



# Appleton City Police Department

114 E. 4TH St.

Appleton City, Missouri 64724

(660)476-2141 (Office) (660)476-2340 (Fax)

## EMPLOYMENT APPLICATION

If you need assistance in filling out the application, please let us know. Individuals with disabilities should request reasonable accommodations in accordance with the Americans with Disabilities Act prior to testing or appointment.

\*\*\*\*\*APPLICATION FOR EMPLOYMENT\*\*\*\*\*

Instructions to Applicant: Please TYPE or PRINT legibly and complete all pages of this application. SIGN last page. Incomplete applications will not be given consideration. Attach resumes and/or other materials as needed.

POSITION DESIRED: \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_ EMPLOYMENT DESIRED: Full-Time Part time  
DAYS/HOURS Available to Work: \_\_\_\_\_

### PERSONAL INFORMATION

NAME: (Last, First, Middle) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SS# \_\_\_\_\_

DRIVERS LICENSE: \_\_\_\_\_

ADDRESS: (Street, City, State, Zip) \_\_\_\_\_

TELEPHONE: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

MARITAL STATUS: Single Married Divorced

Are you a United States Citizen? **Yes/No**

Are you over 18 years of age? **Yes/No**

Are you legally permitted to work in the United States? **Yes/No**

Do you have any relatives who currently work for Appleton City? **Yes/No**

Have you ever been under psychiatric care? **Yes/No**

Do you have any current medical or physical disability? **Yes/No**

List below any information concerning military duty, if any:

Branch of Service: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Have you ever been arrested or charged with a crime as an adult? **Yes/No**

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(A conviction will not automatically disqualify you for consideration)**

**However failure to disclose any and all will disqualify you for employment with the Appleton City Police Department.**

**EMERGENCY CONTACT**

Person to be contacted in an **EMERGENCY**

**1<sup>st</sup> Contact** \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**2<sup>nd</sup> Contact** \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

In the event of accident of injury, do you want us to contact your personal physician? **Yes/No**

PHYSICIAN \_\_\_\_\_

PHONE \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Please list your complete record of employment with the last **THREE** employers and any other relevant work experience. Start with most recent, completing each position held.

EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
DESCRIPTION OF DUTIES \_\_\_\_\_

DATE OF EMPLOYMENT  
START DATE \_\_\_\_\_ END DATE \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_

May we contact employer?

If no, explain: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
DESCRIPTION OF DUTIES \_\_\_\_\_

DATE OF EMPLOYMENT  
START DATE \_\_\_\_\_ END DATE \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_

May we contact employer?

If no, explain: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
DESCRIPTION OF DUTIES \_\_\_\_\_

DATE OF EMPLOYMENT  
START DATE \_\_\_\_\_ END DATE \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_

May we contact employer?

If no, explain: \_\_\_\_\_

**EDUCATION & TRAINING**

**HIGH SCHOOL:**

Did you graduate or obtain equivalency diploma? **Yes/No**

Years completed \_\_\_\_\_

**VOCATION EDUCATION:**

Name & Location of School \_\_\_\_\_

**COLLEGE OR UNIVERSITY:**

Type of Degree / Credit Hours Earned \_\_\_\_\_

OTHER TRAINING: (Explain) \_\_\_\_\_

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***PROFESSIONAL INFORMATION: (If applicable)***

Please list any professional or technical certificates or licenses you may have

\_\_\_\_\_  
\_\_\_\_\_

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**LAW ENFORCEMENT APPLICANTS ONLY**

Please attach the following information which is a requirement for Missouri POST Certification:

- Proof of U.S. Citizenship Yes/No
- Missouri Peace Officer Certification Yes/No
- Any POST Certificate Yes/No

**ADDITIONAL QUALIFICATIONS**

Please list any other knowledge, special technical skills, or individual capabilities that you may have.

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**PERSONAL REFERENCES**

Please list the names of three persons, not related to you, or a current or former supervisor, that we may contact for a personal reference.

Name	_____	Telephone	_____
Name	_____	Telephone	_____
Name	_____	Telephone	_____

Please read carefully the statements below. Your signature indicates that you fully understand and agree to the provisions of each statement.

1. I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false or inaccurate information could result in disqualification of this application and/or termination of employment if I have been employed.
2. I understand and agree that employment with Appleton City Police Department is voluntarily entered into, and employees are free to resign at will at any time, for any reason, with or without cause or notice. I further understand and agree that the City or any elected official thereof, may terminate the employment relationship at will at any time, for any reasons, with or without cause or notice. This is not a contract for employment.
3. It is further understood and agreed that should my employment with Appleton City Police Department be terminated for any reason, my final pay will not be received until I have submitted all necessary paperwork and returned any and all property assigned to me and during the course of my employment, including but not limited to all keys, uniforms, equipment, and City issued identification.
4. In consideration of my employment, I agree to conform to the policies, procedures and regulations of Appleton City Police Department.
5. I, the undersigned, do hereby authorize Appleton City Police Department to conduct an investigation in respect to my application and release the City, my former employers and personal references from any liability for damage caused by giving and receiving information or opinions as to my employment or character. Any information obtained through former employers and/or personal references will become the property of Appleton City Police Department.
6. I understand, do hereby authorize the release of any information which pertains to records of convictions for law violations, including felony, misdemeanor and traffic violations, and agree to hold Appleton City Police Department harmless and in no event shall the City be liable to me for special, indirect or consequential damages for the refusal of employment due to information obtained during my police record check.
7. I further understand that any offer of employment is conditioned upon the results of reference checks, and if a requirement of the position, police record checks, background checks, drug testing and post-offer physical exams.

**Applicant Signature:** X **Date:** \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER**

DATE OF INTERVIEW: \_\_\_\_\_ TIME: \_\_\_\_\_ INITIALS \_\_\_\_\_

NOTES:

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**TO BE COMPLETED BY EMPLOYER**

DATE OF INTERVIEW: \_\_\_\_\_ TIME: \_\_\_\_\_ INITIALS \_\_\_\_\_

NOTES:

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**TO BE COMPLETED BY EMPLOYER**

DATE OF INTERVIEW: \_\_\_\_\_ TIME: \_\_\_\_\_ INITIALS \_\_\_\_\_

NOTES:

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**TO BE COMPLETED BY EMPLOYER**

START DATE \_\_\_\_\_ DSN \_\_\_\_\_ EMPLOYEE # \_\_\_\_\_