

City of Overland



Police Department Application Package

*2410 Goodale Ave., Overland, Mo. 63114
(314) 428-1212 Fax 314-428-8625
www.overlandmo.org*

CONFIDENTIAL
APPLICANT PERSONAL HISTORY
QUESTIONNAIRE

VERIFICATION OF INFORMATION

The information requested on this questionnaire will be viewed by those who will be considering your application for employment with the Overland Police Department. An extensive background investigation will be conducted into your personal history.

Any FALSE, MISLEADING or INCOMPLETE information substituted as accurate information will be grounds to disqualify you from further consideration in the application process with the Overland Police Department.

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

Please indicate the position for which you are applying:

Signature

Date

Initials

DIRECTIONS

1. Read each question carefully before answering.
2. 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.**
3. Initial **EACH** page on the bottom right corner.
4. Additional space is provided on pages 24 and 25 for answers which require clarification or further explanation. All entries on page 24 and 25 will begin with the page number, the section number (Roman numeral I-XII), and the question (letters A-P) you are explaining or clarifying. If additional space is needed use white legal sized paper. Initial any extra pages submitted.
5. The Authorization for Release of Information must be completed and **SIGNED BY THE APPLICANT IN THE PRESENCE OF A NOTARY.**
6. The request for Child Abuse or Neglect /Criminal Record Form must be completed and **signed and dated by the applicant.**
7. Pursuant to Public Law 93-579 the disclosure of your Social Security Number is completely voluntary. Your personal refusal to reveal it will in no way affect applications for any job or for any consideration extended by this department.

The Police Department processes a great number of applications. The Social Security Number assists the department in differentiating between applicants when two or more persons have the same name or date of birth.

Initials

APPLICATION REQUIREMENTS

If any of the following documents are NOT submitted with this application (prior to initial testing and due to exigent circumstances) and no arrangements have been made with the Overland Police Department for later submission, you will NOT be allowed to test and any further consideration for employment with the Overland Police Department will be in jeopardy.

All the following documents MUST be included with this application for consideration. If not attached, explain why in the spaces provided below and state when the documents can be expected, otherwise your application may not be considered.

- Certified copy of Birth Certificate.
- Copy of High School diploma and certified copy of high school and/or College transcripts.
- Copy of Military discharge.
- Certified copy of Voter's Registration.
- Two (2) recent facial photographs.
- Copies of any special awards/recognition certificates received.
- Copies of any license other than valid operators license (ex: Pilots license, Radio operators license)

All documents submitted become the property of the Overland Police Department and will not be returned. Applicant may submit any other documents that they wish added to their file.

Initials

I. PERSONAL DATA

Full Name: Last, First Middle Home Phone

Address: Number Street Business Phone

City State Zip Code Cell Phone

Age Height Weight Hair Eyes

Date of Birth Place of Birth

Social Security Number Driver's License Number State

A. LIST ANY OTHER NAMES YOU HAVE EVER USED:

B. ARE YOU A CITIZEN OF THE UNITED STATES?

Yes No

C. WERE YOU NATURALIZED?

Yes No

If "yes" attach copy of naturalization papers to this application

D. LIST FIRST YOUR PRESENT ADDRESS, THEN ALL ADDRESSES YOU HAVE LIVED AT FOR THE PAST TEN (10) YEARS, INCLUDE YOUR ADDRESSES IN THE MILITARY SERVICE:

DATES

FROM	TO	STREET ADDRESS	COUNTY STATE/ZIP

E. HAVE YOU EVER APPLIED FOR A POSITION WITH THIS DEPARTMENT BEFORE?

Yes No

Initials

I. PERSONAL DATA...Continued

F. HAVE YOU FILED AN EMPLOYMENT APPLICATION WITH ANY OTHER SOURCES RECENTLY?

Yes No

IF YES: LIST FIRM NAME; ADDRESS; POSITION APPLIED FOR; DATE APPLIED AND DISPOSITION:

G. ARE YOU ACQUAINTED WITH ANY OVERLAND POLICE DEPARTMENT EMPLOYEE?

Yes No

IF YES LIST NAME (S)

H. BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU APPLIED, DESCRIBED IN THE WRITTEN JOB DESCRIPTION THAT ACCOMPANIED THIS APPLICATION, ARE YOU ABLE TO PERFORM THESE FUNCTIONS?

