



MAPLEWOOD POLICE DEPARTMENT



POLICE OFFICER APPLICATION & SELECTION PROCESS

Thank you for your interest in the position of police officer with the Maplewood Police Department. The application process for this important position is a key component in ensuring that we meet your expectations as an employer, and that your personality, skills, and work ethic meet our expectations of community police service and protection.

The Process for Police Officers

- Job Posting
- Application Request (Applicant Personal History Questionnaire)
- Submission of Formal Application & Required Supporting Documents
- Application Review / Verification of Qualifying Credentials including P.O.S.T. certification and license
- Oral Interview Board
- Background Investigation to include review of criminal record and verification of personal references
- Chief's Interview
- Conditional Offer of Employment
- Psychological Test
- Medical Exam, to include Drug Screen

Expected Duration

Dependent upon testing schedules, if applicable, and your response time to the background investigator's requests for information, the application process will last from two to three months.

Re-Application and Re-Employment

An unsuccessful candidate may reapply following the normal procedures anytime an opening exists, unless the candidate is expressly prohibited from reapplying by the chief of police.

Former employees shall be required to apply and compete for a position with all other qualified applicants.

- No retroactive reinstatement of a previous employee's previously accrued vacation or sick leave shall be given in the event a former employee is rehired.
- Eligibility for accruals of leave or other forms of compensation, based on longevity, shall begin with the last date of hire and not the total time with the city.

Notification

Those applicants determined to be ineligible or who are otherwise not selected for employment shall be notified in writing by the department within 30 days of the conclusion of the selection process.



MAPLEWOOD POLICE DEPARTMENT

7601 Manchester Road
Maplewood, MO. 63143
Phone: (314) 645-3000
Fax: (314) 646-3696



APPLICATION FOR EMPLOYMENT

Applicant Personal History Questionnaire

AN EQUAL OPPORTUNITY EMPLOYER: Subject to all applicable state and federal statutory or judicial exemptions, all qualified applicants for employment and/or advancement, whether commissioned or civilian, shall be given equal opportunity for consideration, selection, appointment and retention regardless of race, color, religion, sex, national origin, age, disability or political affiliation.

VERIFICATION OF INFORMATION

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment with the Maplewood Police Department. An extensive background investigation will be conducted into your personal history. Applicants will be required to complete a psychological evaluation, physical examination and drug screening.

Any false, misleading or incomplete information substituted for accurate information will be grounds to disqualify you from further consideration in the application process with the Maplewood Police Department.

I confirm that I have read and understand the above and that all information and documents presented to the Maplewood Police Department are true, correct, complete, and made in good faith. I also confirm that I have received the employee Application & Selection Process information sheet, as well as the Essential Job Functions for the position.

Signature

Date

Directions:

1. **Use Black Ink.** Print or type answers.
2. Read each question carefully before answering.
3. Be certain the answers are legible.
4. Initial the lower right corner of each page.
5. **Must** be completed by applicant
6. Entire application must be completed

INITIALS _____

CONFIDENTIAL

Revised 07/2017

Page 1 of 24

Employment Application

E-VERIFICATION NOTIFICATION

Notice to Applicant

The City of Maplewood Participates in the E-Verify Program

Pursuant to Missouri state law, and in accordance with Federal requirements, the City of Maplewood participates in the E-Verify Program to verify the eligibility of every newly hired employee to work in the United States. Missouri state law requires that government employers verify the identity and validate the ability of all persons hired to work in the United States.

The City of Maplewood will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee’s Form I-9 to confirm work authorization. If the Government cannot confirm that you are authorized to work, the City of Maplewood is required to provide you written instructions and an opportunity to contact the SSA and/or DHS before taking adverse action against you, including terminating your employment. Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use with the Form I-9.



I confirm that I have read and understand the above as it pertains to the E-Verify Program and further affirm that I have been notified by the City of Maplewood of its participation in the E-Verification Program.

