



Application for Employment

PERSONAL HISTORY STATEMENT

Glendale Police Department

The following information is requested of you for verification and contact purposes: *(Please print in your own handwriting all requested information. Incomplete answers and/or applications will not be considered.)*

POSITION APPLIED FOR _____

Date of Application _____

PERSONAL

Your Full Name: _____

Other names (*including nicknames*) you have used or have been known by:

Please list address at which you can be contacted:

Number Street City State Zip code

Please list the local telephone number(s) at which you can be contacted:

_____ Hrs you can be contacted _____

Birth Date (Month) (Day) (Year)

You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation? () Yes () No

Social Security Number _____

(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that the proper records are obtained)

For the purpose of identification, please provide the following:

Height _____ Weight _____ Hair Color _____ Eye color _____

Scars, tattoos, or other distinguishing marks:

RELATIVES & REFERENCES

During the course of the background investigation, persons who know you will be asked to comment on your suitability for the position you have applied for. Inquiries will be confined to job-relevant matters.

Please supply the appropriate information in the spaces provided below. If the category is not applicable, write in "N/A"

(If living) Name your:

Father Address (including City & State) & Telephone (where person can be contacted)

Mother

Father in-law

Mother in-law

Spouse

Former Spouse(s)

Brothers & Sisters

Step Mother

Step Father

Step Brothers & Sisters

Other relatives with whom you have a close personal relationship (*including children*)

Name	Relationship	Address	Ph # person can be contacted at

Below, please list those individuals with whom you have resided during the last 10 years (*list no information prior to your 15th birthday*)

Name	Relationship	Address	Ph # person can be contacted at

In space below, list as references 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives & former employers.

Name	Address	Ph # at which person can be contacted

Where did you grow up? _____

How long did you live there? _____

EDUCATION

The Commission of Police Officer Standards & Training (POST) requires a peace officer to possess a US High School diploma or equivalent. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes.

I possess a high school diploma from (*H.S. Name*) _____

I passed the G.E.D. (General Educational Development) test (*Place & date*)_____

I possess a two-year college degree (Institution & degree)

I possess a four-year college degree (Institution & degree)

Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Location of School (City & State)	Dates attended From/To	School References Teachers, counselors, etc.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been suspended or expelled from any high school or post secondary school? (Post secondary schools include two & four-year colleges, university's and business and vocational schools or any formal education beyond the high school level. ___ Yes ___ No

If "Yes" please explain (include school, date and circumstances)

Other relevant Education (including Police Training)

EXPERIENCE & EMPLOYMENT

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If you need additional space, please continue on a separate sheet of paper.

1. Employer_____

Address_____

City, State, Zip_____

Telephone (_____)_____

Job Title_____

Supervisor_____

Reason for Leaving_____

Dates of Employment: _____ to_____

Hourly Rate/Salary_____

Work Performed_____

2. Employer_____

Address_____

City, State, Zip_____

Telephone (_____)_____

Job Title_____

Supervisor_____

Reason for Leaving_____

Dates of Employment: _____ to _____

Hourly Rate/Salary _____

Work Performed _____

3. Employer _____

Address _____

City, State, Zip _____

Telephone (_____) _____

Job Title _____

Supervisor _____

Reason for Leaving _____

Dates of Employment: _____ to _____

Hourly Rate/Salary _____

Work Performed _____

4. Employer _____

Address _____

City, State, Zip _____

Telephone (_____) _____

Job Title _____

Supervisor _____

Reason for Leaving _____

Dates of Employment: _____ to _____

Hourly Rate/Salary _____

Work Performed _____

Would any problem result if your present employer was contacted during the course of the background investigation? Yes ___ No ___ **(If No, when should such contact be made?)**

If you have had no prior employment, please explain in the space below:

Have you had any extended work absences for reasons other than earned vacations?

