year)	Name of School
Address		Phone Number
City	State	Zip Code

What college degree(s) do you possess?

List all awards, honors, scholarships, etc. received during high school and college.

Law Enforcement Education

Academic Law Enforcement Education Attended	Dates Attended

If you were trained out of state, please complete the following:

Skills course law enforcement education completed at:	
Date Completed Skills	Date of Passing Skills Examination

Name of Training Program		
Address		Phone Number
City	State	Zip Code

Length of Course	Date of Certification

Are you currently licensed as a peace officer? Yes _____ or No _____

If yes, please provide the following information:

License number and state-of-issue	
Date Originally Issued	Expiration Date

Current status of your peace officer’s license, please check those that apply:

***Please attach a photocopy of your license certificate and current renewal card.**

Valid-Active Status Valid-Inactive Status
 Lapsed Surrendered
 Suspended Revoked

Have you ever possessed a part-time peace officer/constable license?

Yes No

If yes was it a part-time peace officer license or constable license?		
Current status of this license?		
Valid-Active Status	Valid-Inactive Status	Lapsed
Other (Please Explain)		

Has a POST Board ever taken disciplinary action against your license?

Yes No

If yes, please explain:

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Employment History

List chronologically your complete employment history, including part time employment, periods of self employment and periods of unemployment. Failure to disclose an employer will eliminate you from the hiring process.

Current Employer		Current Position	
Street Address		Phone Number	
City	State	Zip	
Immediate Supervisor		Supervisor's Position/Title	
Date Hired		Present Monthly / Hourly Salary	
Job Responsibilities			
Names of two co-workers			

Can your current employer be contacted prior to a job offer?

Yes _____ No _____

If no, please explain:

From (month/year)		To (month/year)	
Employer		Position	
Street Address		Phone Number	
City	State	Zip	
Immediate Supervisor		Supervisor's Position/Title	
Reason For Leaving		Monthly / Hourly Salary	
Job Responsibilities			
Names of two co-workers			

From (month/year)		To (month/year)	
Employer		Position	
Street Address		Phone Number	
City	State	Zip	
Immediate Supervisor		Supervisor's Position/Title	
Reason For Leaving		Monthly / Hourly Salary	
Job Responsibilities			
Names of two co-workers			

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Make additional copies of this page if more space is needed.

From (month/year)	To (month/year)	
Employer	Position	
Street Address	Phone Number	
City	State	Zip
Immediate Supervisor	Supervisor's Position/Title	
Reason For Leaving	Monthly / Hourly Salary	
Job Responsibilities		
Names of two co-workers		

From (month/year)	To (month/year)	
Employer	Position	
Street Address	Phone Number	
City	State	Zip
Immediate Supervisor	Supervisor's Position/Title	
Reason For Leaving	Monthly / Hourly Salary	
Job Responsibilities		
Names of two co-workers		

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Make additional copies of this page if more space is needed.

From (month/year)	To (month/year)	
Employer	Position	
Street Address	Phone Number	
City	State	Zip
Immediate Supervisor	Supervisor's Position/Title	
Reason For Leaving	Monthly / Hourly Salary	
Job Responsibilities		
Names of two co-workers		

From (month/year)	To (month/year)	
Employer	Position	
Street Address	Phone Number	
City	State	Zip
Immediate Supervisor	Supervisor's Position/Title	
Reason For Leaving	Monthly / Hourly Salary	
Job Responsibilities		
Names of two co-workers		

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Were you ever discharged or asked to resign from employment? Yes _____ No _____

If yes, complete the following:

Employer	Date you left employment
Reason for leaving	

Employer	Date you left employment
Reason for leaving	

Employer	Date you left employment
Reason for leaving	

Please list any user names for websites that support profiles or blogs. Examples of these include, but are not limited to: Facebook, Twitter, LinkedIn, My Space or other social media sites:	
Host site	User Name

Have you made application with this or any other police organization within the last five years? (make additional copies of this page if necessary)

Yes _____ No _____

If yes, which organization (s):

Name of organization	Date of application / Testing	Did you have a background done?	
Street Address		Phone Number	
City	State	Zip	
Current status in hiring process (if rejected or eliminated from process list reason):			

Name of organization	Date of application / Testing	Did you have a background done?	
Street Address		Phone Number	
City	State	Zip	
Current status in hiring process (if rejected or eliminated from process list reason):			

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References

List names of five friends and/or associates. Do not include former employers or relatives.

