

AN EQUAL OPPORTUNITY EMPLOYER

The Board of Alderman resolved that subject to all applicable state and federal statutory or judicial exemptions, all qualified applicants for employment and/or advancement, whether commissioned or civilian, shall be given equal opportunity for consideration, selection, appointment and retention regardless of race, color, religion, sex, national origin, age, disability or political affiliation.

DIRECTIONS

1. **USE BLACK INK PEN ONLY and PLEASE PRINT.**
2. Be certain that your answers are legible.
3. Read each question carefully before answering.
4. 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 spaces.
5. Initial each page at the bottom right corner.
6. Additional space is provided on pages 17 & 18 for answers that require clarification of further explanation. All entries on pages 17 & 18 will begin with the page number, section number (roman numerals I - XVI), and questions (A -P) you are explaining or clarifying.
7. Pursuant to public law 93-579 this disclosure of your social security number is completely voluntary. Your refusal to reveal it will in no way effect your application for any job or consideration by this department. The social security number assists the department in differing between applicants with similar or identical names.

VERIFICATION OF INFORMATION

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment with the City of Moline Acres. An extensive background investigation will be will conducted into your personal history.

Any **FALSE**, **MISLEADING**, or **INCOMPLETE** information substituted for accurate information will be grounds to disqualify your from further consideration in the application process with the Moline Acres Police Department.

I confirm that I have read and understand all of the above statements and documents presented to the City of Moline Acres Police Department is true, correct, and complete and made in good faith.

Applicant's Signature

Date

Position applying for: _____ Correctional Officer

_____ Police Officer

INITIALS _____

MINIMUM REQUIREMENTS FOR POLICE OFFICERS

AGE	Must be at least 21 years of age at time of appointment.
HEIGHT/WEIGHT	Weight must be in proportion with your height.
EDUCATION	Documentary proof of High School education or GED.
VISION	Correctable to 20/20
HEARING	Maximum deficit in unaided worst ear greater than 25 decibel in three of Four frequencies: 500, 1000, 2000, and 3000 hz.
SITTING	Able to sit for 3 - 7 hours per shift
SPEAKING	Able to communicate through spoken word.
STAMINA	Able to deliver single person CPR for 10 minutes.
RUNNING	Able to run 200 yards, move over a 4 foot high vertical barrier, hold a Weapon steady to mark for 30 seconds (in sequence)
WALKING	Able to walk 3mph for duration of 20 minutes. Able to walk 10 flights of stairs within 5 minutes.
USE OF BODY (FORCEFUL)	Able to drag 170lbs of body a distance of 10 yards. Able to restrain violent subjects of 10 minutes. Able to lift a 50lbs. object and carry 10 yards.
USE OF BODY (EXTREMITIES)	Able to properly use firearms and other essential weapons used in the Profession.
RESIDENCY	Must be a citizen of the United States, with residency in the State of Missouri, by the date appointment. (registered voter-re 1949 542.190)
LICENSE	Must possess a valid Missouri State Drivers License by date of scheduled appointment.
MILITARY	Must have honorable discharge, or under honorable conditions, if having Served in the Armed Forces of the United States. (attach a copy of your DD, 214)
SPECIALIZED TRAINING	Must be a graduate of a Police academy or must be certified by the Public Safety of the state of Missouri as a police officer by date of appointment. (590.100/590.150)

INITIALS _____

JOB DESCRIPTION

● QUALIFICATIONS

There are various physical qualifications necessary for the position of a police officer with the Moline Acres Police Department.

● POSITION SUMMARY

Applicant must perform work of moderate to extreme difficulty in the protection of life and property through the enforcement of laws and ordinances.

● ESSENTIAL FUNCTIONS

Patrols by car and foot.

Assigned to geographic areas to identify and deter criminal activity and public safety hazards.

First responder to emergency situations; intervenes and mediates in crisis situations, and all other types of disputes including being responsible for forceful arrests, administers first aid, and CPR.

