



Kansas Bureau of Investigation

Robert E. Blecha
Director

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Attorney General

JUDICIAL & GUBERNATORIAL BACKGROUND INFORMATION **FORM**

Date _____ Position _____

Name _____ KBI Case Number _____

INSTRUCTIONS:

Read the complete form both before and after filling it out. This form must be completely filled out, typed or printed in **black** ink. In the event any space is not large enough for a complete answer, attach any explanation on a second sheet of plain paper. 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.

Please return this form and all requested documents to Human Resource Department of the Kansas Bureau of Investigation (KBI), 1620 SW Tyler, Topeka, Kansas 66612-1837.

Revision Date: June, 2011

PERSONAL INFORMATION

Information in this section is requested for identification purposes only.

1. Full Name _____
 First Middle Last

2. Race _____ Sex _____ Social Security Number _____

3. Date of Birth _____ Place of Birth _____

4. Height _____ Weight _____ Hair Color _____ Eye Color _____

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

6. Describe any scars, tattoos or distinguishing marks _____

7. Driver's License Number _____ State of Issuance _____

8. Have you ever had a driver's license in another state? _____ If so, provide details: _____

9. Are you a United States Citizen? _____

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

_____	_____
_____	_____
_____	_____
_____	_____

11. Home phone number(s) _____

FAMILY HISTORY

12. What is your present marital status? _____
13. Have you ever been divorced, separated or widowed? _____ If yes, explain: _____

14. Current spouse's full name: _____
15. Spouse's date of birth _____ Spouse's place of birth _____
16. Spouse's Social Security Number _____
17. Spouse's current address if different from your own. _____
18. Spouse's current phone number if different from your own _____
19. Spouse's current employer _____
20. Spouse's occupation _____
21. Date and location of marriage _____
22. Date and location of legal separation _____
23. Ex-spouse's full name _____
24. Ex-spouse's date of birth _____ Ex-spouse's place of birth _____
25. Ex-spouse's Social Security Number _____
26. Ex-spouse's current or last known address _____
27. Ex-spouse's current or last known phone number _____
28. Ex-spouse's current or last known employer _____
29. Ex-spouse's current or last known occupation _____
30. Date and location of marriage _____
31. Date and location of divorce _____

32.

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

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

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Date of birth _____ Relationship _____

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Phone number _____ Occupation _____

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Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

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

Name _____
Date of birth _____ Relationship _____
Address _____
Phone number _____ Occupation _____

Name _____
Date of birth _____ Relationship _____
Address _____
Phone number _____ Occupation _____

Name _____
Date of birth _____ Relationship _____
Address _____
Phone number _____ Occupation _____

Name _____
Date of birth _____ Relationship _____
Address _____
Phone number _____ Occupation _____

Name _____
Date of birth _____ Relationship _____
Address _____
Phone number _____ Occupation _____

Name _____
Date of birth _____ Relationship _____
Address _____
Phone number _____ Occupation _____

RESIDENCE INFORMATION

34. 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, roommate(s) names, and their current or last known address and phone numbers; and any other names on the lease agreement if applicable.

Address _____

Apartment complex name _____

Landlord's name, address and phone number _____

Dates of residence _____

Did you own, rent, or 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 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 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 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 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 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

35. 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.

