

Pagedale Police Department



PERSONAL HISTORY QUESTIONNAIRE

The Board of Alderperson, the Police Advisory Board, and the Mayor resolved 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, national origin, age, disability or political affiliation.

AN EQUAL OPPORTUNITY EMPLOYER

cityofPagedale.com



PAGEDALE POLICE

CERTIFICATE OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION

Eddie Simmons Jr.
Captain
1420 Ferguson
Pagedale, MO 63133

LAST NAME	FIRST NAME	MIDDLE NAME
SSN	DATE OF BIRTH	APPLICATE# (DO NOT FILL IN)

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. I understand and agree that any misstatements or omissions of material facts will cause forfeiture on my part of all rights to initial employment or continued employment by the Pagedale Police Department. The intent of this authorization is to make available a full and complete disclosure of any and all information pertaining to my person; therefore, I do hereby authorize all present or past employers, all law enforcement agencies, all military agencies, the Veterans Administration, the U.S. Army, U.S. Air Force, U.S. Coast Guard, all Federal, State or local government agencies, State and Federal tax bureaus, credit bureaus, schools, insurance companies and universities to furnish the Supervisor of the Personnel Services Unit of the Pagedale Police Department, with any and all available information regarding my past or present performance, conduct or behavior. I further authorize the release of any punitive or disciplinary action, or memorandum, to the Supervisor in order that the information be evaluated to assist in the determination of my suitability for police work. I understand the Pagedale Police Department's acquisition, retention, and sharing of information related to my employment application is generally authorized under state and federal citations. The purpose for the Department requesting this information is to conduct a complete background investigation pertaining to my fitness to serve as a Pagedale Police Department employee. This background investigation may include inquiries pertaining to my employment, education, medical history, credit history, criminal history, and any information relevant to my character and reputation. By signing this form, I am acknowledging that I have received notice and have provided consent for the Pagedale Police Department to use this information to conduct such a background investigation, which may include the searching of N-DEX, criminal justice databases, private databases, and public databases. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal and business life for the specific purpose of conducting a pre-employment background investigation. I authorize the Pagedale Police Department to make an inquiry and gather any documents of my present and past employers regarding my character, integrity, reputation and performance. I authorize the release of any and all of the aforementioned information regarding my person, employment, credit or any other aspect, whether personal or otherwise, that may or may not be in their written records. I understand that all materials pertaining to this background investigation become the property of the Pagedale Police Department and will not be made available or returned to me. I agree to indemnify and hold harmless the person to whom this request is presented, along with the company or organization therein from any and all claims, damages, losses and expenses, including reasonable attorney's fees arising out of complying with this request. I understand that in the event my application is disapproved, the sources of information obtained are confidential and cannot be revealed to me. A copy of this authorization will be considered as effective and valid as the original, even though the copy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Subscribed and sworn before me this _____ day of _____, 20_____.

My commission expires _____, 20_____.

Notary: _____

Signature (Applicant)

Address City/State/Zip



POLICE APPLICANT RECORD SEARCH

(THIS SECTION TO BE COMPLETED BY APPLICANT)

PLEASE PRINT

	DATE				
NAME				SEX	
RACE (VOLUNTARY)	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> HISPANIC OR LATINO		<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> ASIAN <input type="checkbox"/> TWO OR MORE RACES		
OTHER NAMES USED I.E., MAIDEN, ALIAS, ETC.					
ADDRESS					
CITY		STATE		ZIP CODE	
DATE OF BIRTH		PLACE OF BIRTH			
SOCIAL SECURITY NUMBER					
LICENSE PLATE NUMBER		STATE/YEAR			
DRIVER'S LICENSE NUMBER/STATE ISSUED					

(THIS SECTION TO BE COMPLETED BY PERSONNEL SERVICES UNIT PERSONNEL)

✓ CHECKLIST

- | | |
|---|--|
| <input type="checkbox"/> MOI
<input type="checkbox"/> ALERT
<input type="checkbox"/> HISTORY
<input type="checkbox"/> CORRECTIONS
<input type="checkbox"/> SUMMONS
<input type="checkbox"/> GANG MEMBER/ASSOCIATIONS | <input type="checkbox"/> MULES RECORD
<input type="checkbox"/> NCIC RECORD
<input type="checkbox"/> DOR
<input type="checkbox"/> SIL (COUNTY)
<input type="checkbox"/> LICENSE PLATE
<input type="checkbox"/> LMU STARS
<input type="checkbox"/> EMPLOYMENT SECURITY |
|---|--|

