



MANCHESTER POLICE DEPARTMENT
200 Highlands Boulevard Drive, Manchester, MO 63011
APPLICATION – Long Form
POSITION: COMMISSIONED POLICE OFFICER

VERIFICATION OF INFORMATION

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.

This questionnaire will be used for reference by those who will be considering your application for employment as a Police Officer for the City of Manchester, Missouri. Fill out completely and CORRECTLY.

An extensive background investigation will be conducted into your personal history. Applicants may be requested to take a polygraph (lie detector) examination to confirm the information in this questionnaire and to determine other items of background information. Any FALSE, MISLEADING, OR INCOMPLETE information will be grounds to disqualify you for employment.

Please confirm that you have read, understood, and agree to the foregoing.

Electronically signing (typing name out on signature line) and submitting any document(s) to The City of Manchester binds me in the same manner as if I had signed in a non-electronic form.

Signature

1. Complete this form and submit to lmurray@manchestermo.gov AND nalbert@manchestermo.gov
2. You may type or handwrite your answers, but writing MUST be legible.
3. Read each question carefully.
4. Make certain that each question is answered completely and correctly before you submit this questionnaire. If you need additional space, use an additional sheet.
5. If it does not apply to you, write N/A in the space, do not leave blank fields.
6. Submit all documents as requested.
7. Initial each page on the bottom right-hand corner.



Pursuant to Public Law 93-573, the disclosure of your Social Security Number is completely voluntary. Your refusal to reveal it will in no way affect your application for consideration. The Social Security Number assists the Department in differentiating between applicants with similar or identical names.

I. PERSONAL INFORMATION

LAST NAME			FIRST			MIDDLE	CELL PHONE
ADDRESS			CITY	STATE	ZIP	BUSINESS PHONE	
PERMANENT ADDRESS			CITY	STATE	ZIP	PERMANENT PHONE	
AGE	HEIGHT	WEIGHT	HAIR	EYES	DATE OF BIRTH	PLACE OF BIRTH	
SOCIAL SECURITY NUMBER			DRIVER'S LICENSE NUMBER			STATE	
EMAIL ADDRESS: <i>LIST ALL</i>							
SOCIAL MEDIA USERNAMES: <i>LIST ALL</i>							
LIST ANY OTHER NAMES YOU HAVE USED:							

A. ARE YOU A CITIZEN OF THE UNITED STATES?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

B. WERE YOU NATURALIZED?

C. LIST FIRST YOUR PRESENT ADDRESS, THEN LIST ALL ADDRESSES YOU HAVE LIVED AT FOR THE PAST TEN (10) YEARS. INCLUDE YOUR ADDRESSES IN THE MILITARY SERVICE, IF APPLICABLE. (USE ADDITIONAL SPACE ON PAGES 13 & 14 IF NECESSARY.)

FROM	TO	ADDRESS & ZIP	COUNTY	STATE



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

YES NO

IF YES, DATE OF APPLICATION: _____

F. LIST OTHER POLICE AGENCIES YOU HAVE APPLIED AT DURING THE PREVIOUS 2 YEARS.

ORGANIZATION/FIRM	ADDRESS & ZIP	POSITION APPLIED	DATE	DISPOSITION

G. ARE YOU ACQUAINTED WITH ANY CURRENT MANCHESTER POLICE EMPLOYEES?

YES NO

IF YES, PLEASE LIST: _____

H. BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU'VE APPLIED, DESCRIBED IN THE WRITTEN JOB DESCRIPTION THAT ACCOMPANIES THIS APPLICATION, ARE YOU ABLE TO PERFORM THESE FUNCTIONS? (SEE PAGES 19 – 21)

YES NO

II. REFERENCES

LIST FOUR (4) CHARACTER REFERENCES (NOT RELATIVES, IN-LAWS OR PAST EMPLOYERS) WHO HAVE KNOWN YOU WELL DURING THE PAST THREE (3) YEARS

1. NAME	PHONE	YEARS ACQUAINTED	OCCUPATION
RESIDENCE ADDRESS	CITY	STATE	ZIP
2. NAME	PHONE	YEARS ACQUAINTED	OCCUPATION
RESIDENCE ADDRESS	CITY	STATE	ZIP
3. NAME	PHONE	YEARS ACQUAINTED	OCCUPATION
RESIDENCE ADDRESS	CITY	STATE	ZIP
4. NAME	PHONE	YEARS ACQUAINTED	OCCUPATION
RESIDENCE ADDRESS	CITY	STATE	ZIP



III. EMPLOYMENT HISTORY

A. BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL THE PLACES YOU HAVE WORKED. IN THE PROPER ORDER, LIST PERIODS OF SCHOOL, MILITARY SERVICE AND EMPLOYMENT. LIST **ALL** CURRENT AND PREVIOUS EMPLOYERS. KEEP IN PROPER SEQUENCE. OMIT NOTHING. INCLUDE PART-TIME, TEMPORARY OR SEASONAL EMPLOYMENT

MONTH & YEAR	NAME, ADDRESS, & ZIP CODE OF EMPLOYER	JOB TITLE	SUPERVISOR	ANNUAL SALARY
FROM:				FROM:
TO:				TO:

DESCRIBE YOUR DUTIES:

REASON FOR LEAVING:

MONTH & YEAR	NAME, ADDRESS, & ZIP CODE OF EMPLOYER	JOB TITLE	SUPERVISOR	ANNUAL SALARY
FROM:				FROM:
TO:				TO:

DESCRIBE YOUR DUTIES:

REASON FOR LEAVING:

MONTH & YEAR	NAME, ADDRESS, & ZIP CODE OF EMPLOYER	JOB TITLE	SUPERVISOR	ANNUAL SALARY
FROM:				FROM:
TO:				TO:

DESCRIBE YOUR DUTIES:

REASON FOR LEAVING:



MONTH & YEAR	NAME, ADDRESS, & ZIP CODE OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY
FROM:				FROM:
TO:				TO:

DESCRIBE YOUR DUTIES:

REASON FOR LEAVING:

MONTH & YEAR	NAME, ADDRESS, & ZIP CODE OF EMPLOYER	JOB TITLE	SUPERVISOR	ANNUAL SALARY
FROM:				FROM:
TO:				TO:

DESCRIBE YOUR DUTIES:

REASON FOR LEAVING:

MONTH & YEAR	NAME, ADDRESS, & ZIP CODE OF EMPLOYER	JOB TITLE	SUPERVISOR	ANNUAL SALARY
FROM:				FROM:
TO:				TO:

DESCRIBE YOUR DUTIES:

REASON FOR LEAVING:

(USE ADDITIONAL SPACE ON PAGES 13 & 14 IF NECESSARY.)

B. HAVE YOU EVER BEEN DISMISSED, FIRED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? YES NO
 IF "YES", EXPLAIN IN DETAIL

C. HAVE YOU EVER STOLEN ANY MONEY OR MERCHANDISE FROM ANY PLACE OF EMPLOYMENT? YES NO
 IF "YES", DESCRIBE BELOW AND EXPLAIN IN FULL DETAIL ON PAGES 13 & 14



IV. EDUCATION

A. LEVEL OF EDUCATION (CHECK ALL THAT APPLY):

GED CERTIFICATE HIGH SCHOOL DIPLOMA COLLEGE DEGREE OTHER

IF "OTHER", EXPLAIN IN DETAIL

B. IF YOU ATTENDED COLLEGE, WHAT WAS YOUR MAJOR?

C. LIST ALL HIGH SCHOOLS, COLLEGES AND UNIVERSITIES YOU ATTENDED. INCLUDE **GPA IF GRADUATED.**

DATES ATTENDED	NAME	ADDRESS & ZIP	YEARS/CREDITS	DIPLOMA / GPA

D. DO YOU SPEAK OR WRITE ANY FOREIGN LANGUAGES? YES NO
IF "YES", WHAT LANGUAGE(S) AND HOW WELL?

E. HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO LEAVE SCHOOL FOR ANY REASON? IF "YES", EXPLAIN? YES NO

F. ARE YOU CURRENTLY IN CERTIFIED POLICE ACADEMY? YES NO

DATE ATTENDED	ANTICIPATED GRADUATION . DATE	ACADEMY NAME

G. ARE YOU MISSOURI POST CERTIFIED? YES NO
IF YES, HAS YOUR LICENSE EVER BEEN SUSPENDED OR INVESTIGATED? YES NO
IF "YES" EXPLAIN:

H. IF MISSOURI POST CERTIFIED, ARE YOU UP TO DATE ON ANNUAL IN-SERVICE TRAINING? YES NO
IF "NO" EXPLAIN:



V. ARREST HISTORY

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

YES NO

IF "YES", DESCRIBE BELOW AND EXPLAIN IN FULL DETAIL ON PAGES 13 & 14

DATE	CHARGE	DEPARTMENT/AGENCY	CITY, COUNTY, STATE & ZIP CODE	DISPOSITION

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES", PLEASE EXPLAIN ON PAGES 13 & 14

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

C. HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR FORMER OR CURRENT RESIDENCES FOR ANY REASON? YES NO

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

E. ARE THERE ANY CHARGES NOW PENDING AGAINST YOU FOR ANY VIOLATION OF THE LAW? YES NO

VI. DRIVING HISTORY

A. LIST ALL DRIVER'S OR CHAUFFER'S 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

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

IF "YES", EXPLAIN IN DETAIL

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.) USE ADDITIONAL SPACE ON PAGES 13 & 14 IF NECESSARY.



MONTH/YEAR	CHARGE	CITY/STATE	AGENCY	DISPOSITION

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

YEAR	MAKE	MODEL	LICENSE NUMBER	STATE

E. HOW MANY TRAFFIC ACCIDENTS HAVE YOU BEEN INVOLVED IN DURING THE PAST EIGHT (8) YEARS?
 NUMBER: _____

LIST THEM:

1. _____
2. _____
3. _____

F. DO YOU HAVE A VALID DRIVER'S LICENSE?

YES NO
 YES NO

G. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE OR HAD YOUR INSURANCE CANCELLED? IF "YES", EXPLAIN IN DETAIL

VII. NARCOTIC AND LIQUOR USAGE

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES", PLEASE EXPLAIN ON PAGES 13 & 14

A. WITHIN THE LAST TWELVE (12) MONTHS, HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGES BECAUSE OF AN ADDICTION TO ALCOHOL? YES NO

B. WITHIN THE LAST 10 YEARS, HAVE YOU USED AN ILLICIT DRUG OR SUBSTANCE? YES NO



VIII. MARITAL STATUS/FAMILY MEMBERS

A. CHECK DESCRIPTION OF MARITAL STATUS. USE ADDITIONAL SPACE ON PAGES 13 & 14 IF NECESSARY.

SINGLE
 ENGAGED
 MARRIED
 SEPARATED
 DIVORCED
 WIDOWED

FIANCÉ OR SPOUSE'S MAIDEN NAME (IF APPLICABLE)	ADDRESS & ZIP CODE	PHONE	DATE OF BIRTH	DATE OF MARRIAGE
EX-SPOUSE'S NAME (IF APPLICABLE)	ADDRESS & ZIP CODE	PHONE	DATE OF BIRTH	DATE OF DIV. OR SEP
IF SPOUSE IS DECEASED, FULL NAME (INCLUDING MAIDEN) :			DATE DECEASED	

B. LIST ALL DEPENDENTS (USE ADDITIONAL SPACE ON PAGES 13 & 14 IF NECESSARY.)

NAME	DATE OF BIRTH	RELATIONSHIP	ADDRESS	RESIDES WITH WHOM	% OF SUPPORT

C. DO YOU NOW PAY CHILD SUPPORT FOR ALL CHILDREN BORN TO YOU? YES NO
 IF "NO", EXPLAIN: _____

D. AN EMPLOYEE OF THIS DEPARTMENT WORKS EIGHT (8) TO TWELVE (12) HOURS PER DAY. THE NUMBER OF DAYS PER WEEK MAY VARY, TO INCLUDE DAY OR NIGHT SHIFT. ARE YOU ABLE TO MEET THESE REQUIREMENTS WITHOUT EXCESSIVE ABSENCES? YES NO

E. LIST FULL NAMES OF YOUR IMMEDIATE FAMILY, SUCH AS FATHER, MOTHER (MAIDEN NAME), BROTHERS AND SISTERS. USE ADDITIONAL SPACE ON PAGES 13 & 14, IF NEEDED.

