

APPLICATION FOR EMPLOYMENT

COMMUNICATIONS OFFICER

Charleston Dept Public Safety
204 N. Main St
Charleston MO 63834

PLEASE PRINT ALL ANSWER LEGIBLY IN INK. ANSWER ALL QUESTIONS TO THE BEST OF YOUR ABILITY.

IF A QUESTION IS NOT APPLICABLE TO YOU, ENTER "NA" IN THE SPACE PROVIDED.

IF THERE IS INSUFFICIENT SPACE ON THE FORM FOR YOU TO INCLUDE ALL INFORMATION REQUIRED, ATTACH EXTRA SHEETS. BE SURE TO REFERENCE THE RELEVANT SECTION AND QUESTION NUMBER BEFORE CONTINUING YOUR ANSWER.

I fully realize that willfully withholding information or making false or incomplete statements during the pre-employment testing will be basis for dismissal and permanent disqualification for the Charleston Dept of Public Safety.

Signature of applicant

A. APPLICANT INFORMATION

Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Date of Birth: _____ Place of Birth: _____

Driver's License #: _____ State: _____

Scars, Tattoos or Marks: _____

Have you ever had your name legally changed? Yes _____ No _____

If yes, previous name: _____

Date and location of change: _____

Reason for change: _____

Nickname(s), maiden names by which you have been known: _____

B. RESIDENCES – Begin with present and list all you have lived at in the last five (5) years. List date by month and year.

From	To	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. WORK HISTORY – Begin with present employer or most recent job, list all employment in the last five (5) years, including part time, temporary or seasonal employment. Include all periods of unemployment.

1) Employer: _____ From: _____ To: _____

Address: _____

Phone #: _____ Job Title: _____

Duties: _____

Supervisor: _____ Co-Worker: _____

Reason for Leaving: _____

2) Employer: _____ From: _____ To: _____

Address: _____

Phone #: _____ Job Title: _____

Duties: _____

Supervisor: _____ Co-Worker: _____

Reason for Leaving: _____

3) Employer: _____ From: _____ To: _____

Address: _____

Phone #: _____ Job Title: _____

Duties: _____

Supervisor: _____ Co-Worker: _____

Reason for Leaving: _____

Were you ever discharged or forced to resign from any job because of misconduct or unsatisfactory service? Yes _____ No _____

If yes, please explain: _____

D. MILITARY RECORD

Have you ever served in the U.S. Armed Services? Yes _____ No _____

Date of Service: From _____ To _____

Branch of Service: _____ Unit: _____

Military Service Number: _____

Highest Rank Held: _____ Type of Discharge: _____

Were you ever disciplined while in military service (include court martial, captain's mast, company punishment, etc.)? Yes _____ No _____

Charge	Agency	Date	Age	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you received a discharge other than honorable, give complete details: _____

E. EDUCATIONAL HISTORY

1) High School	City and State	attended from	to	graduate yes	no
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2) College or University attended: _____

City and State: _____ From: _____ To: _____

Major/Minor: _____ Credit Hours: _____

Degree Received: _____

Date of Degree: _____ Student ID #: _____

College or University attended: _____

City and State: _____ From: _____ To: _____

Major/Minor: _____ Credit Hours: _____

Degree Received: _____

Date of Degree: _____ Student ID #: _____

List other schools attended (trade, vocational, business, etc.) Give name and address of school, dates attended, course of study, certificates and other pertinent information.

F. SPECIAL QUALIFICATIONS AND SKILLS

List any special licenses you hold (radio, pilot, scuba, etc.) showing licensing authority, original date of issue and date of expiration:

List any other skills or specifications that you may possess: _____

G. ARRESTS, DETENTIONS AND LITIGATION:

Have you ever been arrested, detained by police or summoned into court? Yes _____
No _____. If yes, complete the following:

Alleged Crime	Police Agency	Date	Disposition
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been involved as a party in civil litigation? Yes _____ No _____
If yes, give details.

H. MARITAL AND FAMILY HISTORY:

Present marital status: single _____ engaged _____ married _____
legally separated _____ divorced _____.

If engaged, name of fiancé: _____

Address: _____ Phone #: _____

If married, name of spouse (maiden): _____

Date of marriage: _____ City and State: _____

If you have been married before, list name of spouse, including maiden, and address of former spouse:

List all children related to you or your spouse (natural, adopted, foster, and step-children).

Name	Relation	Date of Birth	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all other dependents:

Name	Relation	Address
_____	_____	_____
_____	_____	_____

List other relatives in the following order: Father, Mother (including maiden name), brothers and sisters. If any are deceased, please indicate.

Name	Address	Phone #	Relation	Age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I. SOURCES OF INCOME:

Present monthly income or wage: _____

Do you have a bank account? Yes _____ No _____. If yes, list the type of account and address of institution.

Type of Account	Address of Institution
_____	_____
_____	_____

Do you have income from any source other than your principle occupation? Yes _____ No _____. If yes, give details:

List all business, investments, or other holdings in which you have a financial interest:

Item	Value of Interest
_____	_____
_____	_____
_____	_____

J. FINANCIAL OBLIGATION

Give names and addresses of the individuals, companies, or others to whom you are indebted and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts and payments. Include account numbers where applicable:

Type	Name/Address Creditor	Account number	Monthly payments	Total balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

K. MEDICAL HISTORY:

If applicable, please list and describe in detail any medical or mental condition you have that would significantly impair or restrict your ability to perform the following job related functions as a communications officer.

Job Function	NA	Description of condition
Hearing voices or sounds	_____	_____
Reading written information	_____	_____
Legibly writing reports	_____	_____
Speaking clearly to other people	_____	_____

Are you currently taking any medication prescribed by your physician? Yes _____
 No _____. If so, give details: _____

Have you ever received treatment for alcohol or drug dependence? Yes _____
 No _____. If yes, please explain _____

L. REFERENCES:

Please attach a list to this application of four persons whom you know well enough to provide current information about you. Please list name, home address, business address, home phone number, work phone number and occupation. Do not list relatives or former employers.

**M. LIST ALL OFFICERS OF THE CHARLESTON DPS WITH WHOM YOU ARE
AQUAINTED:**

N. MEMBERSHIP IN ORGANIZATIONS: (social, fraternal, professional, etc.)

Name and Address	Type	From	To
------------------	------	------	----

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

O. PERSONAL DECLARATIONS:

Have you ever used marijuana or any drug not prescribed by your physician?
Yes _____ No _____. If yes, explain in detail:

Have you ever sold or furnished drugs or narcotics to anyone? Yes _____ No _____
If yes, please explain in detail: _____

Do you have any religious or other beliefs which would prevent you from fully
performing your duties as a communications officer, including working on weekends,
evenings, or night shifts? Yes _____ No _____. If yes, please explain:

Are there any incidents in your life or details not mentioned herein which may
influence this department's evaluation of your suitability for employment as a
communications officer? Yes _____ No _____. If yes, please explain:

Are you willing to relocate within 15 miles of the city limits of Charleston MO?
Yes _____ No _____.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentation, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

Signature of Applicant

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I have applied for a position with the Charleston Department of Public Safety, Charleston MO. I fully understand the sensitive nature of this position and I recognize the necessity of a thorough investigation into my background.

In view of this need, I hereby expressly authorize any individual, company or institution to supply the Charleston Department of Public Safety any information concerning my personal or job history.

I further authorize the Charleston Department of Public Safety to release any information concerning my personal or job history to any governmental agency.

It is also agreed that I hereby expressly waive any claim or right of action against any party as a result of the release of any personal or job history information.

Social Security Number

Signature of Applicant

Date

Witness