Signature: _____

Print Name: _____

Date: _____

INITIALS _____

I. PERSONAL DATA

FULL NAME		LAST	FIRST	MIDDLE	HOME PHONE		
ADDRESS		NUMBER	STREET	CITY	STATE	ZIP CODE	
AGE	HEIGHT	WEIGHT	HAIR	EYES	DATE OF BIRTH		
SOCIAL SECURITY NUMBER			OPERATOR'S LICENSE NUMBER			STATE ISSUED	
A. LIST ANY OTHER NAMES YOU HAVE EVER USED INCLUDING MAIDEN NAME: _____							
B. ARE YOU A CITIZEN OF THE UNITED STATES?					C. WERE YOU NATURALIZED?		
<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO		
D. LIST FIRST YOUR PRESENT ADDRESS, THEN LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST TEN (10) YEARS, INCLUDING YOUR ADDRESS(ES) IN THE MILITARY SERVICE OR WHILE ATTENDING COLLEGE:							
FROM	TO	STREET ADDRESS			CITY/COUNTY	STATE	ZIP CODE
E. HAVE YOU EVER APPLIED FOR A POSITION WITH THIS DEPARTMENT BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF "YES", DATE OF APPLICATION _____							
F. HAVE YOU FILED AN EMPLOYMENT APPLICATION WITH ANY OTHER SOURCES RECENTLY?							
<input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", LIST BELOW.							
DATE	ORGANIZATION NAME		ADDRESS/ZIP CODE		POSITION APPLIED FOR	DISPOSITION	
G. ARE YOU ACQUAINTED WITH ANY MAPLEWOOD POLICE DEPARTMENT EMPLOYEES?							
<input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", PLEASE LIST:							

H. BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU APPLIED, DESCRIBED IN THE WRITTEN JOB DESCRIPTION THAT ACCOMPANIED THIS APPLICATION, ARE YOU ABLE TO PERFORM THESE FUNCTIONS?							
<input type="checkbox"/> YES <input type="checkbox"/> NO							

INITIALS _____

II. REFERENCES

LIST FOUR (4) CHARACTER REFERENCES, TWO OF WHICH ARE NEAR YOUR SAME AGE AND ARE NOT RELATIVES, IN-LAWS OR PAST EMPLOYERS WHO HAVE KNOWN YOU WELL DURING THE PAST THREE YEARS OR MORE:				
1	NAME	PHONE NUMBER	YEARS AQUAINTED	
	RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
	BUSINESS NAME AND ADDRESS	OCCUPATION		
2	NAME	PHONE NUMBER	YEARS AQUAINTED	
	RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
	BUSINESS NAME AND ADDRESS	OCCUPATION		
3	NAME	PHONE NUMBER	YEARS AQUAINTED	
	RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
	BUSINESS NAME AND ADDRESS	OCCUPATION		
4	NAME	PHONE NUMBER	YEARS AQUAINTED	
	RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
	BUSINESS NAME AND ADDRESS	OCCUPATION		

III. ARREST HISTORY

<p>A. OTHER THAN TRAFFIC CITATIONS, HAVE YOU, AS AN ADULT OR JUVENILE, BEEN ARRESTED, CONVICTED, CHARGED, QUESTIONED, ACCUSED OR DETAINED FOR ANY REASON BY ANY POLICE, SECURITY OFFICER OR MILITARY POLICE AUTHORITY, EITHER IN THE UNITED STATES OR AMERICA OR IN ANY FOREIGN COUNTRY?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", DESCRIBE BELOW AND EXPLAIN IN FULL DETAIL ON PAGES 14 AND 15.</p>				
DATE	CHARGE	DEPARTMENT /AGENCY	LOCATION (CITY, COUNTY, STATE)	DISPOSITION
<p>B. WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS OTHER THAN TRAFFIC?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", EXPLAIN IN DETAIL ON PAGES 14 AND 15.</p>				
<p>C. HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR FORMER OR CURRENT RESIDENCES FOR ANY REASON?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", EXPLAIN IN DETAIL ON PAGES 14 AND 15.</p>				
<p>D. HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED CRIME, INCLUDING THE BUYING, SELLING OR DISTRIBUTION OF ILLICIT DRUGS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", EXPLAIN IN DETAIL ON PAGES 14 AND 15.</p>				
<p>E. ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", EXPLAIN IN DETAIL ON PAGES 14 AND 15.</p>				

INITIALS _____

IV. EDUCATION AND SKILLS

A. DO YOU HAVE: (CHECK APPROPRIATE BOXES)

GED/HIGH SCHOOL 3-31 COLLEGE CREDIT HOURS 32-63 COLLEGE CREDIT HOURS
 64-119 COLLEGE CREDITS BACHELOR'S DEGREE POST GRADUATE DEGREE

B. STARTING WITH THE MOST RECENT, LIST ALL ELEMENTARY, MIDDLE, HIGH SCHOOL, COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED:

MONTH & YEAR ATTENDED FROM	MONTH & YEAR ATTENDED TO	NAME AND LOCATION (STREET, CITY, STATE, ZIP)	# CREDITS COMPLETED	TYPE OF DEGREE	MAJOR	YEAR OF DEGREE

C. STUDENT ASSOCIATIONS/ACTIVITIES:

D. HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO LEAVE ANY SCHOOL FOR DISCIPLINARY REASONS?
 YES NO IF "YES," EXPLAIN IN DETAIL ON PAGES 14 AND 15.

E. HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION? IF "YES," EXPLAIN IN DETAIL ON PAGES 11 AND 12.
 YES NO IF "YES," EXPLAIN IN DETAIL ON PAGES 14 AND 15.

F. ARE YOU A GRADUATE OF A CERTIFIED POLICE ACADEMY OR LAW ENFORCEMENT TRAINING PROGRAM?
 YES NO

ACADEMY NAME _____ DATE OF GRADUATION _____

G. INDICATE LANGUAGES YOU SPEAK, READ AND/OR WRITE OTHER THAN ENGLISH:

	FLUENT	ABOVE AVERAGE	FAIR
SPEAK			
READ			
WRITE			

H. SPECIAL SKILLS, QUALIFICATIONS AND AWARDS – SUMMARIZE SPECIAL SKILLS, QUALIFICATIONS AND ACCOMPLISHMENTS (INCLUDING CLERICAL SKILLS) THAT YOU WISH TO BE CONSIDERED:

INITIALS _____

V. EMPLOYMENT HISTORY

A. START WITH YOUR PRESENT OR LAST JOB AND LIST ALL OF THE PLACES YOU HAVE WORKED FOR THE PAST TEN YEARS. LIST ANY ADDITIONAL EMPLOYERS ON PAGES 11 AND 12. IF YOU ARE PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER?

YES NO

1. EMPLOYER				ADDRESS			
CITY		STATE		ZIP CODE		PHONE NUMBER	
DATES EMPLOYED FROM TO		HOURLY OR ANNUAL SALARY START FINAL		JOB TITLE			
WORK PERFORMED				SUPERVISOR		CO-WORKER	
REASON FOR LEAVING							

2. EMPLOYER				ADDRESS			
CITY		STATE		ZIP CODE		PHONE NUMBER	
DATES EMPLOYED FROM TO		HOURLY OR ANNUAL SALARY START FINAL		JOB TITLE			
WORK PERFORMED				SUPERVISOR		CO-WORKER	
REASON FOR LEAVING							

3. EMPLOYER				ADDRESS			
CITY		STATE		ZIP CODE		PHONE NUMBER	
DATES EMPLOYED FROM TO		HOURLY OR ANNUAL SALARY START FINAL		JOB TITLE			
WORK PERFORMED				SUPERVISOR		CO-WORKER	
REASON FOR LEAVING							

4. EMPLOYER				ADDRESS			
CITY		STATE		ZIP CODE		PHONE NUMBER	
DATES EMPLOYED FROM TO		HOURLY OR ANNUAL SALARY START FINAL		JOB TITLE			
WORK PERFORMED				SUPERVISOR		CO-WORKER	
REASON FOR LEAVING							

B. HAVE YOU EVER BEEN DISMISSED, FIRED OR ASKED TO RESIGN FROM ANY EMPLOYMENT?

YES NO IF "YES," EXPLAIN IN DETAIL ON PAGES 14 AND 15.

C. HAVE YOU EVER STOLEN ANY MONEY OR MERCHANDISE FROM ANY PLACE OF EMPLOYMENT? INCLUDE FINAL DISPOSITION OF ALL ITEMS (I.E., SOLD, RETAINED FOR PERSONAL USE, RETURNED, ETC.)

YES NO IF "YES," EXPLAIN IN DETAIL ON PAGES 14 AND 15.

D. HAVE YOU EVER BEEN UNEMPLOYED FOR A PERIOD OF TIME IN EXCESS OF SIX MONTHS?

YES NO IF "YES," EXPLAIN IN DETAIL ON PAGES 14 AND 15.

INITIALS _____

VI. ORGANIZATIONAL MEMBERSHIP

A. LIST ALL CIVIC OR SOCIAL ORGANIZATIONS, FRATERNITIES, CLUBS, BROTHERHOODS, SOCIETIES OR GROUPS FOR WHICH YOU ARE, OR HAVE BEEN, A MEMBER OR ASSOCIATE. ALSO FURNISH THEIR LOCATIONS.

NAME OF ORGANIZATION	ADDRESS	OFFICE HELD

B. ARE YOU NOW, OR HAVE YOU BEEN, A MEMBER OF ANY FOREIGN OR DOMESTIC SUBVERSIVE ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR CLUB WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF MISSOURI, BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS?
 YES NO IF "YES," EXPLAIN IN DETAIL ON PAGES 14 AND 15.

