WOODSON TERRACE POLICE DEPARTMENT

Colonel Randy Halstead Chief of Police 4305 Woodson Road, Woodson Terrace, MO 63134

Captain Bret Carbray Assistant Chief of Police



APPLICATION FOR EMPLOYMENT

Directions:

- Read each question carefully before answering.
- Be certain that each question is answered COMPLETELY and CORRECTLY and your answers are legible.
- Submit all documents as requested.
- If a question does not apply to you, write "N/A" (not applicable) in the space.
- Initial each page on the bottom right corner.
- Addition space is provided on pages 8 and 9 for answers that require clarification or further explanation. Please indicate the page number and the section when using the additional information page.

Under Federal Law the disclosure of your Social Security Number is completely voluntary. Your refusal to reveal your Social Security Number will in no way affect applications for any consideration for employment provided by the Woodson Terrace Police Department.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Woodson Terrace Police Department Mission Statement

Our mission is to provide essential services, preserve peace and order, reduce the occurrence and impact of crime, facilitate traffic safety, and protect the constitutional rights of all persons.



Woodson Terrace Police Department

(PLEASE PRINT)

												_
1. APPL	ICANT :	INFOR	RMA	TION								
Last Name					Fire	st			M.I.	Date		
Street Addı	ess								Apartmen	t/Unit #		
City					Sta	ate			ZIP			
Cell Phone	#:			ŀ	lome I	Phone#			Othe	r Phone#		
List any oth	ner names	you hav	e evei	r used:					·			
Are you a c	itizen of th	ne United	l State	es?) yes	O no If	no, are you au	thorized t	o work in th	e U.S.?	yes C) no
Have you e	ver previou	usly appl	lied w	ith the	City o	f Woodson Ter	race? O y	es 🔘	no	If so, when?	•	
Place of Bir	th:					Date of Birth		Social S	ecurity Nu	ımber		
Height:	Weight:	Hair:		Eyes:		Positioned App	olied for:	•				
Social Secu	irity Numbe	er:(optio	nal)	•		Desired Start	Date:		Desired	Salary:		
Have you fi	iled an emp	ploymen	t appl	ication	with a	nother agency	recently?	O ye	s 🔾	no If "Ye	s" please li	st below
Organizat	ion or Firm	Name		Addres	S	Position ap	oplied for		Date		Disposit	ion
Are you aco	quainted w	ith any V	Voods	son Ter	race P	olice Departme	ent Employee	?	s O	no If "Ye	es" please l	ist below
2. EDU	CATION											
High Schoo	ol						Address					
From		То			Did y	ou graduate?			Degree			
College							Address					
From		То			Did y	ou graduate?			Degree			
Other							Address					
From		То			Did y	ou graduate?	•		Degree			
3. MILI	TARY SI	ERVIC	E									
Branch									From		То	
Rank at Di	ischarge								Туре	of Discharg	je	
If other th	an honoral	ole, expl	ain:									
											Page 2	Initials

4. EMPLOYMENT					
Start with your present or last job. Inc exclude organizations which indicate ra		/ service assign	ments and volunteer	activities. Y	ou may
Company			Phone ()		
Address			Supervisor		
Job Title	Starting Salary \$		Ending Salary \$		
Responsibilities	•				
From To	Reason for Leaving				
May we contact your previous supervis	or for a reference?	o yes	O no		
Company			Phone ()		
Address			Supervisor		
Job Title	Starting Salary \$		Ending Salary \$		
Responsibilities					
From To	Reason for Leaving				
May we contact your previous supervis	or for a reference?	yes	O no		
Company			Phone ()		
Address			Supervisor		
Job Title	Starting Salary \$		Ending Salary \$		
Responsibilities					
From To	Reason for Leaving				
May we contact your previous supervis	or for a reference?	yes	O no		
Company			Phone ()		
Address			Supervisor		
Job Title	Starting Salary \$		Ending Salary \$		
Responsibilities					
From To	Reason for Leaving				
May we contact your previous supervis	or for a reference?	yes	O no		
Company			Phone ()		
Address			Supervisor		
Job Title	Starting Salary \$		Ending Salary \$		
Responsibilities					
From To	Reason for Leaving				
May we contact your previous supervis	or for a reference?	yes	O no	Tn -	w *.* =
				Page 3	Initials

