



APPLICATION FOR DEPUTATION OF POLICE OFFICERS F-396 (2/20)

Answer all questions completely. Type or print in blank ink only. Additional pages should be attached if necessary. If you desire further information, contact the Deputation Officer at (314) 615-0120 or (314) 615-4273.

Once completed, please mail the application to:

The St. Louis County Police Department
7900 Forsyth Boulevard
St. Louis, Missouri 63105

Attention: Personnel Services Unit c/o Deputation Officer

NAME OF APPLICANT _____
(Last) (First) (Middle)

SEX _____ AGE _____ DATE OF BIRTH ____/____/____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

ADDRESS _____
(Street) (City) (State) (Zip Code)

HOME PHONE _____ BUSINESS PHONE _____ SOCIAL SECURITY # _____

DEPARTMENT _____ DSN _____ BADGE # _____ DATE OF APPOINTMENT ____/____/____

POST NUMBER (If applicable) _____

ARE YOU A PAID FULL-TIME POLICE OFFICER FOR YOUR DEPARTMENT? YES NO

ARE YOU POST CERTIFIED AS AN ACTIVE, FULL-TIME PEACE OFFICER? YES NO

ARE YOUR DUTIES SOLELY THOSE OF A FOLLOW-UP CRIMINAL INVESTIGATOR? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES NO
If "Yes," please explain fully on an attached sheet

ARE YOU FREE OF POLITICAL INFLUENCE? YES NO
If "No," please explain fully on an attached sheet.

DID YOU READ AND FULLY UNDERSTAND THE CONTENTS OF THE DEPUTATION MANUAL? YES NO

If "No," what clarification do you need? _____

HOW ARE YOU QUALIFIED AS A POLICE OFFICER IN ST. LOUIS COUNTY TO RECEIVE DEPUTATION?

BASIC POLICE ACADEMY NAME _____ CLASS # _____ GRADUATION DATE ____/____/____

ADDITIONAL INFORMATION _____

FOR OFFICAL USE ONLY

Application number _____
Date application issued ____/____/____
Date application returned ____/____/____
Date forwarded to screening committee ____/____/____
Date forwarded to Chief of Police ____/____/____
Date returned to deputation officer for notification ____/____/____
Date oath of deputation administered ____/____/____
Identification number _____
Date identification card issued ____/____/____
Date identification card returned ____/____/____

APPLYING DEPARTMENT
ATTACH PHOTO
OF NOMINEE HERE

AFFIDAVIT OF APPLICANT

STATE OF MISSOURI
COUNTY OF ST. LOUIS

On this _____ day of _____, _____, before me personally appeared _____, who, being duly sworn deposes and says he/she has read the foregoing application, by him/her subscribed, and that he/she understands the contents thereof; any false information given by him/her shall be cause for rejection of deputation or revocation of deputation previously authorized.

Applicant to sign before Notary

Notary Public
St. Louis County, Missouri

(Notary Seal)

CERTIFICATION OF HEAD OF POLICE AGENCY

I hereby certify that the police agency of _____ requests the deputation of _____ under the provisions of the St. Louis County Charter as amended and the rules and regulations promulgated by the Board of Police Commissioners of St. Louis County, Missouri. I further certify that this applicant is paid, full-time employee with the duties as described, he/she is free of political influence and has not been convicted of a felony or a misdemeanor considered infamous.

Date

Signature of Chief or Similar Official

Application reviewed by Deputation Officer _____

This application is Approved Not Approved

Date

Chief of Police
St. Louis County Police Department