

Town and Country Police Department

Committed to



Integrity & Equity

Application for Employment
Commissioned Officer

Patrick W. Kranz
Chief of Police

Town and Country Police Department
1011 Municipal Center Drive
Town and Country, MO 63131-1101
314-432-4696
www.town-and-country.org

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SUMMARY OF TOWN AND COUNTRY EMPLOYEE BENEFITS

The following benefits are effective the first day of the month following the month of employment:

The City pays the dental & medical insurance premiums for the employee's coverage, dependent coverage is available as noted below. Details on all employee benefits are available from the Finance Director.

MEDICAL: The City pays 100% of the employee's medical coverage. Dependent coverage is available at a cost to the employee of 50% of the dependent premium. The City pays the remaining 50% of the cost of dependent coverage premium. Employees who have attained the age of 55 at the time of retirement and who have worked a minimum of ten years for the City preceding their retirement, may continue to participate in the medical plan until the retiree becomes Medicare eligible or until the retiree becomes eligible for other group medical insurance, provided the employee pays the monthly premium in advance of the first day of the month for which the premium is due. Coverage is effective on the first day of the month following the month of employment.

DENTAL: The City pays 100% of the employee's dental coverage. Dependent coverage is available at a cost to the employee of \$5.00 per month. The City pays the additional cost of the premium for dependent coverage. Coverage is effective on the first day of the month following the month of employment.

OTHER BENEFITS:

PENSION: Defined benefit plan through LAGERS, pension formula is equal to 2% of average salary (last 36 months of employment) X (years of credited service) to age 65, 1¾% of final average salary X (years of credited service) at age 65, 5 year vesting, normal retirement age 60 for general employees and 55 for police employees. The plan requires employees to contribute 4% of their gross earnings on an after tax basis.

VACATION: 3.08 hrs/pay pd Hire date through Dec 31 of 2nd calendar year
80 hours/2 weeks - Jan 1st of 3rd calendar year of service - 5th yr service anniversary
120 hours/3 weeks - Jan 1st following 5th yr service anniversary - 15th yr service anniversary
160 hours/4 weeks - Jan 1st following 15th yr service anniversary and beyond

A pro-rated increase of 1.5 vacation hours per pay period for each full pay period between the service anniversary date and December 31st of that year is received in the fifth and fifteenth service years.

HOLIDAYS: 10 regularly scheduled paid holidays plus two paid discretionary holidays.

SICK LEAVE: Employee earns .04615 hours of sick leave for each straight time hour worked. Maximum accrual 520 hours. Sick leave will accrue but may not be used during first three months of employment.

DEFERRED COMPENSATION PLANS: Employees are eligible to participate in the City's 457 deferred compensation plan through ING or ICMA. Contributions to the plan are payroll deducted.

SUMMARY OF TOWN AND COUNTRY EMPLOYEE BENEFITS (cont.)

WORKERS COMPENSATION: Employees are covered as required by law.

SOCIAL SECURITY: Employees are covered by social security.

TUITION REIMBURSEMENT: All full-time employees, in good standing, with a minimum of 1 year of service are eligible for a maximum tuition reimbursement of \$5,000 per calendar year for approved job related courses, according to the Tuition Reimbursement Policy of the City of Town and Country.

EMPLOYEE ASSISTANCE PROGRAM: The City provides an employee assistance program which provides confidential personal consulting as well as 24 hour phone consulting for employees in need of these services. Up to 6 (1 hour) counseling hours per employee per problem per year is provided for employees and their dependents.

TERM LIFE INSURANCE/AD&D: 1½ times annual salary, minimum \$30,000. Coverage is effective on the 31st day of employment. Line of Duty coverage is provided to qualifying public safety employees. The coverage pays an additional 1½ times annual salary, maximum \$100,000 if the officer is killed in the line of duty. The City pays the premiums for the above coverage. Employees may purchase additional term life insurance. (Cost Life: \$.25 per \$1,000 coverage, of which \$.01 per \$1,000 is for Line of Duty coverage; AD&D \$.08 per \$1,000 coverage;)

LONG TERM DISABILITY (LTD): City provides LTD equal to 60% of monthly base wage, following a 90 day elimination period, reduced by certain other sources of income i.e. Workers' Compensation. There is a minimum LTD benefit of \$50 or 15% of Maximum LTD benefit, whichever is greater. Coverage is effective on the 31st day of employment. The premiums are paid by the City.

MISSOURI SAVINGS FOR TUITION PROGRAM (MOST): City provides payroll deduction and remittance of contributions to Missouri Savings for Tuition accounts established by the employees through the state of Missouri for qualifying beneficiaries. MOST accounts are managed by TIAA-CREF. The minimum contribution amount through payroll deduction is \$15.00 per account per pay period and may accumulate up to a lifetime maximum of \$100,000 in all accounts for the same beneficiary. Account funds may be used to fund higher education costs for the designated beneficiary. (See additional information further explaining the plan)

VOLUNTARY INSURANCE: The City offers voluntary accident, cancer, and long-term care insurance coverage through AFLAC. The premiums are paid by the employee and may be payroll deducted.