5. PROFESSIO (EMT, GVW,			SISTI	RATION O	R CE	RTIFIC	CATE	S		
Name and complete	address of Po	lice Academy	or Pro	fessional Lice	nsing A	Agency:				
Name of Police Acade	emy									
Street Address							Apar	tment/Unit/Sui	ite #	
City		St	ate				ZIP			
Type of license		I					<u> </u>			
License Number:				Date issu	ıed					
6. SPECIALIZE	D SKILLS	}								
FOREIGN LA	NGUAGE	REA	ADING	SI	PEAKIN	IG	UND	DERSTANDING	W	RITING
Briefly list any train have any copies of	ing or skills, i certificates fo	ncluding comp r any training	puters, , pleas	that would be attach them	e of as	sistance i e applicat	in the	e job you are ap	pplying for	T. If you
7. FAMILY	Are you ?	Single	·	Married	_ Sepa	rated		Divorced	Widow	ed
Spouse or Fiance's N	lame	DOB:	4	ddress				Phone	Date of	⁻ Marriage
Separated or Ex-spo	use's name:	Date separat	ed: A	ddress			-	Phone	Cause	Number
If Spouse is decease	d, provide ful	I name:					ı	Date of Death		
LIST YOUR SPOUS	SE AND ALL	CHILDREN R	ELATE	D TO YOU O	R YOU	JR SPOU	SE			
NAME	RI	ELATION	DA	ΓΕ OF BIRTH		AD	DRES	SS	SUPPORT	D BY WHOM
						,				
List the full names NAME	or your imn	ADDRESS	iy suc	RELATION		er (maid DOB		PHONE		CUPATION
NAME		ADDRESS		RELATION	SHIP	DOB)	PHONE	000	LUPATION
									Page 4	Initials

8. RESIDEN	ICE: LIST ALL	PLACES Y	OU HAVE LIVED IN	THE PAS	T 10 YEARS			
MONTH/YEAR FROM	MONTH/YEAR TO		ADDRESS			LIVE	O WITH?	
9. CRIMINA	AL CONVICT	IONS:						
Other than traff Assault? Oy		an adult or ju If yes, list b	uvenile, been charged or o elow	convicted o	of a Felony, Miso	demeanor, or	Domestic	
CHARGE	AGENO	CY CO	OURT OF JURISDICTION	LOCAT	ION (City, Coun	ty, State)	DATI	Ε
10. Driving	-							
List all driving c	itations or summ	onses you ha	ave received beginning wi	th the mos	st recent.			
Month/Year	Charg	le	City/State	Issui	ng Department/	Agency	Disposi	tion
44 34 11 1								
11. Vehicl								
List all venicles	wnich you curre	ntiy own, lea	se, or personally use.					
Year	Mak	e 	Model		License N	lumber	State	e
12. Vehicle	Accidents							
		nts have y	ou been involved in	during th	ne past 5 yea	ars?		
List the acciden		<u> </u>			<u> </u>			
						ъ.	- ·	•,• •

13. REFERENCES				
Please list three professional r	references you have known for at	least 3 years or more.		
Full name		Known how long?		
Relationship		Phone ()		
Address				
Full name		Known how long?		
Relationship		Phone ()		
Address				
Full name		Known how long?		
Relationship		Phone ()		
Address				
14. E-MAIL ADDRESS	: List all E-mail addresses			
Primary		Secondary		
	List all social media site accounts, st accounts with.	personal Blogs, and screen names th	nat you have an	active or
	oc accounted within			
16. Financial Status:	List all sources of income	at the present time.		
Type of Income	Firm or So	arce of Income	Annual An	nount
Your Salary				
Other Employment				
Dividends / Interest				
Military				
Other (Specify)				
other (speerly)			Total:	
If your spouse is employed, lis	st the name of the business:		Phone:	
Title:	Company Address:			
Mark "Yes" if any of the quest marked "yes" to any questions	ions involves you, your spouse, or s below.	r an ex-spouse. List an explanation o	n pages 8 or 9 i	f you
	uent in any of your financial oblig	ations?) yes	O no
B. Have you ever had any of y	our property repossessed?		yes	O no
C. Have you ever filed bankru	ptcy?		yes	O no
D. Have you ever been sued in	n court?		yes	no
E. Has your tax return ever be	een audited by the IRS for any rea	ason other than a random audit?	yes	O no
17. NOTICE TO APPL	ICANT			
		erification. Previous employers may l	pe contacted as	
references. Do you want to b	e informed before we contact you	r present employer?	o yes	O no
			Page 6	Initials

18. Employment Questionnaire -List explanations on pages 8 or 9 for any marked "ye	es" questions.	
L. Do you know of any reason that you could not pass a background check?	o yes	O no
3. Have you ever been dismissed, fired, or asked to resign from any employment?	yes	O no
. Have you ever received disciplinary action from an employer?	o yes	O no
D. Have you ever stolen from an employer?	yes	O no
. Have you ever been unemployed for a period of time in excess of 6 months?	o yes	O no
- Have you ever assisted someone in committing a crime?	o yes	O no
. Have you ever falsified a police report?	yes	O no
I. Have you ever accepted money not to report a crime?	o yes	O no
. Has any driver's license issued to you ever been suspended or revoked?	yes	O no
. Were you ever served with a criminal or civil subpoena.	o yes	O no
C. Have the police ever been called to any of your former or current residence for any reason?	yes	O no
. Are you currently under investigation for any violation of the law?	yes	O no
1. Have you ever been suspended, expelled, or asked to leave any school for disciplinary reasons	? yes	O no
I. Have you ever committed a crime where you were not arrested or the crime went undetected?	yes	O no
D. Have you ever served in a military or naval organization of any foreign government?	o yes	O no
. Have you ever used, sold, or otherwise handled in an illegal manner any controlled substance?	yes	O no
.9. Use of Force:		
If the necessity arose for you to use deadly force in the course of your duties as an officer, wor reluctance to do so?	ıld you have an	у
f "Yes", please explain in detail:	o yes	O no
3. Have you ever used a weapon to defend yourself or another?		
If "Yes", please explain in detail:) yes	O no

