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.
- Additional 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 I  | NFOR     | RMAT    | ION    | I        |                |                |             |                  |               |          |             |           |
|----------------|--|----------|---------|--------|----------|----------------|----------------|-------------|------------------|---------------|----------|-------------|-----------|
| Last Name F    |  |          | Firs    | rst    |          |                | M.I.           | I. Date     |                  |               |          |             |           |
| Street Addr    | ess  |          |         |        |          |                | Apartment      |             |                  | tment/Un      | it #     |             |           |
| City           |  |          |         |        | Sta      | ite            |                |             | ZIP              |               |          |             |           |
| Cell Phone#    | <i>‡</i> :   |          |         |        | Home F   | Phone#         |                | -           |                  | Other Ph      | one#     |             |           |
| List any oth   | ner names y  | ou hav   | e ever  | used   | :        |                |                |             |                  | -             |          |             |           |
| Are you a c    | itizen of the  | e United | l State | es? (  | ) yes    | 🔵 no If        | no, are you au | ithorized t | o wor            | k in the U.S  | 6.?      | yes C       | ) no      |
| Have you e     | Have you ever previously applied with the City of Woodson Terrace? O yes O no If so, when? |          |         |        |          |                |                |             |                  |               |          |             |           |
| Place of Bir   | th:  |          |         |        |          | Date of Birth  |                | Social S    | ecuri            | ty Numbe      | r        |             |           |
| Height:        | Weight:  | Hair:    |         | Eyes:  |          | Positioned App | olied for:     |             |                  |               |          |             |           |
| Social Secu    | rity Numbe   | r:(optio | onal)   |        |          | Desired Start  | Date:          |             | De               | esired Sal    | ary:     |             |           |
| Have you fi    | led an emp   | loymen   | t appli | cation | n with a | nother agency  | recently?      | 🔵 ye        | s                | $\bigcirc$ no | If "Yes' | " please li | st below  |
| Organizati     | on or Firm I   | Name     | Å       | Addres | SS       | Position ap    | oplied for     |             | Date Disposition |               |          | ion         |           |
|                |  |          |         |        |          |                |                |             |                  |               |          |             |           |
|                |  |          |         |        |          |                |                |             |                  |               |          |             |           |
| Are you acc    | quainted wit   | th any \ | Noods   | on Tei | rrace P  | olice Departme | ent Employee   | ? 🔵 ye      | S                | 🔵 no          | If "Yes  | s" please l | ist below |
|                |  |          |         |        |          |                |                |             |                  |               |          |             |           |
| 2. EDUC        | CATION   |          |         |        |          |                | _              |             |                  |               |          |             |           |
| High Schoo     | I  |          |         |        |          |                | Address        |             |                  |               |          |             |           |
| From           |  | То       |         |        | Did y    | ou graduate?   | Degree         |             |                  |               |          |             |           |
| College        |  |          |         |        |          |                | Address        |             |                  |               |          |             |           |
| From           |  | То       |         |        | Did y    | ou graduate?   | •              |             | Deg              | ree           |          |             |           |
| Other          |  |          |         |        |          |                | Address        |             |                  |               |          |             |           |
| From           |  | То       |         |        | Did y    | ou graduate?   | ·              |             | Deg              | ree           |          |             |           |
| 3. MILI        | TARY SE  | RVIC     | E       |        | ·        |                |                |             |                  |               |          |             |           |
| Branch From To |  |          |         |        |          |                |                |             |                  |               |          |             |           |
| Rank at Di     | Rank at Discharge Type of Discharge  |          |         |        |          |                |                |             |                  |               |          |             |           |
| If other the   | an honorab   | le, expl | ain:    |        |          |                |                |             |                  |               |          |             |           |
| L              |  |          |         |        |          |                |                |             |                  |               |          | Page 2      | Initials  |
|                |  |          |         |        |          |                |                |             |                  |               |          |             |           |

