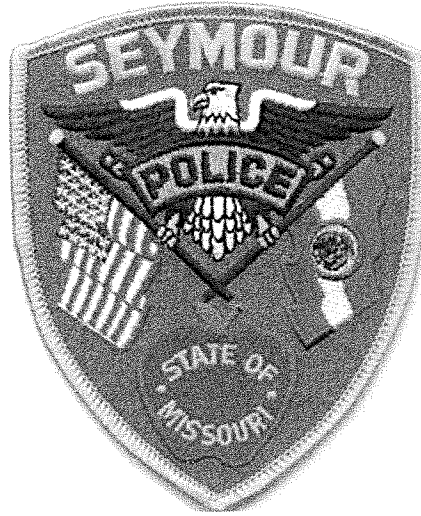


The City of Seymour



Police Department

Application for Employment

Seymour Police Department
PO Box 247
Seymour, MO 65746
417-935-4012



CITY OF SEYMOUR POLICE OFFICER EMPLOYMENT APPLICATION PACKET



Completion of the Police Officer Employment Application Packet is the first step in the employment process. The information on these forms will be used to judge your qualifications for the position of police officer. Read all of the questions carefully and answer all questions completely and honestly.

You must complete this application packet yourself. Type or print the forms using a ball point pen. Do not leave any blank spaces. If a question does not apply, write "N/A" in the answer space. All information in this application is subject to verification. Any false, misleading, or incomplete information will result in your application being eliminated from consideration.

This packet contains the following forms:

Police Officer Employment Application

Waiver of Liability and Release Form

Credit Information Release Form

Pre-employment Drug Screen Consent Form

Please add your resume', a copy of all applicable certificates and licenses and return the entire packet to the address below:

Seymour Police Department
P O Box 247
124 W Washington St
Seymour, MO 65746

Office Use Only: Date received _____

Personal Information

Name:

Last

First

Middle

Address:

Street

City

State

Zip

Phone:

Home

Daytime Phone

Cell

Social Security Number:

Place of Birth:

Driver's License Number:

State:

Type:

Eligibility

Are you at least 21 years of age? ___Yes ___No Are you a U.S. Citizen? ___Yes ___No

Are you a licensed peace officer in the State of Missouri? ___Yes ___No

If yes, where and when did you obtain your license? _____

Has your MO peace officer's license ever been suspended? ___Yes ___No

If yes, explain: _____

Have you ever been a commissioned/licensed peace officer in another state? ___Yes ___No

Where: _____

Have you applied for a position with the City before? ___Yes ___No

If yes, when and previous position(s) applied for: _____

Do you currently or have you ever engaged in illegal drug activity? ___Yes ___No

Explain: _____

Military Service

Please make copies of all applicable service records including any discharge papers and attach to this application.

Branch: _____ Serial Number: _____

Date of service: _____ to _____ Reserve Status: _____

Type of discharge: _____ If not honorable explain: _____

Grade and duty assignment at discharge/separation: _____

Are you registered for the Selective Service? ___Yes ___No

Selective Service Number: _____

Are you a member of the Reserves or National Guard? ___Yes ___No

If yes, give unit, location, grade, and duty assignment:

Education

If you did not complete high school, do you have a GED? ___Yes ___No

SCHOOL NAME	ADDRESS PHONE NUMBER	GRADUATE		COURSE OF STUDY / MAJOR
		Yes	No	
High School				
College / University				
Graduate School				
Other				

Employment History

NOTICE: Start with your current job, if employed, and list your past employment in reverse order. Include all employment from high school to the present. If additional space is needed, list on a separate sheet. Account for any time that you were unemployed by stating the nature of your activities.

Company: _____ Position: _____

Address: _____
Street City State Zip

Dates from _____ to _____ Supervisor's Name: _____

Telephone No.: _____ Job Duties: _____

Reason for leaving: _____

Company: _____ Position: _____

Address: _____
Street City State Zip

Dates from _____ to _____ Supervisor's Name: _____

Telephone No.: _____

Job Duties: _____

Reason for leaving: _____

Company: _____ Position: _____

Address: _____
Street City State Zip

Dates from _____ to _____ Supervisor's Name: _____

Telephone No.: _____

Job Duties: _____

Reason for leaving: _____

Company: _____ Position: _____

Address: _____
Street City State Zip

Dates from _____ to _____ Supervisor's Name: _____

Telephone No.: _____ Job Duties: _____

Reason for leaving: _____

Company: _____ Position: _____

Address: _____
Street City State Zip

Dates from _____ to _____ Supervisor's Name: _____

Telephone No.: _____ Job Duties: _____

Reason for leaving: _____

Are you currently or have you ever collected unemployment? ___ Yes ___ No

If yes, what is the current status of your file with the Division of Labor?

Are your wages currently subject to a garnishment? ___ Yes ___ No

Are you aware of any pending cases that may result in a wage garnishment? ___ Yes ___ No

If you answered yes to either question, please provide the reason and amount:

Personal References

List five personal references that are not related to you. Do not use former or current employers. Be sure to include all of the information requested.

NAME	ADDRESS	PHONE	YEARS KNOWN

Financial Status

List all creditors or persons to whom you are financially obligated. If additional space is needed, list on a separate sheet.

