

## DIRECTIONS FOR COMPLETING APPLICATION

1. Use BLACK INK PEN in OWN HANDWRITING---DO NOT TYPE. This is a competitive process; therefore applications will not be accepted, processed, or evaluated until completed.
2. Please be sure to supply ALL of the following information:  
  
FULL ADDRESSES: number and street---not location, i.e. “4<sup>th</sup> and Walnut” (unless that is the exact address);  
  
INCLUDE ZIP CODES: if you do not know zip codes, local post office or library branch has zip code books for local and out-of-town/out-of-state zip codes;  
  
TELEPHONE NUMBERS: should have ALL AREA CODES.
3. Fill in all questions or “**N/A**” (not applicable) in the areas that do not apply to you.
4. Check ALL yes/no boxes and explain when needed.
5. Fill out release form with full name, signature, and date. This form gives St. Clair Police Department permission to send letters to your references, past employers, etc. You may use our notary service.
6. **Initial the bottom of each page.**
7. The last page of the application is a **list** of documents needed to submit your application. The following documents are MANDATORY:
  - a. Missouri Department of Public Safety Certification
  - b. Copy of high school and college transcripts or equivalency
  - c. If military, copy of DD214 (discharge papers)

Supply any other documents that apply to you, i.e. previous academy training certificates, etc.

**DO NOT BRING ORIGINAL DOCUMENTS.** Make all copies before bringing application. Copy machines are available for public use at libraries, local printing companies, or the local post office.

If you have any other questions regarding the application, call (636)629-1319.

PRE-EMPLOYMENT HISTORY FILE  
ACCESS RESTRICTED

Application Number \_\_\_\_\_

Date \_\_\_\_\_

Position \_\_\_\_\_

CONFIDENTIAL

APPLICATION QUESTIONNAIRE

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment with the St. Clair Police Department. Fill out this application **completely** and **correctly!**

An extensive background investigation will be conducted into your personal history.

Any FALSE, MISLEADING, or INCOMPLETE information substituted for accurate information will be grounds to disqualify you for any employment with the St. Clair Police Department.

Please confirm that you have read and understand the above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## I. PERSONAL DATA

<b>FULL NAME:</b>		
(LAST)	(FIRST)	(MIDDLE)
<b>CURRENT HOME ADDRESS:</b> (STREET & NUMBER / CITY / STATE / ZIP)		<b>PHONE #:</b> <input type="checkbox"/> cell <input type="checkbox"/> home
<b>CURRENT BUSINESS ADDRESS:</b> (STREET & NUMBER / CITY / STATE / ZIP)		<b>BUSINESS PHONE #:</b>
<b>OCCUPATION:</b>	<b>MARITAL STATUS:</b>	
	SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> ENGAGED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>	
<p>A. IF THE NECESSITY AROSE FOR YOU TO SHOOT A HUMAN BEING IN THE COURSE OF YOUR DUTIES AS A POLICE OFFICER, WOULD YOU HAVE ANY RELUCTANCE TO DO SO BECAUSE OF RELIGIOUS OR OTHER BELIEFS? <span style="float: right;">YES <input type="checkbox"/>    NO <input type="checkbox"/></span></p> <p>IF "YES", EXPLAIN:</p> <p>_____</p> <p>_____</p>		

## II. EDUCATION

<p>A. DO YOU HAVE?: <input type="checkbox"/> GED CERTIFICATE    <input type="checkbox"/> HIGH SCHOOL DIPLOMA    <input type="checkbox"/> COLLEGE DEGREE</p>				
<p>B. LIST ALL ELEMENTARY, HIGH SCHOOL, COLLEGES, AND UNIVERSITIES YOU HAVE ATTENDED:</p>				
DATES FROM / TO	NAME	ADDRESS - ZIP	YEARS COMPLETED	DIPLOMA RECEIVED
<p>C. IF YOU ATTENDED COLLEGE, WHAT WAS YOUR MAJOR AND MINOR?</p>				
<p>D. DO YOU SPEAK ANY FOREIGN LANGUAGE? <span style="float: right;">YES <input type="checkbox"/>    NO <input type="checkbox"/></span>          If so, what language(s) and how well?</p>				