#### 4. EMPLOYMENT

| Start with your present or last job. I exclude organizations which indicate |                              |                  | service assign   | ments and volunteer | activities. Y | ou may   |  |  |
|---|------------------------------|------------------|------------------|---------------------|---------------|----------|--|--|
| Company   |                              | Phone ( )        |                  |                     |               |          |  |  |
| Address   |                              |                  |                  | Supervisor          |               |          |  |  |
| Job Title   | Sta                          | arting Salary \$ |                  | Ending Salary \$    |               |          |  |  |
| Responsibilities  | Responsibilities             |                  |                  |                     |               |          |  |  |
| From To   | From To Reason for Leaving   |                  |                  |                     |               |          |  |  |
| May we contact your previous supervisor for a reference? yes no             |                              |                  |                  |                     |               |          |  |  |
| Company   |                              |                  |                  | Phone ( )           |               |          |  |  |
| Address   | Supervisor                   |                  |                  |                     |               |          |  |  |
| Job Title   | Sta                          | arting Salary \$ |                  | Ending Salary \$    |               |          |  |  |
| Responsibilities  | ·                            |                  |                  |                     |               |          |  |  |
| From To   | Reason                       | for Leaving      |                  |                     |               |          |  |  |
| May we contact your previous super  | 🔘 no                         |                  |                  |                     |               |          |  |  |
| Company   | Phone ( )                    |                  |                  |                     |               |          |  |  |
| Address   |                              |                  |                  | Supervisor          |               |          |  |  |
| Job Title Starting Salary \$  |                              |                  | Ending Salary \$ |                     |               |          |  |  |
| Responsibilities  |                              |                  |                  |                     |               |          |  |  |
| From To   | Reason                       | for Leaving      |                  |                     |               |          |  |  |
| May we contact your previous super  | visor for a r                | eference?        | $\bigcirc$ yes   | 🔘 no                |               |          |  |  |
| Company   |                              |                  |                  | Phone ( )           |               |          |  |  |
| Address   | 1                            |                  |                  | Supervisor          |               |          |  |  |
| Job Title   | Sta                          | arting Salary \$ |                  | Ending Salary \$    |               |          |  |  |
| Responsibilities  |                              |                  |                  |                     |               |          |  |  |
| From To   | Reason                       | for Leaving      |                  |                     |               |          |  |  |
| May we contact your previous super  | visor for a r                | eference?        | $\bigcirc$ yes   | 🔵 no                |               |          |  |  |
| Company   |                              |                  |                  | Phone ( )           |               |          |  |  |
| Address   |                              |                  |                  | Supervisor          |               |          |  |  |
| Job Title   | Job Title Starting Salary \$ |                  |                  |                     |               |          |  |  |
| Responsibilities  |                              |                  |                  |                     |               |          |  |  |
| From To   | Reason                       | for Leaving      |                  |                     |               |          |  |  |
| May we contact your previous super  | visor for a r                | eference?        | 🔵 yes            | 🔵 no                | 1             |          |  |  |
|   |                              |                  |                  |                     | Page 3        | Initials |  |  |

