

HILLSBORO POLICE DEPARTMENT

Application for Employment



City of Hillsboro, Missouri
PO Box 19, 101 Main Street
Hillsboro, Missouri 63050

Station: (636) 797-5229
City Hall: (636) 797-3334

Fax: (636) 789-2476
Dispatch: (636) 797-9999

The City of Hillsboro is an Equal Opportunity Employer and does not discriminate against any employee or applicant on the basis of race, color, religion, national origin, age, disability, or any other reason provided under Federal, State, and Local law.

The City of Hillsboro resolves that subject to all Federal, State, and Local statutory or judicial exceptions, all qualified applicants for employment and employees for advancement, whether commissioned or non-commissioned, shall be given equal opportunity for consideration, selection, appointment, and retention regardless of the aforementioned statuses in addition to political affiliation. The City of Hillsboro bases all hiring and promotion decisions on merit alone.

The City of Hillsboro is a drug-free workplace.

DIRECTIONS FOR COMPLETING THIS APPLICATION

1. Use black ink pen in your own handwriting, do not type. This is a competitive process, and applications will not be accepted, processed, or reviewed unless on a completed Hillsboro Police Department application form.
2. Answer all questions completely, or write "N/A" in areas that do not apply to you.
3. Use a check mark or X on all yes/no lines as appropriate and explain when needed.
4. Complete the release form at the end of this application with the requested information. This form must be signed and notarized. This form allows the Hillsboro Police Department to send letters to your past and present employers, check references, complete criminal background checks, etc.
5. Complete the submission date at the top of each page, and initial the bottom of each page to indicate completion.
6. Below is a list of documents that must be submitted with your application:
 - a. Copies of Birth Certificate, valid Driver's License, Social Security Card, and Naturalization Papers (if applicable)
 - b. Copy of High School Diploma and transcripts. For GED holders, a copy of the certificate and scores obtained
 - c. Copy of College Degree and transcript, if applicable
 - d. Copy of DD214, if applicable
 - e. Copy of Missouri POST License
 - f. Copies of all POST-approved training courses or certificates

DO NOT SUBMIT ORIGINAL DOCUMENTS. ALL COPIES SUBMITTED BECOME THE PROPERTY OF THE HILLSBORO POLICE DEPARTMENT AND WILL NOT BE RETURNED.

CITY OF HILLSBORO POLICE OFFICER HIRING PROCESS

Applicants for the position of Police Officer will undergo the following process:

1. Submission and Review of Application
2. Written Examination
3. Oral Interview
4. Background Investigation
5. Police Personnel Board Inquiry

Upon a conditional offer of employment, applicants may undergo the following:

1. Psychological Testing
2. Medical Physical Examination
3. Drug Screen Examination
4. Polygraph or CVSA Exam

If you have any questions about the application process, please call (636) 797-5229.

SECTION I: APPLICANT INFORMATION

1. FULL NAME: _____
LAST FIRST MIDDLE SUFFIX

2. PRESENT ADDRESS: _____
STREET ADDRESS APT/SUITE CITY STATE ZIP

3. SEX: _____ 4. HEIGHT: _____ 5. WEIGHT: _____ 6. PRIMARY PHONE: _____

7. SOCIAL SECURITY NUMBER: _____ 8. DATE OF BIRTH: _____

9. DRIVER'S LICENSE NUMBER: _____ 10. STATE ISSUED: _____ 11. EXPIRES: _____

12. HAIR COLOR: _____ 13. EYE COLOR: _____ 14. MARITAL STATUS: _____

15. ARE YOU A UNITED STATES CITIZEN? YES ___ NO ___

16. HAVE YOU EVER GONE BY A DIFFERENT NAME? YES ___ NO ___

16a. If yes, indicate previous name(s): _____

16b. Date and location of name change(s): _____

16c. Reason for name change(s): _____

17. LIST ALL PREVIOUS ADDRESSES FOR THE PAST TEN (10) YEARS, IN DESCENDING ORDER BEGINNING WITH YOUR PRESENT ADDRESS:

FROM (Month/Year)	TO (Month/Year)	STREET ADDRESS (include Apt/Suite)	CITY	STATE	ZIP

CONTINUE ON PAGE 11 IF NECESSARY.