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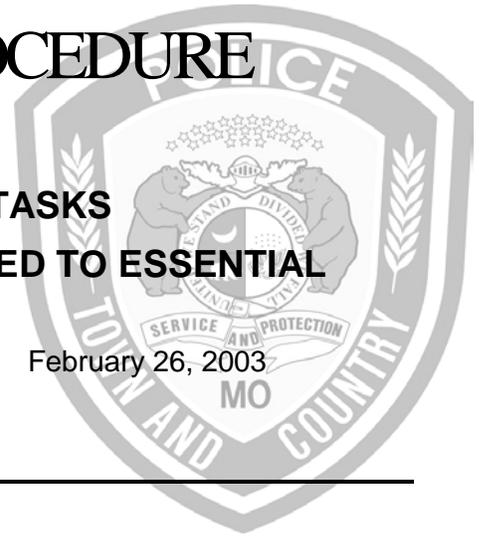
**ESSENTIAL FUNCTIONS
& RELATED TASKS**

STANDARD OPERATING PROCEDURE

SECTION H

- I. ESSENTIAL FUNCTIONS AND RELATED TASKS
- II. EQUIPMENT AND ENVIRONMENT RELATED TO ESSENTIAL FUNCTIONS

February 26, 2003



I. ESSENTIAL FUNCTIONS AND RELATED TASKS

General Statement of Duties:

Under regular and close supervision, performs basic law enforcement duties consistent with the mission, goals and objectives of the Town and Country Police Department and in compliance with governing federal, state and local laws.

A. *Conduct initial investigations of various crimes and events*

Essential Tasks:

1. *Interview complainants, witnesses, etc.*
2. *Listen closely to interviewee, suspect, etc. to ensure full understanding of person's words*
3. *Conduct neighborhood canvas to collect crime related information*
4. *Interrogate suspects*
5. Conduct field or scene one-on-one "show-up" with victim or witness to identify a suspect
6. Review facts of case to determine whether case is a criminal or civil matter
7. Locate and/or identify witnesses to a crime
8. Write down sworn confessions or other sworn statements from suspects, victims, and witnesses
9. Prepare arrest-related paperwork
10. Summarize in writing the statements of witnesses and complainants
11. Describe persons to other officers (e.g., suspects, missing person)
12. Conduct field interview of suspicious persons
13. Write field notes to record actions, interviews, etc.
14. Talk with families of juvenile suspects or defendants to advise, notify, counsel, etc.

15. Recognize and define elements of individual criminal charges
16. Conduct initial investigations of various criminal and non-criminal events

B. Protect crime scene and collect evidence and information

Essential Tasks:

1. Secure crime scene, i.e. establish perimeter security
2. Collect evidence and property from crime scene
3. Analyze crime scene to determine need for specialist processing
4. Fill out forms to document chain of custody of evidence
5. Examine evidence from crime scene to determine relevance
6. Locate and collect latent evidence, e.g., impressions or prints
7. Package evidence
8. Describe in written form the location of physical evidence at scene
9. Initial / mark / label evidence
10. Initial / mark / label recovered property
11. Protect and preserve evidence
12. Tag confiscated properties

C. Arrest and detain persons

Essential Tasks:

1. Book persons in custody by completing arrest and related forms
2. Examine physical condition / appearance of prisoners and/or persons in custody to assess need for medical attention
3. Observe persons in custody to determine whether they are intoxicated or in medical distress, mentally ill, retarded, etc.
4. Recognize signs of suicide risk in prisoner / arrested person
5. Request verification of warrants before execution
6. Plan and organize service of arrest warrant
7. Execute arrest warrants
8. Advise persons of constitutional (Miranda) rights
9. Apprehend and place juvenile offenders in custody
10. Arrest persons with a warrant
11. Arrest persons without a warrant
12. Exercise discretion in selecting appropriate police action
13. Read / review warrants and affidavits to ensure completeness and accuracy

D. Conduct search and seizure

Essential Tasks:

1. Conduct complete and proper procedures for searches of people, places and things.
2. Conduct frisk or pat down
3. Handcuff suspects or prisoners
4. Seize contraband, weapons and stolen property from suspects
5. Recognize hidden stealth weapons

E. Provide emergency services and assistance

Essential Tasks:

2. Administer cardio-pulmonary resuscitation (CPR)
3. Administer mouth-to-mouth resuscitation
4. Apply basic first aid to treat for abrasions
5. Apply basic first aid to treat for heart attack, including proper use of AED
6. Apply basic aid for choking, e.g. Heimlich Maneuver
7. Help evacuate areas endangered by explosive or toxic gases, liquids, or other spilled materials
8. Help evacuate buildings and surrounding areas in response to threat of explosion, e.g. bomb, natural gas
9. Use protective gear to prevent contact with infectious diseases, blood-borne pathogens, etc.
10. Observe individual to recognize signs of mental illness
11. Take control of publicly intoxicated / disruptive person
12. Respond to and control scene involving barricaded subject
13. Use fire extinguishers to control or extinguish fires

F. Investigation of motor vehicle accidents

Essential Tasks:

14. Inspect vehicle involved in accident to assess damage, cause, etc.
15. Search for and collect physical evidence at motor vehicle accident scene
16. Control spectator access at scene of police incident
17. Investigate motor vehicle accident to determine causes or factors contributing to an accident
18. Collect facts of motor vehicle accident to determine charges
19. Determine point or area(s) of impact