VII. MILITARY STATUS

A. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		B. REGISTRATION NUMBER		C. LOCATION WHERE REGISTERED	
D. DO YOU HAVE A CURRENT OBLIGATION WITH THE MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		UNIT		ADDRESS/PHONE	COMMANDER
E. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, ROTC, OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? (IF THERE IS MORE THAN ONE PERIOD, LIST THE SEPARATE PERIODS). <input type="checkbox"/> YES <input type="checkbox"/> NO					
MONTH/YEAR ENTERED	BRANCH ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK	OCCUPATIONAL SPECIALTY
F. WERE YOU EVER REDUCED IN RANK IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," EXPLAIN IN DETAIL ON PAGES 14 AND 15. REDUCED FROM _____ TO _____					
G. WERE YOU EVER COURT MARTIALED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," EXPLAIN IN DETAIL ON PAGES 14 AND 15. TYPE OF COURT MARTIAL <input type="checkbox"/> SUMMARY <input type="checkbox"/> SPECIAL <input type="checkbox"/> GENERAL SENTENCE RECEIVED: _____ HAVE YOU EVER RECEIVED A CAPTAIN'S MAST, COMPANY PUNISHMENT OR ARTICLE 15? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," EXPLAIN IN DETAIL ON PAGES 14 AND 15.					
H. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," EXPLAIN:					

INITIALS _____

VIII. FINANCIAL STATUS

A. LIST THE SOURCES OF ALL YOUR INCOME AT THE PRESENT TIME.

TYPE OF INCOME	FIRM OR SOURCE NAME	MONTHLY AMOUNT
YOUR SALARY		
OTHER EMPLOYEMENT		
DIVIDENDS/INTEREST		
MILITARY		
OTHER (SPECIFY)		
TOTAL		

B. IF YOUR SPOUSE IS EMPLOYED, PLEASE COMPLETE THE FOLLOWING:

BUSINESS NAME	BUSINESS ADDRESS	ZIP CODE
TELEPHONE NUMBER	JOB TITLE	MONTHLY SALARY

C. LIST ALL DEBTS AND OBLIGATIONS WHICH YOU NOW OWE AND THE INDIVIDUALS OR FIRMS WITH WHOM YOU HAVE CREDIT DEALINGS. USE PAGES 14 AND 15 IF ADDITIONAL SPACE IS NEEDED.

OBLIGATION	NAME, ADDRESS, ZIP CODE	ACCOUNT NUMBER	UNPAID BALANCE	MONTHLY PAYMENT	AMT PAST DUE
<input type="checkbox"/> MORTGAGE <input type="checkbox"/> RENT					
AUTO PAYMENT					
PERSONAL LOANS					
SCHOOL LOANS					
CREDIT CARD					
CREDIT CARD					
CREDIT CARD					
OTHER (SPECIFY)					
OTHER (SPECIFY)					
TOTALS					

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," WRITE DETAILS ON PAGES 14 AND 15. MARK "YES" IF THE QUESTION INVOLVES YOU, YOUR SPOUSE OR ANY EX-SPOUSE.

D. HAVE YOU EVER BEEN DELINQUENT IN ANY OF YOUR FINANCIAL OBLIGATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	I. HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES, INJURY, LIBEL, ETC. (EITHER WITH OR WITHOUT COURT ACTION)? <input type="checkbox"/> YES <input type="checkbox"/> NO
E. HAVE YOU EVER BEEN REFUSED CREDIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	J. HAVE YOU EVER FILED A LAWSUIT OR HAD A REPRESENTATIVE FILE A LAWSUIT ON YOUR BEHALF? <input type="checkbox"/> YES <input type="checkbox"/> NO
F. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO	K. HAS YOUR TAX RETURN EVER BEEN AUDITED BY THE IRS FOR ANY REASON OTHER THAN A RANDOM ACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
G. HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	L. HAVE YOU EVER FAILED TO FILE OR BEEN DELINQUENT IN FILING YOUR TAX RETURN? <input type="checkbox"/> YES <input type="checkbox"/> NO
H. HAVE YOU EVER BEEN SUED IN COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

INITIALS _____

IX. NARCOTIC AND LIQUOR USAGE

A. WITHIN THE LAST SIX MONTHS, HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGES BECAUSE OF AN ADDICTION TO ALCOHOL?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF "YES," EXPLAIN IN DETAIL ON PAGES 14 AND 15.
B. WITHIN THE LAST SIX MONTHS, HAVE YOU USED A CONTROLLED SUBSTANCE WITHOUT A PRESCRIPTION?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF "YES," EXPLAIN IN DETAIL ON PAGES 14 AND 15.

X. SOCIAL MEDIA NETWORKING SITES

Do you currently have or have you previously had any social media account (for example but not limited to: Facebook, Twitter, Myspace, LinkedIn, Google Plus, Classmates.com, Tumbler or any other type of social media account?) <input type="checkbox"/> YES <input type="checkbox"/> NO
IF "YES," PLEASE INCLUDE; NAME OF SOCIAL MEDIA SITE AND YOUR USER NAME TO EACH SITE BELOW

XI. MARITAL STATUS / FAMILY MEMBERS

A. CHECK YOUR CURRENT MARITAL STATUS. USE ADDITIONAL SPACE ON PAGES 11 AND 12 IF EXPLANATION IS NECESSARY.
 SINGLE ENGAGED MARRIED SEPARATED DIVORCED WIDOWED

LIST ALL MARRIAGES, DIVORCES, SEPARATIONS, ETC. USE ADDITIONAL SPACE ON PAGES 11 AND 12 IF NECESSARY.