| 5. PROFESSIONAL LICENSES, REGISTRATION OR CERTIFICATES<br>(EMT, GVW, Diver, POST, etc.) |                                      |                                   |                    |                            |                   |                         |                       |      |              |          |
|---|--------------------------------------|-----------------------------------|--------------------|----------------------------|-------------------|-------------------------|-----------------------|------|--------------|----------|
| Name and complete a   | address of Po                        | lice Academy o                    | r Profe            | ssional Lice               | nsing A           | gency:                  |                       |      |              |          |
| Name of Police Acade  | emy                                  |                                   |                    |                            |                   |                         |                       |      |              |          |
| Street Address  | treet Address Apartment/Unit/Suite # |                                   |                    |                            |                   |                         |                       |      |              |          |
| City  |                                      | Stat                              | e                  |                            |                   |                         | ZIP                   |      |              |          |
| Type of license   |                                      |                                   |                    |                            |                   |                         |                       |      |              |          |
| License Number:   |                                      |                                   |                    | Date issu                  | led               |                         |                       |      |              |          |
| 6. SPECIALIZE   | D SKILLS                             |                                   |                    |                            |                   |                         |                       |      |              |          |
| FOREIGN LAN   | NGUAGE                               | READ                              | DING               | SF                         | PEAKIN            | G                       | UNDERSTANDING         | G    | WRI          | TING     |
|   |                                      |                                   |                    |                            |                   |                         |                       |      |              |          |
|   |                                      |                                   |                    |                            |                   |                         |                       |      |              |          |
| Briefly list any traini have any copies of c  | ng or skills, in<br>certificates for | ncluding compu<br>any training, p | iters, t<br>please | hat would b<br>attach them | e of as<br>to the | sistance i<br>applicati | n the job you are on: | appl | lying for. I | f you    |
|   |                                      |                                   |                    |                            |                   |                         |                       |      |              |          |
|   |                                      |                                   |                    |                            |                   |                         |                       |      |              |          |
|   |                                      |                                   |                    |                            |                   |                         |                       |      |              |          |
| 7. FAMILY   | Are you ?                            | Single                            | Ma                 | arried                     | Sepa              | rated                   | Divorced              |      | Widowed      |          |
| Spouse or Fiance's N  | ame                                  | DOB:                              | Ad                 | dress                      |                   |                         | Phone                 |      | Date of M    | arriage  |
| Separated or Ex-spou  | use's name:                          | Date separate                     | d: Address         |                            |                   |                         | Phone                 |      | Cause Nu     | mber     |
| If Spouse is deceased   | d, provide ful                       | name:                             |                    |                            |                   |                         | Date of Death         | 1    |              |          |
| LIST YOUR SPOUS   |                                      |                                   |                    |                            | r you             |                         |                       | -1   |              |          |
| NAME  | RE                                   | ELATION                           | DATE               | OF BIRTH                   |                   | ADI                     | DRESS                 | SU   | JPPORTED     | BY WHOM  |
|   |                                      |                                   |                    |                            |                   |                         |                       | _    |              |          |
|   |                                      |                                   |                    |                            |                   |                         |                       | _    |              |          |
|   |                                      |                                   |                    |                            |                   |                         |                       | _    |              |          |
|   |                                      |                                   |                    |                            |                   |                         |                       |      |              |          |
| List the full names   | of your imn                          | -                                 | / such             |                            |                   | -                       |                       | nd/c |              |          |
| NAME  |                                      | ADDRESS                           |                    | RELATION                   | 5015              | DOB                     | PHONE                 |      |              | PATION   |
|   |                                      |                                   |                    |                            |                   |                         |                       |      |              |          |
|   |                                      |                                   |                    |                            |                   |                         |                       |      |              |          |
|   |                                      |                                   |                    |                            |                   |                         |                       |      |              |          |
|   |                                      |                                   |                    |                            |                   |                         |                       | T    | Demo 4       | T        |
|   |                                      |                                   |                    |                            |                   |                         |                       |      | Page 4       | Initials |

| 8. RESIDEN                   | ICE: LIST ALL   | PLACES Y                           | OU HAVE LIVED IN                 | THE PAS     | T 10 YEARS        |             |                |  |
|------------------------------|---|------------------------------------|----------------------------------|-------------|-------------------|-------------|----------------|--|
| MONTH/YEAR<br>FROM           | MONTH/YEAR<br>TO  |                                    | ADDRESS                          |             |                   | LIVED WITH? |                |  |
|                              |   |                                    |                                  |             |                   |             |                |  |
|                              |   |                                    |                                  |             |                   |             |                |  |
|                              |   |                                    |                                  |             |                   |             |                |  |
|                              |   |                                    |                                  |             |                   |             |                |  |
|                              |   |                                    |                                  |             |                   |             |                |  |
| 9. CRIMIN                    | AL CONVICT  | IONS:                              |                                  |             |                   |             |                |  |
| Other than traff<br>Assault? | fic, have you, as a   | an adult or juv<br>If yes, list be | venile, been charged or c<br>low | convicted o | of a Felony, Mise | demeanor,   | or Domestic    |  |
| CHARGE                       | AGENO   | сү со                              | URT OF JURISDICTION              | LOCATI      | ON (City, Coun    | ty, State)  | DATE           |  |
|                              |   |                                    |                                  |             |                   |             |                |  |
|                              |   |                                    |                                  |             |                   |             |                |  |
|                              |   |                                    |                                  |             |                   |             |                |  |
| 10. Driving                  | g History:  |                                    |                                  |             |                   |             |                |  |
| List all driving c           | itations or summ  | onses you hav                      | ve received beginning wit        | th the mos  | t recent.         |             |                |  |
| Month/Year                   | Charg   | e                                  | City/State                       | Issuir      | ng Department,    | Agency      | Disposition    |  |
|                              |   |                                    |                                  |             |                   |             |                |  |
|                              |   |                                    |                                  |             |                   |             |                |  |
|                              |   |                                    |                                  |             |                   |             |                |  |
|                              |   |                                    |                                  |             |                   |             |                |  |
| 11. Vehicl                   |   |                                    |                                  |             |                   |             |                |  |
| List all vehicles            |   |                                    | e, or personally use.            |             |                   |             |                |  |
| Year                         | Make  | 9                                  | Model                            |             | License N         | lumber      | State          |  |
|                              |   |                                    |                                  |             |                   |             |                |  |
|                              |   |                                    |                                  |             |                   |             |                |  |
| 12 Vohicle                   | e Accidents   |                                    |                                  |             |                   |             |                |  |
|                              |   | nts have yo                        | u been involved in o             | during th   | ne past 5 yea     | ars?        |                |  |
|                              | How many vehicle accidents have you been involved in during the past 5 years? |                                    |                                  |             |                   |             |                |  |
|                              |   |                                    |                                  |             |                   |             |                |  |
|                              |   |                                    |                                  |             |                   |             |                |  |
|                              |   |                                    |                                  |             |                   | Pa          | age 5 Initials |  |

