

# WOODSON TERRACE POLICE DEPARTMENT

Chief Bret Carbray  
Chief of Police

4305 Woodson Road, Woodson Terrace, MO 63134

Major Paul Wactor  
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		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Cell Phone#:		Home Phone#		Other Phone#	
List any other names you have ever used:					
Are you a citizen of the United States? <input type="radio"/> yes <input type="radio"/> no If no, are you authorized to work in the U.S.? <input type="radio"/> yes <input type="radio"/> no					
Have you ever previously applied with the City of Woodson Terrace? <input type="radio"/> yes <input type="radio"/> no If so, when?					
Place of Birth:		Date of Birth		Social Security Number	
Hgt:	Wgt:	Hair:	Eyes:	Positioned Applied for:	
Social Security Number:(optional)		Desired Start Date:		Desired Salary:	
Have you filed an employment application with another agency recently? <input type="radio"/> yes <input type="radio"/> no If "Yes" please list below					
Organization or Firm Name	Address	Position applied for	Date	Disposition	
Are you acquainted with any Woodson Terrace Police Department Employee? <input type="radio"/> yes <input type="radio"/> no If "Yes" please list below					

## 2. EDUCATION

High School		Address			
From	To	Did you graduate?		Degree	
College		Address			
From	To	Did you graduate?		Degree	
Other		Address			
From	To	Did you graduate?		Degree	

## 3. MILITARY SERVICE

Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain:			

#### 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	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="radio"/> yes <input type="radio"/> no		

Company		Phone ( )
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="radio"/> yes <input type="radio"/> no		

Company		Phone ( )
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="radio"/> yes <input type="radio"/> no		

Company		Phone ( )
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="radio"/> yes <input type="radio"/> no		

Company		Phone ( )
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="radio"/> yes <input type="radio"/> no		

**5. PROFESSIONAL LICENSES, REGISTRATION OR CERTIFICATES**  
(EMT, GVW, Diver, POST, etc.)

Name and complete address of Police Academy or Professional Licensing Agency:  
 Name of Police Academy

Street Address Apartment/Unit/Suite #

City State ZIP

Type of license

License Number: Date issued

**6. SPECIALIZED SKILLS**

FOREIGN LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING

Briefly list any training or skills, including computers, that would be of assistance in the job you are applying for. If you have any copies of certificates for any training, please attach them to the application:

**7. FAMILY**    Are you ?  Single  Married  Separated  Divorced  Widowed

Spouse or Fiance's Name	DOB:	Address	Phone	Date of Marriage
Separated or Ex-spouse's name:	Date separated:	Address	Phone	Cause Number
If Spouse is deceased, provide full name:			Date of Death	

**LIST YOUR SPOUSE AND ALL CHILDREN RELATED TO YOU OR YOUR SPOUSE**

NAME	RELATION	DATE OF BIRTH	ADDRESS	SUPPORTED BY WHOM

**List the full names of your immediate family such as father, mother (maiden), brothers, and/or sisters.**

NAME	ADDRESS	RELATIONSHIP	DOB	PHONE	OCCUPATION

**8. RESIDENCE: LIST ALL PLACES YOU HAVE LIVED IN THE PAST 10 YEARS**

MONTH/YEAR FROM	MONTH/YEAR TO	ADDRESS	LIVED WITH?

**9. CRIMINAL CONVICTIONS:**

Other than traffic, have you, as an adult or juvenile, been charged or convicted of a Felony, Misdemeanor, or Domestic Assault?  yes  no If yes, list below

CHARGE	AGENCY	COURT OF JURISDICTION	LOCATION (City, County, State)	DATE

**10. Driving History:**

List all driving citations or summonses you have received beginning with the most recent.

Month/Year	Charge	City/State	Issuing Department/Agency	Disposition

**11. Vehicles**

List all vehicles which you currently own, lease, or personally use.

Year	Make	Model	License Number	State

**12. Vehicle Accidents**

How many vehicle accidents have you been involved in during the past 5 years?

List the accidents:

**13. REFERENCES***Please list three professional 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
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**15. SOCIAL MEDIA:** List all social media site accounts, personal Blogs, and screen names that you have an active or past accounts with.


**16. Financial Status:** List all sources of income at the present time.

Type of Income	Firm or Source of Income	Annual Amount
Your Salary		
Other Employment		
Dividends / Interest		
Military		
Other (Specify)		
		Total:

If your spouse is employed, list the name of the business:	Phone:
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Title:	Company Address:
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Mark "Yes" if any of the questions involves you, your spouse, or an ex-spouse. List an explanation on pages 8 or 9 if you marked "yes" to any questions below.

<b>A.</b> Have you ever been delinquent in any of your financial obligations?	<input type="radio"/> yes	<input type="radio"/> no
<b>B.</b> Have you ever had any of your property repossessed?	<input type="radio"/> yes	<input type="radio"/> no
<b>C.</b> Have you ever filed bankruptcy?	<input type="radio"/> yes	<input type="radio"/> no
<b>D.</b> Have you ever been sued in court?	<input type="radio"/> yes	<input type="radio"/> no
<b>E.</b> Has your tax return ever been audited by the IRS for any reason other than a random audit?	<input type="radio"/> yes	<input type="radio"/> no

**17. NOTICE TO APPLICANT**

Information that you provide on this application is subject to verification. Previous employers may be contacted as references. Do you want to be informed before we contact your present employer?

yes       no

**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?  yes  no
- 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
- O.** 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:**

**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

**B.** Have you ever used a weapon to defend yourself or another?  
If "Yes", please explain in detail:  yes  no

**C.** As the need to do so may arise at any time, are you physically capable of making a forceful arrest requiring physical strength and exertion?  yes  no

**In 25 to 50 words, explain why you wish to be a Police Officer at the Woodson Terrace Police Department.**







