



St Robert Police Dept  
 194 Eastlawn, Suite A  
 St. Robert, MO 65584  
 (573) 451-2000 ext 1501

# EMPLOYMENT APPLICATION ST ROBERT POLICE DEPT

*The City of St. Robert is an equal opportunity employer*

(Print using black ink ONLY)

## PERSONAL

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (city) (State) (Zip Code)

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Area Code)

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever been convicted of a felony in the last seven years?  Yes  No Explain Felony \_\_\_\_\_

Are you a citizen of the United States?  Yes  No \_\_\_\_\_

## JOB INTERESTS /SKILLS

Position(s) applied for \_\_\_\_\_ Salary Desired \_\_\_\_\_

Have you applied for a position here before?  Yes  No If yes, when? \_\_\_\_\_

Type of employment requested  Full Time  Part Time/Reserve  Police Officer  Dispatcher  Clerical

Date you could begin working \_\_\_\_\_ Typing Speed (WPM) \_\_\_\_\_

Summarize any other special skills or qualifications  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# OF YEARS	GRADE AVERAGE	MAXIMUM GRADE	DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
OTHER EDUCATION						
P.O.S.T PROVIDER OR POLICE ACADEMY						

**EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)**

1. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (city) (State) (Zip Code)

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed From \_\_\_\_\_ TO \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Work Performed  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

2. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (city) (state) (Zip Code)

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Work Performed  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

3. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Work Performed  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

**REFERENCES**

Name	Relationship	Home Phone	Daytime Phone

**ACKNOWLEDGEMENT**

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the St. Robert Police Department to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by the St. Robert Police Department. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORITY TO RELEASE INFORMATION**

**TO WHOM IT MAY CONCERN**

I hereby authorize any St. Robert Police Officer or other authorized representative of the St. Robert Police Department bearing this release or copy thereof, to obtain any information in your files pertaining to my employment, military, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the St. Robert Police Department. Consent is granted for the St. Robert Police Department to furnish such information as described above to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officer, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by statute or regulation. I have been advised the St. Robert Police Department will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, whether a photo-copy, or facsimile, you may contact me as indicated below.

FULL NAME: \_\_\_\_\_

(Signature)

FULL NAME: \_\_\_\_\_

(Typed or Printed Name)

Social Security Account Number: \_\_\_\_\_

Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Witness: \_\_\_\_\_

(Signature)