Initials: \_\_\_\_\_

### III. EMPLOYMENT HISTORY

A. BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL OF THE PLACES YOU HAVE WORKED. IN THE PROPER ORDER, LIST PERIODS OF SCHOOL, MILITARY SERVICE, AND UNEMPLOYMENT. LIST EVERYTHING FOR THE PAST TEN YEARS. KEEP IN PROPER SEQUENCE. OMIT NONE! INCLUDE PART-TIME, TEMPORARY, OR SEASONAL EMPLOYMENT.

MONTH / YEAR		NAME OF EMPLOYER	SUPERVISOR NAME	SALARY RANGE	
FROM	TO			FROM	TO
		ADDRESS OF EMPLOYER - ZIP	BUSINESS PHONE		

DESCRIBE YOUR DUTIES AND JOB TITLE:

REASON FOR LEAVING:

MONTH / YEAR		NAME OF EMPLOYER	SUPERVISOR NAME	SALARY RANGE	
FROM	TO			FROM	TO
		ADDRESS OF EMPLOYER - ZIP	BUSINESS PHONE		

DESCRIBE YOUR DUTIES AND JOB TITLE:

REASON FOR LEAVING:

MONTH / YEAR		NAME OF EMPLOYER	SUPERVISOR NAME	SALARY RANGE	
FROM	TO			FROM	TO
		ADDRESS OF EMPLOYER - ZIP	BUSINESS PHONE		

DESCRIBE YOUR DUTIES AND JOB TITLE:

REASON FOR LEAVING:

MONTH / YEAR		NAME OF EMPLOYER	SUPERVISOR NAME	SALARY RANGE	
FROM	TO			FROM	TO
		ADDRESS OF EMPLOYER - ZIP	BUSINESS PHONE		

DESCRIBE YOUR DUTIES AND JOB TITLE:

REASON FOR LEAVING:

MONTH / YEAR		NAME OF EMPLOYER	SUPERVISOR NAME	SALARY RANGE	
FROM	TO			FROM	TO
		ADDRESS OF EMPLOYER - ZIP	BUSINESS PHONE		

DESCRIBE YOUR DUTIES AND JOB TITLE:

REASON FOR LEAVING:

Initials: \_\_\_\_\_

### III. EMPLOYMENT HISTORY (continued)

MONTH / YEAR		NAME OF EMPLOYER	SUPERVISOR NAME	SALARY RANGE	
FROM	TO			FROM	TO
ADDRESS OF EMPLOYER - ZIP			BUSINESS PHONE		
DESCRIBE YOUR DUTIES AND JOB TITLE:					
REASON FOR LEAVING:					
MONTH / YEAR		NAME OF EMPLOYER	SUPERVISOR NAME	SALARY RANGE	
FROM	TO			FROM	TO
ADDRESS OF EMPLOYER - ZIP			BUSINESS PHONE		
DESCRIBE YOUR DUTIES AND JOB TITLE:					
REASON FOR LEAVING:					
<b>(LIST ANY ADDITIONAL EMPLOYERS ON PAGES 11 – 12)</b>					
B. HAVE YOU FILED EMPLOYMENT APPLICATION WITH ANY OTHER SOURCES RECENTLY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
C. HAVE YOU EVER APPLIED FOR A POSITION WITH ANY POLICE DEPARTMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>					
WHEN?	WHAT DEPARTMENT?	WHAT WAS THE DISPOSITION?			
D. HAVE YOU EVER RECEIVED ANY POLICE TRAINING? YES <input type="checkbox"/> NO <input type="checkbox"/>					
WHEN?	WHERE?	TYPE OF TRAINING?			
E. WHAT AREA OF POLICE WORK INTERESTS YOU MOST AND WHY?					
F. HAVE YOU EVER BEEN DISMISSED, FIRED, OR ASKED TO RESIGN FROM ANY EMPLOYMENT? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF "YES", EXPLAIN ON PAGES 11 - 12)					
G. HAVE YOU EVER STOLEN ANY MONEY OR MERCHANDISE FROM ANY PLACE OF EMPLOYMENT? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF "YES", EXPLAIN FULLY ON PAGES 11 - 12 AND INCLUDE THE FINAL DISPOSITION OF ALL ITEMS--- SOLD, RETAINED FOR PERSONAL USE, RETURNED, ETC.)					
H. IS YOUR SPOUSE EMPLOYED? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span>					
FIRM NAME:	ADDRESS:	PHONE #:			
I. HAVE YOU OR YOUR SPOUSE EVER HAD A GARNISHMENT OR WAGE ASSESSMENT PLACED AGAINST YOU? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span>					