● IMPORTANT NOTE

The qualifications will be used during the hiring process and will be used to determine status during or after illness or injury.

INITIALS _____

II. CRIMINAL HISTORY

a. Other than **TRAFFIC VIOLATIONS**, have you ever been arrested, convicted, charged, questioned, accused, or detained for any reason by any police, security officer, and/or military police authority either in the USA or in any foreign country (if yes, please explain below)? ___yes ___no

Explain: _____

Date	Charge	Department	City/State	Disposition

b. Were you ever served with a criminal or civil subpoena or summons other than traffic?
___yes ___no

Explain: _____

c. Have the police ever been called to any of your residences for any reason? ___yes ___no

Explain: _____

d. Have you ever been involved in any undetected crime, including the buying or selling of drugs?
___yes ___no

Explain: _____

e. Are you now under any charges for any violation of the law? ___yes ___no

Explain: _____

INITIALS _____

IV. EDUCATION & SKILLS

a. List all of the schools in which you attended and graduated from.

<u>School Name</u>	<u>Location</u>	<u>Years Completed</u>	<u>Diploma</u>
High School: _____	_____	_____	yes/no
GED: _____	_____	_____	yes/no
College: _____	_____	_____	yes/no
Technical: _____	_____	_____	yes/no
Other: _____	_____	_____	yes/no

b. Student associations/activities: _____

c. Have you ever been suspended, expelled, or asked to leave school for any disciplinary reasons?
____yes ____no

If yes, please explain: _____

d. Have you ever been placed on academic probation? ____yes ____no

If yes, please explain: _____

e. Have you ever received any police academy training to be a police officer? ____yes ____no

If yes, please explain: _____

f. Do you speak, write, or read any foreign languages? ____yes ____no (please circle all that apply)

<u>SPEAK</u>		<u>WRITE</u>		<u>READ</u>	
Chinese	Italian	Chinese	Italian	Chinese	Italian
English	Japanese	English	Japanese	English	Japanese
French	Spanish	French	Spanish	French	Spanish
German	Other	German	Other	German	Other

g. Special skills, qualifications, and accomplishments (included any skills you wish to be considered)

INITIALS _____

V. EMPLOYMENT HISTORY

a. Start with your present or last job and list all of the places you have worked. List everything for the past ten (10) years.

1. Company Name: _____ Position Held: _____
Address: _____ Zip Code: _____
Supervisor Name: _____ Phone #: () ____ - ____
Start Date: ____/____/____ Wage/Salary: \$ _____ (start) End Date: ____/____/____ Wage/Salary: \$ _____ (end)
Reason for leaving: _____

2. Company Name: _____ Position Held: _____
Address: _____ Zip Code: _____
Supervisor Name: _____ Phone #: () ____ - ____
Start Date: ____/____/____ Wage/Salary: \$ _____ (start) End Date: ____/____/____ Wage/Salary: \$ _____ (end)
Reason for leaving: _____

3. Company Name: _____ Position Held: _____
Address: _____ Zip Code: _____
Supervisor Name: _____ Phone #: () ____ - ____
Start Date: ____/____/____ Wage/Salary: \$ _____ (start) End Date: ____/____/____ Wage/Salary: \$ _____ (end)
Reason for leaving: _____

4. Company Name: _____ Position Held: _____
Address: _____ Zip Code: _____
Supervisor Name: _____ Phone #: () ____ - ____
Start Date: ____/____/____ Wage/Salary: \$ _____ (start) End Date: ____/____/____ Wage/Salary: \$ _____ (end)
Reason for leaving: _____

5. Company Name: _____ Position Held: _____
Address: _____ Zip Code: _____
Supervisor Name: _____ Phone #: () ____ - ____
Start Date: ____/____/____ Wage/Salary: \$ _____ (start) End Date: ____/____/____ Wage/Salary: \$ _____ (end)
Reason for leaving: _____

