#### CONFIDENTIAL

#### APPLICATION FOR EMPLOYMENT



FOR POLICE DEPT. USE ONLY
APPLICATION NO
DATE:
CIRCLE POSITION APPLIED FOR: POLICE OFFICER / RESERVE POLICE OFFICER

## AN EQUAL OPPORTUNITY EMPLOYER

The Chief of Police declares that subject to all applicable State and Federal statutory or judicial exemptions, all qualified applicants for employment and/or advancement whether commissioned or civilian, shall be given equal opportunity for consideration, selection, appointment and retention regardless of race, color, religion, sex, sexual orientation, national origin, age, disability or political affiliation. Complaints of discrimination should be directed to the office of the City Administrator.

#### VERIFICATION OF INFORMATION

The information requested on this questionnaire will be used for reference by those who will be considering your application for a commissioned Police Officer position with the Creve Coeur Police Department. If you advance to the background investigation, an extensive background investigation will be conducted into your personal history. Applicants will be required to take a CVSA (Computer Voice Stress Analyzer) or other lie detector examination to confirm the information provided in this questionnaire and other application related documents.

Any FALSE, MISLEADING, or INCOMPLETE information substituted for accurate information shall be grounds to disqualify you from further consideration in the application process with the Creve Coeur Police Department.

I confirm that I have read and that I understand the above information and that all statements and/or documents presented to the Creve Coeur Police Department are true, correct, complete and made in good faith.

Signature	Date
PLEASE INDICATE THE POSITION FOR WHICH YOU ARE APPLYING: _	POLICE OFFICER RESERVE POLICE OFFICER

## **DIRECTIONS**

#### 1. USE BLACK INK ONLY.

- 2. Complete this form in your own printed handwriting.
- 3. Be certain that your answers are legible.
- 4. Read each question carefully before answering.
- 5. Be certain that each question is answered completely and correctly. If a question does not apply to you, write N/A (Not Applicable) in the space; **leave no blank spaces**.
- 6. Initial each page on bottom where indicated.
- 7. Additional space is provided on page 7 for answers which require clarification or further explanation. All entries on page 7 will begin with page, section number (Roman Numerals I-XII) and question (the letter A-J) that you are explaining or clarifying.

# I. PERSONAL DATA

ADDRESS    NUMBER   STREET		MIDDLE	DDIMAD		
Email address		MIDDEL	PRIMAR	Y PHONE #	
Email address	D.C. 1. (1.1.)	E ZIP	ALTERNAT	E PHONE #	
DRIVER'S LICENSE NUMBER	Preferred method of	contact (circle choice)	Primary #	Alternate #	Email
	STATE				
		_			
A. LIST ANY OTHER NAMES YOU HAVE EVER USED:					
12		3			
B. DO YOU HAVE ANY BODY INK? IF YES, GIVE DESCRIPTION AN					
C. LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST FROM TO STREET ADDRESS	Γ 10 YEARS, INCLU	JDE ANY ADDRES	SES IN THE	MILITARY STATE/ZI	
FROM TO STREET ADDRESS		CITT		STATE/ZI	<u> </u>
E. DOES YOUR CURRENT EMPLOYER KNOW YOU HAVE APPLIED  F. ARE YOU ACQUAINTED WITH ANY CREVE COEUR POLICE DEP  1	ARTMENT EMPLO	OYEES?YES	NO. II	F YES, PLEA	
H. HAVE YOU FILED AN EMPLOYMENT APPLICATION WITH ANY CORCANIZATION OF FIRM					1
ORGANIZATION OR FIRM ADDRESS	ZIP	POSITION APPL	IED FOR	DATE	DISPOS
I. AN EMPLOYEE OF THIS DEPARTMENT WORKS A MINIMUM EIG POSITION YOU ARE APPLYING FOR MAY REQUIRE YOU TO WO WEEKENDS AND HOLIDAYS. ARE YOU ABLE TO MEET THESE I	RK VARIOUS SHII	FTS, SEVEN DAYS			THE
To meet to meet to meet the second of the secon	WHICH YOU APPL	LIED, ARE YOU AE	BLE TO PER	FORM THES	
J. BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR FUNCTIONS? YES NO					Е
J. BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR					Е
J. BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR FUNCTIONS? YES NO	RENCES				E
J. BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR FUNCTIONS? YES NO  II. REFE LIST FOUR CHARACTER REFERENCES, NOT RELATIVES, IN-LAWS O		RS, WHO HAVE K	NOWN YOU	FOR AT LE	
J. BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR FUNCTIONS? YES NO	R PAST EMPLOYE				AST THE
J. BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR FUNCTIONS? YES NO  II. REFE LIST FOUR CHARACTER REFERENCES, NOT RELATIVES, IN-LAWS OPAST THREE YEARS.	R PAST EMPLOYE		YEARS AC	QUAINTED _	AST THE