CLERK		DSN		DATE	
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APPLICANT PERSONAL HISTORY QUESTIONNAIRE

PRE-EMPLOYMENT HISTORY FILE ACCESS RESTRICTED BY GENERAL ORDERS

VERIFICATION OF INFORMATION

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment with the Pagedale Police Department 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 from further consideration in the application process with the Pagedale Police Department

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

Signature

Date

Please indicate position(s) for which you are applying: _____

DIRECTIONS

1. BEFORE YOU BEGIN, read the entire set of directions and listing of documents required for submission. An application checklist is provided on page 10 for your convenience. This is a competitive process, therefore, applications will not be accepted, processed or evaluated unless complete. All addresses and phone numbers must include zip codes and area codes.
2. USE BLACK INK PEN ONLY. Complete this form in your own handwriting.
3. Read each question carefully before answering. Be certain that your answers are legible.
4. Be certain that each question is answered COMPLETELY and CORRECTLY. Submit all documents as requested. If a question does not apply to you, write "N/A" (not applicable) in the space.
5. Initial EACH page on the bottom right corner.
6. Additional space is provided on Pages 11 and 12 for answers that require clarification or further explanation. All entries on Pages 11 and 12 will begin with page, section number (Roman numerals I-XIII) and question (letters A-L) you are explaining or clarifying.
7. Pursuant to Public Law 93-579, the disclosure of your Social Security Number is completely voluntary. Your refusal to reveal it will in no way affect applications for any job or consideration provided by this Department. The Social Security Number assists the Department in differentiating between applicants with similar or identical names.
8. Upon completion, the questionnaire must be returned to the Pagedale Police Department, 1420 Ferguson, Pagedale, Missouri 63133.

I. PERSONAL DATA

<i>FULL NAME</i>	LAST	FIRST	MIDDLE	HOME PHONE		
<i>ADDRESS</i>	NUMBER	STREET	CITY	STATE	ZIP CODE	CELL/PAGER
<i>PERMANENT ADDRESS</i>	NUMBER	STREET	CITY	STATE	ZIP CODE	HOME PHONE
AGE	HEIGHT	WEIGHT	HAIR	EYES	DATE OF BIRTH	PLACE OF BIRTH
E-MAIL ADDRESS		SOCIAL SECURITY NUMBER		OPERATOR'S LICENSE NUMBER		STATE ISSUED

A. LIST ANY OTHER NAMES YOU HAVE EVER USED:

B. ARE YOU A CITIZEN OF THE UNITED STATES?
 Yes No

C. WERE YOU NATURALIZED?
 Yes No

D. LIST FIRST YOUR PRESENT ADDRESS, THEN LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST TEN (10) YEARS, INCLUDING YOUR ADDRESS(ES) IN THE MILITARY SERVICE OR WHILE ATTENDING COLLEGE.

FROM	TO	STREET ADDRESS	CITY/COUNTY	STATE	ZIP CODE

E. HAVE YOU EVER APPLIED FOR A POSITION WITH THIS DEPARTMENT BEFORE?
 Yes No

IF "YES," DATE OF APPLICATION:

F. HAVE YOU FILED AN EMPLOYMENT APPLICATION WITH ANY OTHER SOURCES WITHIN THE LAST SIX MONTHS?
 IF "YES," LIST BELOW: Yes No

DATE	ORGANIZATION/FIRMNAME	ADDRESS/ZIP CODE	POSITION APPLIED FOR	STATUS OF APPLICATION

G. ARE YOU ACQUAINTED WITH ANY EMPLOYEES OF THE CITY OF PAGEDALE ARE THE POLICE DEPARTMENT?
 IF "YES," LIST NAMES BELOW: Yes No

H. BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU APPLIED, DESCRIBED IN THE WRITTEN JOB DESCRIPTION THAT ACCOMPANIED THIS APPLICATION, ARE YOU ABLE TO PERFORM THESE FUNCTIONS? Yes No

II. REFERENCES

LIST FOUR (4) CHARACTER REFERENCES, TWO OF WHOM ARE NEAR YOUR SAME AGE AND ARE NOT RELATIVES, IN-LAWS OR PAST EMPLOYERS WHO HAVE KNOWN YOU WELL DURING THE PAST THREE YEARS OR MORE:

1. NAME	PHONE NUMBER	YEARS ACQUAINTED	
RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
BUSINESS NAME AND ADDRESS		OCCUPATION	

