

CITY OF FESTUS

APPLICATION FOR EMPLOYMENT

I, (PRINT FULL NAME) _____ HEREBY CERTIFY THAT I HAVE PERSONALLY COMPLETED THIS APPLICATION; THAT ALL STATEMENTS MADE, OR INFORMATION OR DOCUMENTS FURNISHED IN CONNECTION WITH MY APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF; AND THAT I HAVE NOT KNOWINGLY WITHHELD ANY INFORMATION WHICH MIGHT ADVERSELY AFFECT MY CHANCES FOR EMPLOYMENT. I UNDERSTAND THAT ANY MIS-STATEMENTS OR OMISSIONS OF MATERIAL FACTS MAY BE CAUSE FOR REJECTION OF MY APPLICATION, OR IF I AM ACCEPTED FOR EMPLOYMENT, FOR LATER DISMISSAL.

I HEREBY AUTHORIZE ALL FEDERAL, STATE, AND LOCAL LAW ENFORCEMENT AGENCIES; ALL MILITARY SERVICES INCLUDING THE VETERAN'S ADMINISTRATION; ALL AGENCIES AND INSTRUMENTALITIES OF GOVERNMENT INCLUDING THE INTERNAL REVENUE SERVICE; ALL PHYSICIANS, HOSPITALS, CLINICS, AND INSURANCE COMPANIES; ALL CREDIT BUREAUS AND FINANCIAL INSTITUTIONS; AND ALL SCHOOLS, COLLEGES, AND UNIVERSITIES TO FURNISH THE CITY OF FESTUS, OR IT'S REPRESENTATIVE, WITH ANY AND ALL INFORMATION IN THEIR POSSESSION OR FILES REGARDING ME, FOR THE PURPOSE OF DETERMINING MY SUITABILITY FOR EMPLOYMENT WITH THE CITY OF FESTUS.

I FURTHER AUTHORIZE ALL OF MY PREVIOUS EMPLOYERS WHETHER NAMED IN THIS APPLICATION OR NOT, TO PROVIDE THE CITY OF FESTUS, OR ITS REPRESENTATIVE, WITH DETAILS OF MY EMPLOYMENT HISTORY, INCLUDING BUT NOT LIMITED TO: SALARY, DISCIPLINARY ACTIONS, AND REASON FOR LEAVING OR TERMINATION. IN CONNECTION WITH THE FOREGOING, I UNDERSTAND AND AGREE THAT THE CITY OF FESTUS, OR ITS REPRESENTATIVE, MAY DISCUSS MY CHARACTER, REPUTATION, AND INTEGRITY WITH ANY PERSON HAVING ACCESS TO INFORMATION ABOUT ME, INCLUDING WITH ANY PERSONS THAT I HAVE LISTED AS REFERENCES IN MY APPLICATION.

I UNDERSTAND AND AGREE THAT I MAY BE REQUIRED TO SUBMIT TO TESTS; WRITTEN, ORAL, DRUG TESTS, AND OTHER SIMILAR TESTS AS A PREREQUISITE TO EMPLOYMENT WITH THE CITY OF FESTUS AND THAT I MAY BE REQUIRED TO PASS A PHYSICAL EXAMINATION UPON OFFER OF EMPLOYMENT. I ALSO UNDERSTAND THAT THE CITY OF FESTUS MAY OBTAIN A CREDIT CHECK ON ME.

BY SIGNING THIS AUTHORIZATION, I EXPRESSLY WAIVE MY RIGHTS TO PRIVACY OR NOTICE THAT I MAY HAVE UNDER FEDERAL OR STATE LAWS, INCLUDING, BUT NOT LIMITED TO, THE FAIR CREDIT REPORTING ACT. ANY INDIVIDUAL, CORPORATION, GOVERNMENT AGENCY, OR OTHER ENTITY WHICH FURNISHES INFORMATION TO THE CITY OF FESTUS, OR IT'S REPRESENTATIVE, IS RELIEVED OF ALL LIABILITY TO

ME FOR ANY LOSS OR DAMAGE THAT I MAY SUFFER AS A RESULT. I AGREE THAT MY APPLICATION MAY BE PROVIDED TO ANOTHER CITY GOVERNMENT, OR ITS REPRESENTATIVE, FOR PROPER PURPOSES. A COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

I REALIZE THAT THE COMPLETION, RETENTION, OR USE OF THIS APPLICATION DOES NOT MEAN THAT A POSITION IS OPEN AT THIS TIME, OR THAT I QUALIFY OR HAVE BEEN ACCEPTED FOR EMPLOYMENT. I UNDERSTAND THAT THIS DOCUMENT DOES NOT CONSTITUTE AN OFFER OF EMPLOYMENT.

