

# West Milwaukee Police Department

## PERSONAL INTEGRITY QUESTIONNAIRE– Clerk/Dispatcher

(Rev 04/2023)



### Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **Clerk/Dispatcher**.

- It is your responsibility to complete this form and provide all required information.
- Following instructions given by the recruiter, type or neatly print in black ink.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the First space provided for your response.
- If you need more space for any response, use the supplemental information page on the last page of this form (page 25) and identify the additional information by the question number.
- Following instructions given, provide the completed form to the listed contact.

### Disqualification

There are very few **automatic** bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, **deliberate misstatements or omissions** can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

***BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.***

### Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

***I have read and I understand the above instructions.***

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PERSONAL INTEGRITY QUESTIONNAIRE – Clerk/Dispatcher**

(Rev 4/2023)

**SECTION 7: FINANCIAL**

**53. INCOME AND EXPENSES**

- For each of the following questions (53A and B), fill in the amounts to the nearest dollar.
- For **Question 53A**: Provide your **total** monthly disposable income. Include money from investments, rental income, alimony, side businesses, etc.
- For **Question 53B**: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligations you may have.

A) What is your total monthly disposable income? .....	\$ _____ per month
B) How much do you spend each month? .....	\$ _____ per month

54. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
55. Have any of your bills ever been turned over to a collection agency? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
56. Have you ever had purchased goods repossessed? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
57. Have your wages ever been garnished? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
58. Have you ever been delinquent on income or other tax payments? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
59. Have you ever failed to file income tax or cheated/lied on an income tax form? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
60. Have you ever had an employment bond refused? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61. Have you ever avoided paying any lawful debt by moving away? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
62. Have you ever defaulted on (failed to pay) a loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
63. Have you ever borrowed money to pay for a gambling debt? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, do you currently have any outstanding debts as a result of gambling? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
64. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
65. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
66. Have you written three or more bad checks in a one-year period? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "YES" to any of **Questions 54-66**, explain (include when, where, and why – *reference corresponding numbers*).

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**PERSONAL INTEGRITY QUESTIONNAIRE – Clerk/Dispatcher**

(Rev 4/2023)

**SECTION 8: LEGAL**

► **Disclosure of Arrests and Convictions**

- This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**
- *If more space is needed, continue your response on page 25.*

67. Have you **EVER** been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? .....  Yes  No

IF YES, explain each incident:

67.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
DISPOSITION OR PENALTY			
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67.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
DISPOSITION OR PENALTY			
<hr/> <hr/> <hr/>			

Supplemental disclosure information included on Page 25

68. Have you ever been placed on court probation? .....  Yes  No
69. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? .....  Yes  No
70. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? .....  Yes  No
71. Have the police ever been called to your home for any reason? .....  Yes  No
72. Have you or your spouse/partner ever been referred to Child Protective Services? .....  Yes  No
73. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? .....  Yes  No
74. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? .....  Yes  No
75. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? .....  Yes  No
76. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance? .....  Yes  No
77. Have you ever filed a false insurance or workers' compensation claim? .....  Yes  No

If you answered "YES" to any of **Questions 68-77**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*). *If more space is needed, continue your response on page 25.*

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**PERSONAL INTEGRITY QUESTIONNAIRE – Clerk/Dispatcher**

(Rev 4/2023)

**SECTION 8: LEGAL** *continued*

**► Involvement in Criminal Acts – Part 1**

78. Have you committed any of the following acts ***within the past seven (7) years?*** (You do NOT have to report any acts committed ***prior to age 15.***)

- You **MUST** include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/ Police Cadet.
- **NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

