

I. PERSONAL DATA

LAST NAME		FIRST		MIDDLE		HOME PHONE	
STREET ADDRESS				CITY	STATE	ZIP	WORK PHONE
SOCIAL SECURITY #		DL #	STATE		E-MAIL ADDRESS		
AGE	HEIGHT	WEIGHT	HAIR	EYE	DATE OF BIRTH	CELLULAR PHONE	
(A) LIST ANY OTHER NAMES YOU HAVE EVER USED							
(B) ARE YOU A CITIZEN OF THE UNITED STATES?				(C) WERE YOU NATURALIZED?			
YES ___ NO ___				YES ___ NO ___			
(D) BEGINNING WITH YOUR ADDRESS WHILE IN HIGH SCHOOL, THEN LIST ALL ADDRESSES WHERE YOU HAVE LIVED TO DATE, INCLUDE YOUR ADDRESSES WHILE IN THE MILITARY SERVICE OR /AND WHILE ATTENDING COLLEGE:							
FROM	TO	STREET ADDRESS		CITY	STATE & ZIP CODE		
(E) HAVE YOU EVER APPLIED FOR A POSITION WITH THIS DEPARTMENT?				IF YES, DATE OF APPLICATION			
YES ___ NO ___							
(F) HAVE YOU RECENTLY APPLIED FOR A POSITION WITH ANOTHER DEPARTMENT?				IF YES, LIST BELOW			
YES ___ NO ___							
DATE	ORGANIZATION NAME	POSITION APPLIED FOR		DISPOSITION OR STATUS			
(G) ARE YOU ACQUAINTED WITH ANY SUNSET HILLS PD EMPLOYEE?						IF YES, LIST BELOW	

II. REFERENCES

LIST THREE (3) CHARACTER REFERENCES, THAT ARE **NOT** RELATIVES, IN-LAWS OR PAST EMPLOYERS WHO HAVE KNOWN YOU WELL DURING THE LAST THREE YEARS OR MORE

1			
LAST NAME	FIRST	YEARS ACQUAINTED	HOME PHONE
STREET ADDRESS		CITY	STATE ZIP
BUSINESS NAME AND ADDRESS		OCCUPATION	
2			
LAST NAME	FIRST	YEARS ACQUAINTED	HOME PHONE
STREET ADDRESS		CITY	STATE ZIP
BUSINESS NAME AND ADDRESS		OCCUPATION	
3			
LAST NAME	FIRST	YEARS ACQUAINTED	HOME PHONE
STREET ADDRESS		CITY	STATE ZIP
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 OF AMERICA OR ANY OTHER COUNTRY?

YES _____ NO _____ IF YES, DESCRIBE BELOW AND EXPLAIN ON PAGES 10 & 11

DATE	CHARGE	DEPARTMENT/AGENCY	CITY, COUNTY, STATE	DISPOSITION

(B) WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS OTHER THAN TRAFFIC?

YES _____ NO _____ IF YES, EXPLAIN ON PAGES 10 & 11

(C) HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR FORMER OR CURRENT RESIDENCES FOR ANY REASON?

YES _____ NO _____ IF YES, EXPLAIN ON PAGES 10 & 11

(D) HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED CRIME, INCLUDING THE BUYING OR SELLING OF ILLICIT DRUGS?

YES _____ NO _____ IF YES, EXPLAIN ON PAGES 10 & 11

(E) ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF THE LAW?

YES _____ NO _____ IF YES, EXPLAIN ON PAGES 10 & 11

IV. EDUCATION & SKILLS

(A) CHECK THE HIGHEST LEVEL OF EDUCATION THAT YOU HAVE ACHIEVED

GED/HIGHSCHOOL _____ 32-63 CREDIT HOURS _____ BACHELOR'S DEGREE _____
 3-31 CREDIT HOURS _____ 64-119 CREDIT HOURS _____ POST GRADUATE DEGREE _____

a

FROM		TO	SCHOOL NAME CITY, STATE & ZIP	CREDIT HOURS COMPLETED	TYPE OF DEGREE	MAJOR	YEAR OF DEGREE

(C) LIST STUDENT ASSOCIATIONS AND ACTIVITIES

(D) HAVE YOU EVER BEEN SUSPENDED, EXPELLED, OR ASKED TO LEAVE ANY SCHOOL FOR DISCIPLINARY REASONS?

