



Saint Robert Police Dept
 194 Eastlawn Ave, Suite A
 Saint Robert, MO 65584
 (573) 451-2000 ext 1501

EMPLOYMENT APPLICATION SAINT ROBERT POLICE DEPT

The City of Saint Robert is an equal opportunity employer

(Print using black ink ONLY)

PERSONAL

Name _____
 (Last) (First) (Middle)

Address _____
 (Street) (City) (State) (Zip Code)

Telephone _____ Social Security Number _____
 (Area Code)

Driver's License Number _____ State _____ Expiration Date _____

Have you ever been convicted of a felony in the last seven years? Yes No Explain Felony: _____

Are you a citizen of the United States? Yes No _____

JOB INTERESTS / SKILLS

Position(s) applied for _____ Salary Desired _____

Have you applied for this position previously? Yes No If yes, when? _____

Type of employment requested Full Time Part Time/Reserve Police Officer Dispatcher Clerical

Date you could begin working _____ Typing Speed (WPM) _____

Summarize any other special skills or qualifications: _____

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	#OF YEARS	GRADE AVERAGE	MAXIMUM GRADE	DEGREE, DIPLOMA, CERTIFICATE, AND HONORS RECEIVED
HIGH SCHOOL						
COLLEGE OR UNIVERISTY						
OTHER EDUCATION						
P.O.S.T. PROVIDER OR POLICE ACADEMY						

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN,

I hereby authorize any Saint Robert Police Officer or other authorized representative of the Saint Robert Police Department bearing this release or copy thereof, to obtain any information in your files pertaining to my employment, military, credit, or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Saint Robert Police Department. Consent is granted for the Saint Robert Police Department to furnish such information as described above to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officer, 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 my Social Security Account Number on a voluntary basis with the understanding such is not required by statute or regulation. I have been advised the Saint Robert Police Department will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, whether a photo-copy or facsimile, you may contact me as indicated below.

FULL NAME: _____
(Signature)

FULL NAME: _____
(Typed or Printed Full Name)

Social Security Account Number: _____

Date: _____

Current Address: _____

Telephone Number: _____
(Area Code)

Witness: _____
(Signature)

Witness: _____
(Typed or Printed Full Name)