

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 provided on these forms will be reviewed to assess necessary qualifications for the position applied for. Read all the questions carefully and answer all questions completely and honestly. If you have any questions while completing this packet, contact the Chief of Police or the Sergeant.

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

Background Questionnaire

Waiver of Liability and Release Form

Credit Information Release Form

Pre-employment Drug Screen Consent Form

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

Seymour Police Department

Attn: Chief of Police

P O Box 247

124 W Washington St

Seymour, MO 65746

Office Use Only:

Date received: _____

Received By: _____

Your application may be rejected for a variety of reasons, including:

- Violation of any law or any other reason that would make you ineligible to receive a Missouri peace officer license.
- Leaving gaps in your employment history could be detrimental to you in the hiring process, please be sure to explain any gaps.
- Evidence that you misrepresented or falsified any information to the Department.
- Dismissal or negotiated resignation in lieu of termination from any law enforcement agency.
- An undesirable discharge from the military or an honorable discharge that indicates you are not eligible for reenlistment.
- Documented instances of misconduct in previous employment.
- Documented instances of undesirable work habits.
- Documented misconduct.
- Falsification of any information provided to the Department in this packet, or purposely leaving out information requested.
- If between the times you submit this application packet and the time you may be contacted for consideration for employment, any of this information changes, it is your responsibility to notify the Chief of Police of any updates including changes to contact information, arrests or traffic citations, new employment or any other relevant information.

Personal Information

Name:

First Middle Last

Address:

City State Zip

Phone:

Primary Phone # Alternate phone #

Social Security Number:

POST #:

Driver's License Number:

State:

Class:

List any other names you go by, including previous name changes: -

With whom do you reside? (Name and relationship):

Eligibility

Are you at least 21 years of age?

Yes No

Are you a U.S. Citizen?

Yes No

Are you certified with a Class A Peace Officer License from Missouri POST?

Yes No

Has your POST license ever been suspended?

Yes No

If yes, explain in detail:

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

Yes No

If "yes", what State? _____

Have you previously applied with the City of Seymour for this or any other job?

Yes No

If "yes", what positions and when? _____

Do you currently engage in the use of illegal narcotics or drugs? Yes No

Have you ever used illegal narcotics or drugs? Yes No

Are you registered for the Selective Service? If yes ss# _____ Yes No

Personal References

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

NAME	ADDRESS	PHONE# / CELL PHONE#

Do you currently associate with or have any close personal connections with anyone who is currently on supervised probation or parole? Yes No

If yes, explain the nature of the relationship, their full name, what State or jurisdiction the charges originated from: _____

Military Service

Have you ever served in any of the Armed Forces? Yes No If “no” put N/A where applicable and go on to the next section.

If yes, answer the following questions:

Branch(s) of Service: _____

Years of service: _____

Last rank held: _____

Were you ever investigated for any criminal activity while in the military or military reserves?

Yes No If yes, state details in full:

Have you ever received a reduction in pay grade or been the subject of any judicial or non-judicial disciplinary action while in the military, national guard, or military reserves?

Yes No If yes, state details in full:

Did you receive an honorable discharge? Yes No If no, state details in full:

Are you eligible to re-enlist? Yes No If no, state details in full:

Are you currently in the reserves or National Guard? Yes No

Starting with the most recent, list all duty stations (include basic, tours, overseas) while in the military and commanding officers and/or supervisors.

DUTY STATION	COMMANDING OFFICER	YEAR

List all awards/recognition you have received in the military.

ORGANIZATION	DATE	AWARD RECOGNITION	REASON

Education:

What Police Academy did you attend? Include dates, address and name of the Academy Director

Challenged POST? Yes No

List at least 4 Academy Instructors who taught you in the Police Academy: Include contact information: If you do not have their personal numbers, include the Academy's phone #

NAME	ADDRESS	PHONE# / CELL PHONE#

List any problems you had in the police academy, such as (absenteeism, tardiness, poor grades, or other disciplinary problems)

List High School(s) you attended and year graduated

School	Address	City and State	Year Graduated

List all extracurricular activities, including volunteering, student government, sports teams, and clubs, in which you participated regularly during high school.