78.1	Animal abuse and/or neglect .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.3	Battery (use of force or violence upon another) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.4	Brandishing a weapon (any type of weapon) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.5	Carrying a concealed weapon without a permit .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.6	Contributing to the delinquency of a minor .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.8	Driving a vehicle or operating a boat/vessel while under the influence of alcohol and/or drugs .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.10	Filing a false police report .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.11	Hit & run collision (no injuries) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.12	Illegal gambling .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.13	Illegal hunting and/or fishing (for example, without a license, out of season) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.14	Impersonating a peace officer (pretending to be a police officer) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.15	Indecent exposure and/or lewd or obscene conduct .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.16	Intentionally writing a bad check .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.17	Joyriding (using a car or other vehicle without owner's permission) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.19	Petty theft (value up to \$950, including shoplifting/switching price tags) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.20	Possession of alcohol as a minor (under the age of 21) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.21	Possession of falsified or altered identification, including use of another person's ID (for any reason) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.24	Reckless driving .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78.26	Trespassing .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PERSONAL INTEGRITY QUESTIONNAIRE – Clerk/Dispatcher**

(Rev 4/2023)

**SECTION 8: LEGAL** *continued*

78.27 Vandalism (including, but not limited to, “tagging,” malicious mischief, and/or property damage).....  Yes  No

78.28 Any other act amounting to a misdemeanor .....  Yes  No

- If you answered “YES” to **ANY** of the item(s) in **Question 78**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 78.5) for each explanation.*
- *If more space is needed, continue your response on page 25.*

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Supplemental legal information included on Page 25

**► Involvement in Criminal Acts – Part 2**

79. **At any time in your life**, have you **EVER** committed any of the following acts?

**NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

79.1 Arson (intentionally destroying property by setting a fire) .....  Yes  No

79.2 Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death) .....  Yes  No

79.3 Blackmail or extortion .....  Yes  No

79.4 Burglary (entering a structure or vehicle to commit theft or other crime) .....  Yes  No

79.5 Child molestation (performing unlawful acts with a child, inappropriate touching of a child) .....  Yes  No

79.6 Elder abuse and/or neglect (physical and/or financial) .....  Yes  No

79.7 Embezzlement (theft of money or other valuables entrusted to you) .....  Yes  No

79.8 Felony drunk driving (involving injuries) .....  Yes  No

79.9 Felony illegal sex acts .....  Yes  No

79.10 Forcible rape .....  Yes  No

79.11 Forgery (falsifying any type of document, check certificate, license, currency, etc.) .....  Yes  No

79.12 Fraudulent use of a credit, ATM, debit, and/or check card .....  Yes  No

79.13 Grand theft (value of over \$950, automobile, any firearm) .....  Yes  No

79.14 Hit & run (with injuries) .....  Yes  No

79.15 Hate crime .....  Yes  No

79.16 Insurance fraud .....  Yes  No

79.17 Murder, homicide, attempted murder, or assault with intent to commit murder .....  Yes  No

79.18 Perjury (lying under oath) .....  Yes  No

79.19 Possession of an explosive/destructive device .....  Yes  No

79.20 Robbery (theft from another person using a weapon, force, or fear) .....  Yes  No

**PERSONAL INTEGRITY QUESTIONNAIRE – Clerk/Dispatcher**

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**SECTION 8: LEGAL** *continued*

79.21	Stalking .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79.22	Theft of a vehicle and/or vehicle parts .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79.23	Viewing and/or possessing child pornography .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79.24	Any other act amounting to a felony .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you answered “YES” to **ANY** of the item(s) in **Question 79**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 79.3) for each explanation.*
- *If more space is needed, continue your response on page 25.*

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**▶ Illegal Use of Drugs**

- For the purpose of responding to the following questions, “illegal drugs” include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting “high.”
- Your responses should include — **but not be limited to** — your use of any of the following:
  - ▶ Amphetamines / Methamphetamines (*Uppers, Speed, Crank, etc*)
  - ▶ Barbiturates (*Downers*)
  - ▶ Cocaine / Crack Cocaine
  - ▶ Designer Drugs (*Ecstasy, Synthetic Heroin, etc.*)
  - ▶ GHB (*Date Rape Drug*)
  - ▶ Hallucinogens (*Peyote, LSD, Mushrooms*)
  - ▶ Hashish / Hashish Oil
  - ▶ Heroin / Opium
  - ▶ Marijuana (*with or without a prescription*)
  - ▶ Mescaline
  - ▶ Morphine
  - ▶ PCP / Angel Dust
  - ▶ Quaaludes
  - ▶ Steroids
  - ▶ Tetrahydrocannabinol (THC)
  - ▶ Glue, paint, or any substance containing toluene

