

De Soto Police Department

Serving our community since 1803

Application for Employment

Police Officer / Communications Officer

The City of De Soto is an equal opportunity employer and will consider anyone for employment who qualifies regardless of race, color, religion, sex, national origin, age, disability or political affiliation

WWW.DESOTOMO.COM

De Soto Police Department

Certificate of Applicant and Authorization for release of information

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 De Soto 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 and past employers, all law enforcement agencies, all military agencies, the Veterans Administration, All Federal, State or local government agencies, State and Federal tax bureaus, schools and universities to furnish the De Soto Police Department with any and all available information regarding past or present performance, conduct or behavior. I further authorize the release of any punitive or disciplinary action, or memorandum to the De Soto Police Department in order that the information be evaluated to assist in the determination of my suitability for police work.

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 De Soto 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 aforelisted information regarding my person, employment 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 De Soto 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, expenses, including reasonable attorney fees arising out of complying with this request.

I understand that in the event my application is disapproved, the source of information obtained are confidential and cannot be revealed to me.

A photocopy of this authorization will be considered as effective and valid as the original, even though the copy does not contain the 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 of Applicant

Address

City/State/Zip

De Soto Police Department

Applicant Personal History Questionnaire
Pre-Employment History File Access Restricted

VERIFICATION OF INFORMATION

The information requested on this questionnaire will be used for reference by those who will be considering your application for with the De Soto 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 De Soto Police Department.

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

Signature

Date

Please indicate position for which you are applying: _____

DIRECTIONS

- BEFORE YOU BEGIN, read the entire set of directions and listing of documents required for submission. This is a competitive therefore, applicants will not be accepted, processed or evaluated unless complete. All addresses and phone numbers must include zip codes and area codes
- USE BLACK INK PEN ONLY. Complete this form in your own handwriting or printing. If you need any special accommodation in completing this questionnaire, contact our Assistant Chief at (636)586-8891
- 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. Leave no blank space.

PERSONAL DATA

Full Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Age: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____ Date of Birth: _____

Place of Birth: _____ Social Security #: _____ Driver's License #: _____

List any other names that you used: _____

Are you a US Citizen? Yes No Were you naturalized? Yes No

List your present address. Then list all addresses where you have lived for the past ten years, including addresses in the military or while attending college.

From	To	Address	City/County	State	Zip Code

Have you ever applied for a position with this department before? Yes No

If yes, date of application: _____

Have you recently filed and employment application with any other source? Yes No

If yes, please list below.

Date	Organization/Firm	Address	Position Applied for	Disposition

Are you acquainted to any City of De Soto employee? Yes No

If yes please list their names and relationship: _____

Based on the essential functions of the position for which you are applying are you able to perform these functions?

Yes No If no, please explain: _____

REFERENCES

List (4) four character references, two of which are near your same age and are not relatives, in-laws or past employers who have known you well during the past 3 years.

Name: _____ Home phone: _____ Cell: _____

Email Address: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Years known: _____

Name: _____ Home phone: _____ Cell: _____

Email Address: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Years known: _____

Name: _____ Home phone: _____ Cell: _____

Email Address: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Years known: _____

Name: _____ Home phone: _____ Cell: _____

Email Address: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Years known: _____

ARREST HISTORY

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 or military police authority, either in the United States or in any foreign country? Yes No If yes please list below. Use the explanation page for additional space.

Date	Charge	Department/Agency	Location	Disposition

If the answer to either question below is yes, please explain in detail on the explanation page of this packet.

Were you ever served with a criminal or civil subpoena or summons other than traffic? Yes No

Have the Police ever been called to your home, current or former for any reason? Yes No

EMPLOYMENT

Start with your most recent or last job and list all the places that you have worked for in the past ten years. List any additional employers on the explanation page, or a blank sheet of paper, and attach it to the application.

May we contact your most recent employer? Yes No

Employer Name: _____ Phone: _____ Job Title: _____

Address: (City, State, And Zip): _____

Date from: _____ Date to: _____ Reason for leaving: _____

Starting wage: _____ Final Wage: _____ Supervisor: _____

Work performed: _____

Employer Name: _____ Phone: _____ Job Title: _____

Address: (City, State, And Zip): _____

Date from: _____ Date to: _____ Reason for leaving: _____

Starting wage: _____ Final Wage: _____ Supervisor: _____

Work performed: _____

Employer Name: _____ Phone: _____ Job Title: _____

Address: (City, State, And Zip): _____

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Date from: _____ Date to: _____ Reason for leaving: _____

Starting wage: _____ Final Wage: _____ Supervisor: _____

Work performed: _____

MILITARY STATUS

Are you registered with the Selective Service? Yes No

Do you have a current obligation with the Military? Yes No

If yes please list Unit, Address, Phone, and Commander

Were you ever Court Martialed? Yes No

If yes please explain.

NARCOTICS AND LIQUOR

Within the last 6 months, have you consumed any alcoholic beverages because of an addiction to alcohol?
 Yes No

If yes please explain: _____

Within the last 6 months, have you used a controlled substance without a prescription?
 Yes No

If yes please explain: _____

Is there anything in your background that you would like to explain that might be revealed in a background investigation? Information withheld may disqualify you from employment with this agency. Please use this area below to list anything that you feel may be revealed in your background that was not mentioned or asked about in the application:

MARITAL STATUS

Circle: SINGLE MARRIED ENGAGED SEPARATED DIVORCED WIDOWED

If engaged or married, please provide the following information:

Spouse Name (Include Maiden): _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

LIST ALL CHILDREN AND DEPENDENTS

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

LIST NAMES OF IMMEDIATE FAMILY MEMBERS (MOM, DAD, BROTHERS, SISTERS)

Name: _____ Phone #: _____

Relationship: _____ Address: _____

Name: _____ Phone #: _____

Relationship: _____ Address: _____

Name: _____ Phone #: _____

Relationship: _____ Address: _____

Name: _____ Phone #: _____

Relationship: _____ Address: _____

Name: _____ Phone #: _____

Relationship: _____ Address: _____

Name: _____ Phone #: _____

Relationship: _____ Address: _____

Name: _____ Phone #: _____

Relationship: _____ Address: _____

All employees are required to work a minimum 12 hour shift (Police Officer) and 8 hour shift (Dispatch). Are you able to meet these requirements without excessive absences? Yes No

REMAINDER TO BE COMPLETED BY POLICE OFFICER APPLICANTS ONLY

If the need arises for you to shoot a person in the course of your duties as a Police Officer, would you have any reluctance to do so? Yes No If yes, please explain:

Have you ever used a weapon to defend yourself? Yes No If yes, please explain:

As the need to do so may arise at any time, are you physically capable of making a forceful arrest requiring physical strength an exertion? Yes No If no, please explain:

DRIVING HISTORY

List all drivers licenses you now hold or have previously held, either in Missouri or any other state.

STATE	TYPE OF LICENSE	LICENSE #	EXPIRATION DATE
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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 information.

MONTH/YEAR	CHARGE	CITY/STATE	ISSUING AGENCY	DISPOSITION
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