



KCC POLICE ACADEMY

**Application Background
Supplementation 2021-22**



kellogg.edu/law

INSTRUCTIONS: Read every question carefully. Answer every question. If the question does not apply to you, write "N/A" in the answer space. **Do not leave blank answer spaces.** Please print clearly and legibly. Attach additional pages if you need to continue an answer; please note the question you are referring to. **Applications that are incomplete or cannot be read will not be accepted.**

NOTE: It is in your best interest to make a copy of this packet and the MCOLES Personal History packet, and retain them for your records. These packets both contain information about your personal and employment history, which you will need when applying to various law enforcement agencies. Originals of both packets must be turned in with your completed academy application.

PERSONAL HISTORY

Name (Last, First, Middle)

Soc. Security #

Nickname

Date of Birth

Age

Place of Birth

City

County

State/Territory

Country

DRIVING HISTORY

Do you currently have a valid Michigan Driver's License? Yes No

Has your license ever been suspended, revoked, or restricted (other than GDL requirements)? Yes No

List all states/countries in which you have has a Driver's License or ID Card:

List all traffic-related contacts with law enforcement (including instances where no citation was given).

Attach an additional sheet if more is needed.

RESIDENTIAL HISTORY

Please list any address you have lived at since birth. Include any addresses in which you have stayed at in excess of 60 days. Begin with your current address and list them backwards. Attach an additional sheet if more space is needed.

From (Month/Year)	To (Month/Year)	Street Address	City	State/ Territory	Zip	County
	Present					

Excluding family members, list any adults (18+) you have lived with during the past five years. Attach an additional sheet if more space is needed.

Name (Last, First, Middle)

Current Street Address

City **State/Territory** **Zip Code** **Country**

Home # **Cell #** **Relationship**

Name (Last, First, Middle)

Current Street Address

City **State/Territory** **Zip Code** **Country**

Home # **Cell #** **Relationship**

Name (Last, First, Middle)

Current Street Address

City	State/Territory	Zip Code	Country
-------------	------------------------	-----------------	----------------

Home #	Cell #	Relationship
---------------	---------------	---------------------

Name (Last, First, Middle)

Current Street Address

City	State/Territory	Zip Code	Country
-------------	------------------------	-----------------	----------------

Home #	Cell #	Relationship
---------------	---------------	---------------------

Name (Last, First, Middle)

Current Street Address

City	State/Territory	Zip Code	Country
-------------	------------------------	-----------------	----------------

Home #	Cell #	Relationship
---------------	---------------	---------------------

Name (Last, First, Middle)

Current Street Address

City	State/Territory	Zip Code	Country
-------------	------------------------	-----------------	----------------

Home #	Cell #	Relationship
---------------	---------------	---------------------

EMPLOYMENT/UNEMPLOYMENT HISTORY

Have you ever been disciplined, fired, asked to resign, or resigned to avoid being fired from a position? Yes No

Please list all periods of employment or unemployment. Begin with your present employment/unemployment status and work backwards. Attach an additional sheet if more space is needed.

Date (MM/YY) From To		Business/Agency	Title	Supervisor	Contact Number	Reason for Leaving

VOLUNTEER HISTORY

Please list all periods of volunteer involvement. Begin with your present employment/unemployment status and work backwards. Attach an additional sheet if more space is needed.

Date (MM/YY) From To		Business/Agency	Title	Supervisor	Contact Number

MILITARY SERVICE HISTORY

Have you ever served on active duty with the United States Military or as a member of the Reserves or National Guard? Yes No

ACTIVE DUTY

 Branch of Service

 Dates of Service

 Type of Discharge*

*If other than "Honorable Discharge," please explain: _____

 Highest Rank

 Rank at Separation

RESERVES/NATIONAL GUARD

 Branch of Service

 Dates of Service

 Type of Discharge*

*If other than "Honorable Discharge," please explain: _____

 Highest Rank

 Rank at Separation

Were you ever arrested, cited, or apprehended by military police? Yes No

*If yes, please explain: _____

Were you ever the subject of a report or investigation by military police or other investigative service (i.e., CID, CIS, OIS)? Yes* No

*If yes, please explain: _____

DRUG & ALCOHOL USE

How often do you drink alcohol? _____ drinks/day, _____ days/week

Has anyone ever suggested to you that you might have a problem with drinking? Yes No

Have you ever tried, used, or experimented with any illegal drugs or controlled substances in the last **5 years**? Yes No

List all controlled/illegal substances you have ever tried, used, or experimented with in the last 5 years.

Drug/Substance	Have you used?	If yes, Frequency of use:	Date Last used
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Cocaine	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Amphetamines	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Methamphetamines	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
LSD	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
PCP	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Peyote	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Mushrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Ecstasy	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Inhalants	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Have you ever used medications that were not prescribed to you? Yes No

*If yes, please explain: _____

GENERAL HISTORY

Have you ever been arrested for a misdemeanor? Yes No

Have you ever been arrested for a felony? Yes No

Have you ever been interviewed as a suspect or accused in any offense? Yes No

Do you have any history of associating with criminals? Yes* No

If so, list the crime(s) & relationship(s) with the criminal: _____

Have you ever applied to work for a criminal justice organization? Yes No

*What agency? _____ *Why weren't you hired? _____

Have you ever applied to any other police academy? Yes No

*Which academy? _____

*Why are you not attending that academy? _____

Do you have any personal history (i.e. victimization or other) that would prohibit you from being objective and carrying out police duties fairly and without bias? Yes No

If so, please explain: _____

Is there any reason you may not be considered for employment as a police officer? Yes No

If so, please explain: _____

AUTOBIOGRAPHY

Please tell us about yourself. Consider the topics listed below during your writing process. Your autobiography should be typed in 12pt font, double spaced and **between 750 and 1,250 words in length**. This document will be included as part of your completed application.

- | | |
|----------------|-------------------------|
| • Education | • Community Service |
| — High School | • Successes |
| — College | • Failures |
| • Work History | • Values |
| • Strengths | • Family Life |
| • Weaknesses | • Reasons and/or events |
| • Hobbies | that encouraged |
| • Career Goals | you to become |
| • Awards | a police officer |

By signing this document, you confirm that the answers are true and accurate to the best of your knowledge, and you understand that a failure to disclose any information is subject for dismissal from the police academy.

Applicant Signature Printed Name Date