



Kansas Bureau of Investigation

Kirk D. Thompson
Director

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 backgroundformsubmission@kbi.state.ks.us or by mail to Background Investigation Unit, Kansas Bureau of Investigation (KBI), 1620 SW Tyler, Topeka, Kansas 66612-1837.

Revision Date: May 2013

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 _____ Spouse's Driver's License 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? _____ If yes, explain: _____

24. Date and location of former marriage _____
25. Date and location of legal separation _____
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 _____
Address _____
Phone Number _____ Relationship _____
Occupation _____

Name _____ Date of Birth _____
Address _____
Phone Number _____ Relationship _____
Occupation _____

Name _____ Date of Birth _____
Address _____
Phone Number _____ Relationship _____
Occupation _____

Name _____ Date of Birth _____
Address _____
Phone Number _____ Relationship _____
Occupation _____

Name _____ Date of Birth _____
Address _____
Phone Number _____ Relationship _____
Occupation _____

Name _____ Date of Birth _____
Address _____
Phone Number _____ Relationship _____
Occupation _____

Name _____ Date of Birth _____
Address _____
Phone Number _____ Relationship _____
Occupation _____

Name _____ Date of Birth _____
Address _____
Phone Number _____ Relationship _____
Occupation _____

Name _____ Date of Birth _____
Address _____
Phone Number _____ Relationship _____
Occupation _____

Name _____ Date of Birth _____
Address _____
Phone Number _____ Relationship _____
Occupation _____

Name _____ Date of Birth _____
Address _____
Phone Number _____ Relationship _____
Occupation _____

35. List **all** persons, relatives or not, living with you who are not covered in the previous section, as well as people who have lived within your household during any portion of the last five years.

Name _____ Date of Birth _____
Address _____
Phone Number _____ Dates lived at same address _____
Occupation _____ Relationship _____

Name _____ Date of Birth _____
Address _____
Phone Number _____ Dates lived at same address _____
Occupation _____ Relationship _____

Name _____ Date of Birth _____
Address _____
Phone Number _____ Dates lived at same address _____
Occupation _____ Relationship _____

Name _____ Date of Birth _____
Address _____
Phone Number _____ Dates lived at same address _____
Occupation _____ Relationship _____

Name _____ Date of Birth _____
Address _____
Phone Number _____ Dates lived at same address _____
Occupation _____ Relationship _____

RESIDENCE INFORMATION

36. List your current and all previous addresses in **REVERSE chronological order** for the past 15 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, roommates' 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 sheets 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: (Dismissed for cause, laid off, took another position, other) _____

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: (Dismissed for cause, laid off, took another position, other) _____

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: (Dismissed for cause, laid off, took another position, other) _____

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: (Dismissed for cause, laid off, took another position, other) _____

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: (Dismissed for cause, laid off, took another position, other) _____

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 been counseled or disciplined for any instance related to your credibility or misrepresentation of information? _____

40. 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: _____

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

42. 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 _____

43. 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:

44. 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: _____

45. Have you ever had a professional license, security clearance, or certificate suspended, revoked, or denied?

If yes, explain in detail: _____

EDUCATION

46. List your educational experience in **REVERSE chronological order**, going back as far as high school. Include any trade or technical 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:

47. 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

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

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

50. List all criminal offenses for which you have been convicted. You must include expunged records, military court martial, actions under the uniform code for military justice, DUIs, serious traffic offenses, and juvenile actions. 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 _____

Charge _____	Date of offense or charge _____
City and State _____	Case Number _____
Court _____	Final disposition _____

51. List all offenses for which you have been investigated or questioned by the police or military authorities during an investigation, or for which you have been arrested but not convicted. 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 _____

52. Have you ever committed a felony, sexually motivated crime, crime of violence including assault, criminal or terroristic threats, criminal damage to property, official misconduct, resisting arrest, obstruction, fleeing or attempting to elude, fraud, perjury, disorderly conduct, or any crime while serving within a law enforcement agency, for which you were not arrested or charged? Yes No

If yes, explain: _____

53. Have you ever intentionally damaged property or committed theft within the workplace? Yes No If yes, please provide when, where, and what circumstances:

54. Have you committed any act of theft within the last five years? Yes No If yes, please provide when, where, and what circumstances: _____

55. Have you ever been a member of, supported, participated in, contributed to, or espoused the principles of any terrorist organization, or any organization with the intent to overthrow the government or any portion thereof? Yes No If yes, give details: _____

56. Have you ever had a search warrant served upon your person, place of residence, vehicle, property, or place of employment? Yes No If yes, please provide when, where, and what circumstances:

57. Have you ever been the subject of a complaint of domestic violence, a restraining order, a protection from abuse order, or a protection from stalking order? Yes No If yes, please provide when, where, and what circumstances:

58. Have you ever been required to register under the offender registration program of this state or any other government? Yes No If yes, please provide when, where, and what circumstances:

59. Have you ever committed any action outside of this country that would be considered an illegal offense within the USA? ___Yes ___No If yes, please provide when, where, and what circumstances:

60. Have you ever had a suspension or revocation of your driving privileges or your vehicle registration? ___Yes ___No If yes, please provide when, where, and what circumstances: _____

61. Have you ever been denied the purchase of a firearm? ___Yes ___No If yes, please provide when, where, and what circumstances: _____

62. Have you ever had a finding by the court that would reflect upon your credibility? ___Yes ___No If yes, please provide when, where, and what circumstances: _____

63. Have you ever been the subject of a hostile or productive workplace complaint, e.g., sexual harassment or civil rights, with any governmental, professional, or regulatory agency? ___Yes ___No If yes, please provide details: _____

64. 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. 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 _____

CIVIL COURT ACTIONS

65. 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 _____

ILLEGAL DRUGS AND ALCOHOL

66. Have you ever used, sold, provided, or unlawfully possessed prescription drugs that were not prescribed to you? ___ Yes ___ No If yes, please provide when, where, and what circumstances: _____

67. 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, narcotics (opium, morphine, codeine, diazepam, heroin, etc.); stimulants (amphetamines); 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: _____

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

If yes, explain: _____

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

70. Are you now, or have you ever been addicted to any illegal drugs or controlled substances? _____

If yes, explain: _____

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

72. Are you now, or have you ever received in-patient or out-patient treatment for substance abuse or alcoholism? _____ If yes, provide dates, location, institution, and an explanation: _____

GAMBLING

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

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

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

PERSONAL REFERENCES

76. 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

77. List each financial institution in which you belong and the type of account held at that institution. Please include address and phone number if known. _____

78. List all current sources of income. Include approximate yearly income totals.

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

80. Are you presently behind in the payment of any court ordered child support? ___ Yes ___ No

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

82. Do you have any unpaid fines or court costs? ___ Yes ___ No

83. Have you ever filed bankruptcy, received a garnishment, had property repossessed, or been evicted from any property? _____ If yes, please explain. List location, date, court, and case numbers if known.

84. Have you ever had property forfeited by any court action? _____ If yes, please explain. Include dates, type of property, type of action, location, and court. _____

85. Do you currently owe any back income, property, or other taxes? _____ If yes, explain: _____

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

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

88. Do you or your spouse own or have any interest in any business organization? _____ 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 questions, an ownership interest is defined as 5% or more of the assets of the business: _____

89. List all property other than your principal residence in which you or your spouse have financial interest. 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. _____

90. Are you related by blood or marriage to anyone who is an employee of the KBI? _____ If yes, who? _____

91. Have you ever been the subject of a background investigation by any other governmental agency? _____ If yes, what agency and when: _____

92. 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 D. 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)



Kansas Bureau of Investigation

Kirk D. Thompson
Director

Derek Schmidt
Attorney General

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize and request any former and present employer, (printed name) 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 or investigator of the Kansas Bureau of Investigation.

I further hereby give consent to all medical personnel to disclose the entire contents of my medical record, both past and present, including but not limited to: inpatient and outpatient treatment, information relating to any chemical/substance abuse treatment record, pharmaceutical record, psychiatric or mental health record or any other health information to any agent or investigator of the Kansas Bureau of Investigation for the purpose of a background investigation.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, the KBI is asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. 29 CFR § 1635.8(b)(1)(i)(B).

I direct that a photocopy or facsimile copy of this authorization be treated as valid as the original and authorize disclosure of my records, as stated above.

This authorization will automatically expire 120 days after signed. _____
Signature

Social Security Number

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Seal

Notary

Revised: 3/11/2013