I ALSO UNDERSTAND THAT IF I AM EMPLOYED, I AM REQUIRED TO ABIDE BY ALL THE RULES AND REGULATIONS OF THE EMPLOYER AND ANY SPECIAL AGREEMENTS REACHED BY THE EMPLOYER AND ME.

THE CITY OF FESTUS WILL NOT PROCESS THIS APPLICATION UNLESS ALL THE INFORMATION REQUESTED HAS BEEN PROVIDED. ALL CERTIFICATES AND COPIES OF TRAINING AND EDUCATION MUST BEEN ATTACHED AND THIS WAIVER HAS BEEN SIGNED AND WITNESSED.

PRINT OR TYPE NAME

SIGNATURE

PRINT WITNESS NAME

SIGNATURE OF WITNESS

DATE

APPLICANT INFORMATION
(PLEASE PRINT OR TYPE)

PLEASE FILL OUT THIS APPLICATION TO THE BEST OF YOUR ABILITY. THE CITY OF FESTUS IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, OR DISABILITY.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE (____) _____ - _____ WORK PHONE (____) _____ - _____

SSN _____ - _____ - _____

POSITION APPLIED FOR _____ FULL TIME _____ PART TIME _____

EMPLOYMENT HISTORY:

PLEASE BEGIN WITH YOUR CURRENT OR LAST JOB. INCLUDE MILITARY ASSIGNMENTS. IF YOU INCLUDE VOLUNTEER ACTIVITIES, PLEASE EXCLUDE ANY ORGANIZATIONS THAT MIGHT INDICATE RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY, OR OTHER PROTECTED STATUS.

1. EMPLOYER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE (INCLUDE AREA CODE) (____) _____ - _____

DUTIES/RESPONSIBILITIES _____

EMPLOYED FROM _____ - _____ - _____ TO _____ - _____ - _____

ANNUAL WAGES (STARTING) \$ _____ (ENDING) \$ _____

JOB TITLE _____ SUPERVISOR _____

REASON FOR LEAVING _____

2. EMPLOYER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE (INCLUDE AREA CODE) (_____) _____ - _____

DUTIES/RESPONSIBILITIES _____

EMPLOYED FROM ____ - ____ - ____ TO ____ - ____ - ____

ANNUAL WAGES (STARTING) \$ _____ (ENDING) \$ _____

JOB TITLE _____ SUPERVISOR _____

REASON FOR LEAVING _____

3. EMPLOYER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE (INCLUDE AREA CODE) (_____) _____ - _____

DUTIES/RESPONSIBILITIES _____

EMPLOYED FROM ____ - ____ - ____ TO ____ - ____ - ____

ANNUAL WAGES (STARTING) \$ _____ (ENDING) \$ _____

JOB TITLE _____ SUPERVISOR _____

REASON FOR LEAVING _____

4. EMPLOYER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE (INCLUDE AREA CODE) (_____) _____ - _____

DUTIES/RESPONSIBILITIES _____

EMPLOYED FROM ____ - ____ - ____ TO ____ - ____ - ____

ANNUAL WAGES (STARTING) \$ _____ (ENDING) \$ _____

JOB TITLE _____ SUPERVISOR _____

REASON FOR LEAVING _____

5. EMPLOYER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE (INCLUDE AREA CODE) (_____) _____ - _____

DUTIES/RESPONSIBILITIES _____

EMPLOYED FROM ____ - ____ - ____ TO ____ - ____ - ____

ANNUAL WAGES (STARTING) \$ _____ (ENDING) \$ _____

JOB TITLE _____ SUPERVISOR _____

REASON FOR LEAVING _____

EDUCATION:

YEARS COMPLETED 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20+

PLEASE INCLUDE THE SCHOOL NAME, LOCATION, DIPLOMA, OR DEGREE RECEIVED, AND AREA OF STUDIES. USE EXTRA PAPER AND ATTACH IF NECESSARY. ATTACH COPIES OF CERTIFICATES AND DIPLOMAS.

ELEMENTARY _____

HIGH SCHOOL _____

TRADE SCHOOL _____

COLLEGE _____

GRADUATE SCHOOL _____

SPECIALIZED TRAINING, APPRENTICESHIPS, OR SPECIAL JOB-RELATED SKILLS _____

HONORS, AWARDS, COPYRIGHTS, OR PATENTS _____

PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ORGANIZATIONS/OFFICES (PLEASE EXCLUDE ORGANIZATIONS THAT MIGHT INDICATE RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY, OR OTHER PROTECTED STATUS.) _____

MILITARY HISTORY:

JOB RELATED TRAINING _____

CURRENT STATUS _____

PERSONAL:

HAVE YOU EVER APPLIED TO THE CITY OF FESTUS BEFORE? _____ YES _____ NO

WHEN _____

POSITION APPLIED FOR _____

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? _____ YES _____ NO

WHEN _____

POSITION HELD _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? _____ YES _____ NO