Initials: \_\_\_\_\_

#### IV. ARREST HISTORY

A. OTHER THAN TRAFFIC CITATIONS, HAVE YOU EVER BEEN ARRESTED, CHARGED, QUESTIONED, ACCUSED, OR DETAINED FOR ANY REASON BY ANY CIVIL POLICE OR MILITARY POLICE AUTHORITY, EITHER IN THE UNITED STATES OF AMERICA OR ANY FOREIGN COUNTRY?

YES  NO  (IF "YES", DESCRIBE BELOW AND EXPLAIN IN FULL DETAIL ON PAGES 11 - 12)

DATE	CHARGE	LOCATION (CITY / COUNTY / STATE)	DISPOSITION

B. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN TRAFFIC?

YES  NO  (IF "YES", EXPLAIN IN FULL DETAIL ON PAGES 11 - 12)

C. WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS (OTHER THAN TRAFFIC)?

YES  NO  (IF "YES", EXPLAIN IN FULL DETAIL ON PAGES 11 - 12)

D. HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED CRIME?

YES  NO  (IF "YES", EXPLAIN IN FULL DETAIL ON PAGES 11 - 12)

#### V. LIQUOR AND NARCOTICS

A. HAVE YOU EVER RECEIVED TREATMENT FOR ALCOHOLISM OR A DRINKING PROBLEM?

YES  NO  (IF "YES", EXPLAIN ON PAGES 11 - 12)

B. HAVE YOU EVER BEEN TREATED FOR DRUG USE OR NARCOTICS ADDICTION?

YES  NO  (IF "YES", EXPLAIN ON PAGES 11 - 12)

C. HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH A NARCOTIC OR DANGEROUS DRUG WITHOUT A DOCTOR'S PRESCRIPTION? (INCLUDES MARIJUANA, COCAINE, LSD, PEYOTE, HEROIN, OPIUM, ETC.)

YES  NO  (IF "YES", BE SURE TO EXPLAIN FULLY ON PAGES 11 - 12)

D. HAVE YOU, AT ANY TIME, EVER BOUGHT OR SOLD ANY NARCOTIC OR DANGEROUS DRUG IN ANY AMOUNT? (INCLUDES MARIJUANA, COCAINE, LSD, PEYOTE, HEROIN, OPIUM, ETC.)

YES  NO  (IF "YES", BE SURE TO EXPLAIN FULLY ON PAGES 11 - 12)

#### VI. DRIVING HISTORY

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

STATE	TYPE OF LICENSE	LICENSE NUMBER	EXPIRATION DATE

B. HAVE ANY OF THE ABOVE LICENSES EVER BEEN SUSPENDED OR REVOKED?

YES  NO  (IF "YES", EXPLAIN ON PAGES 11 - 12)

Initials: \_\_\_\_\_

## VI. DRIVING HISTORY (continued)

C. LIST ALL DRIVING CITATIONS OR SUMMONS YOU HAVE RECEIVED AS AN ADULT, BEGINNING WITH THE MOST RECENT. IF YOU CANNOT REMEMBER EXACT DATES OR LOCATIONS, GIVE APPROXIMATE DATES AND LOCATIONS.