20. Sketch diagram of motor vehicle accident
21. Direct traffic at scene of accident investigation
22. Follow agency procedures or state statutes to impound and inventory vehicles
23. Identify and interview owners and others involved in motor vehicle accident
24. Locate and interview witnesses to motor vehicle accidents
25. Issue summons for violation in a motor vehicle accident
26. Use flares or other traffic control measures to safeguard scene

G. Enforce Driving While Intoxicated and other motor vehicle laws

Essential Tasks:

27. Administer standardized field sobriety tests
28. Arrest DWI suspects
29. Complete DWI arrest reports
30. Arrest reckless operators
31. Observe operator's eyes, body movements, actions, etc. to evaluate his capability to operate vehicle
32. Make custodial traffic arrest
33. Operate breathalyzer / intoximeter to test blood alcohol content
34. Activate emergency equipment and direct violator vehicle out of moving traffic to execute traffic stop
35. Read violator vehicle license plate while operating police vehicle

H. Operate emergency law enforcement vehicle

Essential Tasks:

36. Engage in high speed pursuit operating in congested area
37. Engage in high speed response operating in congested area
38. Engage in high speed response operating on open road
39. Operate patrol vehicle in driving rain
40. Operate patrol vehicle on dirt / gravel covered road
41. Operate patrol vehicle on iced / snow covered road
42. Operate patrol vehicle at night
43. Operate appropriate vehicle to safely transport prisoners
44. Inspect patrol vehicle for weapons and contraband (before and after prisoner transport)
45. Use police radio equipment to communicate

46. Inventory and test operate assigned patrol equipment and vehicle, e.g. lights, siren, etc.

I. Execute motor vehicle stops

Essential Tasks:

47. Execute stop of motor vehicle and approach and talk to operator and passengers
48. Direct offending vehicle out of moving traffic to execute felony stop
49. Watch occupants of stopped; vehicle to identify unusual or suspicious actions
50. Stop vehicle to investigate, warn or arrest occupants
51. Look for and identify suspect vehicle by color and description
52. Observe moving vehicle to identify possible criminal activity, e.g. drug interdiction

J. Use physical force and exertion

Essential Tasks:

53. Restrain unruly or violent individuals, remove from public areas and effect arrest if necessary
54. Break up fights between two or more persons
55. Use holds or devices to control or take suspect down
56. Use weaponless defense tactics
57. Subdue person resisting arrest
58. Grip person tightly to prevent escape / control movement
59. Disarm violent armed suspect
60. Pull person out of vehicle who is resisting arrest

K. Maintain positive community and interpersonal relations

Essential Tasks:

61. Comfort emotionally upset persons
62. Use voice and words to calm a situation, send message, etc.
63. Speak confidently to project control, self-assurance, etc.
64. Speak plainly / clearly to encourage understanding
65. Use and adjust language appropriate to listener
66. Maintain control of oneself as many people speak to you simultaneously
67. Maintain personal calm to prevent making situation worse
68. Talk with people in patrol area to establish positive relationship

69. Recognize person's culture and adjust manner of communication accordingly to enhance understanding
70. Maintain courteous relationship with citizens to foster positive relationship
71. Behave in a positive and fair manner to develop and maintain trust relationship with citizenry

L. Write and read reports and other documents

Essential Tasks:

72. Read reports; legal papers, etc. to maintain knowledge of law enforcement work
73. Read court and legal papers to determine meaning and proper law enforcement response, e.g. domestic violence orders, restraining orders, etc.
74. Write in-depth narrative reports containing complete sentences and paragraphs (e.g., investigative reports, supplemental / follow-up reports)
75. Write reports consisting primarily of check-off boxes or fill-in blanks
76. Read, comprehend and maintain copy of Department policy and procedures and apply same to law enforcement practices

M. Present evidence and testimony

Essential Tasks:

77. Confer with prosecutor prior to testimony regarding case
78. Confer with prosecutor regarding or to obtain warrant authorization from judge
79. Read / review case reports and notes to prepare for court testimony
80. Present evidence and testimony in legal and administrative proceedings, e.g. preliminary hearing, trial, grand jury, etc.

N. Intervene in and control human conflicts

Essential Tasks:

81. Intercede in domestic disputes to resolve, maintain peace, protect persons, etc.
82. Speak to hostile groups to quiet them
83. Enforce restraining/protective order under domestic violence law
84. Offer alternative to resolve conflict between disputants
85. Use body language to project control and influence situation
86. Observe person's body language to assess attitude, intentions, etc.
87. Use voice commands to project control and direct action

O. Use deadly force

Essential Tasks:

88. Participate in firearm training to satisfy qualification standards
89. Clean and inspect weapon
90. Discharge firearm in low light condition, e.g. at night, in darkened room, etc.
91. Discharge firearm at person
92. Discharge firearm from protective cover position
93. Draw weapon to protect self or third party
94. Detain and search person at gun point
95. Reload firearms under combat conditions
96. Discharge weapon in dark environment while using flashlight

P. Perform general patrol duties

Essential Tasks:

97. Use hand signals to direct pedestrian and vehicular traffic
98. Observe crowds at large gatherings (e.g. concerts, fairs, athletic events, strikes) to detect problems or illegal activity
99. Perform law enforcement duties in all weather and temperatures
100. Investigate suspicious vehicle
101. Search for person in darkened building or environment
102. Hold flashlight while performing various law enforcement duties
103. Look at insignias, tattoos, clothing and their colors to identify possible gang affiliation, criminal suspects, etc.

