



# **CITY OF PEVELY**

## **PEVELY POLICE DEPARTMENT**

### **APPLICATION FOR EMPLOYMENT**

I, (PRINT FULL NAME) \_\_\_\_\_ HEREBY CERTIFY THAT I HAVE PERSONALLY COMPLETED THIS APPLICATION, THAT ALL STATEMENTS MADE, OR INFORMATION OR DOCUMENTS FURNISHED IN CONNECTION WITH MY APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I HAVE NOT KNOWINGLY WITHHELD ANY INFORMATION WHICH MIGHT ADVERSELY AFFECT MY CHANCES FOR EMPLOYMENT. I UNDERSTAND THAT ANY MIS-STATEMENTS OR OMISSIONS OF MATERIAL FACTS MAY BE CAUSE FOR REJECTION OF MY APPLICATION, OR IF I AM ACCEPTED FOR EMPLOYMENT, FOR LATER DISMISSAL.

I HEREBY AUTHORIZE ALL FEDERAL, STATE AND LOCAL LAW ENFORCEMENT AGENCIES AND INSTRUMENTALITIES OF GOVERNMENT INCLUDING THE INTERNAL REVENUE SERVICE; ALL PHYSICIANS, HOSPITALS, CLINICS, AND INSURANCE COMPANIES; ALL CREDIT BUREAUS AND FINANCIAL INSTITUTIONS, AND ALL SCHOOLS, COLLEGES, AND UNIVERSITIES TO FURNISH THE CITY OF PEVELY, OR IT'S REPRESENTATIVE, WITH ANY AND ALL INFORMATION IN THEIR POSSESSION OR FILES REGARDING ME, FOR THE PURPOSE OF DETERMINING MY SUITABILITY FOR EMPLOYMENT WITH THE CITY OF PEVELY.

I FURTHER AUTHORIZE ALL OF MY PREVIOUS EMPLOYERS WHETHER NAMED IN THIS APPLICATION OR NOT, TO PROVIDE THE CITY OF PEVELY, OR ITS REPRESENTATIVE, WITH DETAILS OF MY EMPLOYMENT HISTORY, INCLUDING BUT NOT LIMITED TO: SALARY, DISCIPLINARY ACTIONS, AND REASONS FOR LEAVING OR TERMINATION. IN CONNECTION WITH THE FOREGOING, I UNDERSTAND AND AGREE THAT THE CITY OF PEVELY, OR ITS REPRESENTATIVE, MAY DISCUSS MY CHARACTER, REPUTATION, AND INTEGRITY WITH ANY PERSON HAVING ACCESS TO INFORMATION ABOUT ME, INCLUDING WITH ANY PERSONS THAT I HAVE LISTED AS REFERENCES IN MY APPLICATION.

I UNDERSTAND AND AGREE THAT I MAY BE REQUIRED TO SUBMIT TO TESTS; WRITTEN, ORAL, DRUG TESTS, AND OTHER SIMILAR TESTS AS A PREREQUISITE TO EMPLOYMENT WITH THE CITY OF PEVELY. I ALSO UNDERSTAND THAT THE CITY OF PEVELY MAY

OBTAIN A CREDIT CHECK ON ME.

BY SIGNING THIS AUTHORIZATION, I EXPRESSLY WAIVE MY RIGHTS TO PRIVACY OR NOTICE THAT I MAY HAVE UNDER FEDERAL, OR STATE LAWS INCLUDING, BUT NOT LIMITED TO, THE FAIR CREDIT REPORTING ACT. ANY INDIVIDUAL, CORPORATION, GOVERNMENT, AGENCY, OR OTHER ENTITY WHICH FURNISHES INFORMATION TO THE CITY OF PEVELY OR IT'S REPRESENTATIVE, IS RELIEVED OF ALL LIABILITY TO ME FOR ANY LOSS OR DAMAGE THAT I MAY SUFFER AS A RESULT. I AGREE THAT MY APPLICATION MAY BE PROVIDED TO ANOTHER CITY GOVERNMENT, OR ITS REPRESENTATIVE, FOR PROPER PURPOSES. A COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS VALID AS THE ORIGINAL.

I REALIZE THAT THE COMPLETION, RETENTION, OR USE OF THIS APPLICATION DOES NOT MEAN THAT A POSITION IS OPEN AT THIS TIME, OR THAT I QUALIFY OR HAVE BEEN ACCEPTED FOR EMPLOYMENT. I UNDERSTAND THAT THIS DOCUMENT DOES NOT CONSTITUTE AN OFFER OF EMPLOYMENT.