| 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                             |         |             |           |  |
|  | ist all social media site accounts,<br>st accounts with. | personal Blogs, and screen names th   | nat you | u have an   | active or |  |
|  |  |                                       |         |             |           |  |
|  |  |                                       |         |             |           |  |
| 16. Financial Status:  | List all sources of income                               | at the present time.                  |         |             |           |  |
| Type of Income   | Firm or Sou  | arce of Income                        | 1       | Annual Ar   | nount     |  |
| Your Salary  |  |                                       |         |             |           |  |
| Other Employment   |  |                                       |         |             |           |  |
| Dividends / Interest   |  |                                       |         |             |           |  |
| Military   |  |                                       |         |             |           |  |
| Other (Specify)  |  |                                       |         |             |           |  |
|  |  |                                       | Total:  |             |           |  |
| If your spouse is employed, lis  | st the name of the business:                             |                                       | Phone   | e:          |           |  |
| Title:   | Company Address:   |                                       |         |             |           |  |
| Mark "Yes" if any of the questi<br>marked "yes" to any questions   | ions involves you, your spouse, or<br>s below.           | r an ex-spouse. List an explanation o | n page  | es 8 or 9 i | f you     |  |
|  | uent in any of your financial obliga                     | ations?                               | (       | yes         | O no      |  |
| <b>B.</b> Have you ever had any of y   |  |                                       |         | yes         | <u> </u>  |  |
| C. Have you ever filed bankru  |  |                                       | (       | yes         |           |  |
| D. Have you ever been sued in court? yes   E. Has your tax return ever been audited by the IRS for any reason other than a random audit? yes |  |                                       |         |             | no<br>    |  |
| <b>17. NOTICE TO APPLICANT</b>   |  |                                       |         |             |           |  |
| Information that you provide   | on this application is subject to v                      | erification. Previous employers may t | be con  | tacted as   |           |  |
|  | e informed before we contact you                         |                                       | (       | ) yes       | 🔵 no      |  |
| <u> </u>   |  |                                       |         | Page 6      | Initials  |  |

