



Kansas Bureau of Investigation

Tony Mattivi
Director

Kris W. Kobach
Attorney General

PRE-EMPLOYMENT BACKGROUND INFORMATION FORM

Candidate Name: KBI Case Number:

KBI use only

INSTRUCTIONS:

You have received a conditional offer of employment with the Kansas Bureau of Investigation (KBI). All prospective employees should be aware that prior to permanent appointment, a background investigation will be performed. This offer may be withdrawn for reasons including but not limited to: problems in work habits, integrity, supervisory/employee relationships, criminal activity and criminal associations as developed in the background investigation.

Read the complete form both before and after filling it out. This form must be completely filled out in English. In the event any space is not large enough for a complete answer, additional space is provided at the end of the questionnaire. If any particular question or section does not apply to you, mark the question N/A for "not applicable". Each question must be answered or marked N/A even if it does not apply. If you are uncertain about any question, or you do not have access to any of the requested information, answer the question to the best of your knowledge. **THIS FORM SHALL NOT BE ALTERED IN ANY WAY, OTHER THAN BY FILLING IN THE BLANKS TO COMPLETE THE FORM AS INDICATED.**

Any question falsely or incompletely answered may result in the conditional offer of employment being withdrawn. If employed, a false or incomplete statement is grounds for discharge.

PERSONAL INFORMATION

Information in this section is requested for identification purposes only.

1. Full name

First
Middle
Last
Suffix
2. Race Sex Date of Birth Place of Birth (City & State)
3. Driver's License Number (State ID #) Issuing State
4. Previous Driver's License(s) Numbers and State
5. Height Weight Hair Color Eye Color
6. Social Security Number Are you a United States Citizen?

7. List any other names you have used or are known by

First	Middle	Last	Suffix

First	Middle	Last	Suffix

First	Middle	Last	Suffix

First	Middle	Last	Suffix

8. Describe scars, tattoos or distinguishing marks.

9. List all addresses, both temporary and permanent, that you presently use.

Street address	Apt. #	City	Zip code

Street address	Apt. #	City	Zip code

Street address	Apt. #	City	Zip code

10. Home phone number(s)

11. Cell phone number(s)

12. Current E-Mail address(es)

13. List all social networking websites to which you belong.

MEDICAL INFORMATION

14. Describe any physical or emotional condition or disability that would affect your ability to perform in this position with or without reasonable accomodation.

15. Provide information for any time in which you have been committed by court order to any hospital or institution for any emotional or mental condition, or alcohol or drug treatment.

16. Have you ever taken any action in furtherance of a suicide attempt? If yes, give details:

17. Provide the full name, phone number and office address of your doctor.

18. List all prescription medications that you are currently taking that carry any warning(s) that the drug may affect your performance or judgement (e.g. your ability to drive or operate machinery...).

FAMILY HISTORY

19. What is your present marital status?

20. Date and location of current marriage

21. Current spouse's full name (even if separated):

22. Spouse's date of birth Spouse's place of birth

23. Spouse's Social Security Number Spouse's Driver's License Number

24. Spouse's current address if different from your own

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

26. Spouse's current employer, phone number and address

27. Spouse's occupation

28. Have you ever been divorced, or widowed? If yes, provide the requested information for each former spouse.

Ex-Spouse 1

- a. Ex-spouse's full name
- b. Ex-spouse's date of birth Ex-spouse's place of birth
- c. Ex-spouse's Social Security Number
- d. Date and location of former marriage
- e. Date and location of legal separation
- f. Date and location of divorce
- g. Ex-spouse's current or last known address
- h. Ex-spouse's current or last known phone number
- i. Ex-spouse's current or last known employer
- j. Ex-spouse's current or last known occupation

Ex-Spouse 2

- k. Ex-spouse's full name
- l. Ex-spouse's date of birth Ex-spouse's place of birth
- m. Ex-spouse's Social Security Number
- n. Date and location of former marriage
- o. Date and location of legal separation
- p. Date and location of divorce
- q. Ex-spouse's current or last known address
- r. Ex-spouse's current or last known phone number
- s. Ex-spouse's current or last known employer
- t. Ex-spouse's current or last known occupation