INITIALS _____

V. EMPLOYMENT HISTORY cont.

6. Company Name: _____ Position Held: _____
 Address: _____ Zip Code: _____
 Supervisor Name: _____ Phone #: () _____ - _____
 Start Date: ___/___/___ Wage/Salary: \$ _____ (start) End Date: ___/___/___ Wage/Salary: \$ _____ (end)
 Reason for leaving: _____

7. Company Name: _____ Position Held: _____
 Address: _____ Zip Code: _____
 Supervisor Name: _____ Phone #: () _____ - _____
 Start Date: ___/___/___ Wage/Salary: \$ _____ (start) End Date: ___/___/___ Wage/Salary: \$ _____ (end)
 Reason for leaving: _____

b. WORK AVAILABILITY (please list the hours you will be available to work)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

If your application receives favorable consideration, when will you be available to begin work? _____
 Can you work overtime? ___yes ___no Can you work Sundays? ___yes ___no
 Can you work overtime without notice? ___yes ___no
 Can you work Saturdays? ___yes ___no Can you travel if required? ___yes ___no

c. Have you ever been dismissed, fired or asked to resign from any employment? ___yes ___no

If yes, please explain: _____

d. Have you ever stolen any money or merchandise from any place of employment? ___yes ___no
 (i.e., sold, retained for personal use, returned, etc. Please include final disposition of all times)

If yes, please explain: _____

e. Have you ever been unemployed for a period of time in excess of six (6) months? ___yes ___no

If yes, please explain: _____

INITIALS _____

VI. ORGANIZATION MEMBERSHIPS

a. List all civic or social organizations, fraternities & sororities, clubs, brotherhoods, societies, or groups or which you are or have been a member or associate in. Also list the locations.

Name of Organization	City	State	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 that 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 of America by any unlawful or unconstitutional means? ___yes ___no

If yes, please explain: _____

VII. MILITARY STATUS

c. Are you a registered voter with a selective service? ___yes ___no (if yes, list registration # and location)

Registration #: _____ location: _____ (city) ___ (state)

d. Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, R.O.T.C. or any other military or semi-military organizations? ___yes ___no

■ If there is more than one period, list them separately.

Dates attended	Organization	Discharge date	Type of discharge	Rank	Specialty

e. Where you ever reduced in rank in the military? ___yes ___no from: _____ to: _____

If yes, please explain: _____

f. Where you ever court marshaled? ___yes ___no Sentence received: _____

Type of court marshaled: ___summary ___special ___general

g. Have you ever received a captain's mast, company punishment or article 15? ___yes ___no

INITIALS _____

VII. MILITARY STATUS cont.

If yes, please explain (**letter f**): _____

If yes, please explain (**letter g**): _____

h. Have you ever served in a military or naval organization of any foreign government?

___yes ___no

If yes, please explain: _____

VIII. NARCOTIC & LIQUOR USAGE

a. How often do you consume an alcoholic beverage? ___very often ___sometimes ___very little ___never

b. How many times a week do you consume alcohol? ___1x ___2x ___3x ___4 or more

c. Have you ever had to enroll in a rehabilitation program for alcohol use? ___yes ___no

d. Have you ever been stopped or convicted of a DWI or DUI? ___yes ___no

If yes, please explain: _____

Disposition: _____

e. Have you ever used a controlled substance, not prescribed by a doctor? ___yes ___no

f. Have you ever had to enroll in a rehabilitation program for drug use? ___yes ___no

(Please check one)

___marijuana ___cocaine/crack ___ecstasy ___heroin ___LSD ___Methamphetamine
___speed ___misuse of prescription drugs

g. How long has it been since you last used? ___days ___month(s) ___year(s)

h. Have you ever been stopped or convicted of possession of controlled substance, possession of drug paraphernalia or distribution/sale of illegal substance? ___yes ___no

INITIALS _____

VIII. NARCOTIC & LIQUOR USAGE cont.

If yes, please explain (**letter h**): _____

Disposition: _____

IX. MEDICAL HISTORY

a. List the following information concerning all doctors consulted with the last three (3) years and all periods of hospitalization within the last five (5) years.