Yes No

I. AN EMPLOYEE OF THIS DEPARTMENT WORKS A MINIMUM EIGHT HOUR DAY, FIVE DAYS A WEEK, 49 WEEKS PER YEAR. ARE YOU ABLE TO MEET THESE REQUIREMENTS WITHOUT EXCESSIVE ABSENCES?

Yes No

Initials

II. MARITAL STATUS/FAMILY MEMBERS

A. CHECK DESCRIPTION OF MARITAL STATUS:

___ SINGLE ___ ENGAGED ___ MARRIED
___ SEPARATED ___ DIVORCED ___ WIDOWED

IF ENGAGED OR MARRIED:

FINANCE'S OR SPOUSE'S MAIDEN NAME	DATE OF BIRTH	ANTIC./ DATE OF MARRIAGE
ADDRESS/ZIP		PHONE NUMBER
=====		

IF SEPARATED OR DIVORCED:

EX-SPOUSE'S MAIDEN NAME	DATE OF BIRTH	ANTIC./ DATE OF MARRIAGE
ADDRESS/ZIP		PHONE NUMBER
=====		

IF SPOUSE DECEASED:

FULL NAME (MAIDEN)	DATE DECEASED
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II. MARITAL STATUS/FAMILY MEMBERS...Continued

D. LIST THE NAMES AND RELATIONSHIP OF ANY/ALL PERSONS CURRENTLY LIVING WITH YOU.

NAME	RELATIONSHIP	DOB
NAME	RELATIONSHIP	DOB
NAME	RELATIONSHIP	DOB

E. DO YOU HAVE ANY SERIOUS PROBLEMS WITH YOUR RELATIVES OR IN-LAWS?

YES	NO
-----	----

IF "YES" EXPLAIN:

F. LIST FULL NAME OF YOUR IMMEDIATE FAMILY SUCH AS FATHER, MOTHER (MAIDEN NAME), BROTHERS AND SISTERS:

NAME	ADDRESS/ZIP	PHONE
RELATIONSHIP	OCCUPATION	DOB

NAME	ADDRESS/ZIP	PHONE
RELATIONSHIP	OCCUPATION	DOB

NAME	ADDRESS/ZIP	PHONE
RELATIONSHIP	OCCUPATION	DOB

Initials

III. REFERENCES

A. LIST FOUR (4) CHARACTER REFERENCES, NOT RELATIVES, IN-LAWS, OR PAST EMPLOYERS, WHO HAVE KNOWN YOU WELL DURING THE PAST THREE YEARS OR MORE:

=====

#1: YEARS ACQUAINTED _____

NAME:	LAST	FIRST	PHONE NUMBER (area code)
BUSINESS ADDRESS		OCCUPATION	PHONE NUMBER (area code)

=====

#2: YEARS ACQUAINTED _____

NAME:	LAST	FIRST	PHONE NUMBER (area code)
BUSINESS ADDRESS		OCCUPATION	PHONE NUMBER (area code)

=====

#3: YEARS ACQUAINTED _____

NAME:	LAST	FIRST	PHONE NUMBER (area code)
BUSINESS ADDRESS		OCCUPATION	PHONE NUMBER (area code)

=====

#4: YEARS ACQUAINTED _____

NAME:	LAST	FIRST	PHONE NUMBER (area code)
BUSINESS ADDRESS		OCCUPATION	PHONE NUMBER (area code)

=====

IV. ARREST HISTORY

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED "YES" EXPLAIN IN FULL DETAIL ON PAGES 24 AND 25.

A. OTHER THAN TRAFFIC CITATIONS, HAVE YOU BEEN ARRESTED, CONVICTED, CHARGED, QUESTIONED, ACCUSED OR DETAINED FOR ANY REASON BY ANY POLICE OR SECURITY OFFICER, MILITARY POLICE AUTHORITY, EITHER IN THE UNITED STATES OF AMERICA OR IN ANY FOREIGN COUNTRY?

YES NO

DATE	CHARGE	DISPOSTION
DEPT/AGENCY		ADDRESS (CITY, COUNTY, STATE)

DATE	CHARGE	DISPOSTION
DEPT/AGENCY		ADDRESS (CITY, COUNTY, STATE)

DATE	CHARGE	DISPOSTION
DEPT/AGENCY		ADDRESS (CITY, COUNTY, STATE)

WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS OTHER THAN TRAFFIC? _____
YES NO

HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR FORMER OR CURRENT RESIDENCES FOR ANY REASONS? _____
YES NO

HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED CRIME, INCLUDING THE BUYING OR SELLING OF ILLICIT DRUGS? _____
YES NO

ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF THE LAW? _____
YES NO

Initials

V. EDUCATION AND SKILL...Continued

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

YES NO

IF "YES" EXPLAIN IN DETAIL: _____

E. HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION?

YES NO

IF "YES" EXPLAIN IN DETAIL: _____

F. HAVE YOU EVER RECEIVED ANY POLICE ACADEMY TRAINING TO BE A POLICE OFFICER?

YES NO

IF "YES" EXPLAIN IN DETAIL: _____

G. INDICATE LANGUAGES YOU SPEAK, READ AND/OR WRITE OTHER THAN ENGLISH:

	FLUENT	ABOVE AVERAGE	FAIR
SPEAK			
READ			
WRITE			

H. SUMMARIZE SPECIAL SKILLS, QUALIFICATIONS AND ACCOMPLISHMENTS, INCLUDING CLERICAL SKILLS THAT YOU WISH TO BE CONSIDERED: _____

Initials

VI. EMPLOYMENT HISTORY

#1: _____

EMPLOYER	ADDRESS	PHONE
<hr/>		
DATES EMPLOYED FROM - TO	WORK PERFORMED	
<hr/>		
JOB TITLE	ANNUAL SALARY	
<hr/>		
REASON FOR LEAVING		

=====

#2: _____

EMPLOYER	ADDRESS	PHONE
<hr/>		
DATES EMPLOYED FROM - TO	WORK PERFORMED	
<hr/>		
JOB TITLE	ANNUAL SALARY	
<hr/>		
REASON FOR LEAVING		

=====

#3: _____

EMPLOYER	ADDRESS	PHONE
<hr/>		
DATES EMPLOYED FROM - TO	WORK PERFORMED	
<hr/>		
JOB TITLE	ANNUAL SALARY	
<hr/>		
REASON FOR LEAVING		

=====

#4: _____

EMPLOYER	ADDRESS	PHONE
<hr/>		
DATES EMPLOYED FROM - TO	WORK PERFORMED	
<hr/>		
JOB TITLE	ANNUAL SALARY	
<hr/>		
REASON FOR LEAVING		

=====

Initials

VIII. MILITARY STATUS

A. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE: _____ _____
YES NO

B. _____ C. _____
 REGISTRATION NUMBER LOCATION WHERE REGISTERED

C. 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 ORGANIZATION? (If there is more than one period list the separate periods) _____ _____
YES NO

MONTH/YEAR ENTERED	BRANCH/ORGAN.	DISCHARGE DATE	TYPE OF RANK DISCHARGE	OCCUPATIONAL SPECIALTY
=====	=====	=====	=====	=====

MONTH/YEAR ENTERED	BRANCH/ORGAN.	DISCHARGE DATE	TYPE OF RANK DISCHARGE	OCCUPATIONAL SPECIALTY
=====	=====	=====	=====	=====

E. WERE YOU EVER REDUCED IN RANK IN THE MILITARY?
 RANK REDUCED FROM _____ TO _____ _____ _____
YES NO

F. WERE YOU EVER COURT MARSHALLED? _____ _____
YES NO
 SENTENCE RECEIVED: _____

G. HAVE YOU EVER RECEIVED A CAPTAIN'S MAST, COMPANY PUNISHMENT OR ARTICLE 15? _____ _____
YES NO

IF EITHER OF THE LAST THREE QUESTIONS IS ANSWERED "YES" EXPLAIN: _____

H. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT: _____ _____
YES NO

 Initials

IX. FINANCIAL STATUS

A. LIST THE SOURCES OF **ALL** YOUR INCOME AT THE PRESENT TIME:

SALARY	FIRM OR SOURCE NAME	ANNUAL AMOUNT
OTHER EMPLOYMENT	FIRM OR SOURCE NAME	ANNUAL AMOUNT
DIVIDENDS/INTEREST	FIRM OR SOURCE NAME	ANNUAL AMOUNT
MILITARY	FIRM OR SOURCE NAME	ANNUAL AMOUNT
OTHER (specify)	FIRM OR SOURCE NAME	ANNUAL AMOUNT
		TOTAL

B. IF YOUR SPOUSE IS EMPLOYED, LIST:

FIRM NAME	TITLE
COMPANY ADDRESS	ZIP
	PHONE NUMBER

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES" INVOLVING YOU, YOUR SPOUSE, OR ANY EX-SPOUSE? EXPLAIN IN DETAIL.