Use of Equipment

1. Information technology. Uses current technology in terms of job efficiency and delivery of service. The officer adapts to new technology and applies the appropriate time in developing required skills.
2. Other Equipment. Operate and effectively use all other provided equipment.

II. EQUIPMENT AND ENVIRONMENT RELATED TO ESSENTIAL FUNCTIONS

A. Equipment used to perform essential tasks

1. Automobile
2. Baton
3. OC Spray
4. Evidence processing kit
5. Fire Extinguisher
6. Blood-borne pathogen protective equipment
7. First aid kit
8. Road flares
9. Flashlight
10. Handcuffs
11. Flex-cuffs
12. Handheld portable radio
13. Traffic cones
14. Department issued firearms
15. Electronic Restraint Device, i.e. the Taser
16. Spotlight
17. Mobile radio
18. Emergency warning equipment, i.e. lights and siren
19. Rubber gloves
20. Tape measure
21. Barrier tape
22. Ballistic/tactical body armor
23. Ammunition / magazine or clip
24. Weapon cleaning equipment
25. Whistle
26. Automatic External Defibrillator (AED)
27. Information technology and related hardware and software
28. Road Spikes
29. Properly wear issued utility belt with all specified equipment
30. Properly use Level II or III security holster

B. Environments in Which Law Enforcement Officers Perform Essential Tasks

Weather:

Heat	Hail	Sleet	Dust
Rain	Snow	Smoke	Extreme temperatures
Fog	Wind	Ice	Humidity
Darkness	Pollen	Sun/Glare	Smog

Rapid environmental change

Automobile:

Air-borne contaminants/enclosed space	Heater
Air conditioning	Open windows
Ventilation	Seat belt
Equipment/limited mobility	Glare
Vision reduced/obscured	Visibility
Irritating fumes/toxic fumes	Radar emissions
Worn out vehicles/shocks/brakes	Noise extremes
Rapid environmental change	Radio frequency emissions

Inside Police Facility

Ventilation	Crowding	Heat/Cold
Light	Computer monitors	Toxic fumes
Glare	Cigarette smoke	Noise

Inside Firearms Range:

Noise	Airborne leads	Smoke
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STATE OF MISSOURI PEACE OFFICER TASK ANALYSIS:

Degrees of Physical Exertion Related to Essential Tasks:

1. Walk continuously for 4 hours.
2. Stand continuously for 4 hours.
3. Run after a fleeing suspect for 300 feet.
4. Run up 2 flights of stairs.
5. Jump across a 4 foot wide obstacle.
6. Jump down from a 5 foot height.
7. Jump over a 3.5 foot high obstacle.
8. Climb or pull oneself over a 5 foot high barrier.
9. Push a 2 ton motor vehicle 30 feet over a level surface.
10. Pull a 200 pound, 72 inch tall resisting person through a doorway.
11. Hold a 180 pound, 72 inch tall person for 3 minutes to control their movements.
12. Physically struggle with a 185 pound, 72 inch person for 3 minutes.

Town and Country Police Department
1011 Municipal Center Drive
Town and Country, MO 63131-1101
www.town-and-country.org



Patrick W. Kranz
Chief of Police

Tele. (314) 432-4696
Fax (314) 432-4991
Disp. (314) 737-4600
Emergency 911

VERIFICATION OF INFORMATION

The information requested on this application will be used for reference by those who will be considering your application for employment with the Town and Country Police Department. Fill out this application completely and correctly! An extensive background investigation will be conducted into your personal history. Applicants for the position of Police Officer will be required to take a polygraph (Lie Detector) examination to confirm the information in this application and to determine other items of background information.

Any FALSE, MISLEADING, OR INCOMPLETE information substituted for accurate information will be grounds to disqualify you from further consideration in the application process with the Town and Country Police Department. In addition, disciplinary action up to termination may be imposed if the deceit is discovered after the hiring date.

All employees will serve a minimum of one-year probationary status from the date of employment.

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

Signature

Date

Please indicate the position for which you are applying: _____

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TOWN AND COUNTRY POLICE DEPARTMENT
1011 Municipal Center Drive
Town and Country, Missouri 63131
(314) 432-4696

Certificate of Applicant and
Authorization for Release of Information

I (*print full name*) _____, 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 any mis-statements or omission of material facts will cause forfeiture on my part of all right to initial employment by the Town and Country Police Department.

I also do hereby authorize all law enforcement agencies, the Veterans Administration, U.S. Army, U.S. Navy, U.S. air Force, all military agencies, all Federal, State, or Local government agencies, State and Federal tax bureaus, schools, and universities, to furnish the Chief of Police, Town and Country Police Department, with any and all available information regarding me and for the release of any medical, physical, psychiatric, psychological records in order that the Chief may determine my suitability for police work.

I authorize the Town and Country Police Department to make inquiry of my present and past employers regarding my character, integrity and reputation.

