APPLICATION FOR EMPLOYMENT

Rolla Police Department 1007 N. Elm St., Rolla, MO 65401

(Pre-Employment Questionnaire) EOE/ADA 573-308-1213 Fax: 364-6346

	PLEASE PRINT			Date:			
PERSONAL							
Last Name:	First:		Middle:		Preferred:		
Mailing Address:	Street/P.O. Box	City		State	Zip		
Physical Address:					·		
	Street			State	Zip		
Phone #:	Alternate	E-Mail:	Optional	SSN	V:		
Position Applied For:	☐ Police Officer	☐ Telecommunicator	☐ Records	s Clerk	Animal Control Officer		
(Check only one)	☐ Custodian	☐ Crossing Guard	□ Reserve	e Officer \square _			
Have you ever been emp If yes, what Do any of your relatives	ployed with the City of department?, other than spouse, wo		es □ No Wh es □ No	en?			
Are you currently emplo			call you at w		□ No		
Are you prevented from	lawfully becoming em	ployed in this country beca	use of Visa o	r Immigration Stat	tus? □ Yes □ No		
Do you have prior milita	ary experience?	es □ No If yes, sta	ate branch an	d rank:			
Are you presently a mer	a member of the National Guard or Reserves?						
Are you 18 years or olde	r Applicants Only)? 🗆 Y	es □ No	can you type? Test your speed her				
Are you P.O.S.T. certified (Police Officer Applicants Only)? ☐ Yes ☐ No http://www.careerstep.com/f							
If not, are you enrol	led in a police academy	?? □ Yes □ No If YE	S, graduatior	date:			
REFERENCES							
Give the names of three pe	ersons whom you have kno	own at least one year. Do not	include family	members.			
Name	Addr	ess and Phone Number	0	ccupation	Years Acquainted		

EDUCATION	Name and Loca	tion of School	Course of	Study	Years Completed	Diploma/ Degree
High School						
Undergraduate College						
Police Academy						
Graduate/Vocational / Other (Specify)						
Please list any special train	ing or skills you have a	cquired that would be o	of benefit in the j	ob for whic	h you are appl	ying:
WORK EXPERIENC Start with your present job ar national origin, disabilities or	nd continue with most rec	ent first. You may exclud	e organizations w	hich indicate	e race, color, re	ligion, gender
Employer		Address	Address			
Phone Number	Job Title	Hourly Ra	ate/Salary Dates		Employed	
Reason for Leaving		<u> </u>		Ma	y We Contact?	☐ Yes ☐ No
Employer		Address				
Phone Number	Job Title	Hourly Ra	te/Salary	Dates	s Employed	
Reason for Leaving				May	y We Contact?	☐ Yes ☐ No
Employer	Address	Address				
Phone Number	Job Title	Hourly Ra	te/Salary	Dates	s Employed	
Reason for Leaving		L		Mag	y We Contact?	☐ Yes ☐ No
Explain any gaps in employ	ymen <u>t:</u>					
Applicant's Stat						

APPLICANT S STATEMENT

I certify that answers given herein are true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In consideration of my employment, I agree to conform to the City's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the City. I understand that no City representative, other than the City Administrator or Chief of Police, and then only when in writing and signed by the City Administrator, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature of Applicant:	