- C. HAVE YOU EVER BEEN DELINQUENT IN ANY OF YOUR FINANCIAL OBLIGATIONS OR BEEN REFUSED CREDIT? YES NO
- D. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED? YES NO
- E. HAVE YOU EVER FILED BANKRUPTCY OR BEEN SUED IN COURT? YES NO
- F. HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES, INJURY, LIBEL, ETC., EITHER WITH OR WITHOUT COURT ACTION? YES NO
- G. HAVE YOU EVER FILED A LAWSUIT OR HAD A REPRESENTATIVE FILE A LAWSUIT ON YOUR BEHALF? YES NO
- H. HAS YOUR TAX RETURN EVER BEEN AUDITED BY THE IRS FOR ANY REASON OTHER THAN A RANDOM AUDIT? YES NO

Initials

X. FINANCIAL STATUS

LIST ALL DEBTS AND OBLIGATIONS WHICH YOU NOW OWE, AND THE INDIVIDUALS OR FIRMS WITH WHOM YOU HAVE CREDIT DEALINGS.

OBLIGATION	NAME & ADDRESS OF CREDITOR	ACCT. NUMBER	UNPAID BALANCE	MONTHLY PAYMENT	AMOUNT PAST DUE
MORTGAGE/ RENT (Circle one)					
AUTO PAYMENT					
PERSONAL LOANS					
SCHOOL LOANS					
CREDIT CARD					
CREDIT CARD					
CREDIT CARD					
OTHER (specify)					
OTHER (specify)					
OTHER (specify)					
OTHER (specify)					
OTHER (specify)					
OTHER (specify)					

Initials

XII. DRIVING HISTORY

A. LIST ALL DRIVERS OR CHAUFFEURS LICENSES YOU **NOW** HOLD OR HAVE PREVIOUSLY HELD: EITHER IN MISSOURI OR ANY OTHER STATE OR COUNTRY.

<u>STATE</u>	<u>TYPE OF LICENSE</u>	<u>LICENSE NUMBER</u>	<u>EXPIRATION DATE</u>

B. HAVE ANY OF THE ABOVE LICENSES EVER BEEN SUSPENDED OR REVOKED? _____
YES NO

IF "YES" EXPLAIN: _____

C. LIST ALL DRIVING CITATIONS/TICKETS, OR SUMMONS 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)

<u>MONTH/YR</u>	<u>CHARGE</u>	<u>CITY/STATE</u>	<u>CITATION ISSUED BY POLICE DEPT/AGENCY</u>	<u>DISPOSITION</u>

Initials

XII. DRIVING HISTORY...Continued

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

YEAR	MAKE	MODEL	LICENSE NUMBER	STATE

E. HOW MANY TRAFFIC ACCIDENTS HAVE YOU BEEN INVOLVED IN DURING THE PAST FIVE (5) YEARS? _____

LIST THEM: _____

F. HAVE YOU RECENTLY CHANGED AUTOMOBILE INSURANCE COMPANIES? _____ YES _____ NO
 IF "YES" INDICATE DATE, NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS INSURANCE COMPANY(S)

G. CURRENT INSURANCE COMPANY NAME: _____

CURRENT INSURANCE AGENT'S NAME: _____

ADDRESS: _____

AGENT'S PHONE NUMBER: _____

POLICY NUMBER: _____

H. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE OR HAD INSURANCE CANCELLED? _____ YES _____ NO

IF "YES" EXPLAIN IN DETAIL: _____

 Initials

XIII. USE OF FORCE

THIS SECTION TO BE COMPLETED BY POLICE OFFICER AND RESERVE APPLICANTS ONLY:

A. IF THE NECESSITY AROSE FOR YOU TO TAKE THE LIFE OF A PERSON IN THE COURSE OF YOUR DUTIES WOULD YOU HAVE ANY RELUCTANCE TO DO SO? _____
YES _____
NO

IF "YES" EXPLAIN IN DETAIL: _____

B. HAVE YOU EVER USED A WEAPON TO DEFEND YOURSELF OR OTHERS? _____
YES _____
NO

IF "YES" EXPLAIN IN DETAIL: _____

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 "NO" EXPLAIN IN DETAIL: _____

Initials



**OVERLAND POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF INFORMATION**

Last Name	First Name	Middle Name	Race	Sex	Date of Birth

Place of Birth-County or City	State	Country

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the **City of Overland Police Department**, whether the said records are of public, private, or confidential nature.