REFEREN	CES CONTINUED					
2. 1	NAME			PHONE #	YEARS	ACQUAINTED
A	ADDRESS			CITY	STATE	ZIP
I	DAYTIME PHONE #	±		OCCUPATIO	ON	
3. 1	3. NAME			PHONE #	YEARS	ACQUAINTED
A	ADDRESS			CITY	STATE	ZIP
Ι	DAYTIME PHONE #	:		OCCUPATION		
4. N	NAME			PHONE #	YEARS A	.CQUAINTED
A	ADDRESS			CITY	STATE	_ ZIP
I	DAYTIME PHONE #	<u> </u>		OCCUPATION		
		STATES	NS, HAVE YOU BEEN CONVIC OF AMERICA OR IN ANY FORI DEPT. OR AGENCY	EIGN COUNTRY? _		CRIMINAL COURT,  DISPOSITION
DATE	CHARGI	ע	DEF1. OR AGENCI	LOCATION-	CITT, COUNTY, STATE	DISPOSITION
	YES	_ NO	CRIMINAL OR CIVIL SUBPOR IF "YES" EXPLAIN O IN ANY UNDETECTED CRIM			
			N	*		
			FOR VIOLATION OF ANY LAW		NO	
IF "YES	EXPLAIN					
			IV. EDUCATI	ON AND SKILL	S	
A. DO YOU	U HAVE: (CHECK A	APPROPR	ATE LINES)GED CERTIF	FICATEHIGH S	CHOOL DIPLOMA C	OLLEGE DEGREE
			POSTGRADI	JATE DEGREE	VOCATIONAL-TECHNIC	AL CERTIFICATE
B. LIST AI	L HIGH SCHOOL,	COLLEGE	S AND UNIVERSITIES YOU H.	AVE ATTENDED:		
MONTH/Y FROM	EAR ATTENDED TO		NAME & LOCATION REET.CITY, STATE, ZIP	# OF CREDITS COMPLETED	TYPE OF DEGREE/MAJOR	YEAR DEGREE WAS COMPLETED

