



Application For Employment

The City of Boonville is and Equal Opportunity Employer

Boonville Police Department
401 East Morgan Street
Boonville, MO. 65233
PHONE: (660) 882-2727
FAX: (660) 882-6604

Study each question carefully. Follow directions exactly. If not satisfactorily filled out, this application may be rejected on the grounds of being incomplete or indicating inability to follow directions.

Use Ink and fill out in your own handwriting. Circle the applicable answer. If you find space for any question insufficient, attach an additional sheet 8 1/2" by 11". Give your answer on attached sheet along with the question being answered.

Date: _____ / _____ / _____

POSITION APPLIED FOR: _____

Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Home #: _____	Cellphone #: _____
Email Address: _____	
Drivers License Number: _____	State: _____

Circle the type of work you would prefer:	Full Time	Reserve Police Officer	Communications Officer
Are you authorized to work in the United States ?	Yes	No	
What hours / days can you work ?	_____		
When would you be able to start work ?	_____		

Have you ever worked for the City of Boonville ? Yes No

If "Yes", complete the following section:

When: _____	In What Capacity: _____
Reason for leaving: _____	

Have you ever had any injuries requiring hospitalization ? Yes No

If "Yes" state the type of injury, the date of the injury, the doctor and hospital that treated injury.

Type of Injury	Date of Injury	Doctor & Hospital

Have you ever had any illness requiring hospitalization ? Yes No

If "Yes" state the type of illness, the date of the illness, the doctor and hospital that treated illness.

Type of Illness	Date of Illness	Doctor & Hospital

Have you ever been examined or treated for any mental disorders, including nervous breakdown? Yes No

If "Yes" please describe in the space below.

Do you have any physical defects or limitations ? Yes No

If "Yes" please describe in the space below.

Have you ever been sued, or sued anyone ? Yes No

If "Yes" please give complete details in the space below.

Education / Training: Please provide information about your education and training background. Use Additional space if necessary.

Elementary / Junior High / High School: _____ **City / State** _____ **Last grade completed** _____
 (Circle last one attended)

Circle highest level of education you have attained: High School / Some College / Bachelors / Bachelors +

College:

Name of Institution	Major	Hours / Credits / Degrees Earned

Law Enforcement Training:

Name of Institution	Dates Attended	Hours / Credits / Degrees Earned

Special Training / Training School / Armed Forces Training / Certifications / Licenses:

School / License / Certificate Issued By	Course Name / Field / Trade Specialization	Expiration Date	Credits Earned Hours Attended

Are you currently an active reserve in any branch of the armed forces ? Yes No

If "Yes" show the unit and location of service:

Military Unit	Location of Military Unit

RESIDENCE HISTORY

List all locations where you actually lived, regardless of the period of time you resided there. Start with your current address and then recent addresses.

Current Address:					
Address: _____					
City: _____		State: _____		Zip: _____	
From: _____ / _____ / _____			To: _____ / _____ / _____		
Rent:	Yes	No	Own:	Yes	No
Landlord: _____			Telephone #: _____		

Past Address:					
Address: _____					
City: _____		State: _____		Zip: _____	
From: _____ / _____ / _____			To: _____ / _____ / _____		
Rent:	Yes	No	Own:	Yes	No
Landlord: _____			Telephone #: _____		

Past Address:					
Address: _____					
City: _____		State: _____		Zip: _____	
From: _____ / _____ / _____			To: _____ / _____ / _____		
Rent:	Yes	No	Own:	Yes	No
Landlord: _____			Telephone #: _____		

Past Address:					
Address: _____					
City: _____		State: _____		Zip: _____	
From: _____ / _____ / _____			To: _____ / _____ / _____		
Rent:	Yes	No	Own:	Yes	No
Landlord: _____			Telephone #: _____		

EMPLOYMENT HISTORY

List all employment regardless of the period of time employed there. Start with your current employer and then recent employers.

Current Employer:

Employer: _____

Address: _____ City: _____ State: _____

Date Employed: ____ / ____ / ____ Date of Leaving: ____ / ____ / ____

Position Held: _____

Supervisor: _____ Telephone #: _____

Past Employer:

Employer: _____

Address: _____ City: _____ State: _____

Date Employed: ____ / ____ / ____ Date of Leaving: ____ / ____ / ____

Position Held: _____

Supervisor: _____ Telephone #: _____

Past Employer:

Employer: _____

Address: _____ City: _____ State: _____

Date Employed: ____ / ____ / ____ Date of Leaving: ____ / ____ / ____

Position Held: _____

Supervisor: _____ Telephone #: _____

Past Employer:

Employer: _____

Address: _____ City: _____ State: _____

Date Employed: ____ / ____ / ____ Date of Leaving: ____ / ____ / ____

Position Held: _____

Supervisor: _____ Telephone #: _____

ARREST & DRIVING RECORD

List any arrest, whether you were charged or not.

Charge: _____	Date: _____
Location: _____	Disposition: _____
Charge: _____	Date: _____
Location: _____	Disposition: _____
Charge: _____	Date: _____
Location: _____	Disposition: _____

List any traffic violations you received (exclude parking tickets).

Charge: _____	Date: _____
Location: _____	Disposition: _____
Charge: _____	Date: _____
Location: _____	Disposition: _____
Charge: _____	Date: _____
Location: _____	Disposition: _____

Do you possess a valid state of Missouri driver's license ? Yes No

Driver's license number: _____ State: _____

Does your conscience preclude the bearing of a firearm ? Yes No

Are you willing to work on any shift the department utilizes ? Yes No

If "No" please explain in the space below.

If you are hired would you be willing to move to Boonville or reside in the immediate area no more than 25 miles from the city limits of Boonville ? Yes No

PERSONAL REFERENCES

List the names, address, and telephone numbers of four people you have known for the past five years. These people must not be relatives or former employers. Local references are preferred.

Reference 1

Name: _____

Address: _____ City: _____ State: _____

Telephone number: _____ Occupation: _____

Reference 2

Name: _____

Address: _____ City: _____ State: _____

Telephone number: _____ Occupation: _____

Reference 3

Name: _____

Address: _____ City: _____ State: _____

Telephone number: _____ Occupation: _____

Reference 4

Name: _____

Address: _____ City: _____ State: _____

Telephone number: _____ Occupation: _____

AUTHORITY TO RELEASE INFORMATION

I _____ respectfully request and authorize you to furnish the Boonville Missouri Police Department any and all information that you may have concerning me, my work record, my reputation, my financial and credit status.

Please include any an all medical, physical and mental records and reports, including all information of a confidential or privileged nature, and Photostats of same if requested.

This information is to be used to assist the Boonville Missouri Police Department in determining my qualifications and fitness for the position I am seeking.

I hearby release you, your orginazation or others from any liability or damage which may result from furnishing the information requested above.

Applicant's Signature

Date