The purpose for requesting this information is to conduct a complete background investigation pertaining to your fitness to serve as a City of Overland Police Department employee. This background investigation may include inquiries pertaining to your military history if applicable, employment,(including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records), education, medical history, credit history(including records of deposits, withdrawals and balances of checking and savings accounts, and loans), criminal history(including records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wherever located, and to include the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case in which I presently have, or have had an interest and any information relevant to your character and reputation. By signing this form, you are acknowledging that you have received notice and have provided consent for the Overland Police Department to use this information to conduct such a background investigation, which may include the searching of (N-DEX) and other criminal justice databases, private databases, and public databases.

I authorize any employee or representative of the Overland Police Department to search N-DEX to obtain information regarding my qualifications and fitness to serve as a (employee type). I understand that N-DEX is an electronic repository of information from federal, state, local, tribal, and regional criminal justice entities. This national information sharing system permits users to search and analyze data from the entire criminal justice cycle, including crime incident and investigation reports; arrest, booking, and incarceration reports; and probation and parole information. This release is executed with full knowledge, understanding, and consent that any information discovered in N-DEX may be used for the official purpose of conducting a complete employment background investigation. I also understand that any information found in N-DEX will not be disclosed to any other person or agency unless authorized and consistent with applicable law. I release the Overland Police Department from any liability or damage that may result from the use of information obtained from N-DEX.

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 life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the **City of Overland Police Department** to consider in determining my suitability for employment by that agency. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the **City of Overland Police Department**. I understand that all materials pertaining to this background investigation become the property of the **City of Overland Police Department** and will not be returned.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereto, even though the said photocopy does not contain an 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_____.

Notary:_____

SIGNATURE

STREET ADDRESS

CITY STATE ZIP CODE

Missouri State Highway Patrol / Missouri Department of Social Services
 REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions. <input type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge <input type="checkbox"/> (2) Name Search - \$10.00 (Criminal record, child abuse, or neglect, central registry search) <input type="checkbox"/> (3) Fingerprint Search <input type="checkbox"/> \$14.00 (Authorized Statute 210.487) <input type="checkbox"/> \$20.00 (All other request)	TYPE OF DAYCARE PROVIDER <input type="checkbox"/> (1) License <input type="checkbox"/> (2) License Exempt <input type="checkbox"/> (3) Registered
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IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.

APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)				
MAIDEN NAME	DATE OF BIRTH (MM/DD/YY)	STATE OF BIRTH	SEX	RACE
ALIAS NAME(S)	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER / STATE /		

ADDRESSES FOR PAST 5 YEARS					
STREET	CITY	STATE	STREET	CITY	STATE

Have you ever been found guilty to or been convicted of any criminal act in this state or any state?
 YES (Complete section below) NO, I have not been found guilty to or been convicted of any criminal offense in this state or any state.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Children's Division in this state or any state?
 YES (Complete section below) NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Attach separate page, if necessary.)

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.

SIGNATURE OF APPLICANT (REQUIRED IN INK)	DATE
SIGNATURE OF REQUESTOR (Required in ink)	DATE
TITLE OF CHILD CARE PROVIDER	TELEPHONE
STATE AGENCY	STATE VENDOR OR CONTACT NO. (If applicable)

CHECK APPROPRIATE BOX		
<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT	<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU	<input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE
<input type="checkbox"/> CHILD CARE RELATED VOLUNTEER	<input type="checkbox"/> DMH / DMH VENDOR	<input type="checkbox"/> CD CONTRACT PROVIDER
<input type="checkbox"/> CD LICENSURE	<input type="checkbox"/> HEALTH CARE	<input type="checkbox"/> OTHER _____

COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION) Complete your mailing label below Confidential Mail	SEND FEE & FORM TO: Missouri State Highway Patrol Criminal Justice Information Services Division P.O. Box 9500 Jefferson City, MO 65102								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">AGENCY NAME</td> <td style="padding: 2px;">City of Overland Police Department</td> </tr> <tr> <td style="padding: 2px;">ATTENTION</td> <td style="padding: 2px;">Detective Lieutenant Steven Branham</td> </tr> <tr> <td style="padding: 2px;">ADDRESS</td> <td style="padding: 2px;">2410 Goodale Avenue</td> </tr> <tr> <td style="padding: 2px;">CITY, STATE, ZIP CODE</td> <td style="padding: 2px;">Overland, Missouri 63114</td> </tr> </table>	AGENCY NAME	City of Overland Police Department	ATTENTION	Detective Lieutenant Steven Branham	ADDRESS	2410 Goodale Avenue	CITY, STATE, ZIP CODE	Overland, Missouri 63114	
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