80. **Within the past six months**, have you used any drug(s) as indicated above? .....  Yes  No

IF YES, give details including **drug(s) used, most recent date used, and circumstances:**

81. **Prior to the past six months:**

- I have **never** used any drug recreationally.
- I have tried or used one or more drugs, but only under **limited** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*)

IF YOU CHECKED BOX 2, give details including **drug(s) used, most recent date used, and circumstances:**

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**PERSONAL INTEGRITY QUESTIONNAIRE – Clerk/Dispatcher**

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**SECTION 8: LEGAL *continued***

82. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription?  Yes  No **If YES, indicate which activities (mark all that apply):**

- Sold
- Manufactured
- Purchased
- Furnished
- Cultivated
- Carried or Held for Another

IF ANY ITEM IS CHECKED, give details including **drug(s) involved, over what time period(s), and circumstances.**

83. During the **past five years**, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? .....  Yes  No

IF YES, explain:

Supplemental drug information included on Page 25

**SECTION 9: MOTOR VEHICLE INFORMATION**

84. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED
		/ /	

85. List other states where you have been licensed to operate a motor vehicle:

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

86. Have you ever been refused a driver's license by any state? .....  Yes  No

IF YES, explain (include when, where, and circumstances):

87. Has your driver's license ever been suspended or revoked? .....  Yes  No

IF YES, explain (include when, where, and circumstances):

**PERSONAL INTEGRITY QUESTIONNAIRE – Clerk/Dispatcher**

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**SECTION 9: MOTOR VEHICLE INFORMATION *continued***

88. List your current liability insurance on your vehicle(s).

88.1	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE	
	INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY) / /	
	ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP	CONTACT NUMBER ( )
88.2	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE	
	INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY) / /	
	ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP	CONTACT NUMBER ( )
88.3	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE	
	INSURANCE COMPANY		POLICY NUMBER		EXPIRATION DATE (MM/DD/YYYY) / /	
	ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP	CONTACT NUMBER ( )

89. Have you received any traffic citations, excluding parking citations, ***within the past seven years.***  Yes    No   ***If YES, give details below.***

89.1	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month:                      Year:		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
89.2	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month:                      Year:		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
89.3	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month:                      Year:		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

90. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following (check all that apply):

Failed to Appear    Failed to Complete Traffic School    Failed to Pay the Required Fine

IF CHECKED, explain circumstances:

\_\_\_\_\_

\_\_\_\_\_

91. Have you been involved as the driver in a motor vehicle accident ***within the past seven years?*** .....  Yes    No

IF YES, give details below.

91.1	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
91.2	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury



**PERSONAL INTEGRITY QUESTIONNAIRE – Clerk/Dispatcher**

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**SECTION 9: MOTOR VEHICLE INFORMATION** *continued*

91.3	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY		STATE
	/				
POLICE REPORT		LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	

92. Have you ever driven a vehicle without auto insurance, as required by law? .....  Yes    No

IF YES, GIVE REASON	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

93. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? .....  Yes    No

IF YES, GIVE REASON	DATE (MM/YYYY)
	/
INSURANCE COMPANY	

Supplemental motor vehicle information included on page 25

**SECTION 10: OTHER TOPICS**

94. Have you ever been refused a permit to carry a concealed weapon? .....  Yes    No

95. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? .....  Yes    No

96. Other than in self-defense, have you ever used force or violence against another person with whom you have had a dating, romantic or intimate relationship with, or who resided in the same household as you? .....  Yes    No

97. **Since the age of 15**, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? .....  Yes    No

98. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? .....  Yes    No

If you answered "YES" to any of **Questions 94–98**, give details including dates and circumstances – *reference corresponding numbers*).

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**SECTION 11: CERTIFICATION**

99. I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature in Full: ►

Date:

Use the following page to continue your responses, if/as appropriate. Be sure to review all responses carefully and provide additional information, as necessary. Reference corresponding question/item numbers.