Employer _____

Employer's address _____

Employer's phone number _____ Supervisor's name _____

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

Dates of employment _____

Beginning position salary _____ Ending position salary _____

Was this position full time, part-time or volunteer _____

Describe the general responsibilities and duties of this position: _____

Reason for leaving: _____

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

Employer _____

Employer's address _____

Employer's phone number _____ Supervisor's name _____

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

Dates of employment _____

Beginning position salary _____ Ending position salary _____

Was this position full time, part-time or volunteer _____

Describe the general responsibilities and duties of this position: _____

Reason for leaving: _____

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

Employer _____

Employer's address _____

Employer's phone number _____ Supervisor's name _____

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

Dates of employment _____

Beginning position salary _____ Ending position salary _____

Was this position full time, part-time or volunteer _____

Describe the general responsibilities and duties of this position: _____

Reason for leaving: _____

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

Employer _____

Employer's address _____

Employer's phone number _____ Supervisor's name _____

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

Dates of employment _____

Beginning position salary _____ Ending position salary _____

Was this position full time, part-time or volunteer _____

Describe the general responsibilities and duties of this position: _____

Reason for leaving: _____

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

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

37. 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: _____

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

39. 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 _____

40. 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:___

41. 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: _____

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

EDUCATION

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

Institution _____

Institution address _____

Program of study or degree received _____

Date of graduation or date degree was conferred _____ Dates attended _____

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

Institution _____

Institution address _____

Program of study or degree received _____

Date of graduation or date degree was conferred _____ Dates attended _____

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

Institution _____

Institution address _____

Program of study or degree received _____

Date of graduation or date degree was conferred _____ Dates attended _____

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

Institution _____

Institution address _____

Program of study or degree received _____

Date of graduation or date degree was conferred _____ Dates attended _____

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

44. 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

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

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

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

Charge _____ Date of Offense or charge _____

City and State _____

Court _____ Final disposition _____

Charge _____ Date of Offense or charge _____

City and State _____

Court _____ Final disposition _____

Charge _____ Date of Offense or charge _____

City and State _____

Court _____ Final disposition _____

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

Charge or circumstances _____

Date of offense or incident _____ City and State _____

Law enforcement agency _____

Final disposition _____

Charge or circumstances _____

Date of offense or incident _____ City and State _____

Law enforcement agency _____

Final disposition _____

Charge or circumstances _____

Date of offense or incident _____ City and State _____

Law enforcement agency _____

Final disposition _____

Charge or circumstances _____

Date of offense or incident _____ City and State _____

Law enforcement agency _____

Final disposition _____

Charge or circumstances _____

Date of offense or incident _____ City and State _____

Law enforcement agency _____

Final disposition _____

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

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

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

Name _____ Relationship _____

Charge _____ City and State _____

Court _____ Disposition _____

Name _____ Relationship _____

Charge _____ City and State _____

Court _____ Disposition _____

Name _____ Relationship _____

Charge _____ City and State _____

Court _____ Disposition _____

Name _____ Relationship _____

Charge _____ City and State _____

Court _____ Disposition _____

CIVIL COURT ACTIONS

52. 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 _____

Disposition of case _____

Nature of case _____

Date of case _____ City, state, and court _____

Disposition of case _____

Nature of case _____

Date of case _____ City, state, and court _____

Disposition of case _____

Nature of case _____

Date of case _____ City, state, and court _____

Disposition of case _____

Nature of case _____

Date of case _____ City, state, and court _____

Disposition of case _____

ILLEGAL DRUGS AND ALCOHOL

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

Yes _____ No _____

Type of substance used _____

Date(s) and location of use _____

Explanation: _____

Type of substance used _____

Date(s) and location of use _____

Explanation: _____

Type of substance used _____

Date(s) and location of use _____

Explanation: _____

Type of substance used _____

Date(s) and location of use _____

Explanation: _____

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

If yes, explain: _____

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

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

If yes, explain: _____

57. 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: _____

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

GAMBLING

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

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

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

PERSONAL REFERENCES

62. 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 _____

Name _____

Address _____ Home Phone _____

Business address _____ Business Phone _____

Nature of relationship _____

Name _____

Address _____ Home Phone _____

Business address _____ Business Phone _____

Nature of relationship _____

FINANCIAL INFORMATION

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

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

65. Are you currently more than 60 days delinquent on any debt or obligation? _____
66. Have you ever filed bankruptcy, had your wages garnished, had property repossessed, or been evicted from any property? _____ If yes, please explain. List location, date, court and case numbers if known. _____

67. 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. _____

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

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

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

71. 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 question, an ownership interest is defined as 5% or more of the assets of the business: _____

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

73. Are you related by blood or marriage to anyone who is an employee of the KBI? _____ If yes, who?
74. Have you ever been the subject of a background investigation by any other governmental agency? _____ If yes, what agency and when: _____

75. 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

Robert E. Blecha
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 _____, 20____

NOTARY

Notary Seal

Revision Date: June, 2011



Kansas Bureau of Investigation

Robert E. Blecha
Director

Derek Schmidt
Attorney General

BE SURE TO DATE AND SIGN ATTACHED WAIVERS

_____ Date

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

(Signature)

(Typed Name)

(Social Security Number)

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

NOTARY

Notary Seal

Revision Date: June, 2011