YES _____ NO _____ IF YES, EXPLAIN ON PAGES 10 & 11

(E) HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION?

YES _____ NO _____ IF YES, EXPLAIN ON PAGES 10 & 11

(F) ARE YOU A GRADUATE OF A CERTIFIED POLICE ACADEMY OR LAW ENFORCEMENT TRAINING PROGRAM?

YES _____ NO _____ IF YES, EXPLAIN ON PAGES 10 & 11

(G) INDICATE LANGUAGES YOU SPEAK, READ AND/OR WRITE OTHER THAN ENGLISH

(H) SUMMARIZE ANY SPECIAL SKILLS, AWARDS, ACCOMPLISHMENTS, YOU HAVE AND 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 SINCE HIGH SCHOOL. YOU MAY COPY THIS PAGE AND ATTACH TO BACK OF PACKET IF YOU NEED ADDITIONAL SPACE. MAY WE CONTACT YOUR CURRENT EMPLOYER? YES _____ NO _____

PRESENT OR LAST EMPLOYER ADDRESS CITY STATE ZIP TELEPHONE SUPERVISOR DATES EMPLOYED FROM MONTH/YEAR TO MONTH/YEAR SALARY START ENDING POSITION HELD REASON FOR LEAVING

EMPLOYER ADDRESS CITY STATE ZIP TELEPHONE SUPERVISOR DATES EMPLOYED FROM MONTH/YEAR TO MONTH/YEAR SALARY START ENDING POSITION HELD REASON FOR LEAVING

EMPLOYER ADDRESS CITY STATE ZIP TELEPHONE SUPERVISOR DATES EMPLOYED FROM MONTH/YEAR TO MONTH/YEAR SALARY START ENDING POSITION HELD REASON FOR LEAVING

EMPLOYER ADDRESS CITY STATE ZIP TELEPHONE SUPERVISOR DATES EMPLOYED FROM MONTH/YEAR TO MONTH/YEAR SALARY START ENDING POSITION HELD REASON FOR LEAVING

(B) HAVE YOU EVER BEEN DISMISSED, FIRED, OR ASKED TO RESIGN FROM EMPLOYMENT? YES _____ NO _____ IF YES, EXPLAIN ON PAGES 10 & 11

(C) HAVE YOU EVER STOLEN ANY MONEY OR MERCHANDISE FROM ANY PLACE OF EMPLOYMENT? YES _____ NO _____ IF YES, EXPLAIN ON PAGES 10 & 11

(D) HAVE YOU EVER BEEN UNEMPLOYED FOR A PERIOD OF TIME IN EXCESS OF SIX MONTHS? YES _____ NO _____ IF YES, EXPLAIN ON PAGES 10 & 11

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.

DATES OF MEMBERSHIP				
FROM	TO	NAME OF ORGANIZATION	ADDRESS	OFFICE HELD

(B) ARE YOU NOW, OR HAVE YOU EVER 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?

YES _____ NO _____ IF YES, EXPLAIN IN FULL DETAIL ON PAGES 10 & 11

VII. MILITARY STATUS

(A) ARE YOU REGISTERED WITH THE SELECTIVE SERVICE?

YES _____ NO _____ IF YES, REGISTRATION NUMBER _____

(B) DO YOU HAVE A CURRENT MILITARY SERVICE OBLIGATION?

YES _____ NO _____ IF YES, WHICH BRANCH _____

(C) HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, ROTC, OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION?

YES _____ NO _____ IF YES, FILL IN BELOW

DATES OF SERVICE					
FROM	TO	BRANCH	RANK	TYPE OF DISCHARGE	SPECIALTY

(D) WERE YOU EVER REDUCED IN RANK IN THE MILITARY?

YES _____ NO _____ IF YES, EXPLAIN ON PAGES 10 & 11

DATES: FROM _____ TO _____

(E) WERE YOU EVER COURT MARTIALED?