2. NAME	PHONE NUMBER	YEARS ACQUAINTED
RESIDENCE ADDRESS	CITY	STATE
BUSINESS NAME AND ADDRESS		OCCUPATION

3. NAME	PHONE NUMBER	YEARS ACQUAINTED
RESIDENCE ADDRESS	CITY	STATE
BUSINESS NAME AND ADDRESS		OCCUPATION

4. NAME	PHONE NUMBER	YEARS ACQUAINTED
RESIDENCE ADDRESS	CITY	STATE
BUSINESS NAME AND ADDRESS		OCCUPATION

III. ARREST HISTORY

A. OTHER THAN TRAFFIC CITATIONS, HAVE YOU, AS AN ADULT OR JUVENILE, BEEN ARRESTED, CONVICTED, CHARGED, QUESTIONED, ACCUSED OR DETAINED FOR ANY REASON BY ANY POLICE, SECURITY OFFICER OR MILITARY POLICE AUTHORITY, EITHER IN THE UNITED STATES OR IN ANY FOREIGN COUNTRY? IF "YES," DESCRIBE BELOW AND EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

Yes No

DATE	CHARGE	DEPARTMENT/AGENCY	LOCATION (CITY, COUNTY, STATE)	DISPOSITION

B. WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS OTHER THAN TRAFFIC? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

Yes No

C. HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR FORMER OR CURRENT RESIDENCES FOR ANY REASON? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

Yes No

D. HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED CRIME? EXAMPLES OF AN UNDETECTED CRIME INCLUDE, BUT ARE NOT LIMITED TO, THE BUYING OR SELLING OF ILLICIT DRUGS, DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, THEFT, UNDERAGE CONSUMPTION/POSSESSION OF ALCOHOL, ETC. IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

Yes No

E. ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

Yes No

IV. EDUCATION AND SKILLS

A. DO YOU HAVE (CHECK APPROPRIATE BOXES:

<input type="checkbox"/> GED/HIGH SCHOOL	<input type="checkbox"/> 3-31 COLLEGE CREDIT HOURS	<input type="checkbox"/> 32-63 COLLEGE CREDIT HOURS
<input type="checkbox"/> 64-119 COLLEGE CREDITS	<input type="checkbox"/> BACHELOR'S DEGREE	<input type="checkbox"/> POST GRADUATE DEGREE

B. STARTING WITH THE MOST RECENT, LIST ALL ELEMENTARY, HIGH SCHOOL, COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED:

MONTH & YEAR ATTENDED		NAME AND LOCATION (STREET, CITY, STATE, ZIP)	# CREDITS COMPLETED	TYPE OF DEGREE	MAJOR	YEAR OF DEGREE
FROM	TO					

C. STUDENT ASSOCIATIONS/ACTIVITIES:

D. HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO LEAVE ANY SCHOOL FOR DISCIPLINARY REASONS? IF "YES," EXPLAIN IN FULL DETAIL ON Pages 11 and 12.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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E. HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION? IF "YES," EXPLAIN IN FULL DETAIL ON PAGE 4.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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F. ARE YOU A GRADUATE OF A CERTIFIED POLICE ACADEMY OR LAW ENFORCEMENT TRAINING PROGRAM? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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G. INDICATE LANGUAGES YOU SPEAK, READ AND/OR WRITE, OTHER THAN ENGLISH:

	FLUENT	ABOVE AVERAGE	FAIR
SPEAK			
READ			
WRITE			

H. SPECIAL SKILLS, QUALIFICATIONS AND AWARDS – SUMMARIZE SPECIAL SKILLS, QUALIFICATIONS AND ACCOMPLISHMENTS (INCLUDING CLERICAL SKILLS) THAT YOU WISH TO BE CONSIDERED:

V. EMPLOYMENT HISTORY

A. START WITH YOUR PRESENT OR LAST JOB AND LIST ALL OF THE PLACES YOU HAVE WORKED FOR THE PAST TEN YEARS. LIST ANY ADDITIONAL EMPLOYERS ON PAGES 11 AND 12. IF YOU ARE PRESENTLY EMPLOYED, MAY BE CONTACT YOUR EMPLOYER?	<input type="checkbox"/> Yes <input type="checkbox"/> Not at this time
--	--