NAME (INCLUDE MAIDEN NAME)		DATE OF BIRTH		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER	ANTICIPATED DATE OF MARRIAGE	

IF SEPARATED OR DIVORCED, INDICATE THE FOLLOWING INFORMATION RELATIVE TO EX-SPOUSE:

NAME (MAIDEN)		DATE OF BIRTH		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER	DATE OF SEPARATION /DIVORCE	
CAUSE#					

IF SPOUSE IS DECEASED, INDICATE THE FOLLOWING INFORMATION:

NAME (MAIDEN)		DATE DECEASED	
---------------	--	---------------	--

B. LIST ALL CHILDREN AND/OR DEPENDENTS. USE ADDITIONAL SPACE ON PAGES 11 AND 12 IF NECESSARY.

NAME	DATE OF BIRTH	PLACE OF BIRTH	RELATIONSHIP	ADDRESS	WITH WHOM RESIDING	% SUPPORT PROVIDED

INITIALS _____

C. DO YOU NOW SUPPORT ALL CHILDREN BORN TO YOU?

YES NO IF "NO," EXPLAIN:

D. ALL EMPLOYEES OF THIS DEPARTMENT WORK A MINIMUM EIGHT-HOUR DAY, FIVE DAYS PER WEEK, AND 49 WEEKS PER YEAR. ARE YOU ABLE TO MEET THESE REQUIREMENTS WITHOUT EXCESSIVE ABSENCES?

YES NO

XII. MARITAL STATUS / FAMILY MEMBERS (cont)

E. ARE YOU PRESENTLY LIVING WITH ANYONE ELSE (FRIEND OR RELATIVE)?

YES NO IF "YES," EXPLAIN IN DETAIL ON PAGES 14 AND 15.

F. HAVE YOU HAD ANY SERIOUS PROBLEMS WITH YOUR RELATIVES OR IN-LAWS?

YES NO IF "YES," EXPLAIN IN DETAIL ON PAGES 14 AND 15.

G. LIST FULL NAME(S) OF YOUR IMMEDIATE FAMILY SUCH AS FATHER, MOTHER (MAIDEN NAME), BROTHERS AND SISTERS.

NAME	DATE OF BIRTH	RELATIONSHIP	ADDRESS	ZIP CODE	PHONE NUMBER	OCCUPATION

XIII. USE OF FORCE

A. IF THE NECESSITY AROSE FOR YOU TO SHOOT A PERSON IN THE COURSE OF YOUR DUTIES AS AN OFFICER, WOULD YOU HAVE ANY RELUCTANCE TO DO SO? NOTE: IF YOU ARE COMPLETING THIS APPLICATION FOR A CIVILIAN POSITION, DISREGARD THIS PORTION.

YES NO IF "YES," EXPLAIN IN DETAIL:

B. HAVE YOU EVER USED A WEAPON TO DEFEND YOURSELF OR OTHERS? NOTE; ONLY FOR POLICE OFFICER APPLICATIONS.

YES NO IF "YES," EXPLAIN IN DETAIL:

C. AS THE NEED TO DO SO MAY ARISE AT ANY TIME, ARE YOU PHYSICALLY CAPABLE OF MAKING A FORCEFUL ARREST REQUIRING PHYSICAL STRENGTH AND EXERTION?

