

CITY OF HOLDEN, MISSOURI
POLICE DEPARTMENT
Application for Employment Guidelines

RETURN APPLICATION TO:

**Holden Police Department
110 West 3rd Street
Holden, Missouri 64040**

Fill out this application completely and accurately. Any false, misleading, or incomplete information will be grounds for disqualification from the selection process.

Do not have any other person fill out this application, it must be submitted in your own writing.

If extra space is needed, attach an additional sheet of paper to this application.

All applicants may be required to submit to the following examinations and/or test.

- **Written examination**
- **Physical examination**
- **Polygraph or Voice Stress examination**
- **Merit board oral review**

NOTE: If any of the following apply, you may be excluded from this application process. You are eligible to re-apply if circumstances dictate a change in status:

- 1. You are not a Certified Police Officer in the State of Missouri or are not currently enrolled in a Certified Police Academy and will be a Certified Police Officer by the hiring date chosen by the Holden Police Department.**
- 2. Your driver's license has ever been suspended or revoked for any reason.**
- 3. More than 3 moving traffic violations in any three year period within the past five years.**
- 4. A conviction or arrest for any alcohol related offense, traffic or otherwise.**
- 5. A conviction or arrest for any felony, serious misdemeanor or narcotics offense.**
- 6. Any statements made to hinder, hide, or mislead prior acts by the applicant, which may exclude the applicant from consideration.**

The term conviction includes any plea of guilty, nolo contendere, plea of not guilty with a stipulation of facts, technical not guilty, regardless of whether a sentence is imposed or executed.

Date application was returned: _____ Officer receiving application _____



CITY OF HOLDEN, MISSOURI POLICE DEPARTMENT



"To Promote and Preserve the Public's Safety"

110 West 3rd Street
Holden, Missouri 64040
(816) 850-4154

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical conditions or handicap, or any other legally protected status.

INSTRUCTIONS – READ CAREFULLY BEFORE COMPLETING APPLICATION
 These instructions will assist you in properly completing your application. All applicants must complete the entire application form. The application should be typed or printed legibly in blue or black ink. Answer all questions to the best of your ability. If a question is not applicable, write "NA" in the space provided. **DO NOT LEAVE ANY SPACES BLANK.** You are responsible for obtaining correct addresses and telephone numbers where requested. If you are not sure of an address or telephone number, check it by personal verification. If there is insufficient space on the form for you to include all information required, attach extra sheets on the application. Reference the relevant section and question before continuing your answer. Incomplete or inaccurate applications will disqualify your application. Deliberate omissions or falsifications will result in permanent disqualification for employment or removal from your position if appointed.

PERSONAL INFORMATION

Last name _____ First name _____ Middle initial _____ Jr./Sr. _____

Social Security Number _____ Drivers License Number _____ State of issue _____ Date of birth _____

Permanent Address – Street or Route _____ City _____ State _____ Zip _____

Home Phone Number _____ Work Phone Number _____ Alternate Phone Number _____

(____) _____ (____) _____ (____) _____

Have you ever had your name legally changed? If yes, give full previous name(s).
 Yes No _____

Are you a U.S. citizen? Yes No If no, do you have a work permit? Yes No

MISSOURI PEACE OFFICER CERTIFICATION INFORMATION

Are you currently certified by the Missouri POST Commission? Yes No

Certification Type _____ Where did you receive your certification? _____

Date of Certification _____ Academy Length _____ DPS Certificate Number _____

With your application please include a copy of your POST Commission Certificate and any other related certificates received from your academy, including pertinent certifications relating to the job applied for.

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POLICE DEPARTMENT

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CERTIFICATE OF APPLICANT 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 and belief. I understand and agree that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application. It may also result in permanent disqualification for appointment to, or removal from any position with the Holden Police Department. I understand my application, any questionnaires and documents submitted or obtained, become the property of the Holden Police Department.

I do hereby authorize, request and direct, educational institutions, my references, my employers, both past and present, any other persons, institution or organization, and all government agencies, whether local, state or federal, both foreign and domestic, to release to the Holden Police Department, any document, information, record or file that is deemed material to the processing of my application for employment. Said information can be furnished if the request is made in person, by telephone or in writing.

I release all of said individuals and organizations from all liability to me, that could arise in any manner, contract or otherwise, from the act of furnishing said information and records to the Holden Police Department. This serves as a waiver of any contract that I have with any of the said organizations or individuals. It also serves as a waiver of any and all legal communication privileges that I would enjoy or claim.