18. ARE YOU WILLING TO RESIDE IN JEFFERSON COUNTY, MISSOURI? YES ___ NO ___

19. TYPE OF EMPLOYMENT DESIRED: FULL-TIME ___ RESERVE ___

19a. Would you consider a reserve position if no full-time positions were available? YES ___ NO ___

20. DATE YOU COULD BEGIN WORKING: _____

21. ARE YOU WILLING TO WORK SHIFTS ASSIGNED, INCLUDING WEEKENDS, HOLIDAYS, AND BE SUBJECT TO EMERGENCY CALL INS? YES ____ NO ____

22. IF CONSIDERED, WOULD YOU CONSENT TO A DRUG TEST? YES ____ NO ____

23. IF CONSIDERED, WOULD YOU CONSENT TO A POLYGRAPH? YES ____ NO ____

24. HILLSBORO POLICE DEPARTMENT POLICY STATES:

“No employee may have tattoos visible on the face, neck, head, or hands, nor any arm or leg ‘sleeve’ tattoos. Regardless of location, no employee shall have tattoos containing profanity, nudity, racial slurs, gang-related content, or any other content deemed offensive to any race, creed, color, religion, or gender, as determined by the Chief of Police.”

24a. CAN YOU ABIDE BY THIS POLICY? YES ____ NO ____

25. HILLSBORO POLICE DEPARTMENT POLICY STATES:

“Body piercings (other than ears) or alteration to any body area visible to the public, which is a deviation from normal anatomical features and is not medically required, is prohibited. Such body alteration includes, but is not limited to, tongue piercing or splitting, abnormal shaping of the ears, eyes, nose, or teeth, branding or scarification, or the complete or transdermal implantation of any material other than hair replacement or breast augmentation.”

25a. CAN YOU ABIDE BY THIS POLICY? YES ____ NO ____

26. HAVE YOU EVER USED OR SOLD ANY ILLEGAL CONTROLLED SUBSTANCES?

YES ____ NO ____ If yes, explain on Page 11.

27. EXPLAIN WHY YOU WANT TO BECOME A POLICE OFFICER WITH THE CITY OF HILLSBORO:

SECTION II: EMPLOYMENT HISTORY

Beginning with your current or most recent employer, provide a complete employment history. Include part-time, temporary, or seasonal positions, and explain any gaps in employment longer than six (6) months on Page 11.

28. FROM: _____ TO: _____ STARTING PAY: _____ ENDING PAY: _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

SUPERVISOR NAME: _____ PHONE: _____

CO-WORKER NAME: _____ PHONE: _____

TITLE / DUTIES: _____

29. FROM: _____ TO: _____ STARTING PAY: _____ ENDING PAY: _____
EMPLOYER: _____ PHONE: _____
ADDRESS: _____
SUPERVISOR NAME: _____ PHONE: _____
CO-WORKER NAME: _____ PHONE: _____
TITLE / DUTIES: _____

30. FROM: _____ TO: _____ STARTING PAY: _____ ENDING PAY: _____
EMPLOYER: _____ PHONE: _____
ADDRESS: _____
SUPERVISOR NAME: _____ PHONE: _____
CO-WORKER NAME: _____ PHONE: _____
TITLE / DUTIES: _____

31. FROM: _____ TO: _____ STARTING PAY: _____ ENDING PAY: _____
EMPLOYER: _____ PHONE: _____
ADDRESS: _____
SUPERVISOR NAME: _____ PHONE: _____
CO-WORKER NAME: _____ PHONE: _____
TITLE / DUTIES: _____

32. FROM: _____ TO: _____ STARTING PAY: _____ ENDING PAY: _____
EMPLOYER: _____ PHONE: _____
ADDRESS: _____
SUPERVISOR NAME: _____ PHONE: _____
CO-WORKER NAME: _____ PHONE: _____
TITLE / DUTIES: _____

33. FROM: _____ TO: _____ STARTING PAY: _____ ENDING PAY: _____
EMPLOYER: _____ PHONE: _____
ADDRESS: _____
SUPERVISOR NAME: _____ PHONE: _____
CO-WORKER NAME: _____ PHONE: _____

TITLE / DUTIES: _____

34. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN IN LIEU OF TERMINATION FROM ANY JOB DUE TO MISCONDUCT, UNSATISFACTORY PERFORMANCE, OR INABILITY TO PERFORM JOB FUNCTIONS?

