

City of Overland



Police Department Application Package

2410 Goodale Ave., Overland, Mo. 63114

(314) 428-1221 Fax (314) 428-8625

www.overlandmo.org

DIRECTIONS

1. USE BLACK INK ONLY. The applicant should fill out the application.
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 on the bottom right corner.
6. Additional space is provided on pages **12 and 13** for answers which require clarification or further explanation.
7. The Authorization for Release of Information must be completed and **SIGNED BY THE APPLICANT IN THE PRESENCE OF A NOTARY.**
8. The request for Child Abuse or Neglect /Criminal Record Form must be completed and **signed and dated by the applicant.**
9. 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.

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 or dismissal if information is discovered after the fact.

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.

Signature

Date

REQUIRED ATTACHMENTS

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. (If applicable)
- Recent facial photograph.
- Copies of any special awards/recognition certificates received.
- Copies of any license (ex: Operators, 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.

Personal Data				
Full Legal Name				
Last Name		First Name	Middle Name	
List Any Other Names Used (Maiden Names or Aliases)				
Age	Date of Birth	Place of Birth	Social Security Number	Drivers License Number/State
Height		Weight	Eye Color	Hair Color

Contact Information (Include Area Code)				
Home Phone	Cell Phone	Business Phone	Alternative Phone	E-mail

Current Address				
Number	Street	City	State	Zip Code

Are you a Citizen of the United States? Yes No Were you Naturalized? Yes No
If "yes" attach copy of naturalization papers to this application

Past Addresses

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:

From	To	Street Address	City/County	State	Zip Code

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

Have you within the past year filed an employment application with any other source recently? Yes No
If "yes", please list

Firm Name	Address	Position Applied For	Date	Disposition

Are you acquainted with any Overland Police Department Employee? Yes No If Yes, please list.

Name of Employee	How Acquainted

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

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

Marital Status/Family Members

Check Description of Marital Status:

Single Engaged Married Separated Divorced Widowed

If Engaged or Married:

Fiancé's or Spouses Maiden Name		Date of Birth		Anticipated Date of Marriage	
Address	City	State	Zip Code	Phone	

If Separated or Divorced:

Former Spouse's Name		Date of Birth		Date or Anticipated Date of Divorce	
Address	City	State	Zip Code	Phone	

If Spouse Deceased:

Deceased Spouse's Name	Date of Birth	Date Deceased

List All Dependents:

Name	Date of Birth	State of Birth	Relationship	Resides With Whom
Address, City, State, Zip Code				Present Support Provided By

Name	Date of Birth	State of Birth	Relationship	Resides With Whom
Address, City, State, Zip Code				Present Support Provided By

Name	Date of Birth	State of Birth	Relationship	Resides With Whom
Address, City, State, Zip Code				Present Support Provided By

Do you now support all children born to you? Yes No If no, explain on Pages 12 or 13.

List the names and relationship of any/all persons currently living with you.

Name	Date of Birth	Relationship

Do you have any serious problems with your relatives or in-laws? Yes No If Yes, Explain on Pages 12 or 13

List the full name of your immediate family such as father, mother (maiden name), brothers and sisters: Use Pages 12 or 13 for additional

Name	Date of Birth	Relationship	Occupation
Address, City, State, Zip Code			Phone Number
Name	Date of Birth	Relationship	Occupation
Address, City, State, Zip Code			Phone Number

Name	Date of Birth	Relationship	Occupation
Address, City, State, Zip Code			Phone Number
Name	Date of Birth	Relationship	Occupation
Address, City, State, Zip Code			Phone Number

References

List four (4) character references, not relatives, in-laws, or past employers, who have known you well during the past three years or more:

Name	Years Acquainted	Occupation	Business Phone
Address, City, State, Zip Code			Home or Cell Phone Number

Name	Years Acquainted	Occupation	Business Phone
Address, City, State, Zip Code			Home or Cell Phone Number

Name	Years Acquainted	Occupation	Business Phone
Address, City, State, Zip Code			Home or Cell Phone Number

Name	Years Acquainted	Occupation	Business Phone
Address, City, State, Zip Code			Home or Cell Phone Number

Arrest History

If any of the following questions are answered "yes" explain in full detail on pages 12 or 13.

Have you been investigated, 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(s)	Department/Agency	Address City State , Zip	Disposition

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 violations of the law?

Yes No

Education and Skill

Do you have: (Check appropriate boxes)

Ged Certificate High School Diploma Vocation Technical Certificate

College Degree Post Graduate Degree

List All High Schools, Technical Schools, Colleges And Universities You Have Attended
(Start With Most Recent and List Backwards): Use pages 11 or 12 for additional.

From (Month/Year)	To (Month/Year)	Name of School	Address, City State, Zip Code
# of Credits	Type of Degree/Diploma/Certificate	Major	Year of Degree

From (Month/Year)	To (Month/Year)	Name of School	Address, City State, Zip Code
# of Credits	Type of Degree/Diploma/Certificate	Major	Year of Degree

From (Month/Year)	To (Month/Year)	Name of School	Address, City State, Zip Code
# of Credits	Type of Degree/Diploma/Certificate	Major	Year of Degree

Student Activities

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

Yes No If "yes" explain in detail on Pages 12 and 13

Have you ever been placed on academic probation? Yes No If "yes" explain in detail on Pages 11 and 12

Indicate languages you speak, read and/or write other than English:

	Fluent	Above Average	Fair
Speak			
Read			
Write			

Summarize special skills, qualifications and accomplishments, including clerical skills that you wish to be considered:

Employment History

Please list any employers you have had for the past 10 years.

