

THE CITY OF VELDA CITY

Serving the Community since 1938



APPLICATION FOR EMPLOYMENT

The Board of Alderman resolved that 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.

AN EQUAL OPPORTUNITY EMPLOYER

WWW.VELDACITYPOLICE.COM



VELDA CITY POLICE DEPARTMENT



COMMISSIONED POLICE OFFICER

MINIMUM REQUIREMENTS FOR POLICE OFFICER

AGE REQUIREMENT: Must be at least 21 years of age, or applicant must reach their 21st birthday by the time of completion of the academy training course.

RESIDENCY: No residency requirement. Must be a citizen of the United States.

EDUCATION/WORK EXPERIENCE: You must have either:

1. An associate's degree or 64 semester credit hours from an accredited university or college. Both require a cumulative average letter grade of "C" or a cumulative GPA of 2.0 on a 4.0 scale or equivalent, OR
2. A high school diploma or GED with one year full-time prior police experience or two years of military service. Police experience must be that of a full time commissioned police officer, certified in Missouri by POST. Out-of-state police officers/military peace officers who possess or obtain State of Missouri POST class "A" certification will be evaluated in conjunction with their education/work experience. Visit the POST website at www.dps.mo.gov/POST/Main/POSTForms.htm for additional information.

VISION: Minimum Department standard is 20/200 in each eye, uncorrected; correctable to 20/20 in each eye.

ARREST RECORD: Must be free from conviction of a Felony or a Class "A" Misdemeanor.

DRIVER'S LICENSE: Must possess a valid Missouri State Driver's License by date of employment and have five (5) or less points charged against his/her driving record at time of application.

MILITARY: Must have an "Honorable" discharge, or a discharge "Under Honorable Conditions" if having served in the military.

COMPETITIVE SELECTION PROCESS

Under the regulations of the Police Department, all appointments to the Velda City Police Department are made on the basis of an open, competitive selection process conducted under the supervision of the Personnel Services Unit. Each applicant must successfully complete each stage of the selection process before becoming eligible to proceed to the next step. The selection steps, in their order, take up to six months to complete:

PRELIMINARY BACKGROUND REVIEW: A review and detailed evaluation of Personal History Questionnaire and supporting documents to determine if applicant meets the minimum requirements for the position.

PHYSICAL CONDITION ASSESSMENT: A physical condition assessment shall be conducted at a location determined by the Velda City Police Department. This assessment will include sit-ups, push-ups and a 1.5 mile run. Applicants are expected to meet the minimum requirements in each category. A limited amount of applicants will be scheduled per session with each session lasting approximately two to four hours. A score for rating each applicant will be given. New graduates from a post certified police academy may be exempt from this step.

WRITTEN TEST: Administration of a reading and comprehension test.

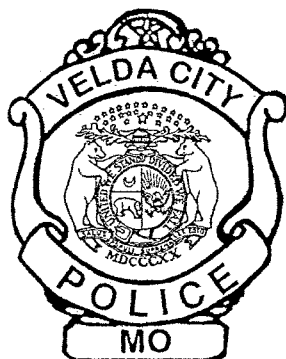
BACKGROUND INVESTIGATION: A thorough background investigation will be conducted on all police applicants in the areas of past employment record and reputation, personal references, neighborhood reputation, police record check, credit history and military record (when applicable). A police record check will be completed prior to the examination. Applicants will also be photographed and fingerprinted. The background investigation is concluded with a polygraph examination in an attempt to verify information received from and about the applicant. Results of the polygraph examination are confidential and are provided only to the Chief of Police.

FINAL REVIEW BOARD: This is the final determination toward an offer of conditional appointment. High-ranking Department officials provide the final evaluation of the candidate to the Chief of Police. This evaluation may result in an offer of conditional employment or an end to the current selection process.

REAPPLICATION: In the event an applicant is eliminated during any phase of the process, reapplication may not be made for six months unless circumstances indicate that an earlier review may be warranted.

PHYSICAL HEALTH AND PSYCHOLOGICAL EXAMINATIONS: These examinations will be given after a conditional offer of employment by a Department designated physician and psychologist and shall consist of various organic tests to determine the applicant's suitability for the rigors of police work and their ability to participate in an increasingly difficult physical training program as a recruit at the Police Academy. The psychological exam will be used to determine the applicant's suitability for police work. If a Department designated physician or psychologist finds that the applicant meets physical and psychological standards for employment, the applicant will be appointed.