SCHOOL	YEARS	ACTIVITY	POSITION HELD

List any problems you had related to high school. (i.e., absenteeism, tardiness, poor grades, or other disciplinary problems)

List college(s) or university(ies) you graduated from.

SCHOOL	DEGREE AWARDED	GPA	YEAR

List all extracurricular activities, including volunteering, student government, sports teams, and clubs in which you participated regularly during college.

SCHOOL	YEARS	ACTIVITY	POSITION HELD

List every scholastic, professional or community organization in which you are or were a member. (Do not include activities and clubs you have listed above)

NAME OF ORGANIZATION & ADDRESS	DURATION	TYPE OF ORGANIZATION

List any problems you had related to college. (i.e., absenteeism, tardiness, poor grades, other disciplinary problems) Please list: year, school, and a brief explanation of the problem(s) or disciplinary action(s).

List all awards received from high school, college, or the police academy.

SCHOOL	DATE	AWARD	REASON

List all educational internships you participated in.

SCHOOL	DURATION	NAME OF ORGANIZATION, ADDRESS AND PHONE #	POSITION	SUPERVISOR

Prior Law Enforcement Applications:

Have you participated in a ride-a-long program with any other law enforcement agency?

Yes No

If “yes” please list ALL law enforcement agency (ies) you have ridden with, provide the name of the Officer you rode with:

NAME of Officer	ADDRESS	AGENCY	PHONE #

Answer the following even if you have not participated in a ride a long program:

List the names of any Law Enforcement Officers with whom you may be acquainted (**anyone not listed above or listed in the police academy instructor list.**)

NAME	ADDRESS	AGENCY	PHONE #

PRIOR LAW ENFORCEMENT APPLICATIONS

If you have applied to prior law enforcement agencies (not listed in employment) answer the following questions.

Name of Agency:

Month and Year Applied:

APPLICATION PROCESS	YES	NO
Submitted application only		
Submitted PHS (Personal History Survey)		
Took written test		
Took physical abilities test		
Interviewed by agency		
Background investigation conducted		
Psychological examination conducted		
Took polygraph or voice stress analysis test		
Disqualified (if so, why)		
Hired or job offer made		

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Disqualified (is so, why)		
Hired or job offer made		

Employment

In chronological order, list all of your current and previous employment for the last 10 years, starting with your current employer.

May we contact your current employer? Yes No

COMPANY NAME, ADDRESS & PHONE		DATES- (month/yr. to month/yr.)
JOB TITLE	REASON FOR LEAVING	SUPERVISOR NAME/PHONE #
LIST JOB DUTIES		
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JOB TITLE	REASON FOR LEAVING	SUPERVISOR NAME/PHONE #
LIST JOB DUTIES		

Have you ever been suspended, fired, or asked to resign from any employment?

Yes No If yes, state details in full, listing employer name/address and phone number:

Have you ever been subject to disciplinary action in connection with any employment?

Yes No If yes, state details state details in full, listing employer name/address and phone number:

Have you ever had extended work absences for reasons other than earned vacation?

Yes No If yes, state details state details in full, listing employer name/address an phone number:

Have you ever been investigated by your employer or supervisor for improper conduct, illegal activities, harassment, or equal employment violations?

Yes No If yes, state details state details in full, listing employer name/address and phone number:

Have you ever held employment under another name? Yes No

If yes, answer the following questions:

Name that you used:

Employer name and address and phone number:

RESIDENCES

In chronological order, state each and every place in which you have lived during the past ten years, beginning with your **present address**. Please provide name and telephone number of landlords. (Include all addresses while you were in school)

Years: _____

Street address, apt. number: _____

City, State, Zip code: _____

Name and phone number of landlords: _____

Names of person(s) resided with: _____

Years: _____

Street address, apt. number: _____

City, State, Zip code: _____

Name and phone number of landlords: _____

Names of person(s) resided with: _____

Years: _____

Street address, apt. number: _____

City, State, Zip code: _____

Name and phone number of landlords: _____

Names of person(s) resided with: _____

Years: _____
Street address, apt. number: _____
City, State, Zip code: _____
Name and phone number of landlords: _____
Names of person(s) resided with: _____

Years: _____
Street address, apt. number: _____
City, State, Zip code: _____
Name and phone number of landlords: _____
Names of person(s) resided with: _____

Years: _____
Street address, apt. number: _____
City, State, Zip code: _____
Name and phone number of landlords: _____
Names of person(s) resided with: _____

Have you ever left any residence under unfavorable circumstances (eviction, request to vacate, or forfeiture of security deposit)?

Yes No If yes, state details in full:

MOTOR VEHICLE

Do you or did you ever possess a driver's license issued by any state other than Missouri?
Yes No If yes, provide the following information:

Name of state: Years issued: Type of license:

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Have you ever been involved as a driver in a motor vehicle accident?

Yes No If yes, state details:

Have you ever been refused a driver's license, had one revoked, suspended, placed on probation, or negligent operator status?

Yes No If yes, answer the following questions:

Which license:

Length of revocation:

Reason for revocation or suspension:

By what agency:

If you answered yes to the above question, was such license ever reinstated?

Yes No If yes, complete the following questions:

When:

By what agency:

Has your auto insurance ever been revoked or refused?

Yes No If yes, state details:

List all traffic citations you have received, except parking violations.

DATE	VIOLATION	COUNTY & STATE	COURT DISPOSITION	AGENCY THAT ISSUED CITATION

Have you ever failed to appear in court on traffic citation(s), parking citation(s), or had a warrant issued for your arrest because of traffic or parking violations?
 Yes No If yes, state details:

LEGAL

List all criminal offenses that you received a summons or were arrested for. Also list all charges that have been brought against you and consequential convictions.

DATE	VIOLATION	COUNTY & STATE	COURT DISPOSITION	AGENCY THAT ISSUED SUMMONS/MADE ARREST

Have you ever received any expungements or pardons?
 Yes No If yes, state details:

Have you ever filed or been the subject of a restraining order?
Yes No If yes, state details:

Background Questions:

1. Have you ever used, thought you were using, tested, sniffed (huffed), smoke ingested, inhaled, injected, swallowed, attempted to use, or experimented with any form of an illegal drug or substance such as, but not limited to crack: cocaine, speed, PCP, meth, heroin, mescaline, LSD, mushrooms, hashish, opiates, barbiturates, amphetamines, methamphetamines, hallucinogenic, steroids, designer drugs, peyote, morphine, any other illegal substance other than those drugs prescribed by your physician, or illegally used any prescribed drug?

Yes No If yes, state details:

2. When was the last time you were at a private gathering where illegal drugs, narcotics, or substances were being used?

Month and year:

State details:

3. Describe your use of alcoholic beverages:

4. Do you have any concerns about wearing a uniform?

Yes No If yes, please explain:

5. Do you have any concerns about working nights, holidays and weekends?
Yes No If yes, please explain:

6. Do you have any concerns about working alone without backup readily available?
Yes No If yes, please explain:

7. Do you have any concerns about physically arresting another person?
Yes No If yes, please explain:

8. Do you know of any reason you might not pass a background check? Yes No

9. Have you ever stolen anything from an employer? Yes No

10. Have you ever been arrested for anything? Yes No

11. Have you been fingerprinted or booked into any jail, municipal court, or court for any violation of any law or City Ordinance? Yes No

12. Have you ever committed a crime for which you were not arrested? Yes No

13. Have you ever assisted someone else in committing a crime? Yes No

14. Have you ever falsified a police report? Yes No

If you answered yes to any of the questions 7-13, please write a brief explanation for that question below. 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.

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

1. 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? _____

2. Are your wages currently subject to a garnishment? Yes No

3. 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:

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: _____

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, Twitter, Instagram) that you have an active or past account with, along with the name used on the account:

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:

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, hereby irrevocably agree to the following terms and

conditions:

_____ **Full Name (typed or printed)**

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: _____

Witnessed by: _____ Date: _____

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 its authorized agents to representatives.

2. I hereby release the City of Seymour and its employees from any action that may arise as a result 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: