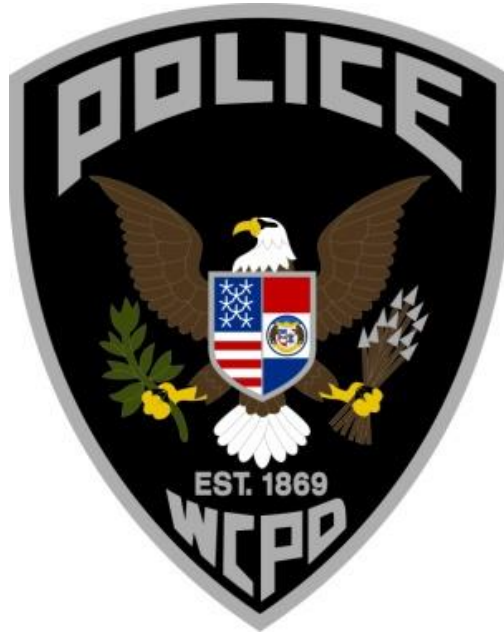


**Wright City Police Department**  
203 Veterans Memorial Parkway  
Wright City, MO 63390



The following copies **MUST** be  
submitted with your completed application:  
(all copies will be retained by our agency)

- ✓ Valid Driver's License
- ✓ Certificate of Post Certification
- ✓ Accredited Law Enforcement Academy Certificate
- ✓ High School diploma or GED



# Wright City Police Department

## Employment Application

Date of Application: \_\_\_\_\_

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, veteran status, sexual orientation or any other legally protected status.

### Applicant Information

(PLEASE PRINT)

Position Applied For: \_\_\_\_\_

How did you learn about us?

- Advertisement     Friend     Walk-In     Employment Agency  
 Relative     Other: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: Jr./Sr. \_\_\_\_\_

Current Address: \_\_\_\_\_ City, State, Zip code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you ever been employed with us before? (If yes, give date) \_\_\_\_\_

Have you ever filed an application with us before? (If yes, give date) \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ May we contact present employer? \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? \_\_\_\_\_ (Note: Proof of citizen/immigration status will be required upon employment)

On what date will you be available for work? \_\_\_\_\_

Are you available to work:     Full Time     Part Time     Reserves     Temporary     Code Enforcement

Are you currently on "lay off" status and subject to recall? \_\_\_\_\_

POST # \_\_\_\_\_

Have you ever been arrest for or convicted of a felony? \_\_\_\_\_

(Note: A conviction will not necessarily disqualify an application from employment)

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## Education

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree Completed
<b>Elementary School</b>				
<b>High School</b>				
<b>Undergraduate School</b>				
<b>Graduate School</b>				
<b>Other (Specify)</b>				

**Indicate any foreign languages you can speak, read and/or write.**

	Fluent	Good	Fair
<b>Speak</b>			
<b>Read</b>			
<b>Write</b>			

**Describe any specialize training, apprenticeship, skills and extra-curricular activities:**

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**Describe any job related training received in the United States Military:**

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## Employment Experience

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.

1. Employer	Dates Employed	Work Performed
Address	From	
Phone #	To	
Job Title	Supervisor	
Reason for Leaving		
2. Employer	Dates Employed	Work Performed
Address	From	
Phone #	To	
Job Title	Supervisor	
Reason for Leaving		
3. Employer	Dates Employed	Work Performed
Address	From	
Phone #	To	
Job Title	Supervisor	
Reason for Leaving		
4. Employer	Dates Employed	Work Performed
Address	From	
Phone #	To	
Job Title	Supervisor	
Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

### List professional, trade, business or civic activities and offices held.

(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

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## Additional Information

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience:

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### Specialized Skills/Equipment Operated

Summarize special job-related skills and qualifications acquired from employment or other experience:

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State any additional information you feel may be helpful to us in considering your application.

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**Note to Applicants:** Do **NOT** answer the question below unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied?     Yes     No

### References:

Name	Phone	Address
1)		
2)		
3)		

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment and authorize the city to perform any required reference and/or background check as may be necessary in arriving at an employment decision. Applicants will be required to submit to a CVSA (Controlled Voice Stress Analysis).

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may reign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In event of employment, I understand that false or misleading information given in my application or interview(s) may results in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

I understand the following demands may be placed on a police officer after being hired: Must be available to work rotating shifts, nights and weekends, 24-hour availability, mandatory overtime, uniform and grooming requirements, adherence to police department rules and regulations or mandatory physical wellness requirements.

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Signature of Applicant

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Date



## WRIGHT CITY POLICE DEPARTMENT

Matthew J. Eskew, Chief of Police

### Authority for Release of Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

County of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State: \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize a review of full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Wright City Police Department, whether the said records are public, private, or confidential nature.

The intent of the authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records 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 the salary records, real and personal property tax statements and records, and other financial statements and records wherever filed, records of complaint, arrest, trial and/or conviction for alleged or actual violations of law, including criminal, civil and/or traffic records, the results of any polygraph examinations, records of complaint of a civil nature made by or against me, wherever filed, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case which I presently 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 personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the City of Wright City Police Department to consider in determining my suitability for employment by the City of Wright City. It is my specific intent to provide access to personal information, however personal confidential it may appear to be, and sources of information specifically identified herein. I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon the release authorization will be considered in determining my suitability for employment by the City of Wright City. I understand that all the materials pertaining to this background investigation become the property of the City of Wright City and will not be returned to me. 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 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 the original hereof, even though the said photocopy does not contain an original writing of signature.

### MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Signature: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

My commission expires \_\_\_\_\_ 20\_\_

Notary: \_\_\_\_\_