Name		Occupation
Address		
Home Phone	Cell Phone	Work Phone
Email Address		

Name		Occupation
Address		
Home Phone	Cell Phone	Work Phone
Email Address		

Name		Occupation
Address		
Home Phone	Cell Phone	Work Phone
Email Address		

References continued:

Name		Occupation
Address		
Home Phone	Cell Phone	Work Phone
Email Address		

Name		Occupation
Address		
Home Phone	Cell Phone	Work Phone
Email Address		

List no more than three names of peace officers with whom you are acquainted:

Name		Agency
Address		
Home Phone	Cell Phone	Work Phone
Email Address		

Name		Agency
Address		
Home Phone	Cell Phone	Work Phone
Email Address		

Name		Agency
Address		
Home Phone	Cell Phone	Work Phone
Email Address		

Credit History

Have you ever been refused credit? Yes _____ No _____

If yes, please explain:

FAMILY HISTORY

List the names of your parents, sisters, brothers, and in-laws (if deceased, please indicate)

Name		Relationship
Address		
Home Phone	Cell Phone	Work Phone
Email Address		
Name		Relationship
Address		
Home Phone	Cell Phone	Work Phone
Email Address		

Family members continued. (Make additional copies of this page if necessary)		
Name		Relationship
Address		
Home Phone	Cell Phone	Work Phone
Email Address		

Name		Relationship
Address		
Home Phone	Cell Phone	Work Phone
Email Address		

Name		Relationship
Address		
Home Phone	Cell Phone	Work Phone
Email Address		

Criminal/Traffic History

Have you ever been convicted of, charged with, investigated for, or accused of any violations of criminal law?

Yes _____ No _____

If yes, please complete the following:

*Make copies of this page if additional space is needed.

Date	Offense	Agency Involved
Disposition		

Date	Offense	Agency Involved
Disposition		

Date	Offense	Agency Involved
Disposition		

List any summons or tickets for any violation of the traffic law (including DUI, DUS, Reckless, etc) in this state, or any other state (excluding parking tickets):

*Make copies of this page if additional space is needed.

Date	Offense	Disposition
Location		Agency Involved

Date	Offense	Disposition
Location		Agency Involved

Date	Offense	Disposition
Location		Agency Involved

Date	Offense	Disposition
Location		Agency Involved

Date	Offense	Disposition
Location		Agency Involved

Have you ever been fingerprinted? Yes _____ No _____

If yes, fill in the following:

When	Where
Reason for Fingerprinting:	

When	Where
Reason for Fingerprinting:	

When	Where
Reason for Fingerprinting:	

Civil Record

Have you ever been named in any civil court action, either as a plaintiff or defendant?

Yes _____ No _____ If yes, please complete:

Date	Type of Action	Disposition
Name of Court	Phone	
Address		

Date	Type of Action	Disposition
Name of Court	Phone	
Address		

Date	Type of Action	Disposition
Name of Court	Phone	
Address		

DRIVERS LICENSE AND MOTOR VEHICLE INFORMATION

Do you or did you possess a North Dakota driver's license?

Yes _____ No _____ If yes, complete the following:

Driver's License Number	Type of License

Do you or did you possess a driver's license issued by another state other than North Dakota?

Yes _____ No _____ If yes, provide the following information:

Name of State and License Number	Type of License

Name of State and License Number	Type of License

Was your driver's license or other vehicle operator's license ever restricted or limited?

Restricted		Suspended		Revoked	
Yes	No	Yes	No	Yes	No

If you answered yes to any of the above, complete below:

Which License	When

Explain reason for suspension:

If you answered yes, has the license been reinstated?