Yes ___ No _____

If Yes, please explain (include when, where, circumstances)

Have you ever been fired or asked to resign from any place of employment? Include those where you quit because you suspected you were going to be fired. Yes ___ No _____

Include details of where, when & circumstances:

Have you ever applied for another position requiring peace officer powers? Yes ___ No ___
If Yes, list where you are in the process if each agency's procedure.

MILITARY SERVICE

If you are a male under the age of 26, please provide the following:

Selective Service Number _____

Approximate Date of Registration _____

Address of Time of Registration _____

Have you ever served in the armed forces, National Guard or military reserves?

Yes ___ No ___

If Yes, please supply the following information:

Branch of Service	Service Number	Dates of Service	Type of Discharge
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Are you currently participating in any military reserve or National Guard program?

Yes__ No___

Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? Yes___ No___

If "Yes" give details (include branch of service, when, where & circumstances)

Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name

Rank

Address

Phone # _____

Years Known/ From/To: _____

Is a copy of your DD214 on File? _____ Yes _____ No

FINANCIAL

The management of personal finances is relevant to individual's qualifications for the position of peace officer. Therefore, please fill in the financial statement below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

Please supply detailed information about your charge accounts, contracts or other financial liabilities.

Name of Company	Account Number	Current Balance <i>(Nearest whole dollar)</i>	Monthly pymt
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List your total monthly expenditures in the area below. These include such items as mortgage, utilities, car payments, etc. *(Itemize)*

Household Income *(Itemize)*

Source of Income	Amount (Monthly)
_____	_____
_____	_____
_____	_____

Have you ever been arrested or convicted for any crime (*excluding traffic citations*) Please give the following information: ***The fact that your records may have been affected by a sealing, expungement, release or pardon has specific legal implications as to how you should answer these questions.***

Approximate Date	Police Agency	Circumstances
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been placed on court probation as an adult? Yes ___ No___

Were you ever required to appear before a juvenile court for an act that would have been a crime if committed by an adult? Yes ___No___.

If Yes, please give details including when, where & why

Have you ever been reported to a law enforcement agency as a missing person or a runaway?
Yes___ No___

If Yes, give details including date, law enforcement agency, & circumstances

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?
Yes ___ No___

If Yes, please give details including when, where & why

MOTOR VEHICLE OPERATION

Operation of a motor vehicle is an integral part of the position of patrol officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information.

Missouri Drivers license number _____ Expiration date _____

Name under which the license was granted: _____

Please list other states where you have been licensed to operate a motor vehicle

State _____

State _____

State _____

Name under which license was granted. _____

Have you ever been refused a drivers license by any state Yes _____ No _____

If "yes" please explain (include when, where & why)

Missouri law requires that operators and owners of motor vehicles be covered by automobile insurance. Therefore please list the current liability insurance you have with your motor vehicles.

Company	Address	Policy Number	Date of Expiration
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Please list all traffic citations (exclude parking citations) you have received within the last 5 years.

Nature of violation	Location (City)	Approximate date	Indicate whether fined Or action taken on drivers license
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Have you ever been involved as a driver in a motor vehicle accident within the last 5 years?

Yes ___ No _____

Date _____ Location _____ Injury _____ Non-injury _____

Police Investigation Yes ___ No ___ Police Agency _____

Date _____ Location _____ Injury _____ Non-injury _____

Police Investigation Yes ___ No ___ Police Agency _____

Has your license ever been suspended, revoked or placed on negligent operators probation?

Yes ___ No _____

If "yes" please give details (include what, when, where & why)

If there is anything you wish to discuss about your driving record, please use the space below.

GENERAL INFORMATION

Have you ever applied for a permit to carry a concealed weapon? Yes ___ No ___

If "yes" please provide the following information:

Permit granted Yes ___ No ___ Date _____ Name of law enforcement agency _____

Purpose

I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.