YES ____ NO ____ If yes, explain:

35. HAVE YOU EVER BEEN REPRIMANDED OR DISCIPLINED FOR EXCESSIVE TARDINESS OR ABSENTEEISM BY ANY PREVIOUS EMPLOYER?

YES ____ NO ____ If yes, explain:

SECTION III: MILITARY SERVICE

36. HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES: YES ____ NO ____

IF YES, INDICATE BELOW ALL ACTIVE MILITARY SERVICE:

DATE FROM	DATE TO	BRANCH	SERIAL NO.	HIGHEST RANK HELD	PRIMARY DUTY	TYPE OF DISCHARGE

37. WERE YOU EVER COURT MARTIALED, SUBJECT TO A DECK COURT, CAPTAIN'S MAST, ARTICLE 15, OR ANY OTHER DISCIPLINARY ACTION WHILE IN THE MILITARY?

YES ____ NO ____ If yes, explain on Page 11.

38. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE? YES ____ NO ____

38a. Selective Service Number: _____

39. ARE YOU CURRENTLY A MEMBER OF A RESERVE OR NATIONAL GUARD ORGANIZATION?

YES ____ NO ____ If yes, which: _____

SECTION IV: EDUCATION AND SKILLS

40. PLEASE LIST THE HIGH SCHOOL, COLLEGES/UNIVERSITIES, AND ANY OTHER SCHOOLS (TRADE, VOCATIONAL, BUSINESS, ETC.) YOU HAVE ATTENDED. IF ADDITIONAL SPACE IS NEEDED, CONTINUE ON PAGE 11.

FROM (Month/Year)	TO (Month/Year)	SCHOOL NAME	CITY / STATE	SCHOOL TYPE	DEGREE RECEIVED

41. DO YOU HAVE: (INDICATE ALL THAT APPLY)
 GED CERTIFICATE ____ HIGH SCHOOL DIPLOMA ____ COLLEGE DEGREE ____

42. IF YOU ATTENDED COLLEGE, WHAT WAS YOUR MAJOR/MINOR OR COURSE OF STUDY?

43. HAVE YOU EVER BEEN SUSPENDED, EXPELLED, OR ASKED TO LEAVE A SCHOOL FOR DISCIPLINARY REASONS?
 YES ____ NO ____ If yes, explain on Page 11.

44. DO YOU SPEAK ANY FOREIGN LANGUAGES FLUENTLY? YES ____ NO ____
 44a. WHICH LANGUAGE? WRITTEN OR SPOKEN? _____

45. ARE YOU CERTIFIED IN AMERICAN SIGN LANGUAGE (ASL)? YES ____ NO ____
 45a. IF YES, WHERE WERE YOU CERTIFIED? _____

46. ARE YOU A GRADUATE OF A BONA FIDE POLICE ACADEMY? YES ____ NO ____
 46a. IF YES, ACADEMY NAME: _____ 46b. DIRECTOR: _____
 46c. ACADEMY ADDRESS: _____ 46d. LICENSE STATE: _____
 46e. POST LICENSE NUMBER: _____ 46f. POST LICENSE CLASS: _____
 46g. DATES OF ATTENDANCE: _____ 46h. NUMBER OF HOURS: _____

47. LIST ANY SPECIAL LICENSES YOU HOLD (PILOT, RADIO, SCUBA, ETC.):

48. LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT YOU CAN OPERATE:

49. LIST ANY OTHER SKILLS, CERTIFICATIONS, OR ADVANCED TRAINING YOU HAVE RECEIVED:

SECTION V: CRIMINAL HISTORY

50. IN THE PAST SEVEN (7) YEARS, OTHER THAN TRAFFIC CITATIONS, HAVE YOU EVER BEEN DETAINED, TAKEN INTO CUSTODY, OR ARRESTED IN THIS OR ANY OTHER STATE, OR ABROAD, FOR ANY MINOR OR MISDEMEANOR CRIME(S), INCLUDING CRIMES OF DOMESTIC VIOLENCE OR DWI/DWI-DRUGS?