### **EDUCATION & SKILLS CONTINUED**

	U EVER BEEN SUSPENDEI EXPLAIN		ED TO LEAVE ANY SCHOOL FOR DISCIP	LINARY REASON?YESNO
D. HAVE YO	U EVER RECEIVED ANY P	OLICE ACADEMY TRA	INING TO BE A POLICE OFFICER?	YES NO
ACADEM	Y		DATES OF ATTENDANCE/GRADUA	ATION DATE
E. INDICATE	E LANGUAGES YOU SPEAI	K, READ, AND/OR WRI'	TE OTHER THAN ENGLISH:	
	FL	UENT	ABOVE AVERAGE	FAIR
SPEAK				
WRITE				
READ				
			narize special skills, qualifications and accom  OYMENT HISTORY	phishments, including ciercal skins,
	ITH YOUR PRESENT OR M EARS. LIST ANY ADDITION		LIST ALL OF THE PLACES YOU HAVE PAGE 10	WORKED. LIST ALL JOBS FOR THE
1. EMPLOYER	Eling. Eligi fil (1715)	TELEPHONE	DATES EMPLOYED FROM TO	JOB TITLE / WORKED PERFORMED
ADDRESS		CITY		
SUPERVISOR		STATE/ ZIP CODE	HOURLY OR ANNUAL SALARY STARTING FINAL	REASON FOR LEAVING
2. EMPLOYER		TELEPHONE	DATES EMPLOYED FROM TO	JOB TITLE / WORKED PERFORMED
ADDRESS		CITY		
SUPERVISOR		STATE/ ZIP CODE	HOURLY OR ANNUAL SALARY STARTING FINAL	REASON FOR LEAVING
3. EMPLOYER		TELEPHONE	DATES EMPLOYED FROM TO	JOB TITLE / WORKED PERFORMED
ADDRESS		CITY		
SUPERVISOR		STATE/ ZIP CODE	HOURLY OR ANNUAL SALARY STARTING FINAL	REASON FOR LEAVING
4. EMPLOYER		TELEPHONE	DATES EMPLOYED FROM TO	JOB TITLE / WORKED PERFORMED
ADDRESS		CITY		
SUPERVISOR		STATE/ ZIP CODE	HOURLY OR ANNUAL SALARY STARTING FINAL	REASON FOR LEAVING
B. HAVE YO IN DETAI		, FIRED OR ASKED TO	RESIGN FROM ANY EMPLOYMENT?	_ YES NO. IF "YES" EXPLAIN
			E FROM ANY PLACE OF EMPLOYMENT  MS (i.e. sold, retained for personal use, returned)	

## VI. ORGANIZATION MEMBERSHIP

LIST ALL CIVIC OR SOCIAL ORGANIZATIONS, FRATERNITIES, SOROITIES, CLUBS, SOCIETIES OR GROUPS OF WHICH YOU ARE, OR HAVE BEEN A MEMBER OR ASSOCIATE.

NAME OF ORGANIZATION			ADDRESS				OFFICE HELD	
			VI	I. MILITARY STA	ATUS			
A.	ARE YOU REGISTERE	ED WITH THE SELEC	CTIVE SERV	ICE? YES	NO REGISTRATI	ON #		
B.	LOCATION WHERE R	EGISTERED						
C.					RCE, COAST GUARD, R. RIOD, LIST THE SEPARA			
	MONTH/YEAR ENTERED	BRANCH/ORGAN	IZATION	DISCHARGE DATE	TYPE OF	RANK	OCCUPATIONAL	
	ENTERED			DATE	DISCHARGE		SPECIALTY	
D.	WERE YOU EVER REI	DUCED IN RANK IN	THE MILIT	ARY? YES	NO. RANK REDUCED FR	OM	TO	
E.	WERE YOU EVER COU GENERAL SENTENCE	URT MARTIALED? ED RECEIVED:	YES	NO TYPE OF 0	COURT MARTIAL SU	MMARY S	PECIAL	
F.	HAVE YOU EVER REC IF "YES" EXPLAIN ON		S MAST, CO	OMPANY PUNISHMEN	NT OR ARTICLE 15?Y	YES NO		
G.	. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT? YES NO IF "YES" EXPLAIN ON PAGE 10							
		v	'III. NAR	COTIC AND LIQ	UOR USAGE			
A.								
В.	· · · · · · · · · · · · · · · · · · ·	MONTHS HAVE YOU IF "YES" EXPLAI		ONTROLLED SUBSTA	ANCE THAT WAS NOT P	RESCRIBED B	BY A DOCTOR?	
Α.	YOUR DUTIES AS A P	OLICE OFFICER MA		IX. USE OF FOR	C <b>E</b> AND UNDER THE MOST	DIRE CIRCU	MSTANCES YOU MAY	
	HAVE TO USE DEADL	Y FORCE. ARE THE	RE ANY LI	MITATIONS ON YOU	R ABILITY TO USE THE METORICS OF FORCE? YES	METHODS DE	MANDED BY THE	