29. 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 [redacted] Date of Birth [redacted]
Address [redacted]
Phone Number [redacted] Relationship [redacted]
Occupation [redacted]

Name [redacted] Date of Birth [redacted]
Address [redacted]
Phone Number [redacted] Relationship [redacted]
Occupation [redacted]

Name [redacted] Date of Birth [redacted]
Address [redacted]
Phone Number [redacted] Relationship [redacted]
Occupation [redacted]

Name [redacted] Date of Birth [redacted]
Address [redacted]
Phone Number [redacted] Relationship [redacted]
Occupation [redacted]

Name [redacted] Date of Birth [redacted]
Address [redacted]
Phone Number [redacted] Relationship [redacted]
Occupation [redacted]

Name [redacted] Date of Birth [redacted]
Address [redacted]
Phone Number [redacted] Relationship [redacted]
Occupation [redacted]

Name [redacted] Date of Birth [redacted]
Address [redacted]
Phone Number [redacted] Relationship [redacted]
Occupation [redacted]

30. 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

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

31. Beginning with your current address and working backward, list all addresses where you have lived in 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?

Provide the name, last known address and phone number of all other persons living with you at the time.

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?

Provide the name, last known address and phone number of all other persons living with you at the time.

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?

Provide the name, last known address and phone number of all other persons living with you at the time.

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?

Provide the name, last known address and phone number of all other persons living with you at the time.

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?

Provide the name, last known address and phone number of all other persons living with you at the time.

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?

Provide the name, last known address and phone number of all other persons living with you at the time.

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

32. List **all** current and previous employers (including U.S. Military Service) with whom you have been employed in the last twenty years. Begin by listing your most recent job and work backward. Include periods of self-employment and unpaid volunteer positions. Use one block for each employer or period of employment.

Employer

Employer's address

Phone number Headquarters' 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 Headquarters' 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 Headquarters' 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 Headquarters' 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 Headquarters' 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 Headquarters' 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 Headquarters' 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 Headquarters' 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:

Provide details regarding any time, in the last twenty years, in which you were not employed.

33. Have you ever been dismissed or asked to resign from any job or position? If yes, explain:

34. Have you ever been counseled or disciplined for any instance related to your credibility or misrepresentation of information? If yes, explain:

35. 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:

36. Has an employer (including the military) ever taken disciplinary action against you such as disciplinary transfer, demotion, suspension, or a letter of reprimand? If yes, explain:

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

Branch of Service Highest rank held

Dates of Service Type of discharge

M.O.S.

Commendations

Branch of Service Highest rank held

Dates of Service Type of discharge

M.O.S.

Commendations

38. 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

Organization

Organization address and phone

Dates of membership

Positions held

Purpose and type of organization

Organization

Organization address and phone

Dates of membership

Positions held

Purpose and type of organization

Organization

Organization address and phone

Dates of membership

Positions held

Purpose and type of organization

Organization

Organization address and phone

Dates of membership

Positions held

Purpose and type of organization

39. 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:

40. Have you ever had a professional license, security clearance, or certificate suspended, revoked, or denied? If yes, explain in detail:

EDUCATION

41. List your educational experience with the most recent listed first, going back as far as high school. Include any trade or technical training.

Institution

Institution address

Dates attended

Program of study or degree received

Date of graduation or date degree was conferred

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

Institution [redacted]

Institution address [redacted]

Dates attended [redacted]

Program of study or degree received [redacted]

Date of graduation or date degree was conferred [redacted]

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

[redacted]

Institution [redacted]

Institution address [redacted]

Dates attended [redacted]

Program of study or degree received [redacted]

Date of graduation or date degree was conferred [redacted]

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

[redacted]

Institution [redacted]

Institution address [redacted]

Dates attended [redacted]

Program of study or degree received [redacted]

Date of graduation or date degree was conferred [redacted]

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

[redacted]

CRIMINAL HISTORY

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

43. 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.

44. 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

45. 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/Outcome

Charge or circumstances

Date of offense or incident City and State

Law enforcement agency

Final disposition/Outcome

Charge or circumstances

Date of offense or incident City and State

Law enforcement agency

Final disposition/Outcome

Charge or circumstances

[Redacted]

Date of offense or incident

[Redacted]

City and State

[Redacted]

Law enforcement agency

[Redacted]

Final disposition/Outcome

[Redacted]

46. 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 for which you were not arrested or charged?

