APPLICATION FOR AT-WILL EMPLOYMENT **POLICE DEPARTMENT SUPPLEMENT APPLICATION**

Please Print _____ **Date:** _____

The following questions are to be answered only by the person applying for a position with the City of Pleasant Valley Police Department.

POSITION APPLIED FOR (One position per application)_____

Name:_____ Home Phone_____ Work Phone_____

List ALL other names you have used. Include circumstances and dates when used._____

_____

Date of birth:_____ Place of birth (City/State)_____

How long have you lived at your present address? _____

List complete name of person that you are currently residing with:_____

List those individuals whom you have resided with during the last five (5) years. Exclude family members.

FULL NAME	PRESENT ADDRESS	PHONE NUMBER

[ ] Yes [ ] No Have you ever been dismissed from school or been subject to any disciplinary action, such as scholastic probation during your academic career? If yes, please indicate circumstances of rules infraction and action taken by school or university._____

[ ] Yes [ ] No Are you currently a certified laws enforcement officer? If yes, please list state(s) of certification. _____

_____

[ ] Yes [ ] No Have you ever applied to any law enforcement agency in Missouri or any other state? If yes, give the name of the agency(s) and date(s) of application._____

[ ] Yes [ ] No Have you ever worked for any law enforcement agency in Missouri or any other state? If yes, give the name of the agency(s) and dates of employment. _____

_____

CREDIT RECORD

[ ] Yes [ ] No Has your credit record ever been considered unsatisfactory due to collections, charge-offs with a balance, liens, involuntary repossession, failure to pay just debts, judgements or foreclosures? If yes, please explain. _____

_____

DRIVER'S LICENSE RECORD

[ ] Yes [ ] No Have you ever possessed a driver's license issued by another state? If yes, please give the state, number, and expiration date. _____

[ ] Yes [ ] No If you answered yes, was your license ever suspended or revoked? If yes, please give reason, state, date and Reinstatement date. _____

[ ] Yes [ ] No Are your driving privileges restricted? If yes, please list restrictions. _____

_____

[ ] Yes [ ] No Have you ever had a lapse in automobile liability insurance? List the current liability insurance you have on your motor vehicle(s). _____

MILITARY RECORD

[ ] Yes [ ] No Have you ever served on active duty in the Armed Forces of the United States?

1. Branch_____
2. Highest rank achieved_____
3. Dates of active duty_____
4. Type of discharge_____
5. Authority for discharge (points, medical, expiration of enlistment, etc.,)_____

List all medals and decorations awarded during your military service. _____

[ ] Yes [ ] No Have you ever been the subject of a judicial or non-judicial disciplinary action while in the military? If yes, explain.

_____

[ ] Yes [ ] No Were you ever court martialed, tried on charges or subject of a summary court, desk court, Captain's Meet, company punishment or any other type of disciplinary action while in the armed forces? If yes, please explain. ___

_____

[ ] Yes [ ] No Are you a member of the Reserve or National Guard? [ ] Ready [ ] Standby

Unit and Location: _____

List any disciplinary action taken while in the National Guard or other Reserve unit. _____

_____

EMPLOYMENT HISTORY (Attach additional pages if necessary.)

List below ALL work experience <u>not listed</u> on the City of Pleasant Valley Employment Application. Please include part-time and temporary employment, as well as job-related military service. Account for any gaps in your employment history. List any self-employment. Under specific duties, describe the kind of work you did, machines or equipment operated, and the number and title of employees you supervised, if any.

Name of Company_____Address_____
Telephone Number ( ) _____
Starting Date_____Entry Job Title_____Entry Salary $_____per _____
Ending Date_____Ending Job Title_____Ending Salary $_____per_____
Name and Title of Supervisor_____
Detailed Description of Duties_____
_____
Reason for Leaving_____

Name of Company_____Address_____
Telephone Number ( ) _____
Starting Date_____Entry Job Title_____Entry Salary $_____per _____
Ending Date_____Ending Job Title_____Ending Salary $_____per_____
Name and Title of Supervisor_____
Detailed Description of Duties_____
_____
Reason for Leaving_____

Name of Company_____Address_____
Telephone Number ( ) _____
Starting Date_____Entry Job Title_____Entry Salary $_____per _____
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Name and Title of Supervisor_____
Detailed Description of Duties_____
_____
Reason for Leaving_____

Name of Company_____Address_____
Telephone Number ( ) _____
Starting Date_____Entry Job Title_____Entry Salary $_____per _____
Ending Date_____Ending Job Title_____Ending Salary $_____per_____
Name and Title of Supervisor_____
Detailed Description of Duties_____
_____
Reason for Leaving_____

COURT/CRIMINAL RECORD

[ ] Yes [ ] No Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which is totalitarian, fascist, communist or subversive, or shows a policy of advocating the commission of acts of force or violence to deny other people their rights under the Constitution of the United States, or which seeks to alter the form of government of the U.S.by unconstitutional means? If yes, explain_____

_____

[ ] Yes [ ] No Were you ever arrested or charged with any violation? List below even if there were no formal charges, no court appearance, found not guilty or other disposition. _____

_____

List any court action where you have ever been a plaintiff or defendant, including divorce. _____

_____

List all traffic citations except parking tickets. _____

_____

List any court action where you have ever been a plaintiff or defendant, including divorce. _____

_____

Has any court:

[ ] Yes [ ] No Placed you on probation

[ ] Yes [ ] No Prohibited you from possessing a firearm?

If yes to either, please give details including dates, when, where, and why. _____

_____

Have you ever been:

[ ] Yes [ ] No Required to appear before a juvenile court for an act which would have been a crime if committed by an adult?

[ ] Yes [ ] No Reported to law enforcement as a missing person or runaway?