1. EMPLOYER

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

DATES EMPLOYED

HOURLY OR ANNUAL SALARY

JOB TITLE

FROM: _____ TO: _____

START: _____ FINAL: _____

WORK PERFORMED

SUPERVISOR

CO-WORKER

REASON FOR LEAVING

2. EMPLOYER

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

DATES EMPLOYED

HOURLY OR ANNUAL SALARY

JOB TITLE

FROM: _____ TO: _____

START: _____ FINAL: _____

WORK PERFORMED

SUPERVISOR

CO-WORKER

REASON FOR LEAVING

3. EMPLOYER

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

DATES EMPLOYED

HOURLY OR ANNUAL SALARY

JOB TITLE

FROM: _____ TO: _____

START: _____ FINAL: _____

WORK PERFORMED

SUPERVISOR

CO-WORKER

REASON FOR LEAVING

4. EMPLOYER		ADDRESS			
CITY		STATE		ZIP CODE	PHONE NUMBER
DATES EMPLOYED		HOURLY OR ANNUAL SALARY		JOB TITLE	
FROM:	TO:	START:	FINAL:		
WORK PERFORMED		SUPERVISOR		CO-WORKER	
REASON FOR LEAVING					
B. HAVE YOU EVER BEEN DISMISSED, FIRED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. HAVE YOU EVER STOLEN ANY MONEY OR MERCHANDISE FROM ANY PLACE OF EMPLOYMENT? INCLUDE FINAL DISPOSITION OF ALL ITEMS (I. E., SOLD, RETAINED FOR PERSONAL USE, RETURNED, ETC.) IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. HAVE YOU EVER BEEN UNEMPLOYED FOR A PERIOD OF TIME IN EXCESS OF SIX MONTHS? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
VI. ORGANIZATIONAL MEMBERSHIP					
A. LIST ALL CIVIC OR SOCIAL ORGANIZATIONS, FRATERNITIES, CLUBS, BROTHERHOODS, SOCIETIES OR GROUPS OF WHICH YOU ARE, OR HAVE BEEN, A MEMBER OR ASSOCIATE. ALSO FURNISH THEIR LOCATIONS.					
NAME OF ORGANIZATION		ADDRESS		OFFICE HELD	
B. ARE YOU NOW, OR HAVE YOU BEEN, A MEMBER OF ANY FOREIGN OR DOMESTIC SUBVERSIVE ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR CLUB 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, BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
VII. MILITARY STATUS					
A. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE?		<input type="checkbox"/> Yes <input type="checkbox"/> No	B. REGISTRATION NUMBER	C. LOCATION WHERE REGISTERED	
D. DO YOU HAVE A CURRENT OBLIGATION WITH THE MILITARY SERVICE?		<input type="checkbox"/> Yes <input type="checkbox"/> No	UNIT	ADDRESS/PHONE	COMMANDER
E. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, ROTC, OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? (IF THERE IS MORE THAN ONE PERIOD, LIST THE SEPARATE PERIODS)					<input type="checkbox"/> Yes <input type="checkbox"/> No
MONTH/YEAR ENTERED	BRANCH/ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK	OCCUPATIONAL SPECIALTY
F. WERE YOU EVER REDUCED IN RANK IN THE MILITARY? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.		<input type="checkbox"/> Yes <input type="checkbox"/> No		REDUCED FROM	REDUCED TO
G. WERE YOU EVER COURT MARTIALED? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
TYPE OF COURT MARTIAL:		<input type="checkbox"/> Summary	<input type="checkbox"/> Special	<input type="checkbox"/> General	
SENTENCE RECEIVED:					
HAVE YOU EVER RECEIVED A CAPTAIN'S MAST, COMPANY PUNISHMENT OR ARTICLE 15? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.				<input type="checkbox"/> Yes <input type="checkbox"/> No	

H. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT? IF "YES," EXPLAIN:	<input type="checkbox"/> Yes <input type="checkbox"/> No

VIII. FINANCIAL STATUS

A. LIST THE SOURCES OF ALL YOUR INCOME AT THE PRESENT TIME:		
TYPE OF INCOME	FIRM OR SOURCE NAME	MONTHLY AMOUNT
YOUR SALARY		
OTHER EMPLOYMENT		
DIVIDEND/INTEREST		
MILITARY		
OTHER (Specify)		
		TOTAL

B. IF YOUR SPOUSE IS EMPLOYED, PLEASE COMPLETE THE FOLLOWING:		
BUSINESS NAME	BUSINESS ADDRESS	ZIP CODE
PHONE NUMBER	JOB TITLE	MONTHLY SALARY