I authorize the release of any and all information regarding my employment, credit, or any other information, whether personal or otherwise, that may or may not be in their records, and release said company, agency, or person from all liability for any damage whatsoever that may issue from furnishing such information to the Town and Country Police Department.

A photo static or Xerox copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant

Date

Signature of Witness

Date

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TOWN AND COUNTRY POLICE DEPARTMENT

Copies of the following documents must be supplied to the Town and Country Police Department, or explain fully as to why they are not included.

REQUIRED DOCUMENTS:

	Birth Certificate (certified copy)
	High School Diploma and Transcripts
	Missouri State Equivalency Certificate (GED)
	College Diploma and Transcripts (if applicable)
	Military Discharge DD214 (if applicable)

IF APPLICABLE:

	All certificates and Diploma from Police Academy
	Firearms Course Certificate
	Drivers Training Certificate
	Special awards (schools, military etc.)
	Documentation of U.S. Citizenship if Naturalized

ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE TOWN AND COUNTRY POLICE DEPARTMENT.

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APPLICATION FOR COMMISSIONED POLICE OFFICERS

Directions for completing the application:

1. USE BLACK INK ONLY! Complete this form in your own handwriting or printing. If you need any special accommodation in completing this application, contact the Records Unit at 314-432-4696.
2. Be certain that you answers are legible.
3. Read each question carefully before answering.
4. Be certain than each question is answered COMPLETELY and CORRECTLY. Submit all documents as requested. If a question does not apply to you, write N/A (Not Applicable) in the space. Leave no blank spaces.
5. Initial each page on bottom right corner.
6. Additional space is provided on pages 35 and 36 for answers which require clarification of further explanation. All entries on pages 35 and 36 will being with page, section number (Roman Numerals I – XIII), and question (letters A – J) you are explaining or clarifying.
7. Pursuant to Public Law 93-579 the disclosure of you Social Security Number is completely voluntary. Your refusal to reveal it will in no way effect applications for any job or consideration provided by this department. The Social Security Number assists the department in differentiating between applicants with similar or identical names.

INITIALS: _____

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I. PERSONAL DATA

FULL NAME: (LAST, FIRST, MIDDLE)			HOME PHONE
ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)			BUSINESS PHONE
PERMANENT ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)			MOBILE PHONE
EMAIL ADDRESS	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE

A. LIST ANY OTHER NAMES YOU HAVE EVER USED:	

B. ARE YOU A CITIZEN OF THE UNITED STATES	YES	NO	C. CITY & STATE OF BIRTH?	
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D. LIST FIRST YOUR PRESENT ADDRESS THEN ALL ADDRESSES YOU HAVE FOR THE PAST TEN (10) YEARS. INCLUDE YOUR ADDRESSES IN THE MILITARY SERVICE. USE PAGES 35 & 36 IF ADDITIONAL SPACE IS REQUIRED.		
FROM	TO	ADDRESS: (NUMBER, STREET, CITY, COUNTY, STATE & ZIP CODE)

E. HAVE YOU EVER APPLIED FOR A POSITION WITH THIS DEPARTMENT BEFORE?	YES	NO	IF "YES" DATE OF APPLICATION
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F. HAVE YOU FILED AN APPLICATION FOR EMPLOYMENT WITH ANY OTHER SOURCES RECENTLY?				YES	NO	IF "YES" LIST BELOW
NAME OF ORGANIZATION OR FIRM	ADDRESS	POSITION APPLIED FOR	DATE APPLIED	DISPOSITION		

G. ARE YOU ACQUAINTED WITH ANY TOWN AND COUNTRY POLICE DEPARTMENT EMPLOYEES?			YES	NO	IF "YES" LIST NAMES BELOW

H. ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS AS DESCRIBED IN THE WRITTEN JOB DESCRIPTION THAT ACCOMPANIED THIS APPLICATION?	YES	NO
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INITIALS: _____

II. REFERENCES

A. LIST FOUR (4) CHARACTER REFERENCES, NOT RELATIVES, IN-LAWS OR PAST EMPLOYERS, WHO HAVE KNOWN YOU WELL DURING THE PAST THREE (3) YEARS OR MORE.

NAME	PHONE NUMBERS: HOME MOBILE
HOME ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)	NO. YEARS ACQUAINTED
BUSINESS ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)	OCCUPATION
NAME	PHONE NUMBERS: HOME MOBILE
HOME ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)	NO. YEARS ACQUAINTED
BUSINESS ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)	OCCUPATION
NAME	PHONE NUMBERS: HOME MOBILE
HOME ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)	NO. YEARS ACQUAINTED
BUSINESS ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)	OCCUPATION
NAME	PHONE NUMBERS: HOME MOBILE
HOME ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)	NO. YEARS ACQUAINTED
BUSINESS ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)	OCCUPATION

III. ARREST HISTORY

A. OTHER THAN TRAFFIC CITATIONS, HAVE YOU EVER BEEN ARRESTED, CONVICTED, CHARGED, QUESTIONED, ACCUSED, OR DETAINED FOR ANY REASON BY ANY POLICE, SECURITY OFFICER (CAMPUS OR OTHER), TRANSPORTATION SECURITY ADMINISTRATION (TSA) AGENTS, MILITARY POLICE AUTHORITY, EITHER IN THE UNITED STATES OF AMERICA OR IN ANY FOREIGN COUNTRY?

