Kansas Bureau of Investigation

Derek Schmidt
Attorney General

JUDICIAL & GUBERNATORIAL BACKGROUND INFORMATION FORM

Date _____ Agency _____

Name _____ KBI Case Number _____

INSTRUCTIONS:

Read the complete form both before and after filling it out. This form must be completely filled out in English, either electronically or, if printed out, by typing or printing all answers in **black** ink. In the event any space provided is not large enough for a complete answer, attach any explanation on a second sheet of plain white, 8 ½" x 11" paper, clearly indicating the question to which it corresponds. If any particular question or section does not apply to you, mark the question "N/A" for not applicable. Each and every question must be either answered, or marked N/A if it does not apply. If you are uncertain about any question, or you do not have access to certain requested information, answer the question to the best of your knowledge and qualify your answer as necessary. **THIS FORM SHALL NOT BE ALTERED OR AMENDED IN ANY WAY, OTHER THAN BY FILLING IN THE BLANKS TO COMPLETE THE FORM AS INDICATED.**

Please return this form and along with all of the requested documents either by e-mail at backgroundformssubmission@kbi.state.ks.us or by mail to Background Investigation Unit, Kansas Bureau of Investigation (KBI), 1620 SW Tyler, Topeka, Kansas 66612-1837.

PERSONAL INFORMATION

Information in this section is requested for identification purposes only.

1. Full Name_____
   First Middle Last

2. Race_____ Sex M Date of Birth_____ Place of Birth_____

3. Social Security Number_____ Kansas Driver's License Number_____

4. Have you ever had a driver's license in another state?_____ If so, provide details of when and where issued:_____

5. Height_____ Weight_____ Hair Color_____ Eye Color_____

6. List any other names you have used or are known by_____
   _____

7. Describe any scars, tattoos or distinguishing marks_____
   _____

8. Are you a United States Citizen?_____

9. List all addresses, both temporary and permanent, that you presently use. Include the street address, box or apartment number, city, street and zip code:

   _____ _____
   _____ _____
   _____ _____

10. Home phone number(s)_____ Cell phone number(s)_____

11. Current E-mail address(es) _____

12. List all former e-mail addresses used in the last 5 years_____
    _____
    _____

13. Do you belong to any social networking websites? Yes If yes, please list_____
    _____
    _____

FAMILY HISTORY

14. What is your present marital status? _____

15. Date and location of current marriage _____

16. Current spouse's full name _____

17. Spouse's date of birth _____ Spouse's place of birth _____

18. Spouse's Social Security Number _____

19. Spouse's current address if different from your own. _____

20. Spouse's current phone number if different from your own _____

21. Spouse's current employer _____

22. Spouse's occupation _____

23. Have you ever been separated, divorced, or widowed? No yes, explain: _____
_____

24. Date and location of legal separation _____

25. Date and location of former marriage _____

26. Date and location of divorce _____

27. Ex-spouse's full name _____

28. Ex-spouse's date of birth _____ Ex-spouse's place of birth _____

29. Ex-spouse's Social Security Number _____

30. Ex-spouse's current or last known address _____

31. Ex-spouse's current or last known phone number _____

32. Ex-spouse's current or last known employer _____

33. Ex-spouse's current or last known occupation _____

34. In the spaces below, list the requested information for each relative. Include maiden or other names used where applicable. A relative for the purpose of this form is considered to include: mother, father, stepmother, stepfather, foster parent, child (natural or adopted), stepchild, brother, sister, stepbrother, stepsister, half-brother, half-sister, father-in-law, mother-in-law and guardian.