If yes, explain:

[Redacted]

47. Have you ever intentionally damaged property or committed theft within the workplace? If yes, please provide when, where, and what circumstances:

[Redacted]

48. Have you committed any act of theft within the last five years? If yes, please provide when, where, and what circumstances:

[Redacted]

49. 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? If yes, give details:

[Redacted]

50. Have you ever had a search warrant served upon your person, place of residence, vehicle, property, or place of employment? If yes, please provide when, where, and what circumstances:

51. 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? If yes, please provide when, where, and what circumstances:

52. Have you ever been required to register under the offender registration program of this state or any other government? If yes, please provide when, where, and what circumstances:

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

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

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

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

57. 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? If yes, please provide details:

58. 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	<input type="text"/>	Relationship	<input type="text"/>
Charge	<input type="text"/>	City and State	<input type="text"/>
Court	<input type="text"/>	Disposition	<input type="text"/>

Name	<input type="text"/>	Relationship	<input type="text"/>
Charge	<input type="text"/>	City and State	<input type="text"/>
Court	<input type="text"/>	Disposition	<input type="text"/>

Name	<input type="text"/>	Relationship	<input type="text"/>
Charge	<input type="text"/>	City and State	<input type="text"/>
Court	<input type="text"/>	Disposition	<input type="text"/>

Name	<input type="text"/>	Relationship	<input type="text"/>
Charge	<input type="text"/>	City and State	<input type="text"/>
Court	<input type="text"/>	Disposition	<input type="text"/>

CIVIL COURT ACTIONS

59. 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 Case number

City, state, and court

Date of case Is the case resolved?

Disposition of case/Outcome

Nature of case Case number

City, state, and court

Date of case Is the case resolved?

Disposition of case/Outcome

Nature of case Case number

City, state, and court

Date of case Is the case resolved?

Disposition of case/Outcome

Nature of case Case number

City, state, and court

Date of case Is the case resolved?

Disposition of case/Outcome

ILLEGAL DRUGS AND ALCOHOL

60. Have you ever used, sold, provided, or unlawfully possessed prescription drugs that were not prescribed to you? If yes, please provide when, where, and what circumstances:

61. Have you ever used, possessed, supplied, given away, transported, cultivated, sold or manufactured any illegal drugs? When used without a prescription, illegal drugs include, but are not limited to 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:

62. Do you now own or possess any of the above listed drugs or any drug paraphernalia? If yes, explain:

63. Are you now, or have you ever abused any drugs or controlled substances? If yes, explain:

64. 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:

65. In the last ten years, excluding professional duties, have you been present when illegal drugs were used, sold, manufactured, cultivated, or grown? If yes, provide details including the location, date, drug type and activity, and persons present.

66. Other than in an official capacity, have you- during such time as you were employed with a law enforcement agency, prosecutor's office, judicial office, or other public safety agency- been present during the use, sale, distribution, manufacture, or cultivation of illegal drugs? If yes, provide details including the location, date, drug type and activity, and persons present.

GAMBLING

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

68. Do you currently owe any debts as a result of gambling (legal or illegal) activities? If yes, explain:

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

PERSONAL REFERENCES

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

Name Occupation
Address Home phone
Business address Business phone
Nature of relationship Length of relationship

Name Occupation
Address Home phone
Business address Business phone
Nature of relationship Length of relationship

Name Occupation
Address Home phone
Business address Business phone
Nature of relationship Length of relationship

FINANCIAL INFORMATION

71. 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.

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

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

74. Are you presently behind in the payment of any court ordered child support? Amount

75. Are you currently more than 60 days delinquent on any debt or obligation? Amount

76. Do you have any unpaid fines or court costs? Amount

77. 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.

78. 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.

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

80. Do you currently have any outstanding judgments or liens against you or your spouse for any property you own or have interest in? (Exclude mortgage loans) If yes, explain:

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

82. 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:

83. 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.

