WOODSON TERRACE POLICE DEPARTMENT

Chief Danny Brown 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. APPLICANT INFORMATION													
Last Name					Fir	First			M.I.		Date		
Street Addr	ess								Apar	Apartment/Unit #			
City					Sta	ate			ZIP	ZIP			
Cell Phone#: Home Phone#				Phone#				Other Ph	one#				
List any oth	List any other names you have ever used:												
Are you a citizen of the United States? yes no If no, are you authorized to work in the U.S.? yes no													
Have you e	Have you ever previously applied with the City of Woodson Terrace? yes no If so, when?												
Place of Birt	th:					Date of Birth		Social S	ecuri	ity Numbe	er		
Hgt:	Wgt:	Hair:		Eyes:		Positioned App	olied for:						
Social Secu	rity Numbe	r:(optio	nal)			Desired Start	Date:		D	esired Sal	ary:		
Have you fi	led an empl	loyment	t appli	cation	with a	another agency	recently?	уе	s	O no	If "Yes	" please lis	st below
Organizati	on or Firm I	Name	P	Addres	SS	Position ap	oplied for		Date		Disposition		on
Are you acq	quainted wit	th any V	Voods	on Tei	race P	olice Departme	ent Employee	?	es	O no	If "Yes	s" please li	st below
2. EDUC	CATION												
High Schoo	I						Address						
From		То			Did y	you graduate?			Deg	Degree			
College					•		Address		•				
From		То			Did y	ou graduate?	•		Deg	Degree			
Other						Address			•				
From To D			Did y	d you graduate?			Degree						
3. MILITARY SERVICE													
Branch						F	rom		То				
Rank at Discharge Type of Discharge													
If other tha	an honorabl	le, expl	ain:										
												Page 2	Initials

4. EMPLOYMENT							
Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender.							
Company	Phone ()						
Address			Supervisor				
Job Title	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	O no						
Company	Phone ()						
Address	Supervisor						
Job Title	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. PROFESSION (EMT, GVW, D			ISTR	ATION O	R CE	RTIFICA	TES			
Name and complete ad	ldress of Po	lice Academy o	r Prof	essional Licer	nsing <i>A</i>	Agency:				
Name of Police Academ		,								
Street Address						A	partment/Unit/S	uite #	<i>‡</i>	
City		Stat	e			Z	IP			
Type of license		I								
License Number:				Date issu	ied					
6. SPECIALIZED	SKILLS									
FOREIGN LANC	GUAGE	REAL	DING	SF	PEAKIN	IG L	INDERSTANDING	3	WRITING	
Briefly list any training have any copies of ce								apply	ing for. 1	[f you
,		3,								
7. FAMILY A	re you ?	Single	^	Narried	Sepa	rated	Divorced	<i>v</i>	Vidowed	
Spouse or Fiance's Nar	ne	DOB:	Ad	ddress			Phone	D	Date of M	larriage
Separated or Ex-spous	e's name:	Date separate	d: Address				Phone		Cause Nu	
.,										
If Spouse is deceased,	provide ful	I name:	·	_			Date of Death			
LIST YOUR SPOUSE	AND ALL	CHILDREN RE	LATE	р то уои о	R YOL	JR SPOUSI				
NAME	<u> </u>	ELATION	1	E OF BIRTH		ADDF		SUP	PORTED	BY WHOM
								†		
List the full names o	f your imn	nediate family	/ such	n as father,	mothe	er (maider	ı), brothers, ar	ıd/or	sisters	
NAME		ADDRESS		RELATION:		DOB	PHONE			PATION
								+		
								\dashv		
								P	age 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			LIVED 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 Issuing			ng Department/Agency		
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	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			
	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	yes	O no					
C. Have you ever filed bankruptcy?							
D. Have you ever been sued in court?							
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 "yes"	questions.	
A. Do you know of any reason that you could not pass a background check?	O yes	O no
B. Have you ever been dismissed, fired, or asked to resign from any employment?	yes	O no
C. Have you ever received disciplinary action from an employer?	yes	O no
D. Have you ever stolen from an employer?	yes	O no
E. Have you ever been unemployed for a period of time in excess of 6 months?	yes	O no
F. Have you ever assisted someone in committing a crime?	yes	O no
G. Have you ever falsified a police report?	yes	O no
H. Have you ever accepted money not to report a crime?	yes	O no
I. Has any driver's license issued to you ever been suspended or revoked?	yes	O no
J. Were you ever served with a criminal or civil subpoena.	yes	O no
K. Have the police ever been called to any of your former or current residence for any reason?	yes	O no
L. Are you currently under investigation for any violation of the law?	yes	O no
M. Have you ever been suspended, expelled, or asked to leave any school for disciplinary reasons?	yes	O no
N. Have you ever committed a crime where you were not arrested or the crime went undetected?	yes	O no
O. Have you ever served in a military or naval organization of any foreign government?	yes	O no
P. Have you ever used, sold, or otherwise handled in an illegal manner any controlled substance?	yes	O no
19. Use of Force:		
A. If the necessity arose for you to use deadly force in the course of your duties as an officer, would	you have	
reluctance to do so: If "Yes", please explain in detail:) yes	○ no
1 - 100 / product oxpression)
B. Have you ever used a weapon to defend yourself or another?	O yes	○ no
If "Yes", please explain in detail:	O 7) 110
C. As the need to do so may arise at any time, are you physically capable of making a forceful arrest strength and exertion?	requiring ph	ysical no
In 25 to 50 words, explain why you wish to be a Police Officer at the Woodson Terrace Poli	ce Departm	ent.
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Use this page for any addition information. List the section number where the additional information applies.				
Section (1-20)	Additional Information			

