



CITY OF SARCOXIE

POLICE DEPARTMENT

113 N 6TH STREET

SARCOXIE, MO 64862

EOE

PERSONAL INFORMATION

INSTRUCTIONS TO APPLICANT: Complete all pages of this application, either by typing or printing legibly. Please sign the last page. The application and any attachments become property of the City of Sarcoxie.

Name: Last First Middle Telephone: Home Telephone: Cell

Address: Apt. No. City State County

Social Security Number Date of Birth Place of Birth

List addresses for previous 5 years:

Are you a U.S. Citizen? Yes No (If you are not a citizen, give the number of your permanent resident card or work permit below)

Do you have any relative(s) working for the City, serving on the City administrative boards or City Council? Yes No

Name(s) and Relationships: _____

Have you ever worked with the City of Sarcoxie? Yes No

Dates Employed (mm/yyyy): _____ / _____ Department _____

Date Available for Employment _____ Today's Date _____

Have you EVER been convicted of a misdemeanor or felony? Yes No (exclude minor traffic violation)

(If Yes, list the complete conviction record—use additional sheets if necessary.)

Date: _____ Offense: _____ Location: _____

Explanation: _____

A conviction will not automatically disqualify you from your consideration. We will consider the nature of the offense in relation to the job for which you are applying. We will also consider your record since the offense was committed.

MILITARY SERVICE

Have you served, or are currently serving, in the military: Yes No (If Yes, list below information concerning military duties.)

Branch of Service _____ Type of Discharge _____

Dates of Service _____ Do you claim veteran's pay: Yes No

(If claiming Veteran's Preference, please provide a copy of Form DD214)

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate? Yes No

Name of School _____ Address _____

Special Education (Business School, Trade School, Service School, ETC.)

Name and Location _____ Course Studied _____ Degree/Diploma _____

College or University (Undergraduate, Graduate, Professional)

Name and Location _____ Course Studied _____ Degree/Diploma _____

NOTE: To receive credit for college education, you must submit your transcript(s). Education and experience shall be evaluated with regard to regency and quality, as well as quantity.

List any other special training, skills, or hobbies, you possess.

Have you ever worked for a Law Enforcement Agency in any capacity? Include reserve and volunteer work.

In your own handwriting, what are your future plans?

FORMER EMPLOYMENT

In the space below list your complete record of employment. Attach additional pages if necessary. Start with your present or most current position and continue in descending order up to 10 years. List position in the order that you held them. List any periods of unemployment. If the vacancy announcement includes an experience requirement, be sure to show clearly that you meet such requirement. If more space is needed attach a separate sheet(s) to this application.

Employer _____ Dates of Employment (mm/yyyy) _____ / _____ Supervisor/Title _____

Address _____ City _____ State _____ Phone _____

Starting Salary _____ Final Salary _____ Exact Title Held _____ Reason for Leaving _____

Describe Duties

May we contact current employer before you are offered a position? Yes No

Employer _____ Dates of Employment (mm/yyyy) _____ / _____ Supervisor/Title _____

Address _____ City _____ State _____ Phone _____

Starting Salary _____ Final Salary _____ Exact Title Held _____ Reason for Leaving _____

Describe Duties

May we contact current employer before you are offered a position? Yes No

Employer _____ Dates of Employment (mm/yyyy) _____ / _____ Supervisor/Title _____

Address _____ City _____ State _____ Phone _____

Starting Salary _____ Final Salary _____ Exact Title Held _____ Reason for Leaving _____

Describe Duties

May we contact current employer before you are offered a position? _____

DESIRED EMPLOYMENT

Position _____ Date Available _____

DRIVERS LICENSE INFORMATION

Driver's License Number _____ State _____

List any other state licenses in the past 5 years.

Driver's License Number _____ State _____

Driver's License Number _____ State _____

Driver's License Number _____ State _____

Driver's License Number _____ State _____

Driver's License Number _____ State _____

Driver's License Number _____ State _____

How many traffic tickets have you had in the past 5 years? For?

Have you had ANY alcohol related citations? If yes, explain.

Have you ever been in an "at fault" accident? If yes, explain.

Has your driver's license EVER been revoked or suspended? If yes, explain.

REFERENCES

List the names, addresses and phone numbers of 5 persons not related to you, whom you have known at least one year.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

CRIMINAL RECORDS CHECK REQUIRMENT

I understand that State Regulations for the City of Sarcoxie require a Criminal Records Check be done before the City Personnel can be employed on a permanent or part time basis to work in a facility.

I understand any employment with the City of Sarcoxie will be considered TEMPORARY until clearance has been received by the City for permanent employment status. This may take approximately fourteen days. Final qualification for employment is determined by the status of the Criminal Background Check. The contents of my Criminal Records Report will be kept confidential by the city; however a copy may be given to me.

I _____ hereby authorize City of Sarcoxie to follow appropriate procedures in obtaining a
PRINT NAME

“CRIMINAL RECORDS CHECK” on myself. I am also willing to be fingerprinted if necessary as part of this procedure.

NAME OF FACILITY

APPLICANT SIGNATURE

MAYOR OF SARCOXIE

MAIDEN/ALIAS NAMES

DATE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

TODAY'S DATE

