

APPLICATION FOR EMPLOYMENT



CONFIDENTIAL

POLICE DEPT. USE ONLY
APPLICATION NO. _____
DATE: _____
<i>CIRCLE POSITION APPLIED FOR:</i>
POLICE OFFICER
RESERVE POLICE OFFICER

AN EQUAL OPPORTUNITY EMPLOYER

The Chief of Police declares that, subject to all applicable State and Federal statutory or judicial exemptions, all qualified applicants for employment and/or advancement whether commissioned or civilian, shall be given equal opportunity for consideration, selection, appointment and retention regardless of race, color, religion, sex, sexual orientation, national origin, age, disability or political affiliation. Complaints of discrimination should be directed to the Office of the City Administrator.

VERIFICATION OF INFORMATION

The information requested on this questionnaire will be used for reference by those who will be considering your application for a commissioned Police Officer position with the Creve Coeur Police Department. If you advance to the background investigation phase, an extensive background investigation will be conducted into your personal history. Applicants will be required to take a CVSA (Computer Voice Stress Analyzer) or other lie detector examination to confirm the information provided in this questionnaire and other application related documents.

Any FALSE, MISLEADING, or INCOMPLETE information substituted for accurate information shall be grounds to disqualify you from further consideration in the application process with the Creve Coeur Police Department.

I confirm that I have read and that I understand the above information and that all statements and/or documents presented to the Creve Coeur Police Department are true, correct, complete and made in good faith.

Signature

Date

PLEASE INDICATE THE POSITION FOR WHICH YOU ARE APPLYING: **POLICE OFFICER**
 RESERVE POLICE OFFICER

DIRECTIONS

- USE BLACK INK ONLY**
- Complete this form in your own printed handwriting.
- Be certain that your answers are legible.
- Read each question carefully before answering.
- Be certain that each question is answered completely and correctly. If a question does not apply to you, write N/A (Not Applicable) in the space; **leave no blank spaces.**
- Initial each page on bottom where indicated.
- Additional space is provided on the last page for answers which require clarification or explanation. All entries in this space shall begin with page number, section number (Roman numerals I-XII) and question number (letter A-Z) that you are explaining or clarifying.

I. PERSONAL DATA

NAME _____
 LAST FIRST MIDDLE PRIMARY PHONE # _____

ADDRESS _____
 NUMBER STREET CITY STATE ZIP ALTERNATE PHONE # _____

EMAIL _____ Preferred method of contact (circle one) Primary # Alternate # Email Address

DRIVER'S LICENSE NUMBER _____ **STATE** _____

A. LIST ANY OTHER NAMES YOU HAVE EVER USED:

1. _____ 2. _____ 3. _____

B. DO YOU HAVE ANY BODY INK? IF YES, GIVE DESCRIPTION AND LOCATION: _____

C. LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST 10 YEARS (INCLUDE ANY ADDRESSES IN THE MILITARY SERVICE)

FROM	TO	STREET ADDRESS	CITY	STATE/ZIP

D. HAVE YOU EVER APPLIED FOR A POSITION WITH THIS DEPARTMENT BEFORE? YES NO IF YES, WHAT DATE: _____

E. DOES YOUR CURRENT EMPLOYER KNOW YOU HAVE APPLIED WITH THIS DEPARTMENT? YES NO

F. ARE YOU ACQUAINTED WITH ANY CREVE COEUR POLICE DEPARTMENT EMPLOYEES? YES NO

IF YES, PLEASE LIST: 1. _____ 2. _____ 3. _____

G. HAVE YOU FILED AN EMPLOYMENT APPLICATION WITH ANY OTHER SOURCES WITHIN THE LAST TWELVEMONTHS? YES NO

ORGANIZATION OR FIRM	ADDRESS	ZIP	POSITION APPLIED FOR	DATE	DISPOSITION

I. AN EMPLOYEE OF THIS DEPARTMENT WORKS A MINIMUM EIGHT HOUR DAY, FIVE DAYS A WEEK, 50 WEEKS PER YEAR. THE POSITION YOU ARE APPLYING FOR MAY REQUIRE YOU TO WORK VARIOUS SHIFTS, SEVEN DAYS A WEEK, INCLUDING WEEKENDS AND HOLIDAYS. ARE YOU ABLE TO MEET THESE REQUIREMENTS? YES NO

J. BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION, ARE YOU ABLE TO PERFORM THESE FUNCTIONS? YES NO

II. REFERENCES

LIST FOUR CHARACTER REFERENCES (NOT RELATIVES, IN-LAWS OR PAST EMPLOYERS) WHO HAVE KNOWN YOU FOR AT LEAST THE PAST THREE YEARS.

1. NAME _____ PHONE # _____ YEARS ACQUAINTED _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 DAYTIME PHONE # _____ OCCUPATION _____

2. NAME _____ PHONE # _____ YEARS ACQUAINTED _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 DAYTIME PHONE # _____ OCCUPATION _____

REFERENCES CONTINUED

3. NAME _____ PHONE # _____ YEARS ACQUAINTED _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 DAYTIME PHONE # _____ OCCUPATION _____
4. NAME _____ PHONE # _____ YEARS ACQUAINTED _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 DAYTIME PHONE # _____ OCCUPATION _____

III. ARREST HISTORY

A. OTHER THAN TRAFFIC CITATIONS, HAVE YOU BEEN CONVICTED FOR ANY CRIME BY ANY MILITARY OR CRIMINAL COURT, EITHER IN THE UNITED STATES OF AMERICA OR IN ANY FOREIGN COUNTRY? YES NO IF YES, EXPLAIN BELOW:

DATE	CHARGE	DEPT. OR AGENCY	LOCATION: CITY, COUNTY, STATE	DISPOSITION

- B. WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS OTHER THAN A TRAFFIC CITATION?
 YES NO IF "YES" EXPLAIN: _____
- C. HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED CRIME, INCLUDING THE BUYING, SELLING OR POSSESSION OF ILLICIT DRUGS? YES NO IF "YES" EXPLAIN: _____
- D. ARE YOU NOW UNDER CHARGES FOR VIOLATION OF ANY LAW? YES NO
 IF "YES" EXPLAIN: _____

IV. EDUCATION AND SKILLS

- A. DO YOU HAVE: (CHECK ALL THAT APPLY) GED CERTIFICATE HIGH SCHOOL DIPLOMA COLLEGE DEGREE
 POSTGRADUATE DEGREE VOCATIONAL-TECHNICAL CERTIFICATE
- B. LIST ALL HIGH SCHOOLS, COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED:

ATTENDED FROM/TO	NAME & LOCATION STREET CITY, STATE, ZIP	# OF CREDITS COMPLETED	TYPE OF DEGREE/MAJOR	YEAR DEGREE WAS COMPLETED

- C. HAVE YOU BEEN SUSPENDED, EXPELLED OR ASKED TO LEAVE ANY SCHOOL FOR DISCIPLINARY REASONS? YES NO
 IF "YES" EXPLAIN: _____
- D. HAVE YOU EVER RECEIVED ANY POLICE ACADEMY TRAINING TO BE A POLICE OFFICER? YES NO
 ACADEMY _____ DATES OF ATTENDANCE/GRADUATION DATE _____
- E. INDICATE LANGUAGES YOU SPEAK, READ, AND/OR WRITE OTHER THAN ENGLISH:

	FLUENT	ABOVE AVERAGE	FAIR
SPEAK			
WRITE			

READ			
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F. SPECIAL SKILLS, QUALIFICATIONS, AWARDS AND ACCOMPLISHMENTS, INCLUDING CLERICAL SKILLS, THAT YOU WISH TO HAVE CONSIDERED: _____

V. EMPLOYMENT HISTORY

A. START WITH YOUR PRESENT OR MOST RECENT JOB AND LIST ALL OF THE PLACES YOU HAVE WORKED. LIST ALL JOBS FOR THE PAST 10 YEARS. LIST ANY ADDITIONAL EMPLOYERS ON PAGE 10.

1. EMPLOYER	TELEPHONE	DATES EMPLOYED FROM TO	JOB TITLE / WORKED PERFORMED
ADDRESS	CITY		
SUPERVISOR	STATE/ ZIP CODE	HOURLY OR ANNUAL SALARY STARTING FINAL	REASON FOR LEAVING
2. EMPLOYER	TELEPHONE	DATES EMPLOYED FROM TO	JOB TITLE / WORKED PERFORMED
ADDRESS	CITY		
SUPERVISOR	STATE/ ZIP CODE	HOURLY OR ANNUAL SALARY STARTING FINAL	REASON FOR LEAVING
3. EMPLOYER	TELEPHONE	DATES EMPLOYED FROM TO	JOB TITLE / WORKED PERFORMED
ADDRESS	CITY		
SUPERVISOR	STATE/ ZIP CODE	HOURLY OR ANNUAL SALARY STARTING FINAL	REASON FOR LEAVING
4. EMPLOYER	TELEPHONE	DATES EMPLOYED FROM TO	JOB TITLE / WORKED PERFORMED
ADDRESS	CITY		
SUPERVISOR	STATE/ ZIP CODE	HOURLY OR ANNUAL SALARY STARTING FINAL	REASON FOR LEAVING

B. HAVE YOU EVER BEEN DISMISSED, FIRED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? ___ YES ___ NO

IF "YES" EXPLAIN: _____

C. HAVE YOU EVER STOLEN ANY MONEY OR MERCHANDISE FROM ANY PLACE OF EMPLOYMENT? ___ YES ___ NO

IF "YES" EXPLAIN (include disposition of items): _____

VI. ORGANIZATION MEMBERSHIP

LIST ALL CIVIC OR SOCIAL ORGANIZATIONS, FRATERNITIES, SORORITIES, CLUBS, SOCIETIES OR GROUPS OF WHICH YOU ARE, OR HAVE BEEN A MEMBER OR ASSOCIATE:

NAME OF ORGANIZATION	LOCATION OR ADDRESS	OFFICE(S) HELD

VII. MILITARY STATUS

A. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE? ___ YES ___ NO

IF YES, REGISTRATION # _____ AND LOCATION WHERE REGISTERED _____

B. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, R.O.T.C. OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? ___ YES ___ NO

(IF YES, PLEASE LIST ALL SERVICE BELOW. IF THERE IS MORE THAN ONE PERIOD, LIST THE PERIODS SEPARATELY)

MONTH/YEAR ENTERED	BRANCH/ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK	OCCUPATIONAL SPECIALTY

--	--	--	--	--	--

- C. WERE YOU EVER REDUCED IN RANK IN THE MILITARY? YES NO
 IF YES, WHAT WAS THE RANK REDUCED FROM/TO? FROM _____ TO _____
- E. WERE YOU EVER COURT MARTIALED? YES NO TYPE OF COURT MARTIAL SUMMARY SPECIAL
 IF YES, GENERAL SENTENCE RECEIVED: _____
- F. HAVE YOU EVER RECEIVED A CAPTAIN'S MAST, COMPANY PUNISHMENT OR ARTICLE 15? YES NO
 IF "YES" EXPLAIN ON PAGE 10
- G. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT? YES NO
 IF "YES" EXPLAIN ON PAGE 10

VIII. NARCOTIC AND LIQUOR USAGE

- A. WITHIN THE LAST 24 MONTHS HAVE YOU EVER REPORTED TO WORK IMPAIRED BY ALCOHOL, OR UNABLE TO REPORT TO WORK DUE TO IMPAIRMENT BY ALCOHOL? YES NO
 IF "YES" EXPLAIN: _____
- B. WITHIN THE LAST 24 MONTHS HAVE YOU USED A CONTROLLED SUBSTANCE THAT WAS NOT PRESCRIBED TO YOU? YES NO
 IF "YES" EXPLAIN: _____

IX. USE OF FORCE

- A. YOUR DUTIES AS A POLICE OFFICER MAY INVOLVE THE USE OF FORCE AND UNDER DIRE CIRCUMSTANCES YOU MAY HAVE TO USE DEADLY FORCE. ARE THERE ANY LIMITATIONS ON YOUR ABILITY TO USE THE METHODS DEMANDED BY THE CIRCUMSTANCES IN THE EXERCISE OF GOOD JUDGMENT AND THE USE OF FORCE? YES NO IF "YES", EXPLAIN BELOW:

- B. HAVE YOU EVER USED A WEAPON TO DEFEND YOUR SELF OR OTHERS? YES NO IF "YES", EXPLAIN: _____

- C. AS THE NEED MAY ARISE AT ANYTIME, ARE YOU PHYSICALLY CAPABLE OF MAKING A FORCEFUL ARREST THAT MAY REQUIRE USING PHYSICAL STRENGTH AND EXERTION? YES NO
- D. DO YOU HAVE THE ABILITY TO DE-ESCALATE A HIGH-TENSION SITUATION? YES NO
 IF YES, HOW DO YOU KNOW? _____

X. DRIVING HISTORY

- A. HAVE ANY OF YOUR DRIVER LICENSES EVER BEEN SUSPENDED OR REVOKED IN THE LAST THREE YEARS? YES NO
 IF "YES" EXPLAIN: _____
- B. LIST ALL DRIVING CITATIONS, TICKETS OR SUMMONS YOU HAVE RECEIVED IN THE LAST 36 MONTHS, BEGINNING WITH THE MOST RECENT. IF YOU CANNOT REMEMBER EXACT DATES OR LOCATIONS, GIVE APPROXIMATE DATES AND LOCATIONS.

MONTH/YEAR	CHARGE	CITY/STATE	CITATION ISSUED BY POLICE DEPT/AGENCY	DISPOSITION

XI. NARRATIVE

IN 25 TO 50 WORDS, EXPLAIN WHY YOU WISH TO BE A POLICE OFFICER:

XII. DOMESTIC VIOLENCE

- A. HAVE THE POLICE EVER BEEN CALLED TO YOUR FORMER OR CURRENT RESIDENCE OR PLACE OF BUSINESS REGARDING AN INCIDENT OF ADULT ABUSE OR DOMESTIC VIOLENCE? ___ YES ___ NO
- B. HAVE YOU EVER BEEN DIRECTLY INVOLVED IN AN INCIDENT OF ADULT ABUSE OR DOMESTIC VIOLENCE? ___ YES ___ NO
- C. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY CRIME OF DOMESTIC VIOLENCE, WITHIN THE MEANING OF THE STATUTE 18 U.S.C. SEC 992 (G)? ___ YES ___ NO INITIAL: _____ DATE: _____

THE TERM MISDEMEANOR CRIME OF DOMESTIC VIOLENCE MEANS AN OFFENSE THAT (A) IS A MISDEMEANOR UNDER FEDERAL OR STATE LAW; AND (B) HAS AS AN ELEMENT, THE USE OF PHYSICAL FORCE, OR THE THREATENED USE OF A DEADLY WEAPON, COMMITTED BY A CURRENT OR FORMER SPOUSE, PARENT, OR GUARDIAN OF THE VICTIM, BY A PERSON WITH WHOM THE VICTIM SHARES A CHILD IN COMMON, BY A PERSON WHO IS COHABITING WITH OR HAS COHABITED WITH THE VICTIM AS A SPOUSE, PARENT OR GUARDIAN, OR BY A PERSON SIMILARLY SITUATED TO A SPOUSE, PARENT OR GUARDIAN OF THE VICTIM.

D. IF YOU ANSWERED YES TO THE ABOVE QUESTIONS, PROVIDE THE FOLLOWING CONVICTION INFORMATION:

COURT/JURISDICTION: _____ DOCKET/CASE NUMBER: _____

STATUS/CHARGE: _____ DATE SENTENCED: _____

USE THE SPACE BELOW FOR ANY ADDITIONAL INFORMATION. LIST QUESTION NUMBER TO WHICH THE INFORMATION APPLIES. PUT YOUR INITIALS AT THE END OF EACH ITEM AND SIGN YOUR INITIALS AT THE BOTTOM OF THIS PAGE. IF YOU NEED MORE SPACE, PLEASE SUBMIT FURTHER INFORMATION ON LINED PAPER IN YOUR OWN HANDWRITING.

PAGE #	SECTION	LETTER	ADDITIONAL INFORMATION