YES	NO	IF "YES" LIST BELOW AND EXPLAIN IN FULL DETAIL ON PAGES 35 & 36		
DATE	CHARGE	DEPT. OR AGENCY	LOCATION (ADDRESS)	DISPOSITION

NOTE: IF YOU ANSWER "YES" TO <u>ANY</u> OF THE FOLLOWING QUESTIONS, EXPLAIN IN FULL DETAIL ON PAGES 35 & 36.	CIRCLE ONE
B. WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS OTHER THAN FOR TRAFFIC?	YES NO
C. HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR RESIDENCES (CURRENT OR FORMER) FOR ANY REASON?	YES NO
D. HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED OR UNREPORTED CRIME?	YES NO
E. ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW?	YES NO

IV. EDUCATION AND SKILLS

A. DO YOU HAVE ANY OF THE FOLLOWING? (CHECK ALL THAT APPLY)

GED CERTIFICATE	COLLEGE DEGREE
HIGH SCHOOL DIPLOMA	POST GRADUATE DEGREE
VOCATION – TECHNICAL CERTIFICATE	OTHER (SPECIFY)

B. LIST ALL ELEMENTARY, HIGH SCHOOL, COLLEGES, AND UNIVERSITIES YOU HAVE ATTENDED.

MONTH & YEAR ATTENDED	NAME & ADDRESS OF INSTITUTION	# OF CREDITS COMPLETED	TYPE OF DEGREE	MAJOR	YEAR OF DEGREE
FROM TO					

C. NAME ANY STUDENT ASSOCIATIONS / ACTIVITIES YOU BELONGED TO.

NOTE: IF YOU ANSWER “YES” TO ANY OF THE FOLLOWING QUESTIONS, EXPLAIN IN FULL DETAIL ON PAGES 35 & 36.

CIRCLE ONE

D. HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO LEAVE ANY SCHOOL FOR DISCIPLINARY REASONS?

YES NO

E. HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION?

YES NO

F. HAVE YOU EVER RECEIVED ANY POLICE ACADEMY TRAINING TO BE A POLICE OFFICER?

YES NO

G. OTHER THAN ENGLISH, INDICATE LANGUAGES YOU SPEAK, READ, AND/OR WRITE.

	FLUENT	ABOVE AVERAGE	FAIR
SPEAK			
READ			
WRITE			

H. SUMMARIZE ANY SPECIAL SKILLS, QUALIFICATIONS, AWARDS AND ACCOMPLISHMENTS INCLUDING CLERICAL SKILLS THAT YOU WISH TO BE CONSIDERED.

V. EMPLOYMENT HISTORY

A. START WITH YOUR PRESENT OR LAST JOB AND LIST ALL OF THE PLACES YOU HAVE WORKED FOR THE PAST TEN (10) YEARS.
LIST ANY ADDITIONAL EMPLOYERS ON PAGES 35 & 36.

1. EMPLOYER			PHONE NUMBER		JOB TITLE		
ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)			SUPERVISOR		START DATE		END DATE
HOURLY OR ANNUAL SALARY	STARTING		ENDING				
WORK PERFORMED:							
REASON FOR LEAVING:							
2. EMPLOYER			PHONE NUMBER		JOB TITLE		
ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)			SUPERVISOR		START DATE		END DATE
HOURLY OR ANNUAL SALARY	STARTING		ENDING				
WORK PERFORMED:							
REASON FOR LEAVING							
3. EMPLOYER			PHONE NUMBER		JOB TITLE		
ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)			SUPERVISOR		START DATE		END DATE
HOURLY OR ANNUAL SALARY	STARTING		ENDING				
WORK PERFORMED:							
REASON FOR LEAVING							
4. EMPLOYER			PHONE NUMBER		JOB TITLE		
ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)			SUPERVISOR		START DATE		END DATE
HOURLY OR ANNUAL SALARY	STARTING		ENDING				
WORK PERFORMED:							
REASON FOR LEAVING							

NOTE: IF YOU ANSWER "YES" TO <u>ANY</u> OF THE FOLLOWING QUESTIONS, EXPLAIN IN FULL DETAIL ON PAGES 35 & 36.	CIRCLE ONE	
B. HAVE YOU EVER BEEN DISMISSED, FIRED OR ASKED TO RESIGN FROM ANY EMPLOYMENT?	YES	NO
C. HAVE YOU EVER STOLEN ANY MONEY OR MERCHANDISE FROM ANY PLACE OF EMPLOYMENT? (IF YES PROVIDE FINAL DISPOSITION OF ALL ITEMS i.e., SOLD, RETAINED FOR PERSONAL USE, RETURN, ETC ON PAGE 35 & 36.)	YES	NO
D. HAVE YOU EVER BEEN UNEMPLOYED FOR A PERIOD OF TIME IN EXCESS OF SIX (6) MONTHS?	YES	NO
E. ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW?	YES	NO

INITIALS: _____

VI. ORGANIZATION MEMBERSHIP

A. LIST ALL TRADE OR PROFESSIONAL MEMBERSHIPS GROUPS OR WHICH YOU ARE, OR HAVE BEEN A MEMBER OR ASSOCIATE. PLEASE FURNISH ITS LOCATION AND THE POSITION HELD BY YOU.