Use this page fo	r any addition information. List the section number where the additional information applies.
Section (1-20)	Additional Information

Use this page fo	r any addition information. List the section number where the additional informat	ion applies.
Section (1-20)	Additional Information	
20 DICCL 1	THER AND CICNATURE	
20. DISCLA	IMER AND SIGNATURE	
nature, which m with or without	hat, unless otherwise defined by law, any employment relationship with this depa leans that the Employee may resign at any time and the Employer may discharge cause. I certify that my answers are true and complete to the best of my knowled ment, I understand that false or misleading information in my application or inter	the Employee at any time dge. If this application
Signature:		Date:
		D 0 T 1/1 I

WOODSON TERRACE POLICE DEPARTMENT

Colonel Randy Halstead Chief of Police 4305 Woodson Road, Woodson Terrace, Missouri 63134

Captain Bret Carbray Assistant Chief of Police



Application Checklist

The following documents must by included with this application. If any of the documents have not been included you must explain in detail why the document has not been included. All documents submitted with this application become the property of the City of Woodson Terrace Police Department, and will not be returned.

The following documents need to submitted with all applications:

Birth Certificate (must be State issued with a raised impression, certified, or notarized).	yes (no
2. High School Diploma w/ transcripts or GED Certificate.	yes (no
3. College Degree and certified transcripts (if applicable).	yes (no
4. A Credit Report from all three major credit reporting agencies. (Experian , TransUnion ®, and Equifax®)	yes	no
5. Military Discharge DD214, indicating type of discharge (if applicable).	yes	no
6. Any Special Award Certificates (i.e. school, military, etc.).	yes	O no
7. Naturalization papers (if applicable).	yes	O no
8. A copy of any license including state issued operator's license, Pilot's license, POST Certificate, or any other specialized license.) yes	O no
Document number and detailed reason why the document was not included with this application:		

WOODSON TERRACE POLICE DEPARTMENT

Colonel Randy Halstead Chief of Police

Last Name

4305 Woodson Road, Woodson Terrace, Missouri 63134

Captain Bret Carbray Assistant Chief of Police

Middle Initial



<u>Certificate of Applicant</u> <u>Authorization for Release of Information</u>

First Name

address		
		DOB:
I	and to ANY authorized representati	iew of and full disclosure of all records, ve of the Woodson Terrace, Mo Police ure.
The intent of this authorization is to give minstitutions; financial or credit institutions, savings accounts, and loans, and also the retratings); military records; public utility conreports, efficiency ratings, complaints or grouperty tax statements and records, and other complaint, arrest, trial and/or convictions traffic records; the results of any polygraph wheresoever located, and to include the record representing me or another person in any careful and to include the record representing me or another person in any careful and to include the record representing me or another person in any careful and to include the record representing me or another person in any careful and to include the record representing me or another person in any careful and to include the record representing me or another person in any careful and the record representation and record representation and record representation and record representation and record representat	including records of deposits, without cords of commercial or retail credit apanies; employment and pre-emploievances filed by or against me, and rer financial statements and records for alleged or actual violations of examinations; records of complain ords and recollections of attorneys	drawals and balances of checking and tagencies (including credit reports and/opyment records, including background disalary records; real estate and personal swherever filed; medical records; record law; including criminal, civil and/or tof a civil nature made by or against meat law, or of other counsel, whether
reiterate, and emphasize that the intent of istory of my personal life, for the specific	purpose of pursuing a background i	investigation which may provide
employment by that department. It is my sp	ecific intent to provide access to pe	rsonal information, however personal or
employment by that department. It is my sp confidential it may appear to be, and the southereby release you, as the custodian of such institution, consumer reporting agency, or repersonnel, both individually and collectively my time result to me, my heirs, family or an elease information, or any attempt to comp Department to furnish such information, as	ecific intent to provide access to peurces of information specifically identification of the records, and any school, college, etail business establishment including, from any and all liability for damps of compliance willy with it. Consent is granted to the	ersonal information, however personal of entified herein. university, or other educational ing it's officers, employees, or related mages of whatever kind, which may at the this authorization and request to Woodson Terrace Mo Police
pertinent data for the Woodson Terrace Mosemployment by that department. It is my specially confidential it may appear to be, and the southereby release you, as the custodian of such anstitution, consumer reporting agency, or repersonnel, both individually and collectively my time result to me, my heirs, family or an elease information, or any attempt to compoperatment to furnish such information, as esponsibilities. understand that all materials pertaining to Mo Police Department and will not be returned.	ecific intent to provide access to peurces of information specifically identification of the records, and any school, college, etail business establishment includity, from any and all liability for dampsociates because of compliance willy with it. Consent is granted to the described above, to third parties in this background investigation become	ersonal information, however personal of entified herein. university, or other educational ing it's officers, employees, or related hages of whatever kind, which may at the this authorization and request to a Woodson Terrace Mo Police the course of fulfilling it's official
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