USI	E OF FORCE CONTINUE	)				
В.	. HAVE YOU EVER USED A WEAPON TO DEFEND YOUR SELF OR OTHERS? YES NO IF "YES" EXPLAIN IN DETAIL.					
C.	. AS THE NEED MAY ARISE AT ANYTIME, ARE YOU PHYSICALLY CAPABLE OF MAKING A FORCEFUL ARREST THAT MAY REQUIR USING PHYSICAL STRENGTH AND EXERTION? YES NO					
D.	DO YOU HAVE THE ABI	LITY TO DE-ESCALATE A F	HIGH TENSION SITUATION	? YES NO - IF YES, HOW I	OO YOU KNOW?	
		<b>y</b>	X. DRIVING HISTORY	Y		
A.	HAVE ANY OF YOUR DRIVER LICENSES EVER BEEN SUSPENDED OR REVOKED IN THE LAST THREE YEARS? YES NO IF "YES" EXPLAIN:					
B.				D IN THE LAST 36 MONTHS BEGI , GIVE APPROXIMATE DATES AN		
	MONTH/YEAR	CHARGE	CITY/STATE	CITATION ISSUED BY POLICE DEPT/AGENCY	DISPOSITION	
					l	
IN 2	25 TO 50 WORDS, EXPLAIN	N WHY YOU WISH TO BE A	XI. NARRATIVE POLICE OFFICER.			
			IESTIC VIOLENCE IN			
A.		R BEEN CALLED TO YOUR BUSE OR DOMESTIC VIOLE		SIDENCE OR PLACE OF BUSINES	S REGARDING AN	
В.	HAVE YOU EVER BEEN	DIRECTLY INVOLVED IN A	AN INCIDENT OF ADULT A	BUSE OR DOMESTIC VIOLENCE?	YES NO	
C.	HAVE YOU EVER BEEN THE STATUTE 18 U.S.C.		EANOR OR FELONY CRIM	E OF DOMESTIC VIOLENCE WITH	HIN THE MEANING OF	
	OR STATE LAW; AND (B COMMITTED BY A CURI VICTIM SHARES A CHIL	8) HAS AS AN ELEMENT, TH RENT OR FORMER SPOUSE .D IN COMMON, BY A PERS	E USE OF PHYSICAL FORC , PARENT, OR GUARDIAN ON WHO IS COHABITING V	ENSE THAT (A) IS A MISDEMEAN CE, OR THE THREATENED USE OF OF THE VICTIM, BY A PERSON W WITH OR HAS COHABITED WITH O A SPOUSE, PARENT OR GUARD	F A DEADLY WEAPON, ITH WHOM THE THE VICTIM AS A	
	INITIAL AND DATE:	YE	ES NO			
					Page <b>6</b> of <b>7</b>	

#### DOMESTIC VIOLENCE CONTINUED

DO	VIESTIC V	IOLENCE	CONTINUED								
	. IF YOU ANSWERED YES TO THE ABOVE QUESTIONS, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO THE CONVICTION:										
	STATUS/CHARGE										
	DATE SENT	ENCED									
INFO THIS PAPE	RMATION A PAGE PROV	APPLIES. PUT Y	SHEET FOR ANY ADDITIONAL INFORMATION. LIST QUESTION NUMBER TO WHICH THE ADDITIONAL OUR INITIALS AT THE END OF EACH ITEM AND SIGN YOUR INITIALS AT THE BOTTOM OF THIS PAGE. IF CIENT SPACE FOR ALL ADDITIONAL INFORMATION, PLEASE SUBMIT FURTHER INFORMATION ON LINED LITING.								
PAGI		ION LETTER	ADDITIONAL INFORMATION								