YES NO

INITIALS _____

XV. DRIVING HISTORY

A. LIST ALL DRIVER OR CHAUFFEUR LICENSES YOU NOW HOLD OR HAVE PREVIOUSLY HELD, EITHER IN MISSOURI OR ANY OTHER STATE OR COUNTY.					
STATE	TYPE OF LICENSE	LICENSE NUMBER	EXPIRATION DATE		
B. HAVE ANY OF THE ABOVE LICENSES EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," EXPLAIN: _____ _____					
C. LIST ALL DRIVING CITATIONS, TICKETS OR SUMMONSES YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, BEGINNING WITH THE MOST RECENT. IF YOU CANNOT REMEMBER EXACT DATES OR LOCATIONS, GIVE APPROXIMATE DATES AND LOCATIONS.					
MONTH/YEAR	CHARGE	CITY/STATE	ISSUING AGENCY/DEPARTMENT	DISPOSITION	
D. LIST ALL VEHICLES WHICH YOU OWN, LEASE OR HAVE FOR YOUR PERSONAL USE (INCLUDE MOTORCYCLES).					
YEAR	MAKE	MODEL	LICENSE NUMBER	STATE	
E. HOW MANY TRAFFIC ACCIDENTS HAVE YOU BEEN INVOLVED IN DURING THE PAST FIVE YEARS? EXPLAIN CIRCUMSTANCES OF EACH. _____ _____					
F. LIST ALL INFORMATION RELATIVE TO YOUR CURRENT AUTOMOBILE INSURANCE:					
NAME OF COMPANY		ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	NAME OF AGENT		POLICY NUMBER		EXPIRATION DATE
G. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE OR HAD INSURANCE CANCELLED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," EXPLAIN IN DETAIL. _____ _____					
H. HAVE YOU RECENTLY CHANGED AUTOMOBILE INSURANCE COMPANIES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," INDICATE THE FOLLOWING INFORMATION RELATIVE TO YOUR INSURANCE COMPANY.					
NAME OF COMPANY		ADDRESS	ZIP CODE	PHONE NUMBER	DATE DISCONTINUED

INITIALS _____

USE THIS PAGE FOR ANY ADDITIONAL INFORMATION. LIST QUESTION NUMBER TO WHICH THE ADDITIONAL INFORMATION APPLIES. PUT YOUR INITIALS AT THE END OF EACH ITEM AND AT THE BOTTOM OF THIS PAGE.

QUESTION NUMBER			ADDITIONAL INFORMATION
PAGE (1-11)	SECTION (I-XIII)	LETTER (A-L)	

INITIALS _____

USE THIS PAGE FOR ANY ADDITIONAL INFORMATION. LIST QUESTION NUMBER TO WHICH THE ADDITIONAL INFORMATION APPLIES. PUT YOUR INITIALS AT THE END OF EACH ITEM AND AT THE BOTTOM OF THIS PAGE.

QUESTION NUMBER			ADDITIONAL INFORMATION
PAGE (1-11)	SECTION (I-XIII)	LETTER (A-L)	

APPLICATION CHECK LIST

A copy of the following documents **must** be included with this application or, explain fully as to why they are not included. All documents submitted become the property of the Maplewood Police Department and will not be returned.

The following items should be submitted by all applicants:

ITEM		YES	NO
1.	Birth certificate (state issued with raised impression, certified or notarized copy)		
2.	High school diploma and certified transcript or GED certificate		
3.	College diploma and certified transcripts (if applicable)		
4.	Police academy certificate (if applicable)		
5.	Military discharge DD214, indicating type of discharge (if applicable)		
6.	Special awards (school, military, etc.)		
7.	Naturalization papers (if applicable)		
8.	Copy of any license including state issued or motor vehicle operator's license, pilot's license, radio operator's license, etc.		

Document number and reason not included:	

INITIALS _____

PROBATIONARY PERIOD

Please read thoroughly before signing below.

All employees must complete at least a twelve (12) month probationary period.

This probationary period shall commence with the date of employment and shall conclude twelve (12) months from that date with the approval of the chief of police before their appointment is considered complete.

This probation period shall be used as an on the job test of one's capabilities to perform the duties of the position. Unsuccessful completion of the probationary period will result in dismissal.

Signature of Applicant

Date

MAPLEWOOD POLICE DEPARTMENT
7601 Manchester Road
Maplewood, MO. 63143
(314) 645-3000

**CERTIFICATE OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION
(Read Carefully Before Signing)**

To whom it may concern: I, _____, am an applicant for a position
(Print Full Name)

with the Maplewood Police Department. I hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omission of material facts will cause forfeiture on my part of all rights to employment by the Maplewood Police Department.

The Maplewood Police Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Maplewood Department of Police.

I hereby authorize any representative of the Maplewood Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. 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 Maplewood Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. 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 that may provide pertinent data for the Maplewood Police Department to consider in determining my suitability for employment in the Maplewood Department of Police. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I hereby authorize all law enforcement agencies, the Veterans Administration, U.S. Army, U.S. Navy, U.S. Air Force, all military agencies, all federal, state or local government agencies, state and federal tax bureaus, credit bureaus, schools and universities, to furnish the Maplewood Department of Police with any and all available information regarding me in order to determine my suitability for police work.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

INITIALS _____

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of this organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Maplewood Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Maplewood Police Department's acceptance and processing of my application for employment, I agree to hold this organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Maplewood Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the privacy act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Maplewood Police Department in conjunction with employment procedures.

I agree to pay any and all charges or fees concerning this request.

I agree to indemnify and hold harmless the person to whom 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 hereby agree to take any medical examination, psychological examination or test to determine the presence of drugs or narcotics which the police department may require to determine my qualifications for employment. I further authorize the results of said tests be furnished to the Maplewood Department of Police and that same shall become part of my application for employment.

A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

Signature of Applicant

Date

Signature of Witness

Date

INITIALS _____

ESSENTIAL FUNCTIONS FOR COMMISSIONED POLICE OFFICER ONLY

In accordance with the Americans with Disabilities Act (ADA), the following list of essential functions is established as criteria for qualification to receive confirmed offers of employment as a commissioned police officer with the Maplewood Police Department.

GENERAL SUMMARY: The work of the commissioned police officer involves responsibility for the protection of life and property, prevention of crime, apprehension of criminals and the general enforcement of laws and ordinances. Duties normally consist of routine patrol, preliminary investigation and traffic regulation. Police officers also may be assigned duties as detectives, court security officers, crime prevention officers, Department training officers, evidence technicians, field training officers, accident investigators, firearms instructors, DARE program officers, hostage negotiators, dog handlers or special response team officers. Work involves an element of personal judgment under stress. Assignments may include work on special tasks which call upon specialized abilities and knowledge possessed by the officer. Work assignments can be general or specific and instructions are received from a supervisor who reviews work methods and results through reports, personal inspection and discussion.

I. DUTIES AND RESPONSIBILITIES

A. Crime Prevention and Investigation

- Performs preventive patrol in assigned beat;
- Continually observes for criminal activity, safety hazards, traffic violations, persons needing assistance, etc;
- Becomes and remains familiar with patrol beats, geographic locations, known offenders, neighborhood routines, potential problem areas;
- Conducts security inspections and surveys of buildings and businesses and makes recommendations regarding security, etc;
- Makes presentations to groups and individuals on subjects related to the job's tasks and functions;
- Handles complaints made by the public;
- Observes for, detects and investigates violations of laws and ordinances and documents those actions for future use;
- Conducts interviews and interrogations of victims, witnesses, suspects and offenders;
- Conducts preliminary and follow-up investigations;
- Identifies, collects, processes, packages and logs physical evidence;
- Collects information and either acts upon it if within the scope of his authority or routes it to the proper authority or agency;
- Conducts searches of persons, vehicles, places and things;
- Identifies and arrests offenders, including subduing resistive arrestees;
- Seeks and serves arrest warrants, search warrants, and other court documents;
- Assists prosecutors in the preparation of cases for trial;
- Appears and testifies in court, juvenile hearings, at deposition sessions and similar proceedings and renders credible testimony in any court of law;
- Enforces traffic and parking laws, including driving under the influence detection and apprehension;
- Controls, regulates and directs vehicular and pedestrian traffic;

INITIALS _____

- Investigates traffic accidents, including protecting the scene, aiding the injured, controlling traffic, clearing the scene, determining the cause, preparing reports and diagrams;
- Assists disabled motorists;
- Deals with children of all ages in a variety of situations, such as delinquents, minors requiring authoritative intervention, neglected, abused, runaways, lost, found, victims of crimes, public relations and instructional functions and informants.

B. Miscellaneous Order Maintenance

- Deals with domestic disputes and other interpersonal and business contacts;
- Recognizes and corrects or reports public hazards and inconveniences, as gas leaks, traffic signals out of service, traffic obstructions and other safety hazards;
- Responds to specific requests for ambulance/fire service and assists as needed;
- Administers first aid, including CPR, to sick and injured persons;
- Investigates incidents involving dead persons resulting from criminal, accidental, suicidal, and natural causes, including determination of the circumstances and handling/removal of the body and dealing with the family, relatives, friends, witnesses, etc;
- Investigates reports of lost and found property;
- Investigates reports of missing and found persons;
- Investigates animal complaints, including the humane disposition of severely injured animals;
- Directs and/or supervises civilian employees and the public at the scenes of crimes, accidents, disasters, assemblies, etc.;
- Generally assists persons in distress.

C. Organizational Support

- May perform desk duties, including telecommunications (telephone, computer terminal, radio), assisting persons at the counters at the police station, processing reports;
- Conducts background investigations for prospective police applicants;
- Attends training as assigned;
- Develops and maintains required skills and licenses/permits/certifications associated with area of special instruction, expertise, etc. (firearms qualifications, evidence technician, juvenile law, criminal investigations);
- Trains new officers, reserve officers, and other officers in areas of special skills or expertise;
- Prepares clear, accurate and complete reports on any and all activities engaged in.

II. WORK CHARACTERISTICS/CONDITIONS

A. Scheduling

Police officer positions involve regular and irregular shift work and shift rotations necessary to provide police services 24 hours a day, 7 days a week, 52 weeks a year (weekends and holidays included). Work shifts are normally twelve (12) hours in

INITIALS _____

duration but may be extended in the event of emergency, disaster, manpower shortage, workload or work-in-progress.

