



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

# EMPLOYMENT APPLICATION ST ROBERT POLICE DEPT

*The City of St. 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 a position here before?  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  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

| 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 UNIVERSITY              |                   |                 |            |               |               |  |
| OTHER EDUCATION                    |                   |                 |            |               |               |  |
| P.O.S.T PROVIDER OR POLICE ACADEMY |                   |                 |            |               |               |  |

**EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)**

1. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (city) (State) (Zip Code)

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed From \_\_\_\_\_ TO \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Work Performed \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

2. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (city) (state) (Zip Code)

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Work Performed \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

3. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Work Performed \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

**REFERENCES**

| Name | Relationship | Home Phone | Daytime Phone |
|------|--------------|------------|---------------|
|      |              |            |               |
|      |              |            |               |
|      |              |            |               |

**ACKNOWLEDGEMENT**

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the St. Robert Police Department to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by the St. Robert Police Department. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_