NAME OF ORGANIZATION	ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)	OFFICE HELD

B. ARE YOU NOW, OR HAVE YOU BEEN, A MEMBER OF ANY FOREIGN OR DOMESTIC SUBVERSIVE ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR CLUB WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF MISSOURI, BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS? (CIRCLE ONE) **YES** | **NO** (IF "YES" EXPLAIN ON PAGES 35 & 36.)

VII. MILITARY STATUS

A. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE?	YES NO		B. REGISTRATION NO.	C. LOCATION WHERE REGISTERED	
D. 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? (<u>CIRCLE ONE</u>) YES NO (IF "YES" LIST BELOW. IF THERE IS MORE THAN ONE PERIOD, LIST EACH PERIOD.)					
MONTH /YEAR ENTERED	BRANCH OR ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK	OCCUPATIONAL SPECIALTY

NOTE: IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, EXPLAIN IN FULL DETAIL ON PAGES 35 & 36.

E. WERE YOU EVER REDUCED IN RANK IN THE MILITARY?	YES NO		IF "YES" RANK REDUCED:	FROM TO	
F. WERE YOU EVER COURT MARTIALLED?	YES NO		IF "YES" TYPE OF COURT MARTIAL:	SUMMARY SPECIAL	GENERAL OTHER
G. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT?					YES NO

INITIALS: _____

VIII. FINANCIAL STATUS

A. LIST THE SOURCES OF ALL YOUR INCOME AT THE PRESENT TIME.

TYPE OF INCOME	FIRM OR SOURCE NAME	ANNUAL AMOUNT
PRIMARY SALARY		
OTHER EMPLOYMENT		
DIVIDENDS/INTEREST		
MILITARY		
TOTAL ANNUAL INCOME		

B. LIST ALL DEBTS AND OBLIGATIONS WHICH YOU NOW OWE, AND THE INDIVIDUALS OR FIRMS WITH WHOM YOU HAVE CREDIT DEALINGS. USE PAGES 35 & 36 IF ADDITIONAL SPACE IS NEEDED.

OBLIGATION	NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER	UNPAID BALANCE	MONTHLY PAYMENT	AMOUNT PAST DUE
MORTGAGE/RENT (CIRCLE ONE)					
AUTO LOAN(S)					
PERSONAL LOAN(S)					
STUDENT/SCHOOL LOANS					
INSTALLMENT LOAN(S)					
CREDIT CARD					
CREDIT CARD					
CREDIT CARD					
OTHER (SPECIFY)					
OTHER (SPECIFY)					
TOTALS					

NOTE: MARK "YES" IF THE QUESTION(S) INVOLVES YOU, YOUR SPOUSE, OR ANY EX-SPOUSE. IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, EXPLAIN IN FULL DETAIL ON PAGES 35 & 36.

	CIRCLE ONE	
C. HAVE YOU EVER BEEN DELINQUENT IN ANY OF YOUR FINANCIAL OBLIGATIONS?	YES	NO
D. HAVE YOU EVER BEEN REFUSED CREDIT?	YES	NO
E. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED?	YES	NO
F. HAVE YOU EVER FILED BANKRUPTCY?	YES	NO
G. HAVE YOU EVER BEEN SUED IN COURT?	YES	NO
H. HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES, INJURY LIBEL, ETC?	YES	NO
I. HAVE YOU EVER FILED A LAWSUIT OR HAD A REPRESENTATIVE FILE A LAWSUIT ON YOUR BEHALF?	YES	NO
J. HAS YOUR TAX RETURN EVER BEEN AUDITED BY THE IRS FOR ANY REASON OTHER THAN A RANDOM AUDIT?	YES	NO

INITIALS: _____

IX. NARCOTIC AND ALCOHOL USE

NOTE: IF YOU ANSWER "YES" TO <u>ANY</u> OF THE FOLLOWING QUESTIONS, EXPLAIN IN FULL DETAIL ON PAGES 35 & 36.	CIRCLE ONE
A. ARE YOU CURRENTLY ADDICTED TO ALCOHOL?	YES NO
B. HAVE YOU ABUSED A CONTROLLED SUBSTANCE WITHIN THE LAST SIX (6) MONTHS	YES NO
C. HAVE YOU EVER USED AN ILLEGAL CONTROLLED SUBSTANCE?	YES NO

X. MARITAL STATUS / FAMILY MEMBERS

A. CURRENT MARITAL STATUS:	SINGLE	ENGAGED	MARRIED	
	SEPARATED	DIVORCE	WIDOWED	
IF ENGAGED OR MARRIED, PROVIDE FIANCÉ(E) NAME OR SPOUSE'S MAIDEN NAME BELOW.				
NAME	ADDRESS	PHONE	DATE OF BIRTH	MARRIAGE DATE OR ANTICIPATED DATE IF ENGAGED
IF SEPARATED OR DIVORCED, PROVIDE EX-SPOUSE'S MAIDEN NAME BELOW. IF YOU NEED ADDITIONAL SPACE USE PAGES 35 & 36.				
NAME	ADDRESS	PHONE	DATE OF BIRTH	DATE OF SEPARATION OR DIVORCE
IF SPOUSE IS DECEASED, PROVIDE FULL (MAIDEN) NAME OF DECEASED	NAME	DATE OF BIRTH	DATE DECEASED	