Nature of Illness	Dates	# of days admitted	Name of hospital

b. Do you have any physical handicaps, chronic diseases or disabilities? ___yes ___no

If yes, please explain: _____

c. Have you ever received workman's compensation or any other disability insurance payments?
___yes ___no

If yes, please explain: _____

d. Are you currently taken any medication prescribed by your physician? ___yes ___no
(If yes, please list them below)

Name of Medication	Length of time on medicine	Permanent	Temporary

INITIALS _____

The following sections are to be completed by police officers & reserve officers **only**.

XI. DRIVING HISTORY

- a. List all drivers or chauffeur's licenses you now hold or have previously held, either in Missouri or any other state or country.

State license was held	Type of license	License number	Expiration Date

- b. Have any of the above licenses ever been suspended or revoked? ___yes ___no

If yes, please explain: _____

- c. List all driving citation, tickets, or summons you have received since 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	City/State	Name of Department	Disposition

- d. List all vehicles which you own, lease, or have for your personal use (include motorcycles).

Month/Year	Make	Model	Color	License Plate Number	State

- e. In the past five (5) years, how many traffic accidents have you been involved in? _____ amount

- f. Do you currently have automobile insurance? ___yes ___no

Insurance Company: _____

INITIALS _____

XV. REFERENCES

a. Please list five (5) references that are not relatives or past employees who have known you at least three (3) years or more.

1. Last Name: _____ First Name: _____
Address: _____ Phone #: () _____ - _____
How long have you known this person? _____ months _____ years
Occupation: _____

2. Last Name: _____ First Name: _____
Address: _____ Phone #: () _____ - _____
How long have you known this person? _____ months _____ years
Occupation: _____

3. Last Name: _____ First Name: _____
Address: _____ Phone #: () _____ - _____
How long have you known this person? _____ months _____ years
Occupation: _____

4. Last Name: _____ First Name: _____
Address: _____ Phone #: () _____ - _____
How long have you known this person? _____ months _____ years
Occupation: _____

5. Last Name: _____ First Name: _____
Address: _____ Phone #: () _____ - _____
How long have you known this person? _____ months _____ years
Occupation: _____

INITIALS _____

APPLICATION CHECK LIST

A copy of the following documents must be included with this application or explain fully as to why they are not included. All documents submitted become the property of the Moline Acres Police Department and **WILL NOT BE RETURNED.**

The following items should be submitted by all applicants:

- 1. Birth certificate (state issued and raised impression, certified or notarized copy) ___yes ___no
- 2. High school diploma and/or GED certificate with transcripts. ___yes ___no
- 3. College diploma and certified transcripts (if applicable) ___yes ___no
- 4. Military discharge DD214, indicating type of discharge (if applicable) ___yes ___no
- 5. Two (2) recent facial photographs. ___yes ___no
- 6. Copy of Social Security Number (if not on license) ___yes ___no
- 7. Special awards (school, military, training) ___yes ___no
- 8. Naturalization papers (if applicable) ___yes ___no
- 9. Copy of any license including state issued drivers license, pilot license, and/or radio operator’s license. (**police officers**) ___yes ___no

If any of the above questions are marked “NO”, state the number and the reason they are not included below.

_____ If no, please explain: _____

_____ If no, please explain: _____

_____ If no, please explain: _____

INITIALS _____

Use these two sheets for any additional information you need to complete this application. Please list all pages, numbers and/or letters used for this information. Remember to review each page and make sure your initials at the bottom of each page. **THANK YOU, MOLINE ACRES POLICE DEPARTMENT**

_____ (page number) _____ (section #) _____ (letter)

If yes, please explain: _____

_____ (page number) _____ (section #) _____ (letter)

If yes, please explain: _____

_____ (page number) _____ (section #) _____ (letter)

If yes, please explain: _____

_____ (page number) _____ (section #) _____ (letter)

If yes, please explain: _____

INITIALS _____

_____ (page number) _____ (section #) _____ (letter)

If yes, please explain: _____

_____ (page number) _____ (section #) _____ (letter)

If yes, please explain: _____

_____ (page number) _____ (section #) _____ (letter)

If yes, please explain: _____

_____ (page number) _____ (section #) _____ (letter)

If yes, please explain: _____

INITIALS _____

The following certificate must be read thoroughly and signed by all applicants.