I ALSO UNDERSTAND THAT IF I AM EMPLOYED, I AM REQUIRED TO ABIDE BY ALL THE RULES AND REGULATIONS OF THE EMPLOYER AND ANY SPECIAL AGREEMENTS REACHED BY THE EMPLOYER AND ME.

**THE CITY OF PEVELY WILL NOT PROCESS THIS APPLICATION UNLESS ALL THE INFORMATION REQUESTED HAS BEEN PROVIDED, ALL CERTIFICATES AND COPIES OF TRAINING AND EDUCATION MUST BE ATTACHED AND THIS WAIVER HAS BEEN SIGNED AND WITNESSED.**

\_\_\_\_\_  
PRINT OR TYPE FULL NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT WITNESS NAME

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE

# **Application Attachments**

The following copies of supporting documents are to be submitted with your application.

1. Birth Certificate
2. Diploma (s) or Certificates
3. Valid Driver's License
4. Honorable Discharge
5. Recent Photograph

You must also submit a handwritten two hundred and fifty-word autobiography, to include why you want to enter the law enforcement profession.

**APPLICANT INFORMATION**  
(PLEASE PRINT OR TYPE)

PLEASE FILL OUT THIS APPLICATION TO THE BEST OF YOUR ABILITY. THE CITY OF PEVELY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, OR DISABILITY.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOW LONG AT THIS ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESSES FOR THE PAST TEN YEARS \_\_\_\_\_

MARTIAL STATUS: \_\_\_\_\_ SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ WIDOWED \_\_\_\_\_ DIVORCED

SEPARATED \_\_\_\_\_

SPOUSE NAME: FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ MAIDEN \_\_\_\_\_

SPOUSE'S OCCUPATION \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS JOB OPENING: \_\_\_\_\_

**EMPLOYMENT HISTORY**

PLEASE BEGIN WITH YOUR CURRENT OR LAST JOB. INCLUDE MILITARY ASSIGNMENTS. IF YOU INCLUDE VOLUNTEER ACTIVITIES, PLEASE EXCLUDE ANY ORGANIZATIONS THAT MIGHT INDICATE RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY, OR OTHER PROTECTED STATUS.

1. EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE (INCLUDE AREA CODE) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TO \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ANNUAL WAGES (ENDING) \$ \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

JOB RESPONSIBILITIES \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

2. EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE (INCLUDE AREA CODE) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TO \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ANNUAL WAGES (ENDING) \$ \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

JOB RESPONSIBILITIES \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

3. EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE (INCLUDE AREA CODE) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TO \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ANNUAL WAGES (ENDING) \$ \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

JOB RESPONSIBILITIES \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

4. EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE (INCLUDE AREA CODE) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TO \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ANNUAL WAGES (ENDING) \$ \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

JOB RESPONSIBILITIES \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**EDUCATION:**

YEARS COMPLETED 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20+

PLEASE INCLUDE THE SCHOOL NAME, LOCATION, DIPLOMA, OR DEGREE RECEIVED, AND AREA OF STUDIES. USE EXTRA PAPER AND ATTACH IF NECESSARY. ATTACH COPIES OF CERTIFICATES AND DIPLOMAS.

ELEMENTARY \_\_\_\_\_

CITY & STATE \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

CITY & STATE \_\_\_\_\_

TRADE SCHOOL \_\_\_\_\_

CITY & STATE \_\_\_\_\_

COLLEGE \_\_\_\_\_

CITY & STATE \_\_\_\_\_

GRADUATE SCHOOL \_\_\_\_\_

SPECIALIZED TRAINING, APPRENTICESHIPS, OR SPECIAL JOB-RELATED SKILLS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HONORS, AWARDS, COPYRIGHTS, OR PATENTS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROFESSIONAL, TRADE BUSINESS, OR CIVIC ORGANIZATIONS/OFFICES (PLEASE EXCLUDE ORGANIZATION THAT MIGHT INDICATE RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY, OR OTHER PROTECTED STATUS.