CAN YOU PERFORM THE ESSENTIAL JOB FUNCTIONS OF THIS JOB? _____ YES _____ NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO

IF THE POSITION REQUIRES DRIVING, DO YOU HAVE A VALID MISSOURI DRIVER'S LICENSE? _____ YES _____ NO _____ N/A

IF APPLYING FOR A POSITION THAT REQUIRES DRIVING, HAVE YOU BEEN TICKETED FOR A MOVING VIOLATION IN THE LAST THREE YEARS? _____ YES _____ NO
EXPLAIN _____

ARE YOU A CITIZEN OF THE UNITED STATES? _____ YES _____ NO

IF NOT, CAN YOU PROVIDE PROOF OF IDENTIFICATION AND PROOF OF ELIGIBILITY TO WORK IN THIS COUNTRY? _____ YES _____ NO

ARE YOU CURRENTLY ON "LAYOFF" STATUS, SUBJECT TO RECALL? ____ YES ____ NO

WHEN COULD YOU START EMPLOYMENT WITH US? _____

ARE YOU AVAILABLE _____ FULL-TIME _____ PART-TIME _____ TEMPORARY

CAN YOU WORK SHIFTS? _____ YES _____ NO

IF UNDER 18 YEARS OF AGE, CAN YOU PROVIDE PROOF OF ELIGIBILITY TO WORK?
_____ YES _____ NO

IF REQUIRED, ARE YOU AVAILABLE TO TRAVEL? _____ YES _____ NO

REFERENCES OTHER THAN PREVIOUS EMPLOYERS OR RELATIVES:

1. NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE (_____) _____ - _____

WORK PHONE (_____) _____ - _____

RELATIONSHIP _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____

2. NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE (_____) _____ - _____

WORK PHONE (_____) _____ - _____

RELATIONSHIP _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____

3. NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
HOME PHONE (_____) _____ - _____
WORK PHONE (_____) _____ - _____
RELATIONSHIP _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____

4. NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
HOME PHONE (_____) _____ - _____
WORK PHONE (_____) _____ - _____
RELATIONSHIP _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____

5. NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
HOME PHONE (_____) _____ - _____
WORK PHONE (_____) _____ - _____
RELATIONSHIP _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____

THE FOLLOWING INFORMATION IS REQUIRED OF THOSE APPLICANTS SEEKING EMPLOYMENT WITHIN THE POLICE DEPARTMENT OR THE DISPATCHING SECTION.

POLICE/DISPATCHER TRAINING AND EXPERIENCE

POLICE:

ARE YOU A GRADUATE OF A BONA FIDE POLICE ACADEMY? _____ YES _____ NO

NAME OF ACADEMY _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DATES ATTENDED _____ TO _____

NUMBER OF TRAINING HOURS AWARDED _____

DISPATCHING:

ARE YOU A GRADUATE OF A SPECIAL TRAINING COURSE IN DISPATCHING?
_____ YES _____ NO

NAME OF COURSE/SCHOOL _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DATES ATTENDED _____ TO _____

LIST OTHER LAW ENFORCEMENT/DISPATCHING TRAINING AND SEMINARS, INCLUDING DATES AND LOCATIONS. ATTACH COPIES OF CERTIFICATES OF COMPLETION. USE ADDITIONAL PAGES IF NECESSARY. _____

HAVE YOU EVER WORKED AS A POLICE OFFICER, RESERVE OFFICER, SPECIAL POLICE OFFICER, POLICE EXPLORER, DISPATCHER, POLICE CIVILIAN EMPLOYEE, OR IN ANY OTHER CAPACITY RELATED TO LAW ENFORCEMENT? _____ YES _____ NO
IF YES, LIST YOUR ASSIGNMENTS AND DATES: _____

ALL APPLICANTS:

DO YOU NOW, OR HAVE YOU IN THE PAST, BELONGED TO ANY ORGANIZATION THAT PROMOTES DISCRIMINATION OR BIAS IN REGARD TO RACE; SEX; RELIGION; COLOR; NATIONAL ORIGIN; AGE; DISABILITY; OR ANY OTHER PROTECTED STATUS, OR ADVOCATES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES?
_____ YES _____ NO IF YES, EXPLAIN: _____

IT IS THE RESPONSIBILITY OF THE APPLICANT TO NOTIFY THE CITY OF FESTUS OF ANY CHANGE IN ADDRESS. OTHERWISE, THE CITY WILL NOT BE RESPONSIBLE FOR YOUR FAILURE TO RECEIVE NOTIFICATION.

THE SIGNATURE OF THE APPLICANT ATTESTS THAT ALL OF THE INFORMATION GIVEN IN THIS EMPLOYMENT APPLICATION IS TRUE TO THE BEST OF THEIR KNOWLEDGE.

SIGNATURE OF APPLICANT: _____

DATE: _____