YES ____ NO ____ If yes, indicate below.

51. HAVE YOU EVER BEEN DETAINED, TAKEN INTO CUSTODY, OR ARRESTED IN THIS OR ANY OTHER STATE, OR ABROAD, FOR ANY FELONY CRIME(S), INCLUDING CRIMES OF DOMESTIC VIOLENCE OR DWI/DWI-DRUGS?

YES ____ NO ____ If yes, indicate below.

DATE	VIOLATION	LOCATION	AGENCY	DISPOSITION

52. IN THE LAST TEN (10) YEARS, HAVE YOU EVER COMMITTED ANY UNDETECTED CRIME(S)?

YES ____ NO ____ If yes, explain on Page 11.

SECTION VI: ALCOHOL AND DRUG USE

Explain any "Yes" answers on Page 11.

53. IN THE LAST THREE (3) YEARS, HAVE YOU USED MARIJUANA OR ANY CANNABINOID BI-PRODUCT AT ANY TIME FOR ANY REASON?

YES ____ NO ____

54. HAVE YOU USED ANY CNS DEPRESSANTS, CNS STIMULANTS, HALLUCINOGENS, DISSOCIATIVE ANESTHETICS, NARCOTICS, INHALANTS, OR OTHER CONTROLLED SUBSTANCES THAT WERE NOT PRESCRIBED TO YOU AND USED UNDER THE SUPERVISION OF A MEDICAL PHYSICIAN?

YES ____ NO ____

55. HAVE YOU EVER PURCHASED, SUPPLIED, OR ALLOWED THE USE OF ANY ILLEGAL OR NON-PRESCRIBED DRUG TO ANY OTHER PERSON?

YES ____ NO ____

56. IN THE LAST THREE (3) YEARS, HAVE YOU EVER MISSED WORK BECAUSE OF DRINKING ALCOHOL?

YES ____ NO ____

57. IN THE LAST THREE (3) YEARS, HAVE YOU EVER CONSUMED ANY ALCOHOLIC BEVERAGES WITHIN ONE (1) HOUR OF STARTING WORK?

YES ____ NO ____

SECTION VII: FINANCIAL HISTORY

Explain any "Yes" answers on Page 11.

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

YES ____ NO ____

59. HAVE YOU EVER BEEN REFUSED CREDIT?

YES ____ NO ____

60. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED?

YES ____ NO ____

61. HAVE YOU EVER FILED FOR BANKRUPTCY?

YES ____ NO ____

62. HAVE YOU EVER BEEN SUED IN COURT?

YES ____ NO ____

63. HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES, INJURY, LIBEL, ETC., EITHER WITH OR WITHOUT COURT ACTION?

YES ____ NO ____

64. HAVE YOU EVER FILED A LAWSUIT OR HAD A REPRESENTATIVE FILE A LAWSUIT ON YOUR BEHALF?

YES ____ NO ____

65. HAS YOUR TAX RETURN EVER BEEN AUDITED BY THE IRS FOR ANY REASON OTHER THAN A ROUTINE AUDIT?

YES ____ NO ____

SECTION VIII: TRAFFIC RECORD

66. DO YOU HAVE A VALID DRIVER'S LICENSE? YES ____ NO ____

67. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?
YES ____ NO ____

68. LIST ANY TRAFFIC ACCIDENTS YOU HAVE BEEN INVOLVED IN WITHIN THE PAST THREE (3) YEARS.
CONTINUE ON PAGE 11 IF NECESSARY.

DATE	LOCATION	NATURE

69. LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED, EXCLUDING PARKING TICKETS. CONTINUE ON
PAGE 11 IF NECESSARY.

DATE	VIOLATION	LOCATION	AGENCY	DISPOSITION

SECTION IX: REFERENCES

Give at least five (5) references who are not relatives, nor past or present employers, who have known you well during the past five (5) years.