Name_____

Date of birth_____ Relationship_____

Address_____

Phone number_____ Occupation_____

Name_____

Date of birth_____ Relationship_____

Address_____

Phone number_____ Occupation_____

Name_____

Date of birth_____ Relationship_____

Address_____

Phone number_____ Occupation_____

Name_____

Date of birth_____ Relationship_____

Address_____

Phone number_____ Occupation_____

Name_____

Date of birth_____ Relationship_____

Address_____

Phone number_____ Occupation_____

Name_____

Date of birth_____ Relationship_____

Address_____

Phone number_____ Occupation_____

Name_____

Date of birth_____ Relationship_____

Address_____

Phone number_____ Occupation_____

Name_____

Date of birth_____ Relationship_____

Address_____

Phone number_____ Occupation_____

Name_____

Date of birth_____ Relationship_____

Address_____

Phone number_____ Occupation_____

Name_____

Date of birth_____ Relationship_____

Address_____

Phone number_____ Occupation_____

Name_____

Date of birth_____ Relationship_____

Address_____

Phone number_____ Occupation_____

Name_____

Date of birth_____ Relationship_____

Address_____

Phone number_____ Occupation_____

35. List all persons, relatives or not, living with you that are not covered in the section above.

Name_____

Date of birth_____ Relationship_____

Address_____

Phone number_____ Occupation_____

Name_____

Date of birth_____ Relationship_____

Address_____

Phone number_____ Occupation_____

Name_____

Date of birth_____ Relationship_____

Address_____

Phone number_____ Occupation_____

Name_____

Date of birth_____ Relationship_____

Address_____

Phone number_____ Occupation_____

Name_____

Date of birth_____ Relationship_____

Address_____

Phone number_____ Occupation_____

Name_____

Date of birth_____ Relationship_____

Address_____

Phone number_____ Occupation_____

RESIDENCE INFORMATION

36. List your current and all previous addresses in reverse chronological order for the past 10 years (if residence was 6 months or more in duration. Use month and year for date information. Include full address with apartment number and zip code, roommate(s) names, and their current or last known address and phone numbers; and any other names on the lease agreement if applicable.

Address_____

Apartment complex name_____

Landlord's name, address and phone number_____
_____

Dates of residence_____ Did you own, rent, or lease this property? _____

Did you live with another person at this address?_____ If yes, provide name, last known address and current telephone number:_____
_____

Provide the name, last known address and phone number for someone from the area who knew you when you lived at this residence._____
_____

Additional information:_____

Address_____

Apartment complex name_____

Landlord's name, address and phone number_____
_____

Dates of residence_____ Did you own, rent, or lease this property? _____

Did you live with another person at this address?_____ If yes, provide name, last known address and current telephone number:_____
_____

Provide the name, last known address and phone number for someone from the area who knew you when you lived at this residence._____
_____

Additional information:_____

Address_____

Apartment complex name_____

Landlord's name, address and phone number_____

_____

Dates of residence_____ Did you own, rent, or lease this property? _____

Did you live with another person at this address?_____ If yes, provide name, last known address and current telephone number:_____

_____

Provide the name, last known address and phone number for someone from the area who knew you when you lived at this residence._____

_____

Additional information:_____

_____

Address_____

Apartment complex name_____

Landlord's name, address and phone number_____

_____

Dates of residence_____ Did you own, rent, or lease this property? _____

Did you live with another person at this address?_____ If yes, provide name, last known address and current telephone number:_____

_____

Provide the name, last known address and phone number for someone from the area who knew you when you lived at this residence._____

_____

Additional information:_____

_____

Address_____

Apartment complex name_____

Landlord's name, address and phone number_____

_____

Dates of residence_____ Did you own, rent, or lease this property? _____

Did you live with another person at this address?_____ If yes, provide name, last known address and current telephone number:_____

_____

Provide the name, last known address and phone number for someone from the area who knew you when you lived at this residence._____

_____

Additional information:_____

_____

Address_____

Apartment complex name_____

Landlord's name, address and phone number_____

_____

Dates of residence_____ Did you own, rent, or lease this property? _____

Did you live with another person at this address?_____ If yes, provide name, last known address and current telephone number:_____

_____

Provide the name, last known address and phone number for someone from the area who knew you when you lived at this residence._____

_____

Additional information:_____

_____

WORK EXPERIENCE

37. Show all current and previous employers (including U.S. Military Service) in reverse chronological order. List periods of self-employment and unpaid volunteer positions. Use one block for each employer or period of employment. Please add additional copies as necessary.

