



## CLAYCOMO POLICE DEPARTMENT EMPLOYMENT APPLICATION

**Answers must be typed or printed legibly with ink. Each question must be answered. There must be no blanks. If a question does not apply, write N/A.**

POSITION APPLIED FOR \_\_\_\_\_ DATE \_\_\_\_\_

FULL NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ANY OTHER NAMES KNOWN BY \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_  
(NUMBER AND STREET)  
\_\_\_\_\_  
(CITY) (STATE) (ZIP)

PHONE NUMBER ( ) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

D.L. NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

\*\*\*This information is used strictly for criminal history and background check.\*\*\*

WILL YOU WORK: FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_

WILL YOU WORK OVERTIME IF ASKED? YES \_\_\_\_\_ NO \_\_\_\_\_

IF HIRED, WHEN COULD YOU BEGIN? \_\_\_\_\_

IF HIRED PART-TIME, HOW MANY HOURS WEEKLY WOULD YOU BE ABLE TO WORK? \_\_\_\_\_ WHAT HOURS ARE YOU AVAILABLE? \_\_\_\_\_

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ARE YOU AN AMERICAN CITIZEN? YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO, ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU HAVE ANY RELATIVES EMPLOYED BY THE VILLAGE OF CLAYCOMO? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, LIST THEM AND THEIR POSITION WITH THE VILLAGE OF CLAYCOMO.

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DO YOU HAVE ANY PERSONAL ACQUAINTANCES EMPLOYED BY THE VILLAGE OF CLAYCOMO? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, LIST THEM AND THEIR POSITION WITH THE VILLAGE OF CLAYCOMO \_\_\_\_\_

DO YOU HAVE YOUR HIGH SCHOOL DIPLOMA OR EQUIVALENT? YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE LIST EACH HIGH SCHOOL, VOCATIONAL SCHOOL, COLLEGE, OR UNIVERSITY ATTENDED

NAME OF SCHOOL	CITY/STATE	DATE ATTENDED	GRADUATE YES/NO	DEGREE OR CREDITS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIST ANY SPECIALTY TRAINING YOU HAVE RECEIVED THAT WOULD BE BENEFICIAL FOR A POSITION WITH THE VILLAGE OF CLAYCOMO.

COURSE TITLE	LOCATION	DATE MO./YR.
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU KNOW HOW TO TYPE? YES \_\_\_\_\_ NO \_\_\_\_\_ IF SO, HOW MANY WORDS PER MINUTE? \_\_\_\_\_

ARE YOU FLUENT IN ANY FOREIGN LANGUAGES? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHICH ONES? \_\_\_\_\_

DO YOU KNOW ANY SPECIALTY LANGUAGES (i.e. sign language, shorthand...) YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE LIST THEM \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, LIST ALL CHARGES, INCLUDING TRAFFIC.

DATE	LOCATION	CHARGE	DISPOSITION

LIST THREE CHARACTER REFERENCES (OTHER THAN RELATIVES OR EMPLOYERS) YOU HAVE KNOWN AT LEAST THREE YEARS.

NAME	ADDRESS	PHONE

LIST BELOW YOUR RECORD OF EMPLOYMENT FOR THE PAST 10 YEARS STARTING WITH YOUR PRESENT EMPLOYER.

EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
DATES OF EMPLOYEMENT \_\_\_\_\_ SALARY \_\_\_\_\_  
IMMEDIATE SUPERVISOR \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
CAN THE EMPLOYER BE CONTACTED? YES \_\_\_\_\_ NO \_\_\_\_\_

EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
DATES OF EMPLOYEMENT \_\_\_\_\_ SALARY \_\_\_\_\_  
IMMEDIATE SUPERVISOR \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
CAN THE EMPLOYER BE CONTACTED? YES \_\_\_\_\_ NO \_\_\_\_\_

EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
DATES OF EMPLOYEMENT \_\_\_\_\_ SALARY \_\_\_\_\_  
IMMEDIATE SUPERVISOR \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
CAN THE EMPLOYER BE CONTACTED? YES \_\_\_\_\_ NO \_\_\_\_\_

EMPLOYER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 DATES OF EMPLOYEMENT \_\_\_\_\_ SALARY \_\_\_\_\_  
 IMMEDIATE SUPERVISOR \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_  
 CAN THE EMPLOYER BE CONTACTED? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU HAVE A MISSOURI STATE CERTIFICATION (IF APPLYING FOR POLICE OFFICER)? YES \_\_\_ NO \_\_\_ CERTIFICATION NUMBER \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS THAT WOULD AFFECT YOUR JOB PERFORMANCE? YES \_\_\_\_\_  
 NO \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_

LIST SPOUSE OR OTHER EMERGENCY CONTACT AND ANY DEPENDENTS:

NAME	ADDRESS	AGE

LIST BELOW, THE NAMES AND ADDRESSES OF YOUR FATHER, MOTHER, SISTERS, BROTHERS, FATHER-IN-LAW, MOTHER-IN LAW, AND THEIR CURRENT ADDRESSES. IF DECEASED, PLEASE INDICATE.