YES _____ NO _____ IF YES, EXPLAIN ON PAGES 10 & 11

TYPE OF COURT MARTIAL _____

SENTENCE RECEIVED _____

(F) HAVE YOU EVER RECEIVED A CAPTAIN'S MAST, COMPANY PUNISHMENT OR ARTICLE 15?

YES _____ NO _____ IF YES, EXPLAIN ON PAGES 10 & 11

(G) HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT?

YES _____ NO _____ IF YES, EXPLAIN _____

VIII. FINANCIAL STATUS

(A) LIST THE SOURCES OF ALL YOUR INCOME AT THE PRESENT TIME					
TYPE OF INCOME	FIRM OR SOURCE NAME			MONTHLY INCOME	
(B) IF YOUR SPOUSE IS EMPLOYED, PLEASE COMPLETE THE FOLLOWING					
BUSINESS NAME			OCCUPATION		
STREET ADDRESS		CITY	STATE	ZIP	WORK PHONE
(C) LIST ALL DEBTS AND OBLIGATIONS WHICH YOU NOW OWE, AND THE INDIVIDUALS OR FIRMS WITH WHOM YOU HAVE CREDIT DEALINGS					
USE PAGES 10 & 11 IF NECESSARY					
OBLIGATION TYPE	MONTHLY PAYMENT	BALANCE	NAME OF CREDITOR	ADDRESS	
MORTGAGE					
RENT					
VEHICLE(S)					
SCHOOL LOAN					
PERSONAL LOAN					
CREDIT CARD					
CREDIT CARD					
OTHER (SPECIFY)					
IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES" WRITE DETAILS ON PAGES 11 & 12, MARK "YES" IF THE QUESTION INVOLVES YOU, OR A SPOUSE OR EX-SPOUSE					
(D) HAVE YOU EVER BEEN DELINQUENT IN ANY OF YOUR FINANCIAL OBLIGATIONS? YES _____ NO _____			(J) HAVE YOU EVER FILED A LAWSUIT OR HAD A REPRESENTATIVE FILE A LAWSUIT ON YOUR BEHALF? YES _____ NO _____		
(E) HAVE YOU EVER BEEN REFUSED CREDIT? YES _____ NO _____			(K) HAVE YOU EVER FAILED TO FILE OR BEEN DELINQUENT IN FILING YOUR TAX RETURN? YES _____ NO _____		
(F) HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED? YES _____ NO _____			(L) HAS YOUR TAX RETURN EVER BEEN AUDITED BY THE IRS FOR ANY REASON OTHER THAN RANDOM AUDIT? YES _____ NO _____		
(G) HAVE YOU EVER FILED BANKRUPTCY? YES _____ NO _____					
(H) HAVE YOU EVER BEEN SUED IN COURT? YES _____ NO _____					
(I) HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES, INJURY, LIBEL, ETC. EITHER WITH OR WITHOUT COURT ACTION? YES _____ NO _____					

IX. NARCOTIC AND LIQUOR USAGE

(A) WITHIN THE LAST SIX MONTHS, HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGES BECAUSE OF AN ADDICTION TO ALCOHOL?

YES _____ NO _____ IF YES, EXPLAIN ON PAGES 10 & 11

(B) WITHIN THE LAST SIX MONTHS, HAVE YOU USED A CONTROLLED SUBSTANCE WITHOUT A PRESCRIPTION?

YES _____ NO _____ IF YES, EXPLAIN ON PAGES 10 & 11

X. MARITAL STATUS AND FAMILY MEMBERS

(A) CHECK YOUR CURRENT MARITAL STATUS

SINGLE _____ MARRIED _____ SEPARATED _____

ENGAGED _____ DIVORCED _____ WIDOWED _____

(B) IF ENGAGED OR MARRIED, INDICATE THE FOLLOWING INFORMATION RELATIVE TO FIANCÉE OR SPOUSE

LAST NAME (INCLUDE MAIDEN) FIRST MIDDLE HOME PHONE

STREET ADDRESS CITY STATE ZIP ANTICIPATED OR DATE OF MARRIAGE

Blank form for marital information (B)