PROBATIONARY PERIOD: Police officers who are hired or Academy recruits who are promoted to Police Officer serve a 12-month probationary period.



VELDA CITY POLICE DEPARTMENT

2566 Lucas Hunt Rd.
Velda City, MO 63121
314-382-7004

Last Name _____	First Name _____	Middle Name _____
SSN # _____	Date of Birth _____	Telephone # () _____ - _____

I, _____ (Print 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 Velda City 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 or past employers, all law enforcement agencies, all military agencies, the Veterans Administration, any and all military branches, all Federal, State or local government agencies, State and Federal tax bureaus, credit bureaus, schools and universities to furnish any and all available information regarding my past or present performance, conduct, and/or behavior. I further authorize the release of any punitive or disciplinary action, or memorandum, to the Supervisor in order that the information be evaluated to assist in the determination of my suitability for police work.

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 purpose of conducting a pre-employment background investigation.

I authorize the Velda City Police Department to make any 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 their written records.

I understand that all materials pertaining to this background investigation become the property of the Velda City Police Department and will not be made available or returned to me. I agree to indemnify and hold harmless the person to whom this request is presented, along with the company or organization therein from any all claims, damages, losses and expenses, including reasonable attorney fees arising out of complying with this request.

I understand that in the event my application is disapproved, the sources of information obtained are confidential and cannot be revealed to me.

A photo static or Xerox copy of this authorization will be considered as effective and valid as the original, even though the copy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

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

My commission expires: _____, 20____.

Notary & Seal: _____

Signature of Applicant

Address, City/State/Zip

The mission of the Velda City Police Department is to work cooperatively with the public and within the framework of the constitution to enforce the laws, preserve the peace, reduce fear and provide a safe environment in our neighborhoods. The Velda City Police Department exists to serve the community by protecting life and property, by preventing crime, by enforcing laws, and by maintaining order for all people. Central to our mission are the values which guide our work and decisions. These help us to contribute to the high quality of life in Velda City. The public trust and confidence given to those in the police service requires the adoption and compliance of the stated values which are the foundation upon which our policies, goals and operations are built. The recognition and statement of values by a police department is important. Values are the foundation of everything for which we stand and believe. The leadership of the Velda City Police Department has the expectation that members of the Department will adhere to the highest ethical standards.



POLICE APPLICANT RECORD SEARCH

(THIS SECTION TO BE COMPLETED BY APPLICANT)

PLEASE PRINT

NAME: (Last) _____, (First) _____ (Middle) _____
Address: _____
City: _____
State: _____ Zip: _____
Other names used: _____ _____
Date of Birth: _____ Place of Birth: _____
Social Security Number : _____
License Plate Number _____ State/year ____ / ____

(THIS SECTION TO BE COMPLETED BY PERSONNEL SERVICES UNIT)

RECORDS CHECKLIST

- | | |
|---------------------------------|---------------------|
| MOI _____ | MULES RECORD _____ |
| ALERT _____ | NCIC RECORD _____ |
| HISTORY _____ | DOR _____ |
| CORRECTIONS _____ | OTHER _____ |
| SUMMONS _____ | LICENSE PLATE _____ |
| GANG MEMBER/ASSOCICATIONS _____ | STARS _____ |

RETURN TO THE PERSONNEL SERVICES UNIT WITH ATTACHED REPORT(S) AND PRINTOUT SHEET(S).

APPLICANT PERSONAL HISTORY QUESTIONNAIRE
PRE-EMPLOYMENT HISTORY FILE ACCESS RESTRICTED BY GENERAL ORDERS

VERIFICATION OF INFORMATION

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment or training with the Velda City Police Department. An extensive background investigation will be conducted into your personal history. Applicants for any position may be required to take a polygraph (lie detector) examination to confirm the information in this questionnaire, and to determine other items of background information.

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 CITY OF VELDA CITY.

I confirm that I have read and that I understand the above and that all statements and documents presented to the Velda City Police Department are true, correct, complete, and made in good faith.

Signature: _____ Date: _____

Please indicate position for which you are applying: _____

DIRECTIONS

1. BEFORE YOU BEGIN, read the entire set of directions and listing of documents required for submission. An application checklist is provided on page 13 for your convenience. This is a competitive process, therefore, applications will not be accepted, processed or evaluated unless complete. All addresses and phone numbers must include zip codes and area codes.
2. USE BLACK INK PEN ONLY. Complete this form in your own handwriting or printing. If you need any special accommodation in completing this questionnaire, contact Personnel (314) 382-6600.
3. Read each question carefully before answering. Be certain that your answers are legible.
4. Be certain that each question is answered COMPLETELY and CORRECTLY. Submit all documents as requested. If a question does not apply to you, write "N/A" (not applicable) in the space. Leave no blank space.
7. Initial EACH page on the bottom right corner.
8. Additional space is provided on pages 11 and 12 for answers which require clarification or further explanation. All entries on pages 11 and 12 will begin with page, section number (Roman numerals I-XIII), and question (letters A-L) you are explaining or clarifying.
7. Pursuant to Public Law 93-579, the disclosure of your Social Security Number is completely voluntary. Your refusal to reveal it will in no way affect applications for any job or consideration provided by this Department. The Social Security Number assists the Department in differentiating between applicants with similar or identical names.
8. Upon completion, the questionnaire must be returned to the Velda City Police Department, located at 2566 Lucas Hunt Rd, Velda City, MO 63121.

I. PERSONAL DATA

CONFIDENTIAL

FULL NAME	LAST	FIRST	MIDDLE	HOME PHONE		
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP CODE	BUSINESS PHONE/PAGER
PERMANENT ADDRESS	NUMBER	STREET	CITY	STATE	ZIP CODE	HOME PHONE
AGE	HEIGHT	WEIGHT	HAIR	EYES	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER			OPERATOR'S LICENSE NUMBER			STATE ISSUED
A. LIST ANY OTHER NAMES YOU HAVE EVER USED: _____						
B. ARE YOU A CITIZEN OF THE UNITED STATES?				C. WERE YOU NATURALIZED?		
YES NO				YES NO		
D. LIST FIRST YOUR PRESENT ADDRESS, THEN 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? YES NO						
IF "YES," DATE OF APPLICATION _____						
F. HAVE YOU FILED AN EMPLOYMENT APPLICATION WITH ANY OTHER SOURCES YES NO						
RECENTLY? IF "YES," LIST BELOW:						
DATE	ORGANIZATION/FIRM NAME	ADDRESS/ZIP CODE	POSITION APPLIED FOR	DISPOSITION		
G. ARE YOU ACQUAINTED WITH ANY VELDA CITY POLICE DEPARTMENT						
EMPLOYEES? IF "YES," PLEASE LIST: YES NO						

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?						
YES NO						

II. REFERENCES

CONFIDENTIAL

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

III. ARREST HISTORY

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 OF AMERICA OR IN ANY FOREIGN COUNTRY?				
DYES		ONO		IF "YES," DESCRIBE BELOW AND EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.
DATE	CHARGE	DEPARTMENT/AGENCY	LOCATION (CITY, COUNTY, STATE)	DISPOSITION
B. WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS OTHER THAN TRAFFIC?				
YES		NO		IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.
C. HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR FORMER OR CURRENT RESIDENCES FOR ANY REASON?				
YES		NO		IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.
D. HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED CRIME, INCLUDING THE BUYING OR SELLING OF ILLICIT DRUGS?				
YES		NO		IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.
E. ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW?				
YES		NO		IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

IV. EDUCATION AND SKILLS

CONFIDENTIAL

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, HIGH SCHOOL, COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED:

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

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 FULL DETAIL ON PAGES 11 AND 12.

E. HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION?

YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

F. ARE YOU A GRADUATE OF A CERTIFIED POLICE ACADEMY OR LAW ENFORCEMENT TRAINING PROGRAM?

YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

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

	FLUENT	ABOVE AVERAGE	FAIR
SPEAK			
READ			
WRITE			

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

INITIALS

V. EMPLOYMENT HISTORY

CONFIDENTIAL

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
EMPLOYER		ADDRESS		
CITY	STATE	ZIP CODE	PHONE NUMBER	
DATES EMPLOYED		HOURLY OR ANNUAL SALARY		JOB TITLE
FROM	TO	START	FINAL	
WORK PERFORMED		SUPERVISOR	CO-WORKER	
REASON FOR LEAVING				
EMPLOYER		ADDRESS		
CITY	STATE	ZIP CODE	PHONE NUMBER	
DATES EMPLOYED		HOURLY OR ANNUAL SALARY		JOB TITLE
FROM	TO	START	FINAL	
WORK PERFORMED		SUPERVISOR	CO-WORKER	
REASON FOR LEAVING				
EMPLOYER		ADDRESS		
CITY	STATE	ZIP CODE	PHONE NUMBER	
DATES EMPLOYED		HOURLY OR ANNUAL SALARY		JOB TITLE
FROM	TO	START	FINAL	
WORK PERFORMED		SUPERVISOR	CO-WORKER	
REASON FOR LEAVING				
EMPLOYER		ADDRESS		
CITY	STATE	ZIP CODE	PHONE NUMBER	
DATES EMPLOYED		HOURLY OR ANNUAL SALARY		JOB TITLE
FROM	TO	START	FINAL	
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 FULL DETAIL ON PAGES 11 AND 12.		
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 FULL DETAIL ON PAGES 11 AND 12.		
D. HAVE YOU EVER BEEN UNEMPLOYED FOR A PERIOD OF TIME IN EXCESS OF SIX MONTHS?				
YES	NO	IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.		

VIII. FINANCIAL STATUS

CONFIDENTIAL

A. LIST THE SOURCES OF ALL YOUR INCOME AT THE PRESENT TIME.						
TYPE OF INCOME	FIRM OR SOURCE NAME				MONTHLY AMOUNT	
YOUR SALARY						
OTHER EMPLOYMENT						
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 AMOUNT	
C. LIST ALL DEBTS AND OBLIGATIONS WHICH YOU NOW OWE, AND THE INDIVIDUALS OR FIRMS WITH WHOM YOU HAVE CREDIT DEALINGS. USE PAGES 11 AND 12 IF ADDITIONAL SPACE IS NEEDED.						
OBLIGATION	NAME, ADDRESS, ZIP CODE		ACCOUNT NUMBER	UNPAID BALANCE	MONTHLY PAYMENT	AMT PAST DUE
MORTGAGE 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 11 AND 12. 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?			J. HAVE YOU EVER FILED A LAWSUIT OR HAD A REPRESENTATIVE FILE A LAWSUIT ON YOUR BEHALF?			
YES No			YES No			
E. HAVE YOU EVER BEEN REFUSED CREDIT?			K. HAS YOUR TAX RETURN EVER BEEN AUDITED BY THE IRS FOR ANY REASON OTHER THAN A RANDOM AUDIT?			
YES No			YES No			
F. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED?			L. HAVE YOU EVER FAILED TO FILE OR BEEN DELINQUENT IN FILING YOUR TAX RETURN?			
YES NO			YES No			
G. HAVE YOU EVER FILED BANKRUPTCY?			I. HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES, INJURY, LIBEL, ETC. EITHER WITH OR WITHOUT COURT ACTION?			
YES No			YES No			
H. HAVE YOU EVER BEEN SUED IN COURT?						
YES No						
I. HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES, INJURY, LIBEL, ETC. EITHER WITH OR WITHOUT COURT ACTION?						
YES No						

IX. NARCOTIC AND LIQUOR USAGE

CONFIDENTIAL

A. WITHIN THE LAST SIX MONTHS, HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGES BECAUSE OF AN ADDICTION TO ALCOHOL?

YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

B. WITHIN THE LAST SIX MONTHS, HAVE YOU USED A CONTROLLED SUBSTANCE WITHOUT A PRESCRIPTION?

YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

X. 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

IF ENGAGED OR MARRIED, INDICATE THE FOLLOWING INFORMATION RELATIVE TO FIANCE(E) OR SPOUSE:

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

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, 49 WEEKS PER YEAR. ARE YOU ABLE TO MEET THESE REQUIREMENTS WITHOUT EXCESSIVE ABSENCES?

YES NO

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

YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

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

YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

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

XII AND XIII ARE TO BE COMPLETED BY POLICE OFFICER, RESERVE OFFICER AND SECURITY OFFICER APPLICANTS ONL Y.

XII. 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?

YES NO IF "YES," EXPLAIN IN DETAIL:

B. HAVE YOU EVER USED A WEAPON TO DEFEND YOURSELF OR OTHERS? IF "YES," EXPLAIN IN DETAIL:

YES NO

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

XIII. NARRATIVE

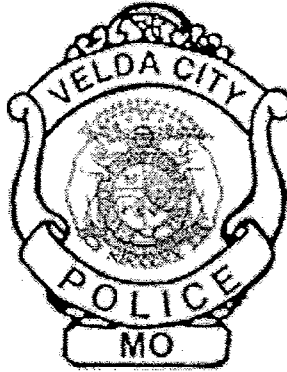
IN 25 TO 50 WORDS, EXPLAIN WHY YOU WISH TO BE A POLICE OFFICER, RESERVE OFFICER OR SECURITY OFFICER.