| 18. Employment Questionnaire -List explanations on pages 8 or 9 for any marked "yes" que  | uestions.           |            |
|---|---------------------|------------|
| A. Do you know of any reason that you could not pass a background check?  | 🔵 yes               | 🔘 no       |
| <b>B.</b> Have you ever been dismissed, fired, or asked to resign from any employment?  | 🔵 yes               | 🔵 no       |
| C. Have you ever received disciplinary action from an employer?   | 🔵 yes               | 🔵 no       |
| D. Have you ever stolen from an employer?   | ) yes               | 🔵 no       |
| E. Have you ever been unemployed for a period of time in excess of 6 months?  | 🔵 yes               | 🔵 no       |
| F. Have you ever assisted someone in committing a crime?  | 🔵 yes               | 🔵 no       |
| G. Have you ever falsified a police report?   | 🔵 yes               | 🔵 no       |
| H. Have you ever accepted money not to report a crime?  | ⊖ yes               | 🔵 no       |
| I. Has any driver's license issued to you ever been suspended or revoked?   | 🔵 yes               | 🔵 no       |
| J. Were you ever served with a criminal or civil subpoena.  | 🔵 yes               | 🔘 no       |
| K. Have the police ever been called to any of your former or current residence for any reason?  | ⊖ yes               | 🔵 no       |
| L. Are you currently under investigation for any violation of the law?  | ⊖ yes               | 🔵 no       |
| M. Have you ever been suspended, expelled, or asked to leave any school for disciplinary reasons?                                       | 🔵 yes               | 🔵 no       |
| N. Have you ever committed a crime where you were not arrested or the crime went undetected?  | ⊖ yes               | 🔵 no       |
| <b>O.</b> Have you ever served in a military or naval organization of any foreign government?   | 🔵 yes               | 🔵 no       |
| P. Have you ever used, sold, or otherwise handled in an illegal manner any controlled substance?  | 🔵 yes               | 🔵 no       |
| 19. Use of Force:   |                     |            |
| <b>A.</b> If the necessity arose for you to use deadly force in the course of your duties as an officer, would you reluctance to do so? | ou have any         |            |
| If "Yes", please explain in detail:   | ) yes               | 🔿 no       |
|   |                     |            |
| B. Have you ever used a weapon to defend yourself or another?   | $\bigcirc$          | $\bigcirc$ |
| If "Yes", please explain in detail:   | ⊖ yes               | () no      |
|   |                     |            |
|   |                     |            |
| <b>C.</b> As the need to do so may arise at any time, are you physically capable of making a forceful arrest restrength and exertion?   | equiring phy<br>yes | sical 📄 no |
| In 25 to 50 words, explain why you wish to be a Police Officer at the Woodson Terrace Police  | e Departme          | ent.       |
|   |                     |            |
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|   |                     |            |
|   |                     |            |
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| Use this page for any addition information. List the section number where the additional information applies. |                        |         |          |  |  |  |  |
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| Section (1-20)  | Additional Information |         |          |  |  |  |  |
|   |                        |         |          |  |  |  |  |
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|   |                        | Page 8  | Initials |  |  |  |  |
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| Use this page for any addition information. List the section number where the additional information applies. |   |                     |   |  |  |  |  |
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| Section (1-20)  | Additional Information  |                     |   |  |  |  |  |
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| 20. DISCLA  | IMER AND SIGNATURE  |                     |   |  |  |  |  |
| nature, which m<br>with or without  | hat, unless otherwise defined by law, any employment relationship with this depa<br>leans that the Employee may resign at any time and the Employer may discharge<br>cause. I certify that my answers are true and complete to the best of my knowled<br>ment, I understand that false or misleading information in my application or inter | e the Eı<br>dge. If | mployee at any time<br>this application |  |  |  |  |
| Signature:  |   | Date:               |   |  |  |  |  |
| L   |   |                     | Page 9 Initial                          |  |  |  |  |

# 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:

| 1. 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 | $\bigcirc$ no |
| 3. College Degree and certified transcripts (if applicable).  | ) yes | $\bigcirc$ no |
| 4. A Credit Report from all three major credit reporting agencies.<br>(Experian, TransUnion®, and Equifax®) | ) yes | $\bigcirc$ no |
| 5. Military Discharge DD214, indicating type of discharge (if applicable).                                  | ) yes | $\bigcirc$ no |
| 6. Any Special Award Certificates (i.e. school, military, etc.).  | ) yes | 🔘 no          |
| 7. Naturalization papers (if applicable).   | ) yes | $\bigcirc$ no |
| 8. A copy of any license including state issued operator's license.   |       |               |

Document number and detailed reason why the document was not included with this application:

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| Page 10 | Initials |

## WOODSON TERRACE POLICE DEPARTMENT

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



Captain Bret Carbray Assistant Chief of Police

### Certificate of Applicant Authorization for Release of Information

Last Name

First Name

Middle Initial

Address

| DOB: |  |  |
|------|--|--|
|      |  |  |

I \_\_\_\_\_\_, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY authorized representative of the Woodson Terrace, Mo Police Department, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); military records; public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real estate and personal property tax statements and records, and other financial statements and records wherever filed; medical records; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law; including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest;

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Woodson Terrace Mo Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, consumer reporting agency, or retail business establishment including it's officers, 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 compliance with this authorization and request to release information, or any attempt to comply with it. Consent is granted to the Woodson Terrace Mo Police Department to furnish such information, as described above, to third parties in the course of fulfilling it's official responsibilities.

I understand that all materials pertaining to this background investigation become the property of the Woodson Terrace Mo Police Department and will not be returned to me.

| Print Name                          | Signature | Date             |
|-------------------------------------|-----------|------------------|
| Subscribed and sworn before me this | day of    | 20               |
| My Commission expires               | 20        |                  |
| Notary                              |           | Page 11 Initials |