70. FULL NAME: _____ HOW KNOWN: _____
ADDRESS: _____ YEARS KNOWN: _____
PHONE NUMBER: _____ EMAIL: _____

71. FULL NAME: _____ HOW KNOWN: _____
ADDRESS: _____ YEARS KNOWN: _____
PHONE NUMBER: _____ EMAIL: _____

72. FULL NAME: _____ HOW KNOWN: _____
ADDRESS: _____ YEARS KNOWN: _____
PHONE NUMBER: _____ EMAIL: _____

73. FULL NAME: _____ HOW KNOWN: _____
ADDRESS: _____ YEARS KNOWN: _____
PHONE NUMBER: _____ EMAIL: _____

74. FULL NAME: _____ HOW KNOWN: _____
ADDRESS: _____ YEARS KNOWN: _____
PHONE NUMBER: _____ EMAIL: _____

SECTION X: MISCELLANEOUS INFORMATION

If there is any additional information you would like to be considered while reviewing your application, please include that here.

75. _____

76. ARE YOU RELATED TO ANY CITY OF HILLSBORO EMPLOYEE OR ELECTED OFFICIAL?
YES ___ NO ___

76a. If yes, please explain: _____

77. ARE YOU ACQUAINTED WITH ANY CITY OF HILLSBORO POLICE OFFICERS OR EMPLOYEES?
YES ___ NO ___

77a. If yes, please explain: _____

I have completed this application to the best of my ability. I have reviewed this application for completeness and accuracy. I fully realize that willfully withholding information or making false or incomplete statements on this application or pre-employment questions or testing will be a basis for dismissal and permanent disqualification from future employment with the Hillsboro Police Department.

Signature of Applicant

Date

SECTION XI: ADDITIONAL INFORMATION

Use this section to explain or expand on any answers from the previous sections. Make additional copies of this page if needed.

PAGE	SECTION	QUESTION NUMBER	ADDITIONAL INFORMATION

CERTIFICATION OF APPLICANT AND AUTHORIZATION TO RELEASE INFORMATION

LAST NAME		FIRST NAME	MIDDLE NAME
SOCIAL SECURITY NUMBER	DATE OF BIRTH	STREET ADDRESS	

I, (full name) _____, hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material facts will cause forfeiture on my part of all rights to initial employment or continued employment by the Hillsboro Police Department.

The intent of this authorization is to make available a full and complete disclosure of any and all information pertaining to my person; therefore, I do hereby authorize all present and past employers, all law enforcement agencies, all military agencies, the Veterans Administration, the US Army, US Navy, US Marine Corps, US Air Force, US Coast Guard, the National Guard, all Federal, State, and Local government agencies, Federal and State tax bureaus, credit unions, schools, colleges, and universities to furnish to an investigator with the Hillsboro Police Department, as appointed by the Chief of Police, with any and all available information regarding my past or present performance, conduct, or behavior. I further authorize the release of any punitive or disciplinary actions or memorandums to an investigator with the Hillsboro Police Department in order to use that information to assist in the determination of my suitability for police work with the City of Hillsboro.

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 and business life for the specific purposes of conducting a pre-employment background investigation.

I authorize an investigator with the Hillsboro Police Department, as appointed by the Chief of Police, to make an inquiry and gather any documents of my present and past employers regarding my character, integrity, reputation, and performance.

I authorize the release of any and all of the aforementioned information regarding my person, employment, credit, or any other aspect, whether personal or otherwise, that may or may not be in written records.

I understand that all materials pertaining to this background investigation become the property of the Hillsboro Police Department and will not be made available nor returned to me.

A copy or digital scan of this document will be considered as effective and valid as the original, although the copy does not contain an original writing of my signature.

THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF A NOTARY.

State: _____
County (or City of St. Louis): _____

Subscribed and sworn before me this _____ day of _____, 20____.

My commission expires _____
MM-DD-YYYY

NOTARY PUBLIC SEAL

Notary Public Signature: _____

APPLICANT SIGNATURE

DATE