



TO PROTECT AND SERVE

CITY OF ANDERSON POLICE DEPARTMENT

P.O. BOX 397 ANDERSON MISSOURI 64831
PHONE: 417-845-1695, FAX: 417-845-6565

APPLICATION FOR EMPLOYMENT

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability or veteran status.

DATE OF APPLICATION: ____/____/____

Last name: _____ First name: _____ M.I. _____

Street Address: _____

City: _____ State: _____ ZIP: _____ Date of Birth*: _____

Phone: (____) _____ - _____ SSN: _____ - _____ - _____

Position applied for : _____ P.O.S.T. Certified? YES/NO

Have you ever been employed by this agency before? YES/NO

If so what dates were you employed? _____ to _____

Are you currently a U.S. citizen of otherwise authorized to work in the United States on an unrestricted basis and for a municipal government? YES/NO

Are you looking for full-time employment? YES/NO

If no, what times are you available? _____

Have you ever been convicted of a felony? (This will not necessarily affect your application or status) YES/NO

If hired, what date can you start? ____ - ____ - ____

BACKGROUND

(This section is to be completed to the best of the applicant's ability. Please include copies of any and all supporting documents.)

Education

	School name	Address	Year	Major	Graduated?
Highschool					
College					
College					
Post college					
Other					

During High school and/or college were you ever suspended or disciplined for alcohol or drug related offenses? YES/NO

If so what were they? _____

Did you receive a failing grade? YES/NO

If so what subject was it in? _____

*if college is listed please include a copy of your latest transcript from that college and or university.

In addition to your education, are there any other classes, seminars or training that should be considered?

BACKGROUND

EMPLOYMENT HISTORY (start with the most recent employer)

(This section is to be completed to the fullest of the applicant's ability. If the applicant was involuntarily terminated please give a detailed explanation as to why. Include all periods of employment and un employment for the last 10 years)

Company Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ - _____ - _____ Name of Supervisor: _____

Date started: ____/____/____ Starting Position: _____

Date ended: ____/____/____ Ending Position: _____

May We Contact: YES/NO

Reason for leaving: _____

Time in between employment: YES/NO if so why? _____

Company Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ - _____ - _____ Name of Supervisor: _____

Date started: ____/____/____ Starting Position: _____

Date ended: ____/____/____ Ending Position: _____

May We Contact: YES/NO

Reason for leaving: _____

Time in between employment: YES/NO if so why? _____

Company Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ - _____ - _____ Name of Supervisor: _____

Date started: ____/____/____ Starting Position: _____

Date ended: ____/____/____ Ending Position: _____

May We Contact: YES/NO

Reason for leaving: _____

Time in between employment: YES/NO if so why? _____

Company Name: _____

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Reason for leaving: _____

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Date ended: ____/____/____ Ending Position: _____

May We Contact: YES/NO

Reason for leaving: _____

Time in between employment: YES/NO if so why? _____

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Date started: ____/____/____ Starting Position: _____

Date ended: ____/____/____ Ending Position: _____

May We Contact: YES/NO

Reason for leaving: _____

Time in between employment: YES/NO if so why? _____

Company Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ - _____ - _____ Name of Supervisor: _____

Date started: ____/____/____ Starting Position: _____

Date ended: ____/____/____ Ending Position: _____

May We Contact: YES/NO

Reason for leaving: _____

(if more space is required, please attach a written or typed extension to this section using the same format as above.)

BACKGROUND

Criminal History

Have you ever been charged with a crime other than a traffic violation? YES/NO

If yes please provide information regarding charge date, disposition, location of offense and criminal offense.

[illegible]

(use the section below to add any comments regarding the alleged charges. If necessary attach a written or typed attachment to this section using the same format as this section.)

[illegible]

PERSONAL REFERENCES

(include three references, not related or who has not worked with you to be contacted for moral standing.)

Name: _____ Phone: _____ - _____ - _____
Address: _____ City _____ State: _____ Zip code: _____
Relationship: _____ Employed at: _____

Name: _____ Phone: _____ - _____ - _____
Address: _____ City _____ State: _____ Zip code: _____
Relationship: _____ Employed at: _____

Name: _____ Phone: _____ - _____ - _____
Address: _____ City _____ State: _____ Zip code: _____
Relationship: _____ Employed at: _____

PROFESSIONAL REFERENCES

(List two references that know you on a professional basis and can give insight into work ethic and performance. Do NOT include previous supervisors or anyone already listed above.)

Name: _____ Phone: _____ - _____ - _____
Address: _____ City _____ State: _____ Zip code: _____
Relationship: _____ Employed at: _____

Name: _____ Phone: _____ - _____ - _____
Address: _____ City _____ State: _____ Zip code: _____
Relationship: _____ Employed at: _____

Please include the following along with this application.

1. Resume
2. Additional character references if any
3. Copy of your Driver's License
4. Copies of your college transcript if any
5. Copies of any certificates that may be taken into consideration when selecting you for employment
6. Any and all supporting documents showing criminal charges and dispositions if any

(Do not use any of the above listed as part of the application. The application must be filled out entirely to be considered. If you are not selected for employment your application will remain on file for 1 year after its written date. After that date the application will be destroyed unless you make contact with this department and state otherwise.)

NOTICE

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This department is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this department is "at will", which means that either I or this department can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of this company, other than the Mayor and board of aldermen of the City of Anderson has the authority, by vote, to alter the foregoing.

Signature of applicant: _____ Date: ____/____/____

Printed name of applicant: _____