XIV. DRIVING HISTORY

CONFIDENTIAL

A. LIST ALL DRIVER'S OR CHAUFFEUR'S 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?						
YES 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?						
YES NO IF "YES," EXPLAIN IN DETAIL:						
H. HAVE YOU RECENTLY CHANGED AUTOMOBILE INSURANCE COMPANIES?						
YES NO IF "YES," INDICATE THE FOLLOWING INFORMATION RELATIVE TO YOUR PREVIOUS INSURANCE COMPANY.						
NAME OF COMPANY		ADDRESS		ZIP CODE	PHONE NUMBER	DATE DISCONTINUED

WAIVER FOR EXPERIENCED OFFICERS



I, _____, am making application to become a Police Officer for the Velda City Police Department. I am currently employed as a _____ for the _____.

I fully understand that the Velda City Police Department will perform a complete and thorough background investigation to ensure that I have the necessary skills, abilities and integrity to perform as a Police Officer for the Velda City Police Department.

I recognize and understand that this background investigation will include, but not be limited to, personal history, usage of illegal drugs, criminal misconduct, domestic violence, immoral behavior and any other behaviors deemed by the Velda City Police Department to be essential for service as a Police Officer.

I also fully understand that information learned by the Velda City Police Department may result in my not being hired. Recognizing all of the above, I hereby give the Velda City Police Department full and complete permission to disclose the findings and results of this comprehensive background investigation to my current employer, _____ . I understand that this disclosure may result in adverse consequences for me in my current job, including, but not limited to, termination from employment, negative reference for future employment and possible criminal prosecution. I agree to hold all employees of The City of Velda City and its Police Department harmless from any and all claims made by me as a result of this release of information.

I have read each of the above paragraphs and have signed this waiver at the bottom of this page. I fully understand this waiver, and have been offered the opportunity to withdraw my application for employment to the Velda City Police Department.

Current Employer

Address of Current Employer

Current Department Head

Phone number of Department Head

Signed this _____ day of _____, 20____.

Applicant Signature

Request for Transcript of Tax Return

(Rev. July 2005)

Department of the Treasury
Internal Revenue Service

- ▶ Do not sign this form unless all applicable lines have been completed.
Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-1872

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

St. Louis County Police Department - 7900 Forsyth - Clayton, MO 63105 - attn. Personnel Unit - (314) 615-4273

Caution: If a third party requires you to complete Form 4506-T, do not sign Form 4506-T if lines 6 and 9 are blank.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ 1040

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 20 business days

c Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 20 business days

7 Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

_____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Sign Here	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a ()
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

Note. If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the Internal Revenue Service at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team 310 Lowell St. Stop 679 Andover, MA 01810 978-691-6859
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team 4800 Buford Hwy. Stop 91 Chamblee, GA 30341 678-530-5326
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team 3651 South Interregional Hwy. Stop 6716 Austin, TX 78741 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888 559-253-4992
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team Stop B41-6700 Kansas City, MO 64999 816-823-7667
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP SE 135 Philadelphia, PA 19255-0695 215-516-2931

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the Internal Revenue Service at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800F Cincinnati, OH 45250 859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 10 min.;** **Preparing the form, 11 min.;** and **Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.



APPLICATION CHECKLIST

THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THIS APPLICATION, OR EXPLAIN FULLY WHY THEY ARE NOT INCLUDED. ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE ST. LOUIS COUNTY POLICE DEPARTMENT AND WILL NOT BE RETURNED.

1. Completed Verification of Information page.	Yes	No
2. Completed Certificate of Applicant and Authorization for Release of Information.	Yes	No
3. Police Applicant Record Search.	Yes	No
4. Copy of birth certificate.	Yes	No
5. Copies of all educational transcripts.	Yes	No
6. Two recent facial photographs. Polaroid, passport or photo booth photographs are acceptable.	Yes	No
7. Copy of your state operator's license.	Yes	No
8. Copy of your Social Security card.	Yes	No

IF YOU ARE UNABLE TO FURNISH ANY OF THESE DOCUMENTS, PLEASE EXPLAIN:

DOCUMENT NUMBER	REASON FOR EXCLUSION