Name of Employer	Address	City State Zip	Phone Number
Employed From	Employed To	General Work Performed	
Job Title	Annual Salary		
Reason for Leaving			
Name of Employer	Address	City State Zip	Phone Number
Employed From	Employed To	General Work Performed	
Job Title	Annual Salary		
Reason for Leaving			
Name of Employer	Address	City State Zip	Phone Number
Employed From	Employed To	General Work Performed	
Job Title	Annual Salary		
Reason for Leaving			
Name of Employer	Address	City State Zip	Phone Number
Employed From	Employed To	General Work Performed	
Job Title	Annual Salary		
Reason for Leaving			

Have you ever been dismissed, fired or asked to resign from any employment? Yes No
If "yes" explain in detail:

Have you ever stolen any money or merchandise from any place or employment? Yes No
If "yes" explain in detail: (Include final disposition of all items: i.e. sold, retained for personal use, returned, etc.)

Have you ever been unemployed for a period of time in excess of six months? Yes No
If "yes" explain in detail:

Organizations/Memberships

List all civic or social organizations, fraternities, clubs, brotherhoods, societies, or groups of which you are or have been a member or associate. Also furnish its location and web site if available.

Name of Organization	Address	City State Zip	Web Site
Type of Organization ie. Charitable, Social, Societal, Alumni, etc.	Office/Membership Held		

Name of Organization	Address	City State Zip	Web Site
Type of Organization ie. Charitable, Social, Societal, Alumni, etc.	Office/Membership Held		

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 detail:

Military Status

Are you registered with the selective service? Yes No

Registration Number	Location Where Registered

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/Organization	Discharge Date	Type of Rank	Occupational Specialty

Month/Year Entered	Branch	Discharge Date	Type of Rank	Occupational Specialty

Were you ever court marshalled? Yes No

Sentence received: _____

Have you ever received a captain's mast, company punishment or article 12? Yes No

If any of the last three questions is answered "yes" explain on pages 12 or 13.

Have you ever served in a military or naval organization of any foreign government? Yes No
If "yes" explain in detail on pages 12 or 13.

Financial Status

If your spouse is employed, list:

Firm Name	Position
Company Address, City, State Zip Code	Company Phone Number

If the answer to any of the following questions is "yes" involving you, your spouse, or any ex-spouse, explain in detail on Pages 12 or 13.

Have you ever been delinquent in any of your financial obligations or been refused credit? Yes No

Have you ever had any of your property repossessed? Yes No

Have you ever filed bankruptcy or been sued in court? Yes No

Have you ever received a settlement in payment for damages, injury, libel, etc., either with or without court action? Yes No

Have you ever filed a lawsuit or had a representative file a lawsuit on your behalf? Yes No

Do you owe any money to a non-credit or non-financial entity or person? Yes No

Narcotic and Liquor Use

How many alcoholic drinks do you typically drink in a week? _____

Within the last 5 years have you used an illegal controlled substance or abused a legal controlled substance?

Yes No If "yes" explain what and frequency of use on pages 12 or 13

Driving History

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

State	Type of License	License Number	Expiration Date

Have any of the above licenses ever been suspended or revoked? Yes No
If "yes" explain on pages 12 or 13.

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	City or County and State	Agency Issuing	Disposition
/				
/				
/				
/				

In 25 to 50 words, explain why you wish to be a police officer, reserve officer, or police clerk.

Use this sheet for any additional information. List the page number and reference to the question to which the additional information applies.

Page #	Reference	Additional Information

Use this sheet for any additional information. List the page number and reference to the question to which the additional information applies.

Page #	Reference	Additional Information



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____.

SIGNATURE _____

My commission expires _____.

STREET ADDRESS _____

Notary: _____

CITY _____ STATE _____ ZIP CODE _____

REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

TYPE OF SERVICE (Check ALL that apply). See reverse side for further instructions.		TYPE OF DAYCARE PROVIDER			
<input type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge <input type="checkbox"/> (2) Name Search - (\$13.00) and CD Central Registry Child Abuse Search <input type="checkbox"/> (3) Fingerprint Search & CD Central Registry Child Abuse Search <input type="checkbox"/> \$14.00 (Authorized Statute 210.487) <input type="checkbox"/> \$20.00 (All other request)		<input type="checkbox"/> (1) License <input type="checkbox"/> (2) License Exempt <input type="checkbox"/> (3) Registered			
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		
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?					
<input type="checkbox"/> YES (Complete section below) <input type="checkbox"/> 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?					
<input type="checkbox"/> YES (Complete section below) <input type="checkbox"/> 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"/> CHILD CARE RELATED VOLUNTEER <input type="checkbox"/> CD LICENSURE		<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU <input type="checkbox"/> DMH / DMH VENDOR <input type="checkbox"/> HEALTH CARE		<input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE <input type="checkbox"/> CD CONTRACT PROVIDER <input type="checkbox"/> OTHER _____	
COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION) Complete your mailing label below Confidential Mail				SEND FEE & FORM TO:	
AGENCY NAME Overland Police Department ATTENTION ADDRESS 2410 Goodale Avenue CITY, STATE, ZIP CODE Overland MO 63114				Missouri State Highway Patrol Criminal Justice Information Services Division P.O. Box 9500 Jefferson City, MO 65102	