DATE	CHARGE	LOCATION (CITY / COUNTY / STATE)	DISPOSITION

D. HOW MANY TRAFFIC ACCIDENTS HAVE YOU BEEN INVOLVED IN DURING THE PAST FIVE YEARS?

## VII. ORGANIZATION MEMBERSHIP

A. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ACTIVIST GROUP, SOCIETY, ORGANIZATION, OR CLUB, INCLUDING THE COMMUNIST PARTY, AMERICAN NAZI PARTY, KU KLUX KLAN, STUDENTS FOR A DEMOCRATIC SOCIETY, BLACK PANTHER PARTY, MINUTEMEN, OR ANY SIMILAR ORGANIZATION?

YES  NO  (IF "YES", LIST THEM ON PAGES 11 - 12)

B. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST, OR SUBVERSIVE, OR 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, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES OR THE STATE OF MISSOURI, BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS?

YES  NO  (IF "YES", EXPLAIN ON PAGES 11 - 12)

## VIII. MILITARY STATUS

A. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE? YES  NO

SELECTIVE SERVICE #:	DRAFT CLASSIFICATION:	DATE CLASSIFIED:
LOCAL BOARD #:	ADDRESS:	

B. 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?

YES  NO  (IF THERE WAS MORE THAN ONE PERIOD, THEN LIST THE SEPARATE PERIODS)

MONTH / YEAR ENTERED	BRANCH OR ORGANIZATION	DISCHARGE DATE	TYPE DISCHARGE	RANK

Initials: \_\_\_\_\_

**VIII. MILITARY STATUS (continued)**

C. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT?

YES  NO  (IF "YES", EXPLAIN ON PAGES 11 - 12)

D. LIST ALL MILITARY SERIAL NUMBERS:

E. WERE YOU EVER REDUCED IN RANK IN THE MILITARY?

YES  NO  (IF "YES", EXPLAIN ON PAGES 11 - 12)

F. WERE YOU EVER COURT MARTIALLED, TRIED ON CHARGES, SUBJECT TO A SUMMARY COURT, DECK COURT, CAPTAIN'S MAST, COMPANY PUNISHMENT, OR ANY OTHER DISCIPLINARY ACTION?

YES  NO  (IF "YES", EXPLAIN ON PAGES 11 - 12)

**X. MISCELLANEOUS**

A. DO YOU HAVE ANY KNOWLEDGE OR INFORMATION, IN ADDITION TO THAT SPECIFICALLY CALLED FOR IN THE PRECEDING QUESTIONS, WHICH IS RELEVANT, DIRECTLY OR INDIRECTLY, IN CONNECTION WITH AN INVESTIGATION OF YOUR ELIGIBILITY OR FITNESS FOR APPOINTMENT ON THIS POLICE DEPARTMENT---INCLUDING, BUT NOT LIMITED TO, KNOWLEDGE OR INFORMATION CONCERNING YOUR CHARACTER, PHYSICAL, OR MENTAL CONDITION, TEMPERANCE, HABITS, EMPLOYMENT, EDUCATION, SUBVERSIVE ACTIVITIES, FAMILY, ASSOCIATIONS, CRIMINAL RECORD, TRAFFIC VIOLATIONS, RESIDENCE, OR OTHERWISE?