[ ] Yes [ ] No Questioned by laws enforcement authorities?

[ ] Yes [ ] No Been contacted by the police as a possible suspect for any type of criminal investigation?

[ ] Yes [ ] No Charged with a crime?

[ ] Yes [ ] No Convicted of a felony?

If you answered 'yes' to any of the above please explain. If more room is required, please attach additional pages. _____

_____

_____

Have you ever:

[ ] Yes [ ] No Lied about anything really important?

[ ] Yes [ ] No Told a lie to stay out of trouble?

[ ] Yes [ ] No Had a warrant taken out on you?

[ ] Yes [ ] No Participated in an *undetected* crime?

[ ] Yes [ ] No Altered price tags in a store?

[ ] Yes [ ] No Lied under oath in court?

[ ] Yes [ ] No Lied on an official document?

[ ] Yes [ ] No Stolen anything?

[ ] Yes [ ] No Had any traffic violation(s)?

[ ] Yes [ ] No Habitually use(d) alcoholic beverages to excess?

If you answered yes to any of the above please explain. If more room is required, then please attach additional pages. _____

_____

_____

[ ] Yes [ ] No Have you ever used illegal drugs? If yes, please list the type of drug, dates first and last used. _____

_____

[ ] Yes [ ] No Have you ever been treated for illegal drug addiction? If yes, please explain. _____

_____

[ ] Yes [ ] No Have you ever sold illegal drugs?

[ ] Yes [ ] No If yes, were you convicted?

If convicted, was the conviction a felony or a misdemeanor? _____

PERSONAL INFORMATION

[ ] Yes [ ] No Have you ever or are you now engaged in a private business? If yes, list your capacity, name of business and dates.

_____

Do you object to:

[ ] Yes [ ] No Wearing a uniform?
[ ] Yes [ ] No Being away from home for long period of time due to official duties?
[ ] Yes [ ] No Working a regular shift (8 a.m. – 5 p.m.)?
[ ] Yes [ ] No Have you ever been bonded? If yes, on what job(s)?_____

Do you have any physical limitations that preclude you from performing the following job duties?

[ ] Yes [ ] No Stand for long periods of time, climb, balance, stoop, kneel, crawl, crouch
[ ] Yes [ ] No Frequently lift or move objects up to 50 pounds and occasionally lift or move objects up to 165 pounds
[ ] Yes [ ] No Adjust vision/focus in the use of firearms and operation of motor vehicles

If yes, describe such restrictions and specific work limitations. _____

_____

Do you have any physical limitations that preclude you from working in the following work environments?

[ ] Yes [ ] No All weather conditions including temperature extremes and wet, humid environments.
[ ] Yes [ ] No During day and night
[ ] Yes [ ] No Under emergency and stressful situations
[ ] Yes [ ] No Exposure to hearing alarms and gunfire
[ ] Yes [ ] No Exposure to smoke, noxious odors, fumes, chemicals, liquid chemicals, radioactive materials, solvents and oils
[ ] Yes [ ] No Near moving mechanical parts, vibrations and areas with risk of electrical shock
[ ] Yes [ ] No In high, precarious places

If yes, please describe such restrictions and specific work limitations. _____

_____

RELATIVES/FRIENDS EMPLOYED BY GOVERNMENT

List complete names, location and place of employment of any close relatives or friends (including in-laws) who are employed in law enforcement.

FULL NAME	RELATIVE/FRIEND	PLACE OF EMPLOYMENT

PERSONAL HISTORY

List the following information concerning relatives. If you have been married more than once, list information concerning each former spouse. If you or your spouse has stepparents, legal guardians or other with whom you lived other than you parents, then please include them. If you are engaged to be married in the near future, complete information should be included about your future spouse and future in-laws, as well.

	FULL NAME	PRESENT ADDRESS	PHONE NUMBER	DATE OF BIRTH
Father:				
Mother:				
Spouse:				

[ ] Yes [ ] No Is your spouse employed? If yes, where?_____

Father-in-law:_____
Mother-in-law:_____
Brother's name:_____
Brother's name:_____
Sister's name:_____
Sister's name:_____
Children:_____
Other:_____

PERSONAL HISTORY continued.....

List ALL previous places, states and dates of residence since age 18. (Attach a separate page, if necessary. Do not include present address.)

Street & Number	City & State	From Month/Year to Month/Year

REFERENCES

List three (3) responsible persons not listed on the City of Pleasant Valley Employment Application (not former employers or relatives) whom you have known for at least three (3) years and will serve as a reference for you.

NAME	ADDRESS	PHONE	OCCUPATION

List three (3) social acquaintances in your own age group, listing complete information. Do not include individuals listed as references on the City of Pleasant Valley Employment Application.

NAME	ADDRESS	PHONE	OCCUPATION

List three (3) neighbors, listing complete information. Do not include individuals listed as references on the City of Pleasant Valley Employment Application.

NAME	ADDRESS	PHONE	OCCUPATION

BIOGRAPHY

In your own handwriting in the space below, please provide a short biography of yourself and why you want to work with the City of Pleasant Valley Police Department. There is no specific information that is required or requested; whatever you feel is pertinent. The biography submitted should NOT be any longer than in the space provided. It is not expected to be in depth or exhaustively detailed.

I hereby certify that all statements made herein or attached hereto are true and I understand that, if employed, any falsehood or misrepresentation is cause for separation from service with the City of Pleasant Valley, Missouri. I authorize the release of such information as my work, school, police, medical, personal and mental records and other information as needed to determine my qualifications for the position I am seeking with the City of Pleasant Valley, Missouri. I agree to submit to a pre-employment drug screen and physical as required for the position for which I am applying.

Applicant's Signature_____Date:_____