C. LIST ALL DEBTS AND OBLIGATIONS WHICH YOU NOW OWE, AND THE INDIVIDUALS OR FIRMS WITH WHOM YOU HAVE CREDIT DEALINGS. USE PAGES 11 AND 12 IF ADDITIONAL SPACE IS NEEDED.					
OBLIGATION	NAME, ADDRESS, ZIP CODE	ACCOUNT NO.	UNPAID BALANCE	MONTHLY PAYMENT	AMT. PAST DUE
<input type="checkbox"/> Mortgage					
<input type="checkbox"/> Rent					
Auto Payment					
Personal Loans					
School Loans					
Credit Card					
Credit Card					
Credit Card					
Other (Specify)					
Other (specify)					
TOTALS					

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," WRITE DETAILS ON PAGES 11 AND 12. MARK "YES" IF THE QUESTION INVOLVES YOU, YOUR SPOUSE OR ANY EX-SPOUSE.

D. HAVE YOU EVER BEEN DELINQUENT IN ANY OF YOUR FINANCIAL	<input type="checkbox"/> Yes <input type="checkbox"/> No	J. HAVE YOU EVER FILED A LAWSUIT OR HAD A REPRESENTATIVE FILE A LAWSUIT ON YOUR BEHALF?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. HAVE YOU EVER BEEN REFUSED CREDIT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	K. HAS YOUR TAX RETURN EVER BEEN AUDITED BY THE IRS FOR ANY REASON OTHER THAN A RANDOM AUDIT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
G. HAVE YOU EVER FILED BANKRUPTCY?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
H. HAVE YOU EVER BEEN SUED IN COURT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	L. HAVE YOU EVER FAILED TO FILE OR BEEN DELINQUENT IN FILING YOUR TAX RETURN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES, INJURY, LIBEL, ETC., EITHER WITH OR WITHOUT COURT ACTION?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

IX. NARCOTIC AND LIQUOR USAGE

- A. WITHIN THE LAST SIX MONTHS, HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGES BECAUSE OF AN ADDICTION TO ALCOHOL? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. Yes No
- B. WITHIN THE LAST SIX MONTHS, HAVE YOU USED A CONTROLLED SUBSTANCE WITHOUT A PRESCRIPTION? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. Yes No

X. MARITAL STATUS/FAMILY MEMBERS

- A. CHECK YOUR CURRENT MARITAL STATUS. USE ADDITIONAL SPACE ON PAGES 11 AND 12 IF EXPLANATION IS NECESSARY.
 Single Engaged Married Separated Divorced Widowed

IF ENGAGED OR MARRIED, INDICATE THE FOLLOWING INFORMATION RELATIVE TO FINANCE(E) OR SPOUSE:

NAME (include maiden name)		DATE OF BIRTH		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER	ANTICIPATED DATE OF MARRIAGE	

IF SEPARATED OR DIVORCED, INDICATE THE FOLLOWING INFORMATION RELATIVE TO EX-SPOUSE:

NAME (include maiden name)		DATE OF BIRTH		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER	DATE OF SEPARATION/DIVORCE CAUSE #	

IF SPOUSE IS DECEASED, INDICATE THE FOLLOWING INFORMATION:

NAME (include maiden name)			DATE DECEASED		
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- B. LIST ALL CHILDREN AND/OR DEPENDENTS. USE ADDITIONAL SPACE ON PAGES 11 AND 12 IF NECESSARY.

NAME	DATE OF BIRTH	PLACE OF BIRTH	RELATIONSHIP	ADDRESS	WITH WHOM RESIDING	% SUPPORT PROVIDED

- C. DO YOU NOW SUPPORT ALL CHILDREN BORN TO YOU? IF "NO," EXPLAIN. Yes No

- D. ALL EMPLOYEES OF THIS DEPARTMENT WORK A MINIMUM EIGHT-HOUR DAY, FIVE DAYS PER WEEK, 49 WEEKS PER YEAR. ARE YOU ABLE TO MEET THESE REQUIREMENTS WITHOUT EXCESSIVE ABSENCES? Yes No
- E. ARE YOU PRESENTLY LIVING WITH ANYONE ELSE (FRIEND OR RELATIVE)? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. Yes No
- F. HAVE YOU HAD ANY SERIOUS PROBLEMS WITH YOUR RELATIVES OR IN-LAWS? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. Yes No

- G. LIST FULL NAME(S) OF YOUR IMMEDIATE FAMILY, SUCH AS FATHER, MOTHER (MAIDEN NAME) BROTHERS AND SISTERS:

NAME	DATE OF BIRTH	RELATIONSHIP	ADDRESS	ZIP CODE	PHONE NUMBER	OCCUPATION

SECTIONS XI, XII AND XIII ARE TO BE COMPLETED BY POLICE OFFICER, RESERVE OFFICER, POLICE RECRUIT AND SECURITY OFFICER APPLICANTS ONLY.

