



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

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 TRAINNG 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.

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. _____

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: _____

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: _____