NAME	RELATIONSHIP	ADDRESS	PHONE	OCCUPATION	DATE OF BIRTH



IX. FINANCIAL STATUS

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

TYPE OF INCOME	FIRM OR SOURCE NAME	ANNUAL AMOUNT
YOUR SALARY		
OTHER EMPLOYMENT		
DIVIDENDS/INTEREST		
MILITARY		
OTHER (SPECIFY)		
TOTAL		

B. IF YOUR SPOUSE IS EMPLOYED, FIRM NAME	TITLE
COMPANY ADDRESS & ZIP CODE	TELEPHONE NUMBER

C. LIST ALL DEBTS AND OBLIGATIONS WHICH YOU NOW OWE, AND THE INDIVIDUALS OR FIRMS WITH WHOM YOU HAVE CREDIT DEALINGS. USE PAGES 13 & 14 IF ADDITIONAL SPACE IS NEEDED

OBLIGATION	NAME, ADDRESS & ZIP CODE OF CREDITOR	UNPAID BALANCE	MONTHLY PAYMENT	AMOUNT PAST DUE
MORTGAGE OR RENT		\$	\$	\$
AUTO PAYMENTS		\$	\$	\$
PERSONAL LOANS		\$	\$	\$
SCHOOL LOANS		\$	\$	\$
CREDIT CARD		\$	\$	\$
CREDIT CARD		\$	\$	\$
OTHER (SPECIFY)		\$	\$	\$
OTHER (SPECIFY)		\$	\$	\$
TOTAL		\$	\$	\$

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES", WRITE DETAILS ON PAGES 13 & 14. MARK "YES" IF THE QUESTION INVOLVES YOU, YOUR SPOUSE OR ANY EX-SPOUSE.

D. HAVE YOU EVER BEEN DELINQUENT IN ANY OF YOUR FINANCIAL OBLIGATIONS?

YES NO



- E. HAVE YOU EVER BEEN REFUSED CREDIT? YES NO
- F. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED? YES NO
- G. HAVE YOU EVER FILED BANKRUPTCY? YES NO
- H. HAVE YOU EVER BEEN SUED IN COURT? YES NO
- I. HAVE YOUR WAGES EVER BEEN GARNISHED? YES NO

IV. ORGANIZATION MEMBERSHIP

A. 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.

NAME OF ORGANIZATION	ADDRESS & ZIP CODE	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, WHICH HAS ADOPTED OR PROMOTES 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? IF YES, EXPLAIN IN FULL ON PAGES 13 & 14

YES NO

X. MILITARY STATUS

- A. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE? YES NO
- B. HAVE YOU EVER SERVED IN THE ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD, R.O.T.C. OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? (IF THERE IS MORE THEN ONE PERIOD, LIST THE SEPARATE PERIODS) YES NO

DATE ENTERED	BRANCH/ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK	OCCUPATIONAL SPECIALTY

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED "YES" EXPLAIN ON PAGES 13 & 14

- A. WERE YOU EVER REDUCED IN RANK IN THE MILITARY? YES NO
- B. WERE YOU EVER COURT MARTIALED? YES NO



TYPE OF COURT MARTIAL:
SENTENCE RECEIVED? _____

SUMMARY SPECIAL GENERAL

- C. HAVE YOU EVER RECEIVED A CAPTAIN'S MAST, COMPANY PUNISHMENT OR ARTICLE 15? YES NO
- D. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT? YES NO

XI. USE OF FORCE

- A. IF THE NECESSITY AROSE FOR YOU TO SHOOT A PERSON IN THE COURSE OF YOUR DUTIES AS AN OFFICER, 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: _____



CHECK LIST

The documents listed below must be submitted with the application. All documents submitted become the property of the Manchester Missouri Police Department and will not be returned..

- 1. Copy of Driver's License Yes _____ No _____
- 2. Two full-length photos Yes _____ No _____

The additional forms listed below may be required later in this process **(do not submit these forms at this time)**

- Notarized Background Investigation Authorization form
- Certified Birth Certificate
- Certified high school transcripts and diploma
- Certified college transcripts and diploma (if applicable)
- Certified police academy transcripts
- Missouri Department of Public Safety Peace Officer Class A license.
- Military discharge DD214 (if applicable)
- Special awards (school , military, etc.)
- Naturalization papers (if applicable)

I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

APPLICANT NAME _____
Print

APPLICANT SIGNATURE _____

DATE _____