(C) IF SEPARATED OR DIVORCED, INDICATE THE FOLLOWING INFORMATION RELATIVE TO EX-SPOUSE

LAST NAME (INCLUDE MAIDEN) FIRST MIDDLE HOME PHONE

STREET ADDRESS CITY STATE ZIP DATE OF SEPARATION/DIVORCE

Blank form for marital information (C)

(D) IF SPOUSE IS DECEASED, INDICATE THE FOLLOWING

LAST NAME (INCLUDE MAIDEN) FIRST MIDDLE DATE OF DEATH

Blank form for marital information (D)

(E) LIST ALL CHILDREN OR DEPENDENTS

Table with columns: NAME, DATE OF BIRTH, RELATIONSHIP, % OF SUPPORT, RESIDING WITH WHOM, ADDRESS

(F) DO YOU SUPPORT ALL CHILDREN UNDER THE AGE OF 21 BORN TO YOU?

YES _____ NO _____ IF NO, EXPLAIN BELOW

Blank form for marital information (F)

(G) ALL POLICE OFFICERS OF THIS DEPARTMENT WORK A MINIMUM TWELVE (12) HOUR DAY. ARE YOU ABLE TO MEET THESE REQUIREMENTS WITHOUT EXCESSIVE ABSENCES?

YES _____ NO _____

X. MARITAL STATUS AND FAMILY MEMBERS continued

(H) ARE YOU PRESENTLY LIVING WITH ANYONE (FRIEND OR RELATIVE)?					
YES _____		NO _____		IF YES, EXPLAIN ON PAGES 10 & 11	
(I) HAVE YOU HAD ANY SERIOUS PROBLEMS WITH YOUR RELATIVES OR IN-LAWS?					
YES _____		NO _____		IF YES, EXPLAIN ON PAGES 10 & 11	
(J) LIST FULL NAMES OF YOUR IMMEDIATE FAMILY, SUCH AS FATHER, MOTHER, BROTHERS, SISTERS					
NAME	DATE OF BIRTH	RELATIONSHIP	TELEPHONE	ADDRESS	OCCUPATION

XI. USE OF FORCE

(A) IF THE NECESSITY AROSE FOR YOU TO USE DEADLY FORCE IN THE COURSE OF YOUR DUTIES AS AN OFFICER, WOULD YOU HAVE ANY RELUCTANCE TO DO SO?	
YES _____	NO _____
IF YES, EXPLAIN BELOW AND CONTINUE ON PAGES 10 & 11 IF NECESSARY	
(B) HAVE YOU EVER USED A WEAPON TO DEFEND YOURSELF OR OTHERS?	
YES _____	NO _____
IF YES, EXPLAIN BELOW AND CONTINUE ON PAGES 10 & 11 IF NECESSARY	
(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 _____
IF YES, EXPLAIN BELOW AND CONTINUE ON PAGES 10 & 11 IF NECESSARY	
(D) IN 25 TO 50 WORDS, EXPLAIN WHY YOU WISH TO BE A POLICE OFFICER	

XIII. DRIVING HISTORY

(A) LIST ALL DRIVER'S OR CHAUFFEUR'S LICENSES YOU NOW HOLD OR HAVE PREVIOUSLY HELD, IN ANY STATE OR COUNTRY

STATE	TYPE OF LICENSE	LICENSE NUMBER	EXPIRATION DATE

(B) HAVE ANY OF THE ABOVE LICENSES EVER BEEN SUSPENDED OR REVOKED

YES _____ NO _____ IF YES, EXPLAIN ON PAGES 10 & 11

DATES: FROM _____ TO _____

(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	ISSUING AGENCY / DEPARTMENT	DISPOSITION

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

YEAR	MAKE	MODEL	LICENSE PLATE NUMBER	STATE

(E) HOW MANY TRAFFIC ACCIDENTS HAVE YOU BEEN INVOLVED IN DURING THE PAST FIVE YEARS? EXPLAIN BELOW AND CONTINUE ON PAGES 10 & 11

(F) LIST INFORMATION ON YOUR AUTOMOBILE INSURANCE

INSURANCE COMPANY	AGENT NAME/TELEPHONE	POLICY NUMBER	EXPIRATION DATE

(G) HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE?

YES _____ NO _____ IF YES, EXPLAIN ON PAGES 10 & 11