Yes	No	If yes, When?

Have you ever been the driver of a vehicle involved in a motor vehicle accident?

Yes _____ No _____ If yes, please complete:

Date	Location	Agency Involved
Details of Incident		

Date	Location	Agency Involved
Details of Incident		

Date	Location	Agency Involved
Details of Incident		

List all motor vehicles which are in your name, or in joint ownership, or which you drive on a regular basis:

License Plate Number	State which vehicle is registered

Has your auto insurance ever been revoked or refused? Yes _____ No _____

If yes, give date, insurance agency, agent and reason:

Alcohol and Drug Usage

Do you currently use alcohol? If yes, how often and in what amounts?

Do you currently, or have you at any time in the past, used any illegal drugs (excluding legally prescribed and properly taken medications)?

Yes _____ No _____

If yes, give details including what kind of drugs, how often, and how long ago?

Have you ever used a prescription drug that was not prescribed to you? If yes, provide details.

Attached is a copy of the job description for the position for which you have applied. Will you be able to perform all functions for this position, with or without reasonable accommodations? If you feel accommodation is necessary, how would you perform the task(s) and with what accommodation(s)?

The City of Fargo provides equal employment opportunity for all individuals without regard to race, religion, color, sex, age, national origin, sexual orientation, disability, veteran status or any other status or condition protected by applicable federal and state laws, except where a Bona Fide Occupational Qualification (BFOQ) applies.

Statement of Acknowledgement

I certify that all of the statements by me in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false information or omission of information from this application may be cause for rejection or dismissal if employed.

“ I hereby authorize the City of Fargo to make a thorough investigation of all statements contained in this application, my past employment, education, and other activities; and I release from all liability all person, companies, and corporations supplying such information. I indemnify the City of Fargo against any liability which might result from making such investigations. I also agree that if any misrepresentations that have been made by me herein, or the results of that investigation are not satisfactory for any reason, any offer of employment made to me by the City of Fargo may be terminated immediately without any obligation or liability to me other than for payment at the rate agreed upon, for services actually rendered if I had begun work for the City of Fargo.”

“Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures, or handbooks that I might receive is intended to create an employment contract between the City of Fargo and myself for either employment or for the providing of an benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City of Fargo unless made to me and I understand that I have the right to terminate my employment at any time, for any reason, and the City of Fargo retains a similar right regarding the discontinuation of my employment.”

I hereby acknowledge that I have read the above statement and understand it.

SIGNATURE (ACKNOWLEDGMENT)

(DATE)



Consumer Report Consent and Release



The following release permits the Fargo Police Department or its representative to request a “consumer report” from a consumer reporting agency. This report is in accordance with the Fair Credit Reporting Act (Public Law 91-508, Paragraph (s) 604 and 605).

A consumer report is defined as any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer’s eligibility for employment.

The Fargo Police Department request for a consumer report is only for the purpose(s) of employment. It will not be used for any other purpose(s). The information will be kept confidential. Should the report result in adverse actions, as defined in Paragraph(s) 604 and 605, a copy of the report and a description of your rights will be provided to you.

Your consent to have the Fargo Police Department request a consumer report is supported by the following identifying information:

Last Name:	First Name:	M.I.:
Current Address:		
City:	State:	Zip Code:
Social Security Number:		

X _____
Signature Date

FPD Authorizing Signature Date

To be filled out by requesting investigator

Forward Information Back to Investigator:

Fax Number:



**General Authorization
and Release**



Applicant Name:

I, _____, (type or print full name) hereby authorize and grant my informed consent to permit a representative or agent of the Fargo Police Department to collect data classified as private which concerns me and which may be in your possession. The data that I authorize to be released consists of private data and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes all data that has been collected, created, received, retained or disseminated in whatever form that in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the Fargo Police Department to have access to this information is to determine my suitability for employment with the department, including verification of my records and analysis by consultants to the department who may review my suitability for employment.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the department or to you of that fact.

Applicant Signature

Date

Applicant Address

Applicant Telephone Number