Use this page for any addition information. List the section number where the additional information 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

Chief Dominic Orlando 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.

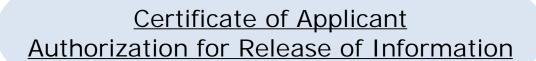
The following documents need to submitted with all applications:

 Birth Certificate (must be State issued with a raised impression, certified, or notarized). 	yes	O no
2. High School Diploma w/ transcripts or GED Certificate.	yes	O no
3. College Degree and certified transcripts (if applicable).	yes	O no
4. A Credit Report from all three major credit reporting agencies. (Experian , TransUnion $@$, and Equifax $@$)	yes	O no
5. Military Discharge DD214, indicating type of discharge (if applicable).	yes	O 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
ocument number and detailed reason why the document was not included with this app	lication:	
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Chief Dominic Orlando Chief of Police 4305 Woodson Road, Woodson Terrace, Missouri 63134

Captain Bret Carbray Assistant Chief of Police



Last Name	First Name	Middle Initial
Address		DOB:
I	nd to ANY authorized represent	review of and full disclosure of all records, tative of the Woodson Terrace, Mo Police
The intent of this authorization is to give my institutions; financial or credit institutions, it savings accounts, and loans, and also the recratings); military records; public utility compreports, efficiency ratings, complaints or grie property tax statements and records, and oth of complaint, arrest, trial and/or convictions traffic records; the results of any polygraph of wheresoever located, and to include the recorepresenting me or another person in any case.	ncluding records of deposits, will cords of commercial or retail crepanies; employment and pre-emevances filed by or against me, are financial statements and records alleged or actual violations examinations; records of completed and recollections of attorney	athdrawals and balances of checking and edit agencies (including credit reports and/or aployment records, including background and salary records; real estate and personal ords wherever filed; medical records; records of law; including criminal, civil and/or aint of a civil nature made by or against me, ys at law, or of other counsel, whether
I reiterate, and emphasize that the intent of the history of my personal life, for the specific pertinent data for the Woodson Terrace Mol employment by that department. It is my speconfidential it may appear to be, and the sour	ourpose of pursuing a backgroun Police Department to consider in scific intent to provide access to	nd investigation which may provide in determining my suitability for personal information, however personal or
I hereby release you, as the custodian of such institution, consumer reporting agency, or repersonnel, both individually and collectively any time result to me, my heirs, family or asserblease information, or any attempt to comple Department to furnish such information, as desponsibilities.	tail business establishment include, from any and all liability for desociates because of compliance y with it. Consent is granted to	uding it's officers, employees, or related lamages of whatever kind, which may at with this authorization and request to the Woodson Terrace Mo Police
I understand that all materials pertaining to the Mo Police Department and will not be return		come the property of the Woodson Terrace
Print Name	Signature	Date
Subscribed and sworn before me this	day of	20
My Commission expires	20	
Notary		Page 11 Initia