NAME	ADDRESS	RELATION

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WERE YOU IN THE ARMED FORCES? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHICH  
BRANCH? \_\_\_\_\_ HOW LONG? \_\_\_\_\_ RANK \_\_\_\_\_  
DUTIES \_\_\_\_\_  
TYPE OF DISCHARGE \_\_\_\_\_

DO YOU CURRENTLY HAVE A RESERVE MILITARY OBLIGATION? YES \_\_\_\_\_  
NO \_\_\_\_\_ IF YES, PLEASE DESCRIBE \_\_\_\_\_

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ARE YOU REGISTERED WITH SELECTIVE SERVICE? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER USED ANY HABIT FORMING OR PHYSICALLY ADDICTIVE  
DRUGS? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE EXPLAIN \_\_\_\_\_

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LIST ALL YOUR RESIDENCES FOR THE PAST 10 YEARS STARTING WITH THE MOST  
RECENT.

	CITY	STATE	ZIP
ADDRESS _____			

DATES LIVED THERE \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATES LIVED THERE \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATES LIVED THERE \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATES LIVED THERE \_\_\_\_\_

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HAVE YOU EVER FIRED A HANDGUN? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHAT TYPE?

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DO YOU KNOW HOW TO OPERATE ANY TYPE OF SPECIAL EQUIPMENT NOT  
PREVIOUSLY MENTIONED? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, LIST BELOW

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HAVE YOU EVER BELONGED TO ANY ORGANIZATION WHOSE GOAL IS TO OVERTHROW THE CONSTITUTION OF THE UNITED STATES? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, EXPLAIN BELOW \_\_\_\_\_

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LIST ANY ORGANIZATIONS YOU ARE CURRENTLY OR EVER HAVE BEEN A MEMBER

NAME	TYPE (i.e. social/ professional)	DATES
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ARE THERE ANY INCIDENTS IN YOUR LIFE, NOT PREVIOUSLY MENTIONED HEREIN, WHICH WOULD UNFAVORABLY REFLECT UPON YOUR SUITABILITY TO PERFORM DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, EXPLAIN FULLY \_\_\_\_\_

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WOULD YO BE WILLING TO SUBMIT TO A POLYGRAPH EXAMINATION, A PSYCHOLOGICAL EVALUATION AND /OR A MEDICAL EXAMINATION AS A PART OF THE HIRING PROCESS? YES \_\_\_\_\_ NO \_\_\_\_\_

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**IF APPLYING FOR A POLICE OFFICER POSITION ATTACH COPIES OF BIRTH CERTIFICATE, HIGH SCHOOL DIPLOMA OR GED, AND ANY CERTIFICATES FOR TRAINING YOU HAVE ACQUIRED.**

**APPLICANTS  
WAIVER OF LIABILITY AND RELEASE FORM**

**READ CAREFULLY BEFORE SIGNING:**

In order to permit the Claycomo Police Department to make a thorough investigation of my background, health, family, personal habits, and reputation, for the purpose of determining my fitness and suitability for employment with the department, I, \_\_\_\_\_ hereby release from liability and promise to hold harmless from any liability under any and all possible causes of legal action any and all persons who shall furnish any information or opinions regarding my background, health, family, personal habits or reputation. The undersigned hereby authorizes any person or legal entity who may be contacted by the Claycomo Police Department officers, agents or employees to release and transmit to such officers, agents, or employees, any background, health, family, personal entities contacted by the Claycomo Police Department any and all legal privileges I may have to maintain such information as confidential, including but not limited to the following privileges: attorney-client, physician-patient, psychotherapist-patient, clergyman-penitent, husband-wife, and accountant-client.

The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action the Claycomo Police Department, it's officers, it's agents, and it's employees, for any statements, acts, or omissions in the course of its investigation into my background, health, family, personal habits, and reputation.

I further realize that it is necessary or the Claycomo Police Department to thoroughly investigate all aspects of my personal background and qualifications and, by applying for employment with the department, I expressly waive all of my legal rights and causes of action to the extent that the Claycomo Police Department investigation (for purposes of evaluating my suitability or application for employment) may violate or infringe upon these aforementioned legal rights and cause of action of mine.

This release from liability given by me to the Claycomo Police Department it's officers, employees, agents, and all other s as heretofore provided, shall apply to any right of action that might accrue to myself, my heirs and my personal representatives.

**READ CAREFULLY BEFORE SIGNING**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_