

# Edmundson Police Department

4430 Holman Lane, Edmundson Mo 63134

Chief David Ansell

"Keeping our Community Safe Since 1941"



## APPLICATION FOR EMPLOYMENT

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.*

# Edmundson Police Department

4430 Holman Lane, Edmundson Mo 63134



**Directions:**

**USE BLACK INK PEN ONLY.** Complete this form in your own handwriting. Read each question carefully before answering. Be certain that your answers are legible. 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.

**Employment Application Page 1 of 6 (PLEASE PRINT)**

1. APPLICANT INFORMATION				
Last Name	First M.I.	M.I.	Date	Home Phone #
Street Address			Apt/Unit #	Cell Phone #
City	State	ZIP	Alt Phone #	
Date Available	Social Security Number		Desired Salary	
Position Applied for <span style="float: right;"><i>If no, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/></i></span>				
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Have you ever previously applied with the City of Edmundson? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when?				
2. EDUCATION				
High School		Address		
From	To	Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
3. REFERENCES				
<i>Please list three professional references you have known for at least 3 years.</i>				
Full name		Known how long?		
Relationship		Phone ( )		
Address				
Full name		Known how long?		
Relationship		Phone ( )		
Address				
Full name		Known how long?		
Relationship		Phone ( )		
Address				

**Employment Application Page 2 of 6**

**4. EMPLOYMENT**

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender

Company		Phone ( )
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company		Phone ( )
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company		Phone ( )
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**5 NOTICE TO APPLICANT**

Information that you provide on this application is subject to verification. Previous employers may be contacted as references. Do you want to be informed before we contact your present employer? Yes  No

**6. MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

### Employment Application Page 3 of 6

<b>7. PROFESSIONAL LICENSES, REGISTRATION OR CERTIFICATES (EMT, GWW, Diver, POST, etc.)</b>			
Name and complete address of Police Academy or Professional Licensing Agency:			
Street Address			Apartment/Unit #
City	State	ZIP	
Type of license			
License Number:			Date issued

<b>8. FAMILY</b> <i>Are you ? _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed</i>				
LIST ALL CHILDREN RELATED TO YOU OR YOUR SPOUSE				
NAME	RELATION	DATE OF BIRTH	ADDRESS	SUPPORTED BY WHOM

<b>9. RESIDENCE: LIST ALL PLACES YOU HAVE LIVED IN THE PAST 10 YEARS</b>			
MONTH/YEAR FROM	MONTH/YEAR TO	ADDRESS	LIVED WITH?

<b>10. CRIMINAL CONVICTIONS:</b>				
Other than traffic, have you, as an adult or juvenile, been charged or convicted of a Felony, Misdemeanor, or Domestic Assault?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list below				
CHARGE	AGENCY	COURT OF JURISDICTION	LOCATION (City, County, State)	DATE

## Employment Application Page 4 of 6

11. SPECIALIZED SKILLS				
FOREIGN LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
Briefly list any training or skills, including computers, that would be of assistance in the job you are applying for. If you have any copies of certificates for any training, please attach them to the application:				
12. E-MAIL ADDRESS: List all E-mail addresses: .				
Primary		ALT		
Secondary		ALT		
13. PERSONAL HISTORY				
Do you know of any reason that you could not pass a background check?			___Yes ___No	
Have you ever been fired or asked to resign from a job?			___Yes ___No	
Have you ever received disciplinary action from an employer?			___Yes ___No	
Have you ever stolen from an employer?			___Yes ___No	
Have you ever committed a crime for which you were not arrested?			___Yes ___No	
Have you ever assisted someone in committing a crime?			___Yes ___No	
Have you ever falsified a police report?			___Yes ___No	
Have you ever accepted money not to report a crime?			___Yes ___No	
Has any driver's license issued to you ever been suspended or revoked?			___Yes ___No	
Have you ever used, sold, or otherwise handled in an illegal manner any controlled substance?			___Yes ___No	
<b>If you answered yes to any of the questions listed above, please write a brief explanation for that question on a separate sheet.</b>				
14. DISCLAIMER AND SIGNATURE				
I acknowledge that, unless otherwise defined by law, any employment relationship with this department is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.				
Signature			Date	



# Edmundson Police Department

4430 Holman Lane, Edmundson Mo 63134  
314-428-4577



## Certificate of Applicant Authorization for Release of Information

I, \_\_\_\_\_ (Print Full Name)  
do hereby authorize all Law Enforcement agencies, veterans administration, all U.S. military agencies, all federal, state, or local government agencies, tax bureaus, schools and all other educational agencies to furnish the holder of this release certificate all and any information regarding me in order that he or she may determine my suitability for employment with the City of Edmundson Police Department.

I authorize the holder of this release certificate to make inquiries 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 and any other information whether personal or otherwise, that may or may not be on their records and release said company or person(s) from all liability for any damage whatsoever that may issue from furnishing such information to the holder of this release certificate.

A photo static or Xerox copy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

This certificate, application and all other documents submitted become the property of the City of Edmundson Police Department and will not be returned.