Signature in Full

Date Completed

PLEASE INCLUDE A COPY OF THE FOLLOWING:

DRIVERS LICENSE
SOCIAL SECURITY CARD
BIRTH CERTIFICATE
HIGH SCHOOL DIPLOMA & TRANSCRIPTS
COLLEGE DIPLOMA & TRANSCRIPTS
PEACE OFFICER CERTIFICATE (POST LICENSE-CLASS A)
MILITARY DISCHARGE PAPERS (DD-214)

QUALIFICATION FORM

Amendments to the Federal Gun Control Act prohibit any person who has ever been convicted of a misdemeanor involving domestic violence from possessing any firearm or ammunition. The law defines a misdemeanor crime of domestic violence as an offense, under either state or federal law, where the crime has as an element, the use or attempted use of physical force or the threatened use of a deadly weapon, committed by a current or former spouse, parent or guardian of the victim, by a person with who the victim shares a child in common, by a person who is cohabiting with the victim as a spouse, parent or guardian, or by a person similarly situated to a spouse, parent or guardian of the victim.

1. Have you ever been convicted of a misdemeanor crime of domestic violence?

Yes _____ No _____

2. If "Yes" provide the following information with respect to the conviction(s):

Court/Jurisdiction _____ Statute/Charge _____

Docket/Case Number _____ Date of Judgment _____

You have a duty to complete this form and sign before a notary. Internal disciplinary action, including dismissal, may be under taken if you refuse to answer or if you fail to reply fully and truthfully. Neither your answers nor any information or evidence gained by reason of your answers can be used against you in any criminal prosecution for a violation of this law, however, the answers you give and information or evidence resulting therefrom may be used against you in a prosecution for knowingly and willfully providing false statements or information, and/or in the course of internal disciplinary proceedings.

I hereby certify that the above information is true, correct and complete based on my personal knowledge and belief. I understand that providing false or fraudulent information may be grounds for adverse action, up to and including termination of employment.

Name (*Print or type*) _____

Date _____ Signature _____

Subscribed and sworn to before me the _____ day of _____, _____

Commissioned in _____ County, Missouri

Notary Public _____

**Glendale Police Department
424 N. Sappington Road
Glendale, Missouri 63122-4763
(314) 965-0000**

AUTHORITY FOR RELEASE OF INFORMATION

Last Name	First Name	Middle Name
<hr/>		
Social Security #	Date of Birth	Place of birth (City, State, Country)
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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 Glendale Police Department, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institution, financial or credit institutions, include records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings, public utility companies, employment and pre-employment records), including background reports, efficiency ratings complaints or grievances filed by or against me, and salary, records, real and personal property tax statements and records and other financial statement and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic record, the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

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 Glendale Police Department to consider in determining my suitability for employment by that department. 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 the personal history background investigation which is developed directly or indirectly in whole or part, upon this release authorization will be considered in determining my suitability for employment by the Glendale Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to who 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 hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Signature _____

Subscribed and sworn before me this _____ day of _____, _____

Notary Signature _____ My commission expires _____

Notary Seal/Stamp:

A Summary of Your Rights Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and a phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688 (1-888-5OPT OUT).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

Notice of Amendments to the Fair Credit Reporting Act

The Summary of Your Rights provided above does not reflect recent amendments contained in the Consumer Reporting Employment Clarification Act of 1998. Of importance to you are the following changes to the law:

- Conviction of a crime can be reported regardless of when the conviction occurred.
- If you apply for a job that is covered by the Department of Transportation’s authority to establish qualifications and the maximum hours for such job and you apply by mail, telephone, computer or other similar means, **your consent to a consumer report may validly be obtained orally**, in writing, or electronically. If an adverse action is taken against you because of such consumer report wherein you give your consent to the consumer reporting agency over the telephone, computer, or similar means, **you may be informed** of such adverse action and the name, address and phone number of the consumer reporting agency, **orally**, in writing, or electronically.

These amendments were retroactive to September 30, 1997.

States may enforce, the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs, Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051