OTHER INFORMATION

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

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

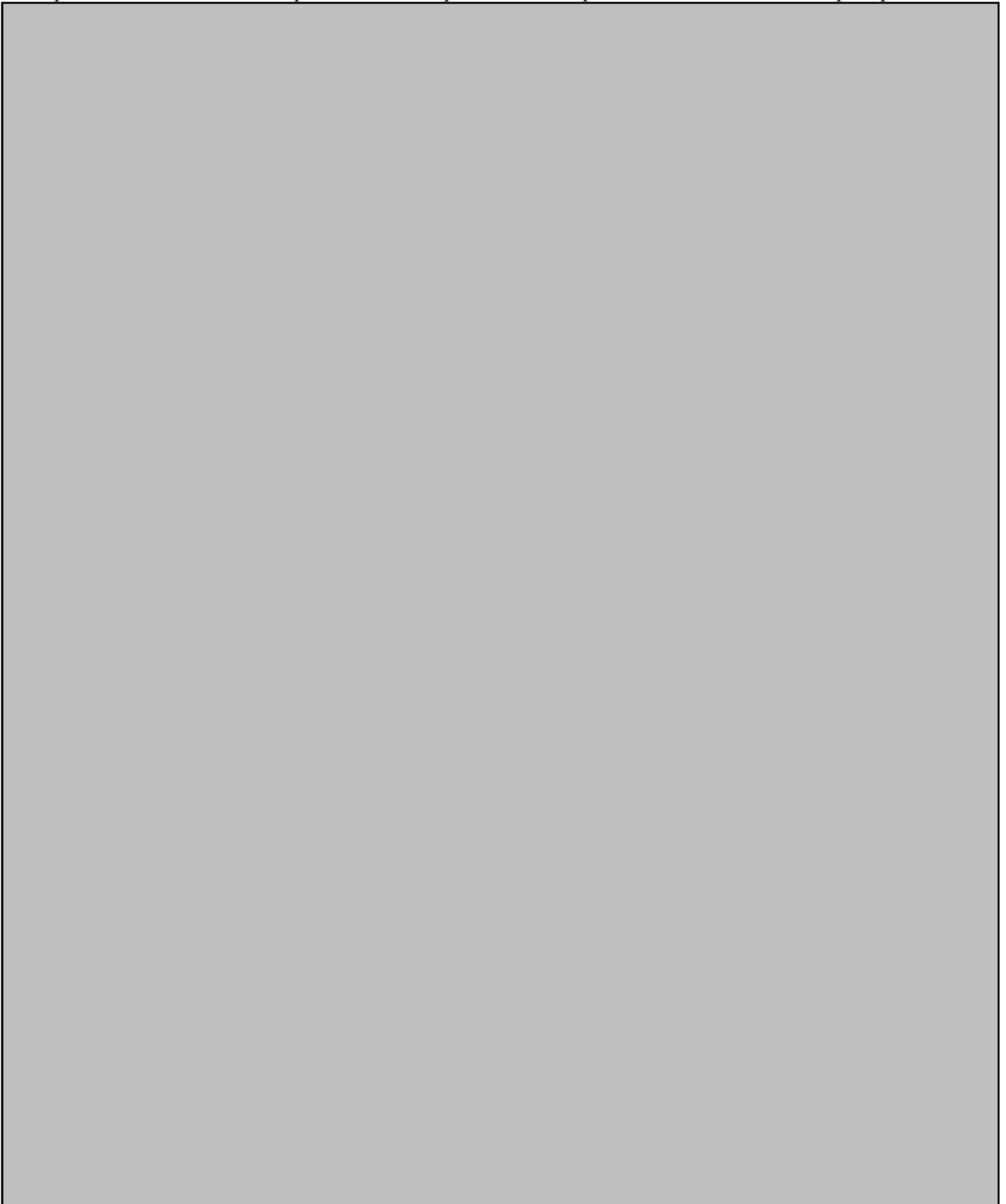
86. List any other information about you that you think should be known or considered:

A large, empty rectangular box with a black border, intended for providing additional information. The box is currently blank and occupies most of the page's vertical space.

87. This space should be used to complete answers to questions in this packet that did not fit in the space provided.

A large, empty rectangular box with a black border, intended for writing answers. The interior of the box is a uniform light gray color, providing a clear space for text.

88. This space should be used to complete answers to questions in this packet that did not fit in the space provided.



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

E-Signature Date