I hereby certify that there are no willful misrepresentation and/or falsifications of any statements and answers to the questions for reason of evasion. I am aware that should an investigation disclose such misrepresentation and falsifications, my application shall be rejected and if such determined after my employment from applying in the future for any position in the Moline Acres Police Department.

Initials _____

I hereby authorize any current or former employers including any branch of the United States military; to furnish any undeleted service records, as well as my reason for leaving such employer, as well as any information regarding my employment. I hereby release any current or former employer including any branch of the United States military from any liability for any damages in furnishing such records.

Initials _____

I also agree that if I am employed by the Moline Acres Police Department a full transcript of my records as an employee, including reason for termination, may be given to prospective future employer on his request and do hereby release the Moline Acres Police Department and the City of Moline Acres from any and all liability or damage in the furnishing of said records.

Initials _____

I understand that any employment agreement is made subject to a satisfactory physical examination by a physician selected by the City of Moline Acres prior to or during employment processing.

Initials _____

If you are employed by this department you will be employed under the terms and the rules and regulations as set out to you when applying for this position. You will be subject to all department rules and regulations. You must obey orders and assignments or Superior officers; perform patrol duties, direct traffic, make arrest for violations of City and State laws and enforce city ordinances, locate missing persons, give evidence in Court take and have custody of prisoners, decide sensibly while on duty when particular act constitutes a criminal offense, look for and identify from furnished descriptions, persons wanted and place them under arrest, make detailed written reports, give general information concerning locations in the city property, be polite and courteous at all times, and perform all such other duties as may be assigned.

Print Name

_____/_____/_____
Date

Applicant's Signature



Moline Acres Police Department

2449 Chambers Road * St. Louis, MO * 63136

Office: (314) 868-2433, ext. 106 * Fax: (314) 868-3198

Col. Gregory Moore

Chief of Police

Background Research Release

Please read this section carefully and acknowledge your understanding by signing your name in the space below

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge.

1. Consent to Conduct Background Investigation

As a condition of and in consideration for the City of Moline Acres' consideration of this application, I give permission to the City to investigate my personal and employment history. I understand that this background investigation will include, but not limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to the City of Moline Acres to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

2. Consent To Contact Past Employers

I give permission to the City of Moline Acres to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current and previous employers and/or managers or supervisors to discuss my relevant personal and employment history with the City, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of the City of Moline Acres. I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my former employers to the City. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

3. Consent to Contact Government Agencies

I give permission to any agent, attorney, or representative to the City of Moline Acres to receive a copy of any information obtained in the file of any federal, state, or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request of such information. In the event a state law does not provide for prospective employers to have access to information, I hereby delegate the City as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity, and/or abilities.

4. Cooperation with Investigation

I agree to fully cooperate in the City of Moline Acres' background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state, or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

5. Falsification Statement

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient ground for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

6. Employment "At Will"

In consideration of my employment, I agree to conform to the rules and regulations of the City of Moline Acres and my employment and compensation is "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either the City or myself, except as otherwise provided by law. I understand that no manager or representative of the City, other than the Mayor and Board of Alderman of the City of Moline Acres has authority to enter into any agreement for employment for any specified period of time or to make any agreement or contract to the foregoing, and that any promises to the contrary will be relied upon by me if they are writing and signed by the Mayor of the City of Moline Acres.

Applicant's Signature

_____/_____/_____
Date