Employer_____

Employer's address_____

Phone number_____ Employer's phone number (if different)_____

Supervisor's name and title_____

Supervisor's address and phone number (where they can be contacted)_____

Dates of employment_____

Beginning position salary_____Ending position salary_____

Position Title_____

Was this position full time, part-time or volunteer_____

Describe the general responsibilities and duties of this position:_____

_____

_____

_____

_____

_____

Reason for leaving:_____

_____

_____

_____

List the name, address and phone number for a co-worker:_____

_____

_____

_____

Employer_____

Employer's address_____

Phone number_____ Employer's phone number (if different)_____

Supervisor's name and title_____

Supervisor's address and phone number (where they can be contacted)_____

Dates of employment_____

Beginning position salary_____Ending position salary_____

Position Title_____

Was this position full time, part-time or volunteer_____

Describe the general responsibilities and duties of this position:_____

_____

_____

_____

_____

_____

Reason for leaving:_____

_____

_____

_____

List the name, address and phone number for a co-worker:_____

_____

_____

_____

Employer_____

Employer's address_____

Phone number_____ Employer's phone number (if different)_____

Supervisor's name and title_____

Supervisor's address and phone number (where they can be contacted)_____

Dates of employment_____

Beginning position salary_____Ending position salary_____

Position Title_____

Was this position full time, part-time or volunteer_____

Describe the general responsibilities and duties of this position:_____

_____

_____

_____

_____

_____

Reason for leaving:_____

_____

_____

_____

List the name, address and phone number for a co-worker:_____

_____

_____

_____

Employer_____

Employer's address_____

Phone number_____ Employer's phone number (if different)_____

Supervisor's name and title_____

Supervisor's address and phone number (where they can be contacted)_____

Dates of employment_____

Beginning position salary_____Ending position salary_____

Position Title_____

Was this position full time, part-time or volunteer_____

Describe the general responsibilities and duties of this position:_____

_____

_____

_____

_____

_____

Reason for leaving:_____

_____

_____

_____

List the name, address and phone number for a co-worker:_____

_____

_____

_____

38. Have you ever been dismissed or asked to resign from any job or position?_____

_____

39. Have you ever left any job or position by mutual agreement to avoid firing, or have you ever quit to avoid being fired?_____ If yes, explain:_____

_____

_____

40. Has an employer ever taken disciplinary action against you such as a demotion, suspension, or a letter of reprimand?_____ If yes, explain:_____

_____

_____

41. If you have ever performed U.S. Military Service, please provide the following information (include Reserve and National Guard service):

Branch of Service_____ M.O.S._____

Dates of Service_____ Type of discharge:_____

Military Service Number_____ Commendations_____

Branch of Service_____ M.O.S._____

Dates of Service_____ Type of discharge:_____

Military Service Number_____ Commendations_____

42. List all business and professional organizations to which you belong or have belonged in the past ten years:

Organization_____

Organization address and phone_____

Dates of membership_____

Positions held_____

Purpose and type of organization_____

Name, address and phone number of someone who knew you while you belonged to this organization:__

_____

_____

_____

Organization_____

Organization address and phone_____

Dates of membership_____

Positions held_____

Purpose and type of organization_____

Name, address and phone number of someone who knew you while you belonged to this organization:__

_____

_____

_____

Organization_____

Organization address and phone_____

Dates of membership_____

Positions held_____

Purpose and type of organization_____

Name, address and phone number of someone who knew you while you belonged to this organization:__

_____

_____

_____

Organization_____

Organization address and phone_____

Dates of membership_____

Positions held_____

Purpose and type of organization_____

Name, address and phone number of someone who knew you while you belonged to this organization:__

_____

_____

_____

43. List any professional certificates or licenses that you have received. Include government security clearances, pilot's license, private investigator's license, etc.

Certificate/License_____ Dates valid_____

Address and phone number of issuing authority:_____

Certificate/License_____ Dates valid_____

Address and phone number of issuing authority:_____

Certificate/License_____ Dates valid_____

Address and phone number of issuing authority:_____

44. Have you ever had a professional license, security clearance, or certificate suspended, revoked or denied? _____ Explain in detail:_____

_____

_____

_____

_____

EDUCATION

45. List your educational experience in reverse chronological order, going back as far as high school. Include any trade, technical, or extended professional training.

Institution_____

Institution address_____

Program of study or degree received_____

Date of graduation or date degree was conferred_____ Dates attended_____

Name, address and phone number of someone who knew you while you attended this facility:_____

_____

_____

_____

Institution_____

Institution address_____

Program of study or degree received_____

Date of graduation or date degree was conferred_____ Dates attended_____

Name, address and phone number of someone who knew you while you attended this facility:_____

_____

_____

_____

Institution_____

Institution address_____

Program of study or degree received_____

Date of graduation or date degree was conferred_____ Dates attended_____

Name, address and phone number of someone who knew you while you attended this facility:_____

_____

_____

_____

Institution_____

Institution address_____

Program of study or degree received_____

Date of graduation or date degree was conferred_____ Dates attended_____

Name, address and phone number of someone who knew you while you attended this facility:_____

_____

_____

_____

46. Have you ever been expelled, suspended, or the subject of a significant disciplinary action while attending any of the above listed institutions?_____ If yes, explain_____