NAME	ADDRESS	BALANCE	CURRENT Yes or No	MONTHLY PAYMENT

Remarks

Please tell us about yourself. What are your hobbies and interests? You can also use this section to expound upon any answers to any questions on this application:

Specialized Skills and Training

Do you speak another language other than English? ___ Yes ___ No
If yes, please list:

Briefly list any special skills you have that will help you in this position. If you have copies of any certificates for training you have received, please attach them to the application:

Please list any social internet sites (Facebook, MySpace, personal blogs) that you have an active or past account with, along with the name used on the account:

Residences

List all residences where you have lived during the past five years. Begin with your present address and work backwards. List the complete address including street number, street name, city, state, and zip code. If additional space is needed, list on a separate sheet.

ADDRESS	CITY	STATE	ZIP	DATES

1. Do you know of any reason that you could not pass a background check? ___ Yes ___ No
2. Have you ever been fired or asked to resign from a job? ___ Yes ___ No
3. Have you ever received disciplinary action from an employer? ___ Yes ___ No
4. Have you ever stolen from an employer? ___ Yes ___ No
5. Have you ever committed a crime for which you were not arrested? ___ Yes ___ No
6. Have you ever assisted someone in committing a crime? ___ Yes ___ No
7. Have you ever falsified a police report? ___ Yes ___ No
8. Have you ever accepted money not to report a crime? ___ Yes ___ No
9. Have you ever slept on the job? ___ Yes ___ No
10. Has any driver's license issued to you ever been suspended or revoked? ___ Yes ___ No
11. Have you ever been bonded? ___ Yes ___ No
12. Have you ever been refused bond? ___ Yes ___ No

If you answered yes to any of the questions listed above, please write a brief explanation for that question on a separate sheet. List the question by number. If you are interviewed, you will be asked about any "yes" answers. Any "yes" answers will be closely examined during a background check.

A "yes" answer does not automatically eliminate you from consideration for employment. Your omission of these facts will automatically eliminate you from consideration.

Please Read Carefully Before Signing This Application

I declare that the foregoing statements are true and correct to the best of my knowledge and belief. I realize that falsification of any information on this application is grounds for disqualification. I further understand that any misrepresentation or omission of facts upon this application will be sufficient cause for cancellation and/or separation from City service if I have been employed.

Applicant Signature: _____

Date: _____

The Seymour Police Department tests applicants as needed to fill vacancies.

This is what will happen with your application.

1. Your application is reviewed to ensure you meet the minimum qualifications for a police officer position and for accuracy, legibility, and completeness.
2. If the application is accepted, you will receive a letter notifying you of acceptance. Letters are not sent for rejected applications.
3. Your application will be placed on file until a test is scheduled.
4. All applicants on file will be notified by mail of the next test date.
5. Failure to appear on the scheduled test date disqualifies the applicant and their application will be discarded. You must submit a new application for the next testing period.

WAIVER OF LIABILITY AND RELEASE FORM

In consideration of the Seymour Police Department and the City of Seymour, Missouri, hereinafter

referred to as the Agency, processing my application for employment, I, _____

Full Name (typed or printed)

hereby irrevocably agree to the following terms and conditions:

1. The term "background investigation" as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.

2. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent, or employee of the Agency who may conduct my background investigation.

3. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all person and entities who shall furnish any information or opinions to the officers, agents, or employees of the Agency who conduct my background investigation.

4. I authorize any person or entity contacted by the Agency's officers, agents, or employees during the course of my background investigation, to furnish such officer, agents, or employees any information opinions they may have, and hereby expressly waive any and all legal privileges, the clergyman – penitent privilege, the husband-wife privilege, and the accountant – client privilege.

5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background check.

6. I expressly waive all of my legal rights and causes of actions to the extent that the Agency background check may violate or infringe upon these legal rights and causes of action.

7. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing such information must of necessity remain confidential.

DO NOT SIGN BEFORE READING

This release from liability given by me to the political division, the Agency, its officers, agents and employees, and all others as mentioned above, shall apply to my right of action of any nature whatsoever that might accrue to myself, my heirs, or my personal representative.

Date: _____ Signature of Applicant: _____

Date of birth: _____ SSN: _____

Date: _____ Witnessed by: _____

CREDIT INFORMATION RELEASE FORM

Consumer Report Disclosure

By this document, the City of Seymour discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Please sign below to signify receipt of the foregoing disclosure.

Applicant Full Name (typed or printed)

Applicant Signature

Date

Witness Signature

Date

Consumer Report Authorization

This document shall authorize the procurement of a consumer report by the City of Seymour as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the City of Seymour to procure consumer reports at any time during my employment period.

Applicant Full Name (typed or printed)

Applicant Signature

Date

Witness Signature

Date

PRE-EMPLOYMENT DRUG SCREEN CONSENT

1. I, _____, as an applicant with the City of
Applicant Full Name (typed or printed)
Seymour Police Department, consent to allow my blood, breath and/or urine to be tested for drugs.

I further consent to allow the results of such testing to be released to the City of Seymour, Missouri or it's authorized agents to representatives.

2. I hereby release the City of Seymour and its employees from any action that may arise out of results of such tests or information being released to the City of Seymour.

3. I understand that if I fail to sign and return this consent to the City of Seymour, Missouri, my application will no longer be considered. I understand that if I test positive for any illegal substance, any offer of employment I have received will be withdrawn.

Applicant Signature

Date

Witness Signature

Date