YES  NO  (IF "YES", EXPLAIN ON PAGES 11 - 12)

B. HOW MANY DAYS HAVE YOU MISSED FROM WORK OR SCHOOL IN THE PAST 12 MONTHS? \_\_\_\_\_  
LIST REASONS FOR ABSENCES:

\_\_\_\_\_  
\_\_\_\_\_

C. DO YOU HAVE ANY TATTOO THAT WOULD BE VISIBLE WHILE WEARING A SHORT-SLEEVED UNIFORM? YES  NO  (IF "YES", EXPLAIN ON PAGES 11 - 12)

Initials: \_\_\_\_\_



## XI. REFERENCES

LIST FOUR CHARACTER REFERENCES (**NOT** RELATIVES, IN-LAWS, OR PAST EMPLOYERS) WHO ARE RESPONSIBLE ADULTS AND HAVE KNOWN YOU WELL DURING THE PAST THREE YEARS OR MORE:

NAME:	HOME PHONE #:
RESIDENCE ADDRESS:	
CITY / STATE / ZIP:	OCCUPATION:
BUSINESS ADDRESS:	
CITY / STATE / ZIP:	BUSINESS PHONE #:
NAME:	HOME PHONE #:
RESIDENCE ADDRESS:	
CITY / STATE / ZIP:	OCCUPATION:
BUSINESS ADDRESS:	
CITY / STATE / ZIP:	BUSINESS PHONE #:
NAME:	HOME PHONE #:
RESIDENCE ADDRESS:	
CITY / STATE / ZIP:	OCCUPATION:
BUSINESS ADDRESS:	
CITY / STATE / ZIP:	BUSINESS PHONE #:
NAME:	HOME PHONE #:
RESIDENCE ADDRESS:	
CITY / STATE / ZIP:	OCCUPATION:
BUSINESS ADDRESS:	
CITY / STATE / ZIP:	BUSINESS PHONE #:

Initials: \_\_\_\_\_





A COPY OF THE FOLLOWING LISTED DOCUMENTS MUST BE INCLUDED WITH THIS APPLICATION, OR YOU MUST EXPLAIN FULLY ON THE LINES BELOW WHY THEY ARE NOT INCLUDED. ALL DOCUMENTS BECOME THE PROPERTY OF THE ST. CLAIR POLICE DEPARTMENT AND WILL NOT BE RETURNED.

1. MISSOURI DEPARTMENT OF PUBLIC SAFETY CERTIFICATION
2. HIGH SCHOOL DIPLOMA AND TRANSCRIPT OR MISSOURI GED CERTIFICATE
3. COLLEGE DEGREES AND TRANSCRIPTS (IF APPLICABLE)
4. MILITARY DISCHARGE DD214 (IF APPLICABLE)
5. SPECIAL AWARDS (SCHOOL, MILITARY, ETC.)
6. ANY LICENSE OTHER THAN DRIVER'S LICENSE (PILOT'S LICENSE, RADIO OPERATOR'S LICENSE, ETC.)
7. NATURALIZATION PAPERS (IF APPLICABLE)

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\*SOCIAL SECURITY NUMBER: PURSUANT TO PUBLIC LAW 95-579, THE DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER TO THE ST. CLAIR POLICE DEPARTMENT IS COMPLETELY VOLUNTARY. YOUR REFUSAL TO REVEAL IT WILL IN NO WAY AFFECT APPLICATIONS FOR ANY JOB OR CONSIDERATION PROVIDED BY THIS DEPARTMENT.

**CERTIFICATE OF APPLICANT**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

(READ CAREFULLY BEFORE SIGNING)

I, \_\_\_\_\_, (print full name), hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omission of material facts will cause forfeiture on my part of all rights to employment with the City of St. Clair, Missouri.

I 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, credit bureaus, schools and universities, to furnish the holder of this release with all and any available information regarding me in order that he may determine my suitability for employment.

I authorize the holder of this release 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 or person from all liability for any damage whatsoever that may issue from furnishing such information to the holder of this release.

A photocopy of this authorization will be considered as effective and valid as the original.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF MISSOURI  
COUNTY OF FRANKLIN

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

My Commission expires: