

Foristell Police Department

121 Mulberry Street Foristell, Mo. 63348

Employment Application

AN EQUAL OPPORTUNITY EMPLOYER

All qualified applicants for employment, whether commissioned or civilian, shall be given equal opportunity for consideration, selection, appointment and retention regardless of race, color, religion, sex, national origin, disability, veteran status, and any other characteristic protected by law.

Verification of Information

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment with the Foristell Police Department. An extensive background investigation will be conducted into your personal and professional history. You may also be asked to provide more detailed information on your personal and social affiliations and your finances.

Any False, Misleading, Incomplete or Omitted information will be grounds to disqualify you from further consideration in the application and hiring process with the Foristell Police Department or to immediately terminate your employment if the information is discovered after you are hired.

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

Signature Date

DIRECTIONS

- 1. Use BLACK INK PEN ONLY. Complete this form in your own handwriting or printing.
- **2.** Be certain your answers are legible.
- **3.** Read each questions carefully before answering.
- **4.** Be certain each question is answered completely and correctly. Submit all documents requested. If a question does not apply to you, write N/A in the space. Leave no blank spaces.
- 5. Initial each page on the bottom right corner
- **6.** Pursuant to law, the disclosure of your Social Security Number is completely voluntary.
- **7.** Please fill out all sections of the application. Failure to complete the application form may affect you being considered for employment.

Initials	

PERSONAL DATA

Last Name		First Name		Middle
Address				
City		State		Zip Code
Home Phone		Cell Phone		E-Mail Address
Date of Birth		Place of Birth		
Social Security Number		Driver's License Number		State
Are you legally eligible to wo	ork in the United Sta	tes?		
List your present address, ar	nd then list all addres	sses lived in the past (10) year	s. (Including	Military service.)
<u>Years</u>	<u>Address</u>		<u>State</u>	<u>Zip</u>
1.				
2				
Have you filed a job applicat	ion with any other la	aw enforcement organizations u applied with:	in the last 3	years? YesNo
If Vac data of application		partment of the City of Foriston	ell before? Ye	es No
		yee of the City of Foristell? Your relationship to them:		
ir res, pieuse list tire riulire e				
Based on the functions of th		you applied which are describ rform these functions with or		

REFERENCES

List four (4) character references, not relatives, in-laws or past employers, who have known you well during the past three years or more.

		Address	City S1	tate	Zip
iome F	Phone	Cell Phone	Occupation	 n	
Name		Address	City S1	tate	Zip
Home Phone Cell Phone		Cell Phone	Occupation	n	
Name		Address	City S1	tate	Zip
Home F	Phone	Cell Phone	Occupation	 n	
			ARREST HISTOR	ov.	
n by p		officer, military police autho describe below and explain i	•		
			•		on.
on by p	If yes,	describe below and explain i	n detail on last pag	ge of application	sition
on by po	If yes,	describe below and explain i Dept. or Agency	n detail on last pag Location	e of application	sition

EDUCATION AND SKILLS

Do yo	ou have: (Check app	propriate lines)		
	_ GED Certificate _ Vocational / Tech		iploma College Deg Post-Graduate Degre	
List a	ll high school, colle	ges and universities you	ı have attended:	
1.				
	Years attended	Name and location (street, city, state, zip)	
	Major	Type of Degree	# credits completed	Year of Degree
2.	Years attended	Name and location (street, city, state, zip)	
	Major	Type of Degree	# credits completed	Year of Degree
3.	Years attended	Name and location (street, city, state, zip)	
	Major	Type of Degree	# credits completed	Year of Degree
Stude	ent Associations / A	ctivities		
Have Have If "Ye If you	you ever been place you ever received us" to any of above, a wish to do so, on	ced on academic probat any police academy tra please explain in detail a voluntary basis, pleas		
What	skills or programs	are you familiar with o	n the computer?	

Initials_____

EMPLOYMENT HISTORY

Start with your present or last job, and list all of the places you have worked for the past ten years. Any additional information can go on the last page of this application.

Employer	Address (Street, city, state, zip)
Limpioyei	Auuress (.	σα σετ, στιγ, στατε, 21ρ)
Job Title	Work Performed	Dates Employed
Supervisor	Salary / Hourly Rate	Reason for Leaving
Employer	Address (S	Street, city, state, zip)
Job Title	Work Performed	Dates Employed
Supervisor	Salary / Hourly Rate	Reason for Leaving
Employer	Address (Street, city, state, zip)
Job Title	Work Performed	Dates Employed
Supervisor	Salary / Hourly Rate	Reason for Leaving
Employer	Address (S	Street, city, state, zip)
Job Title	Work Performed	Dates Employed
Supervisor	Salary / Hourly Rate	Reason for Leaving
No		ut pay) or asked to resign from any employ e of employment? Yes No

ORGANIZATION MEMBERSHIP

List all civic or social	I organizations,	fraternities, o	lubs, b	protherhoods,	societies,	or groups of	of which yo	ou are,	or have
been, a member or	associate:								

	zation	Address		Office Held	
Name of Organiz				266 116.0	
Name of Organiz		Address		Office Held	
Name of Organiz	zation	Address		Οπιсе неіа	
Name of Organiz	zation	Address		Office Held	
Name of Organiz	zation	Address		Office Held	
_ No		the last page of this appl		tate of Missouri, by any un	
II aver served in t	the Army		Y STATUS Force Coast Guard	, and R.O.T.C, National Gua	ard or a
	-	nization? Yes No_		, and N.O.T.C, National Gua	aru or a
,	/ . 0.				
Month/Year Ent		Branch / Organization	Discharge Date	Type of Discharge	
Month/Year Ent	ered	Branch / Organization	Discharge Date	Type of Discharge	
,			Discharge Date	Type of Discharge	
Month/Year Ent		Branch / Organization ional Specialty	Discharge Date	Type of Discharge	
Rank	Occupat	ional Specialty			
,	Occupat			Type of Discharge Type of Discharge	
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Initials_____

FINANCIAL STATUS

	en delinquent in any of your financial obligations? Yes No					
	en refused credit? YesNo					
Have you ever had your property repossessed? Yes No Have you ever filed for bankruptcy? Yes No						
	en sued in court? Yes No					
•	ceived a settlement in payment for damages? Yes No					
•	ed a lawsuit or had a representative file a lawsuit on your behalf? Yes No					
Has your tax retu	rn ever been audited by the IRS for any reason other than a random audit? Yes No					
	NARCOTIC AND LIQUOR USAGE					
Do you consume a	alcohol? Yes No If yes, list number of drinks per week:					
Have you ever use	ed any illegal narcotics? Yes No If yes, list what types and dates last used:					
Have you used an If yes, list type an	y prescription drugs that were not prescribed to you? Yes No d date last used:					
	AVAILABILITY FOR WORK ne Department works a minimum twelve hours a day, minimum seven days per pay period, 26 pay dar year which will include nights, weekends, and / or holidays. Are you available to meet these es No					
	ARTICLES AND PUBLICATIONS					
	les, blogs or other works written by you which have been widely disseminated. You may be asked to or access to this information.					
1.						
	Name					
2.						
	Name					
3.						
	Name					
4.						
	Name					

USE OF FORCE

	-		another person in the course of y If "yes", please explain:	our duties as an officer, would you have ar
Hav	e you ever use	d a weapon to defen	d yourself or others? Yes	No If Yes, please explain:
			ime, are you physically capable o If No, Please explain:	f making a forceful arrest requiring physica
lict	all operator or	chauffeur licenses v	DRIVING HISTORY	neld, in Missouri or anywhere else:
	an operator or	chaunear neemses y	ou now note of have previously i	icia, ili wiissouri or arrywiicie eise.
1.	State T	ype of License	License #	Exp. Date
2.	State T	ype of License	License #	Exp. Date
3.				
	State T	ype of License	License#	Exp. Date
	all driving citat			No If "Yes", please explain: dult or juvenile, beginning with the most
1.				
	Month/Year	Charge	Agency Issuing Ticket	Disposition
2.	Month/Year	Charge	Agency Issuing Ticket	Disposition
3.	Month/Year	Charge	Agency Issuing Ticket	Disposition
4.	 Month/Year	Charge	Agency Issuing Ticket	 Disposition

ll vehicle	es you own, leas	e or have for your persor	al use:	
/ear	Make	Model	License #	State
/ear	Make	Model	License #	State
 /ear	Make	Model	License #	State
rear many tr	Make affic accidents h	Model ave you been involved (D	License # river or Passenger) in dur	State ing the past ten years?
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EXPLAINATIONS AND ADDITIONAL INFORMATION

Use this sheet for any additional information which you have been asked for or wish to provide to clarify your answers to the questions on this application. State which question the additional information applies. You may also attach additional sheets, if necessary. Put your initials at the end of each item and sign your initials at the bottom of the page.

Initials_____

APPLICATION CHECK LIST

A copy of the following documents must be included with this application, or explain fully as to why they are not included. All documents submitted become the property of the Foristell Police Department and will not be returned.

The following items should be submitted by all applicants: 1. Birth Certificate – photocopy with application (certified or notarized copy at time of hire) Yes No 2. Military Discharge DD214, indicating type of discharge Yes_____No___ 3. Special awards, commendations (school, military, etc.) Yes_____ No__ 4. Copy of any licenses held, including stated issued operator license, pilot's license, Radio operator license. Yes No 5. Missouri Police Officer License - Class A (No training certificates with application) Yes_____ No_ 6. Copy of High School and College Diploma (certified copies of high school and college transcripts at time of hire) Yes_____ No____ _____, hereby certify that all statements made in connection with this application are true and complete to the best of my knowledge and belief, and I understand and agree that any misstatements or omission of facts will cause forfeiture on my part of all rights to initial employment by the City of Foristell or continued employment if I am hired and the misstatement or omission is later discovered, even if the information would not have disqualified me for employment if timely disclosed. Signature of Applicant: Date: _____

Initials____

City of Foristell

Job Title Police Officer Exempt /Non-Exempt Non-Exempt

The City of Foristell Police Department is seeking to establish an eligibility list for Police Officers to perform police patrol, investigation, traffic regulation, and related law enforcement duties. Prior to accepting employment, applicants will be free of tattoos/brands that would be visible on the head, neck, hands, or arms while wearing uniform apparel inclusive of short sleeve shirts and/or shorts, as well as civilian attire while on duty. The selection process will include a written exam, oral board, interview with the Chief of Police and a background investigation.

Essential Duties and Responsibilities

The following duties are normal for this position. These are not to be construed as exclusive or all-inclusive. Other duties may be required and/or assigned:

- Conducts Law Enforcement patrols within the City to preserve the peace, enforce the law, control vehicle
 and pedestrian traffic, prevent, deter, and investigate reports of violations of law, while promoting the
 safety and security of the public.
- Acts as a First Responder to emergency and other calls for service and takes appropriate action to mitigate injury, damage, and safe guard property.
- Conducts follow-up investigations of crimes to include questioning victims, witnesses, suspects, and gathering of physical evidence.
- Prepares all reports and records as required by departmental policy in a professional manner and appears in Court as required.
- Assists citizens with stalled vehicles, directions, crime prevention, drug awareness and traffic safety.
- Coordinates enforcement activities within the department and with other agencies as required.
- Consults with and exchanges information with officers, the City Attorney, County Prosecutor's Office and others as required to ensure timely and effective prosecution of cases.
- Consults with police supervisory staff to coordinate investigation and enforcement activity.
- Carries out all duties in conformance with Federal, State, County, and City laws and ordinances, and in compliance with departmental rules, regulations and code of conduct.
- Maintains normal availability by radio for emergency and routine calls for service.
- Must have the ability to work all shift hours including rotating shifts as required in all types of weather for prolonged periods of time.
- Municipal court security and prisoner transport.

Minimum Training and Experience Required to Perform Essential Job Functions

All applicants must be a minimum of 21 years of age or older at the time of employment and possess or be able to obtain by date of hire a valid driver's license without record of suspension or revocation in any state. Felony convictions and disqualifying criminal histories are not permitted. Must be a U.S. Citizen, read and write the English language fluently. Applicants must be licensed to practice Law Enforcement in a Fourth Class City, located in a First Class County, with a Charter form of government (Class A license)as mandated by the Missouri Department of Public Safety Police Officer Standards in Training program (POST).

Initials	
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Authority For Release of Information

Notary: _____

Last Name:			First Name:
Middle Name:		AKA's	SState:State:
Date of Birth:	SSN:		Place of Birth:
County of Birth:		City of Birth:	State:
ı, c	o nereby auth	iorize a review of full d	disclosure of all records, or any part thereof, concerning myself, nent, whether the said records are of public, private or confident
financial or credit institution and also the records comme employment and pre-emplor against me, and the salary re records wherever filed, reco- civil and/or traffic records, the	s, including recordal or retail or retail or ment records records, real and or so of complaine results of an ethe records	cords of deposits, with redit agencies (includir , including background d personal property tax nt, arrest, trial and/or ny polygraph examinat and recollections of att	complete disclosure of the records of educational institutions; hdrawals and balances of checking and savings accounts, and loading credit reports and/or ratings); public utility companies; d reports, efficiency ratings, complaints or grievances filed by or ax statements and records, and other financial statements and conviction for alleged or actual violations of law, including crimitions, records of complaint of a civil nature made by or against rettorneys at law, or of other counsel, whether representing me of st.
personal life, for the specific Police Department to consid	purpose of pu er in determin	irsuing a background in iing my suitability for e	to provide full and free access to the background and history of nvestigation, which may provide pertinent data for the Foristell employment by that department. It is my specific intent to provi may appear to be, and sources of information specifically ident
in whole or in part, upon the Police Department. I underst Foristell Police Department a is presented and his agents a	release autho and that all th and will not be and employees f or by reason	orization will be considented materials pertaining the returned to me. I agroup, from and against all conference of complying with this	y background investigation, which is developed directly or indirectlered in determining my suitability for employment by the Forist good to this background investigation become the property of the gree to indemnify and hold harmless the person to whom this rectains, damages, losses and expenses, including reasonables a request. I further understand that in the event my application revealed to me.
A photocopy of this release f writing of signature.	orm will be va	alid as the original here	eof, even though the said photocopy does not contain and origin
government agencies, State Department with any and all	and Federal ta available info	x bureaus, credit burea ormation regarding me,	erans Administration, all military agencies, all Federal, State or leaus, schools and universities, to furnish the Foristell Police e, and for the release of any medical, physical, psychiatric, my suitability for police work.
I authorize The Foristell Police reputation.	e Department	t to make inquiry of my	y present and past employers regarding my character, integrity a
	not be in their	records, and release s	employment, credit, or any other information, whether personal said company or person from all liability for any damage whatso Police Department.
MUST BE SIGNED IN THE PRE	SENCE OF A N	OTARY:	
Signature:		Street Addre	ess:
City:		State:	Zip Code:
Subscribed and sworn before	e me this		
day of	20		
My commission expires	20		