I appoint the Holden Police Department, or any representative thereof, as my agent and attorney-in-fact for the sole purpose of collecting information for processing my application. I further direct they be permitted to inspect all of said files and information and be permitted to make copies thereof, at their discretion. This request can be treated as if I were making the request in person.

Photostat, facsimile or other copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant

Date

POSITION APPLIED FOR: _____

Regular Full Time **Part Time** **Auxiliary** **When Available:** _____

Days available to work: S M T W T F S **Available to work overtime?** **Yes** **No**

How were you referred to this department?

News Paper **Friend/Relative** **School** **Job Service** **Walk In**

Other: _____

REFERENCES: List five people whom you know well enough to provide current information about you. DO NOT list relatives, past or current employers.

Name _____ Street Address, City, State, Zip Code _____

Residence Phone _____ Business Phone _____ Business Address _____ Years Known _____

(____) _____ (____) _____
Name _____ Street Address, City, State, Zip Code _____

Residence Phone _____ Business Phone _____ Business Address _____ Years Known _____

(____) _____ (____) _____
Name _____ Street Address, City, State, Zip Code _____

Residence Phone _____ Business Phone _____ Business Address _____ Years Known _____

(____) _____ (____) _____
Name _____ Street Address, City, State, Zip Code _____

Residence Phone _____ Business Phone _____ Business Address _____ Years Known _____

(____) _____ (____) _____
Name _____ Street Address, City, State, Zip Code _____

Residence Phone _____ Business Phone _____ Business Address _____ Years Known _____

(____) _____ (____) _____

EMPLOYMENT HISTORY: Beginning with your present or most recent job, list all employment for the last ten years, including part-time employment. Attach extra pages if necessary.

From	To	Employer
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Address		
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Phone number	Job title
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Duties/Responsibilities	
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From	To	Employer
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Address		
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Phone number	Job title
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Duties/Responsibilities	
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From	To	Employer
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Address		
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Phone number	Job title
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Duties/Responsibilities	
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From	To	Employer
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Address		
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Phone number	Job title
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Duties/Responsibilities	
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From	To	Employer
Address		
Phone number	Job title	
Duties/Responsibilities		
From	To	Employer
Address		
Phone number	Job title	
Duties/Responsibilities		
From	To	Employer
Address		
Phone number	Job title	
Duties/Responsibilities		
From	To	Employer
Address		
Phone number	Job title	
Duties/Responsibilities		

EDUCATION

Circle the highest grade completed in school

Elementary – Jr High 1 2 3 4 5 6 7 8 High School 9 10 11 12 College/University 1 2 3 4 5

Do you possess a High School Diploma? Yes No If no, do you possess a GED? Yes No

High School Attended	City and State	Dates Attended		Graduated?

College or University attended	City and State	Dates attended	

Major/Minor Fields of Study	Degree received?	Date

College or University attended	City and State	Dates attended

Major/Minor Fields of Study	Degree received?	Date

College or University attended	City and State	Dates attended

Major/Minor Fields of Study	Degree received?	Date

List any other schools attended (trade, vocational, business, etc). Give name and address of school, dates attended, course of study, certificate received, and any other pertinent information.

List any other special skills or certifications you hold which relate directly to the position applied for, including any foreign languages that you can speak, read or write.

CONVICTIONS: List all convictions (other than traffic violations) for Federal, State, County or City Offenses. Attach extra pages if necessary.

Offense	Police Agency, City and State	Date	Disposition

TRAFFIC OFFENSES: List all driving citations you have received, excluding parking tickets.

Offense	Police Agency, City and State	Date	Disposition

Has your driver's license ever been suspended or revoked? Yes No

If yes, give date, location and reason for suspension/revocation.

Have you ever made application for employment with this or any other law enforcement agency?

Yes No

Name of Department/Agency	Date applied	Acceptance	Reason for rejection/decline

PERSONAL DECLARATIONS

Have you ever sold or furnished drugs or narcotics to anyone? Yes No

If yes, explain in detail:

Have you ever taken or been addicted to any drug or narcotic, including marijuana? Yes No

If yes, explain in detail:

Are there any incidents in your life or details not mentioned within this application which may influence this department's evaluation of your suitability for employment? Yes No

If yes, explain in detail:
