

# APPLICATION FOR EMPLOYMENT



**CONFIDENTIAL**

**POLICE DEPT. USE ONLY**

APPLICATION NO. \_\_\_\_\_

DATE: \_\_\_\_\_

CIRCLE POSITION APPLIED FOR:

**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

1. **USE BLACK INK ONLY**
2. Complete this form in your own printed handwriting.
3. Be certain that your answers are legible.
4. Read each question carefully before answering.
5. 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.**
6. Initial each page on bottom where indicated.
7. 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  
 IF YES, PLEASE PROVIDE DETAILS

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, AS DESCRIBED IN THE ACCOMPANYING MATERIALS PROVIDED TO YOU, 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			

<b>READ</b>			
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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 REGARDING 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 ALLEGED ADULT ABUSE OR DOMESTIC VIOLENCE? \_\_\_\_ YES \_\_\_\_ NO
- B. HAVE YOU EVER BEEN DIRECTLY INVOLVED IN AN INCIDENT OF ALLEGED ADULT ABUSE OR DOMESTIC VIOLENCE? \_\_\_\_ YES \_\_\_\_ NO
- C. HAVE YOU EVER BEEN CONVICTED OF A CRIME OF DOMESTIC VIOLENCE? \_\_\_\_ YES \_\_\_\_ NO **INITIAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*THE TERM CRIME OF DOMESTIC VIOLENCE MEANS AN OFFENSE THAT (A) IS AN OFFENSE 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