B. LIST ALL DEPENDANTS. IF YOU NEED ADDITIONAL SPACE USE PAGES 35 & 36.						
DEPENDANT'S FULL NAME	RELATIONSHIP	DATE OF BIRTH	BIRTH PLACE	CURRENT ADDRESS	RESIDES WITH WHOM	% OF SUPPORT

C. DO YOU NOW SUPPORT ALL THE CHILDREN BORN TO YOU? (<u>CIRCLE ONE</u>) YES NO (IF "NO" EXPLAIN BELOW)

D. AN EMPLOYEE OF THIS DEPARTMENT WORKS A MINIMUM EIGHT(8) HOUR DAY, FIVE (5) DAYS A WEEK, 50 WEEKS PER YEAR. ARE YOU ABLE TO MEET THESE REQUIREMENTS WITHOUT EXCESSIVE ABSENCES? (IF "NO" EXPLAIN BELOW)	YES	
	NO	

INITIALS: _____

NOTE: IF YOU ANSWER "YES" TO <u>ANY</u> OF THE FOLLOWING QUESTIONS, EXPLAIN IN FULL DETAIL ON PAGES 35 & 36.	CIRCLE ONE	
E. ARE YOU PRESENTLY LIVING WITH ANYONE BESIDES A SPOUSE (I.E. FRIEND OR RELATIVE)?	YES	NO
F. DO YOU HAVE ANY SERIOUS PROBLEMS WITH YOUR RELATIVE OR IN-LAWS	YES	NO

G. LIST FULL NAME OF YOUR IMMEDIATE FAMILY SUCH AS YOUR FATHER, MOTHER, (INCLUDE MAIDEN NAME), BROTHER(S), AND SISTER(S).					
FULL NAME	RELATIONSHIP	CURRENT ADDRESS	PHONE NO.	OCCUPATION	DATE OF BIRTH

XI. USE OF FORCE

IF YOU ANSWER "YES" TO THE FOLLOWING QUESTIONS, EXPLAIN IN DETAIL IN THE SPACE PROVIDED. FOR ADDITIONAL SPACE USE PAGES 35 & 36.	CIRCLE ONE	
A. AS A POLICE OFFICER, WOULD YOU BE RELUCTANT TO SHOOT A PERSON IF THE NECESSITY AROSE?	YES	NO

B. HAVE YOU EVER USED A WEAPON TO DEFEND YOURSELF OR OTHERS?	YES	NO

XII. NARRATIVE

A. IN 25 TO 50 WORDS, EXPLAIN WHY YOU DESIRED TO BE A POLICE OFFICER

XIII. DRIVING HISTORY

A. LIST ALL DRIVER'S OR CHAUFFEUR'S LICENSES YOU NOW HOLD OR HAVE HELD IN MISSOURI OR IN ANY OTHER STATE OR COUNTRY.

STATE OF ISSUANCE	TYPE OF LICENSE	LICENSE NUMBER	EXPIRATION DATE

B. HAVE ANY OF THE ABOVE LICENSES EVER BEEN SUSPENDED OR REVOKED? (IF YES EXPLAIN BELOW.)

YES	NO
-----	----

C. LIST ALL DRIVING CITATIONS, TICKETS, OR SUMMONSES YOU HAVE EVER RECEIVED BEGINNING WITH THE MOST RECENT. IF YOU CANNOT REMEMBER EXACT DATES OR LOCATIONS, PROVIDE AN APPROXIMATION.

CHARGE	DATE	CITY / STATE	ISSUING DEPARTMENT	DISPOSITION

D. LIST ALL VEHICLES, INCLUDING MOTORCYCLES, WHICH YOU OWN, LEASE OR HAVE FOR YOUR PERSONAL USE.

YEAR	MAKE	MODEL	LICENSE PLATE NO.	STATE

E. HOW MANY TRAFFIC CRASHES HAVE YOU BEEN INVOLVED IN DURING THE PAST FIVE (5) YEARS?

NUMBER	
--------	--

(LIST ALL TRAFFIC CRASHES BELOW INCLUDING REPORT NUMBER(S) IF AVAILABLE. FOR ADDITIONAL SPACE USE PAGES 35 & 36)

DATE	LOCATION	EXPLANATION / DISPOSITION

INITIALS: _____

F. HAVE YOU RECENTLY CHANGED AUTOMOBILE INSURANCE COMPANIES? (CIRCLE ONE) YES NO (IF "YES" ANSWER BELOW)				
DATE CHANGED	PREVIOUS INSURANCE COMPANY	AGENT'S NAME	PHONE NO.	ADDRESS

G. PROVIDE YOUR CURRENT AUTOMOBILE INSURANCE INFORMATION BELOW			
CURRENT INSURANCE COMPANY	AGENT'S NAME	PHONE NO.	ADDRESS
AUTOMOBILE POLICY NUMBER :			

H. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE OR HAD INSURANCE CANCELLED? IF "YES" EXPLAIN BELOW.	YES	NO

INITIALS: _____

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