\_\_\_\_\_  
\_\_\_\_\_

**MILITARY HISTORY:**

JOB RELATED TRAINING \_\_\_\_\_

\_\_\_\_\_  
CURRENT STATUS \_\_\_\_\_

**PERSONAL:**

HAVE YOU EVER APPLIED TO THE CITY OF PEVELY BEFORE? \_\_\_\_\_ YES \_\_\_\_\_ NO

WHEN \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? \_\_\_\_\_ YES \_\_\_\_\_ NO

WHEN \_\_\_\_\_

POSITION HELD \_\_\_\_\_

MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_ YES \_\_\_\_\_ NO

CAN YOU PERFORM THE ESSENTIAL JOB FUNCTIONS OF THIS JOB? \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF THE POSITION REQUIRES DRIVING, DO YOU HAVE A VALID MISSOURI DRIVER'S  
LICENSE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, LICENSE NUMBER AND STATE \_\_\_\_\_

IF NO, EXPLAIN \_\_\_\_\_

IF APPLYING FOR A POSITION THAT REQUIRES DRIVING, HAVE YOU BEEN TICKETED FOR  
A MOVING VIOLATION IN THE LAST THREE YEARS? \_\_\_\_\_ YES \_\_\_\_\_ NO

EXPLAIN \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF NOT, CAN YOU PROVIDE PROOF OF IDENTIFICATION AND PROOF OF ELIGIBILITY TO  
WORK IN THIS COUNTRY? \_\_\_\_\_ YES \_\_\_\_\_ NO



ARE YOU CURRENTLY ON "LAYOFF" STATUS, SUBJECT TO RECALL? \_\_\_\_ YES \_\_\_\_ NO

WHEN COULD YOU START EMPLOYMENT WITH US? \_\_\_\_\_

ARE YOU AVAILABLE \_\_\_\_ FULL TIME \_\_\_\_ PART-TIME \_\_\_\_ TEMPORARY

CAN YOU WORK SHIFTS? \_\_\_\_ YES \_\_\_\_ NO

WHAT BANK DO YOU DO BUSINESS WITH?

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

WHAT ACCOUNTS DO YOU HAVE WITH THEM? \_\_\_\_ CHECKING \_\_\_\_ SAVINGS \_\_\_\_ LOAN

**REFERENCES OTHER THAN PREVIOUS EMPLOYERS OR RELATIVES:**

1. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THIS PERSON \_\_\_\_\_

2. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THIS PERSON \_\_\_\_\_

3. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THIS PERSON \_\_\_\_\_

4. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THIS PERSON \_\_\_\_\_

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**THE FOLLOWING INFORMATION IS REQUIRED OF THOSE APPLICANTS SEEKING  
EMPLOYMENT WITHIN THE POLICE DEPARTMENT OR THE DISPATCHING SECTION:**

**POLICE/DISPATCHER TRAINING AND EXPERIENCE**

**POLICE:**

ARE YOU A GRADUATE OF A BONA FIDE POLICE ACADEMY? \_\_\_\_\_ YES \_\_\_\_\_ NO

NAME OF ACADEMY \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ TO \_\_\_\_\_

NUMBER OF TRAINING HOURS AWARDED \_\_\_\_\_

**DISPATCHING:**

ARE YOU A GRADUATE OF A SPECIAL TRAINING COURSE IN DISPATCHING? YES NO

NAME OF COURSE/SCHOOL \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ TO \_\_\_\_\_

LIST OTHER LAW ENFORCEMENT/DISPATCHING TRAINING AND SEMINARS, INCLUDING DATES AND LOCATIONS. ATTACH COPIES OF CERTIFICATES OF COMPLETION. USE ADDITIONAL PAGES IF NECESSARY.

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**POLICE:**

HAVE YOU EVER WORKED AS A POLICE OFFICER, RESERVE OFFICER, SPECIAL POLICE OFFICER, POLICE EXPLORER, DISPATCHER, POLICE CIVILIAN EMPLOYEE, OR IN OTHER CAPACITY RELATED TO LAW ENFORCEMENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, LIST WHERE YOU WORKED, WHERE IF NEEDED. \_\_\_\_\_

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**ALL APPLICANTS:**

DO YOU NOW, OR HAVE YOU IN THE PAST, BELONGED TO ANY ORGANIZATION THAT PROMOTES DISCRIMINATION OR BIAS IN REGARD TO RACE, SEX, RELIGION, COLOR, NATIONAL ORIGIN, AGE, DISABILITY, OR ANY OTHER PROTECTED STATUS OR ADVOCATES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES?

\_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, EXPLAIN: \_\_\_\_\_

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IT IS THE RESPONSIBILITY OF THE APPLICANT TO NOTIFY THE CITY OF PEVELY OF ANY CHANGE IN ADDRESS. OTHERWISE, THE CITY WILL NOT BE RESPONSIBLE FOR YOUR FAILURE TO RECEIVE NOTIFICATION.

**THE SIGNATURE OF THE APPLICANT ATTESTS THAT ALL OF THE INFORMATION GIVEN IN THIS EMPLOYMENT APPLICATION IS TRUE TO THE BEST OF THEIR KNOWLEDGE.**

SIGNATURE OF APPLICANT: \_\_\_\_\_

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