_____

_____

CRIMINAL HISTORY

47. Do you have pending any criminal charges in any jurisdiction? _____ If so, explain fully, including date, location, charges, arresting agency and court._____
_____
_____
_____

48. Are you currently on parole, probation, or diversion? _____ If so, explain fully, including dates, location, original charges, court and supervising officer._____
_____
_____
_____

49. List all criminal offenses for which you have been convicted. You must include expunged records, military court martials, actions under the Uniform Code of Military Justice, DUIs, serious traffic offenses, and juvenile actions. **You must include expunged records and diversions if applying for a position with a law enforcement agency, Kansas Racing Commission, Kansas Lottery, or a judicial appointment.** For the purpose of this section, Nolo Contendere pleas should be considered as convictions and listed:

Charge_____ Date of Offense or charge_____

City and State_____ Case Number _____

Court_____ Final disposition_____

Charge_____ Date of Offense or charge_____

City and State_____ Case Number _____

Court_____ Final disposition_____

Charge_____ Date of Offense or charge_____

City and State_____ Case Number _____

Court_____ Final disposition_____

50. List all offenses for which you have been arrested but not convicted, or were questioned by the police or military authorities during an investigation. Include DUIs and juvenile cases.

Charge or circumstances_____

Date of offense or incident_____ City and State_____

Law enforcement agency_____

Final disposition_____

Charge or circumstances_____

Date of offense or incident_____ City and State_____

Law enforcement agency_____

Final disposition_____

Charge or circumstances_____

Date of offense or incident_____ City and State_____

Law enforcement agency_____

Final disposition_____

Charge or circumstances_____

Date of offense or incident_____ City and State_____

Law enforcement agency_____

Final disposition_____

Charge or circumstances_____

Date of offense or incident_____ City and State_____

Law enforcement agency_____

Final disposition_____

51. Have you ever committed a felony crime for which you have not been arrested or charged? _____
_____

52. Have you ever been the subject of a complaint, e.g., sexual harassment or civil rights, to any governmental, professional or regulatory agency? _____ If so, provide details: _____
_____
_____
_____

53. List all known criminal offenses for which any members of your immediate household, related or not, have been convicted or for which they were incarcerated in the past 5 years. Provide as much information as is known to you.

Name _____ Relationship _____

Charge _____ City and State _____

Court _____ Disposition _____

Name _____ Relationship _____

Charge _____ City and State _____

Court _____ Disposition _____

Name _____ Relationship _____

Charge _____ City and State _____

Court _____ Disposition _____

Name _____ Relationship _____

Charge _____ City and State _____

Court _____ Disposition _____

CIVIL COURT ACTIONS

54. List all occasions when you have been a plaintiff or defendant in a civil court action. Include divorce, child custody and small claims cases. You do not need to list any participation in any "whistleblower" actions.

Nature of case _____

Date of case _____ City, state, and court _____

Case number _____ Disposition of case _____

Nature of case _____

Date of case _____ City, state, and court _____

Case number _____ Disposition of case _____

Nature of case _____

Date of case _____ City, state, and court _____

Case number _____ Disposition of case _____

Nature of case _____

Date of case _____ City, state, and court _____

Case number _____ Disposition of case _____

Nature of case _____

Date of case _____ City, state, and court _____

Case number _____ Disposition of case _____

ILLEGAL DRUGS AND ALCOHOL

55. Have you ever used, possessed, supplied, given away, transported, sold or manufactured any illegal drugs? When used without a prescription, illegal drugs include marijuana, hashish, cocaine, crack, narcotics (opium, morphine, codeine, diazepam, heroin, etc.); stimulants (amphetamines, methamphetamine, etc.); depressants (barbiturates, methaqualone, tranquilizers, etc.); hallucinogens (LSD, PCP, etc.). Note: The information that you provide in response to this question will not be provided for use in any criminal prosecution against you.

