

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. We are an equal opportunity employer.

<b>APPLICANT INFORMATION (PLEASE PRINT)</b>				
Position(s) Applied For				
How Did You Learn About Us?		<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Walk-In
		<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Web Site	<input type="checkbox"/> Other
Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available		Social Security No.	Desired Salary	
If you are under 18 years of age, can you provide required proof of your eligibility to work? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Have you ever filed an application with us before? YES <input type="checkbox"/> Provide Date _____ NO <input type="checkbox"/>				
Have you been employed with us before? YES <input type="checkbox"/> Provide Date _____ NO <input type="checkbox"/>				
Are you currently employed? YES <input type="checkbox"/> NO <input type="checkbox"/> May we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Are you available to work Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary <input type="checkbox"/>				
Are you currently on 'lay-off' status and subject to recall? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Can you travel if a job requires it? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Have you been convicted of a felony within the last 7 years? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If yes, please explain:				

<b>EDUCATION</b>				
Elementary School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/Course of Study
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/Course of Study
College		Address		

From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/Course of Study
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Other	Address
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From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/Course of Study
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Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any honors you received.

State any additional information you feel may be helpful to us in considering your application.

Indicate any foreign languages you can speak, read and or write

	FLUENT	GOOD	FAIR
<b>SPEAK</b>			
<b>READ</b>			
<b>WRITE</b>			

List professional, trade, business or civic activities and offices held in the space below. *You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.*

REFERENCES	
<i>Please provide name, address and telephone number of three references who are not related to you and are not previous employers.</i>	
Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	
Are you physically or otherwise able to perform the duties of the job for which you are applying?      YES <input type="checkbox"/> No <input type="checkbox"/>	

PREVIOUS EMPLOYMENT	
Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicaps or other protected status.	
Company	Phone (    )
Address	Supervisor
Job Title	Starting Salary \$                      Ending Salary \$
Responsibilities	
From                      To	Reason for Leaving
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone (    )
Address	Supervisor
Job Title	Starting Salary \$                      Ending Salary \$
Responsibilities	
From                      To	Reason for Leaving
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone (    )
Address	Supervisor
Job Title	Starting Salary \$                      Ending Salary \$
Responsibilities	
From                      To	Reason for Leaving

May we contact your previous supervisor for a reference?    YES     NO

If you need additional space, please continue on a separate sheet of paper.

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from employment or other experience in the space below.

**DISCLAIMER AND SIGNATURE**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature

Date

**PLEASE SUBMIT THIS APPLICATION WITH THE FOLLOWING:**

- Birth Certificate or Naturalization Papers
- High School Diploma or GED Certificate
- If Former Military – DD 214
- If applying for position of Police Officer  
Peace Officer Standards and Training Certificate or Number  
Diploma from an approved Law Enforcement Academy
- Attached Authorization for Release of Personal Information (signature must be notarized)

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview YES  No

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed YES  NO  Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By (Name/Title) \_\_\_\_\_ Date \_\_\_\_\_

## APPLICANT AUTHORIZATION AND AGREEMENT

In exchange for the City of Parkville's consideration of my application for employment, I agree that any offer of employment is conditional upon my submitting to drug and alcohol screening by the City. I also understand that working under the influence of alcohol/drugs is prohibited by the City of Parkville. I understand that urine and blood tests will be conducted and I hereby consent to those tests and any others required by the City in enforcing its drug/alcohol policy. I authorize the release of the results of those tests to the City of Parkville and/or its representatives. I hereby RELEASE the City of Parkville, the medical, clinical and testing laboratories and said firms' employees and representatives from any and all liability arising out of the administration of said tests and the communication of the results.

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Applicant

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Date

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Witness

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Date

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION (SECURITY CHECK)

I \_\_\_\_\_ do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized officer of the City of Parkville, Missouri, and it's Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements and records wherever filed' medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filled by or against me; records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; and records involving any incident where I have been convicted of a crime.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, may be considered in determining my suitability for employment by the City of Parkville, Missouri. I understand that (1) the City states that the use of such information will be in accordance with it's employment policies and that such information will not be used for any other purpose other than for consideration of the above as an employee of the City, and (2) this background check is required because of the nature of the particular position that I have made application in that it involves a sensitive position of person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Maiden or other name by which you have been known

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Social Security

Qualified \_\_\_\_\_  
 Disqualified \_\_\_\_\_

## PARKVILLE MISSOURI POLICE DEPARTMENT POLICE OFFICER APPLICANT FORM

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
LAST FIRST M.I.

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

**SUBSTANCE ABUSE**

Keep in mind that you will be taking a pre-employment polygraph. Any deviation from this form when compared to the polygraph may result in disqualification.

Please complete the following drug usage form. Answer each category.

**HAVE YOU EVER TRIED, USED, OR ARE YOU PRESENTLY USING:**

	YES	NO	DATE LAST USED	# OF TIMES
1. Morphine				
2. Cocaine (crack, rock, girl)				
3. Heroin (boy, smack)				
4. Methamphetamines (speed)				
5. LSD (acid)				
6. Marijuana (grass, weed, ganja)				
7. PCP (angel dust, sharm, water)				
8. Dilaudid				
9. Hashish				
10. Opium				
11. Prescription Drugs not prescribed to you				
12. Anabolic Steroids				
13. Inhaled Solvents				
14. Other Hallucinogens (mushrooms, mescaline)				
15. Designer Drugs (MDMA, Ecstasy, etc.)				
16. Others				

Please initial verifying that you have read and understood this form \_\_\_\_\_

Have you ever sold any illegal drugs? YES  NO

Aside from your current license, have you ever held a valid driver's license in any other state? If yes, list below:

\_\_\_\_\_



## Referral Information

How did you hear that we were hiring? Please specify by checking each area that applies:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Newspaper                                    | <input type="checkbox"/> Military        | <input type="checkbox"/> University/College |
| <input type="checkbox"/> Radio  | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Career Fair        |
| <input type="checkbox"/> Television                                   | <input type="checkbox"/> Web Site        | <input type="checkbox"/> Magazine           |
| <input type="checkbox"/> Parkville Police Department Member/Recruiter |  |   |
| <input type="checkbox"/> Other _____                                  |  |   |

I hereby certify that there are no material misrepresentations or falsifications of the above answers to questions. Should any part of your investigation disclose such material misrepresentations or falsification, I understand that my application will be rejected and I will be disqualified from any position in the service of the Parkville Missouri Police Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date