B. Environmental Factors

Police officer positions involve exposure to and require the officer to function in the presence of the following:

- Inclement weather, to include extreme heat/cold, rain, snow, wind, etc.;
- Light conditions associated with day and night;
- Fire, smoke, chemical leaks/spills - as close proximity as necessary to provide emergency services;
- Personal danger, including but not limited to:
 - a) Armed and/or dangerous persons/animals;
 - b) Persons and/or articles with contagious/communicable diseases;
 - c) Hazards associated with emergency driving, traffic control and working in and around traffic;
 - d) Hazards associated with natural and man made disasters.

C. Infectious Diseases

Because police officers may be called upon in adverse conditions to come into physical contact with others, the Department will not knowingly expose citizens or other employees to an employee infected with a contagious disease that poses a direct threat to others.

Decisions regarding infectious diseases will be based on reasonable medical judgments given the state of medical knowledge about:

- the nature of the risk (how the disease is transmitted);
- the duration of the risk (how long is the carrier infectious);
- the severity of the risk (what is the potential harm to third parties, and;
- the probability that the disease would be transmitted and will cause varying degrees of harm. (School board of Nassau County v. Arline, 480 U.S. 273, 107 s. Ct. 1123, 1987)

III. PHYSICAL ABILITIES

A. Motor Skills/Flexibility

The police officer position requires the employee to have and maintain the physical and mental ability needed to:

- React and move rapidly from a sedentary to active condition in response to environmental situations or events;
- Assume a variety of bodily positions and postures necessary to employ available “cover and concealment” during a deadly force encounter;
- Respond to a physical attack and possess the ability to escape the attacker and/or summon aid;

INITIALS _____

- Operate and qualify with the Department-issued firearms, utilizing both hands, as well as each hand individually;
- Operate office equipment, such as telephones, audio/visual devices, computer or workstation keyboards, calculators and security locking systems;
- Operate all equipment necessary for performing routine daily assignments, apprehending and processing criminals and conducting both criminal and traffic-related investigations;
- Operate/utilize all Department vehicle mounted equipment whether in a mobile or stationary mode;
- Administer first aid, to include Cardio Pulmonary Resuscitation (CPR);
- Perform required duties for extended periods of time while exposed to adverse conditions, to include time worked in excess of the normal daily duty shift and rotating shift work;
- Must occasionally lift and/or move more than 100 pounds.
- Apprehend suspects to the extent of engaging in foot pursuits while summoning assistance and/or engaging in the necessary use of force;
- Discern colors as they are applied in traffic safety situations (electric signals, signing, hazardous materials placards, vehicle and clothing descriptions, etc.);
- Adequately judge distances and estimate speed;
- See, read and recognize obstacles in a variety of normal and/or emergency environments. Have vision that is correctable to "Department vision" standards;
- Determine or estimate the point of origin of noise;
- Recognize/relate sound to situations based on frequencies or voice inflection within the normal range of human hearing;
- Employ the normal senses of touch and smell.

B. Communicative Skills

- Speak, read and write the English language in a clear, understandable fashion;
- Reasonably identify and display basic non-verbal communications (body language);
- Effectively relate to or communicate with a variety of personality types during interpersonal contacts.

C. Judgment/Decision Making Ability

The police officer position requires the employee have the ability to:

- Comprehend and implement verbal and written instructions;
- Apply reasoning skills when confronted with circumstances requiring discretionary decisions;
- Establish priorities and construct subsequent plans when investigating incidents or events;
- Formulate and carry out an appropriate course of action for a given situation for which no specific rule or procedure has been established;
- Apply theory based instruction or training to actual incidents/situations;
- Handle situations firmly, courteously, tactfully, and impartially;
- Retain and retrieve information furnished in the form of bulletins, verbal reports, training keys, etc.;

INITIALS _____

- Be capable of receiving and giving instructions.

D. Emotional/Psychological Stability

The police officer position requires the employee to have the emotional and psychological stability required to:

- Cope with and perform day-to-day duties under the principles of discipline;
- Maintain self-control when receiving constructive criticism and/or being ridiculed;
- Continue performing all required tasks at a professional level when faced with unpleasant circumstances;
- Perform police duties without dependence on alcohol/narcotics;
- Deal effectively with the morbid, the macabre, the repugnant, the abnormal, the morose, the psychotic, the neurotic and the otherwise unpleasant or unusual facets or results of human behavior.

IV. ACCEPTABLE EXPERIENCE AND TRAINING

- A. Completion of a standard high school curriculum (or equivalent GED), preferably supplemented by some additional college level course work at the time of examination and possession of a valid Missouri drivers license.