XI. USE OF FORCE

A. IF THE NECESSITY AROSE FOR YOU TO SHOOT A PERSON IN THE COURSE OF YOUR DUTIES AS AN OFFICER, WOULD YOU HAVE ANY RELUCTANCE TO DO SO? IF "YES," EXPLAIN IN DETAIL: Yes No

B. HAVE YOU EVER USED A WEAPON TO DEFEND YOURSELF OR OTHERS? IF "YES," EXPLAIN IN DETAIL: Yes No

C. AS THE NEED TO DO SO MAY ARISE AT ANY TIME, ARE YOU PHYSICALLY CAPABLE OF MAKING A FORCEFUL ARREST REQUIRING PHYSICAL STRENGTH AND EXERTION? Yes No

XII. NARRATIVE

IN 25 TO 50 WORDS, EXPLAIN WHY YOU WISH TO BE A POLICE OFFICER, RESERVE OFFICER OR SECURITY OFFICER:

XIII. DRIVING HISTORY

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

STATE	TYPE OF LICENSE	LICENSE NUMBER	EXPIRATION DATE

B. HAVE ANY OF THE ABOVE LICENSES EVER BEEN SUSPENDED OR REVOKED? IF "YES," EXPLAIN: Yes No

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

MONTH/YEAR	CHARGE	CITY/STATE	ISSUING AGENCY/DEPARTMENT	DISPOSITION

D. LIST ALL VEHICLES WHICH YOU OWN, LEASE OR HAVE FOR YOUR PERSONAL USE (INCLUDE MOTORCYCLES).

YEAR	MAKE	MODEL	VEHICLE LICENSE NUMBER	STATE

E. HOW MANY TRAFFIC ACCIDENTS HAVE YOU BEEN INVOLVED IN DURING THE PAST THREE YEARS? GIVE DATES AND EXPLAIN CIRCUMSTANCES OF EACH. USE ADDITIONAL SPACE ON PAGES 11 AND 12 IF NECESSARY.

DATE	CIRCUMSTANCES
DATE	CIRCUMSTANCES

F. LIST ALL INFORMATION RELATIVE TO YOUR CURRENT AUTOMOBILE INSURANCE.

NAME OF COMPANY	ADDRESS	CITY	STATE	ZIP CODE
PHONE #	NAME OF AGENT	POLICY #	EXPIRATION DATE	

G. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE OR HAD INSURANCE CANCELLED? IF "YES," EXPLAIN. Yes No

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H. IN THE PAST YEAR, HAVE YOU CHANGED AUTOMOBILE INSURANCE COMPANIES? IF "YES," INDICATE THE FOLLOWING INFORMATION RELATIVE TO YOUR PREVIOUS INSURANCE COMPANY: Yes No

NAME OF COMPANY	ADDRESS	ZIP CODE	PHONE NUMBER	DATE DISCONTINUED
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APPLICATION CHECKLIST

THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THIS APPLICATION OR EXPLAIN FULLY WHY THEY ARE NOT INCLUDED. ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE PAGEDALE POLICE DEPARTMENT AND WILL NOT BE RETURNED.

1. Completed Certificate of Applicant and Authorization for Release of Information.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Certified copy of birth certificate (state issued with raised impression, certified or notarized copy). If you are applying for a civilian position, a photo copy is acceptable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Copy of military discharge papers – DD Form 214.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Copies of all educational transcripts. High school and college must have a raised seal affixed. If you are applying for a civilian position, a student copy is acceptable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Two recent photos of yourself. Polaroid, Photo booth pictures are acceptable. <i>Please do not submit group photos or copies of ID's</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Special awards.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Naturalization papers (if applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Copy of your Social Security card.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Copy of any licenses including valid state issued motor vehicle operator's	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF YOU ARE UNABLE TO FURNISH ANY OF THESE DOCUMENTS, PLEASE EXPLAIN:

DOCUMENT NUMBER	REASON FOR EXCLUSION