Yes☐ No☐

Type of substance used_____

Date(s) and location of use_____

Explanation:_____

_____

Type of substance used_____

Date(s) and location of use_____

Explanation:_____

_____

Type of substance used_____

Date(s) and location of use_____

Explanation:_____

_____

Type of substance used_____

Date(s) and location of use_____

Explanation:_____

_____

56. Do you now own or possess any of the above listed drugs or any paraphernalia? _____

If yes, explain:_____
_____

57. Are you now, or have you ever been addicted to alcohol?_____ If yes, explain:_____
_____
_____

58. Are you now or have you ever been addicted to any illegal drugs or controlled substances?____ ____
If yes, explain:_____
_____

59. Has the use of alcohol or drugs ever affected vour job performance, performance ratings or subjected you to any complaints or disciplinary actions?_____ If yes, explain:_____
_____
_____

60. Are you now. or have you ever received in-patient or out-patient treatment for substance abuse or alcoholism?_____ If yes, explain:_____
_____
_____
_____

GAMBLING

61. Have you ever engaged in illegal gambling activities?_____ If yes, explain:_____
_____
_____

62. Do you currently owe any debts as a result of gambling activities?_____ If yes, explain:_____
_____
_____

63. Do you have any business or financial interests with any organization involved in gambling activities?_____
If yes, explain:_____
_____
_____

PERSONAL REFERENCES

64. Give three references who have had continuous personal contact with you during the last five years (not relatives, employers or fellow employees), who have first hand knowledge of your character, knowledge, ability and experience.

Name _____

Address _____ Home Phone _____

Business address _____ Business Phone _____

Nature of relationship _____ Length of Relationship_____

Name _____

Address _____ Home Phone _____

Business address _____ Business Phone _____

Nature of relationship _____ Length of Relationship_____

Name _____

Address _____ Home Phone _____

Business address _____ Business Phone _____

Nature of relationship _____ Length of Relationship_____

FINANCIAL INFORMATION

65. List each financial institution in which you belong and the type of account held at that institution.

66. List all current sources of income. Include approximate yearly income totals. _____

67. Do you receive any type of disability compensation? Yes If yes, explain: _____

68. Are you currently more than 60 days delinquent on any debt or obligation? No

69. Have you ever filed bankruptcy, had your wages garnished, had property repossessed, or been evicted from any property? No If yes, please explain. List location, date, court, and case numbers if known. _____

70. Have you ever had property forfeited by any court action? No If yes, please explain. Include dates, type of property, type of action, location and court. _____

71. Do you currently owe any back income, property, or other taxes? No If yes, explain: _____

72. Do you currently have any outstanding judgments or liens against you or your spouse for any property you own or have interest in? Yes If yes, explain: _____

73. Are you current with the filing of any required tax returns or tax documents? Yes If not, explain:

74. Do you or your spouse own or have any interest in any business organization? No If yes, list the business name, address, purpose, structure, your position and interest. Identify by name, address and position any other owners, officers, or directors of that business. For the purpose of this question, an ownership interest is defined as 5% or more of the assets of the business: _____

75. List all property other than your principal residence that you or your spouse have financial interest in. Include type and location of the property as well as your approximate percentage of interest. Identify by name, address and the amount of the interest of any co-owners of the property. Include property interests in all states and any foreign countries. _____

76. Are you related by blood or marriage to anyone who is an employee of the KBI? No If yes, who? _____

77. Have you ever been the subject of a background investigation by any other governmental agency? No If yes, what agency and when: _____

78. List any other information about you that you think should be known or considered: _____

I certify that the information furnished in this application is true and correct to the best of my knowledge.

Signature_____ **Date**_____

Kansas Bureau of Investigation

Kirk Thompson
Director

Derek Schmidt
Attorney General

_____
(Date)

I hereby authorize and request any former and present employer, creditor, bank, savings and loan, credit union, finance company, mortgage company, credit card company, credit reporting agency, collection agency, school, college, university, agencies in the criminal justice system, or any other person, company or corporation to release any and all information and documentation relating to my employment, personnel records, evaluations, credit, financial condition, financial information, school activities, grades, degrees, character, integrity, criminal history including expunged records and any other information whatsoever to any agent of the Kansas Bureau of Investigation.

_____
(Signature)

_____
(Typed Name)

_____
Social Security Number

Subscribed and sworn to before me this _____ day of _____, _____.

_____
(Notary)

1620 S.W. Tyler / Topeka, Kansas 66612-1837 / (785) 296-8200 FAX (785) 296-0915

Kansas Bureau of Investigation

Kirk Thompson
Director

Derek Schmidt
Attorney General

BE SURE TO DATE AND SIGN ATTACHED WAIVERS

_____
DATE

UNDER PENALTY OF PERJURY, I CERTIFY THAT THE ANSWERS GIVEN TO QUESTIONS IN THIS BACKGROUND INFORMATION FORM ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____
SIGNED

Subscribed and sworn to before me this _____ day of

_____, _____ .

_____
(Notary)

1620 S.W. Tyler / Topeka, Kansas 66612-1837 / (785) 296-8200 FAX (785) 296-0915