

Maryland Heights Police Department Application Form 11911 Dorsett Road Maryland Heights, Missouri 63043 (314) 298-8700

(62.1) 22 8 8.10	
Position Applying For	

Instructions

Read every question carefully and **answer each question accurately**. An applicant may be disqualified from further processing if he or she intentionally makes a false statement of a material fact, practices, or attempts to practice any deception or fraud in his or her application or interview. **Please type or print legibly with ink.**

A copy of your birth certificate and a copy of your high school diploma and transcripts must be attached to this form. This form and documents submitted with it become the property of the Maryland Heights Police Department and will not be returned.

All applications are to be submitted in a sealed envelope to the Maryland Heights Police Department, Office of the Chief of Police, at the above address or emailed with documents attached to jcoleman@marylandheights.com.

Answer each question fully. The space provided is not intended to limit the length of responses. Use additional sheets as necessary.

Personal Data

	(Last,)		(First)		(Middle)	
List all other nam	nes you have used.					
Present address	(Address)	(Street)		(City)	(State)	(Zip)
Telephone number	er: Home			_Business		
Email address:						
Are you between	the ages of 21 and	45?	Yes	No	(Age range is a factor for police	ce officer applicants
Are you a U.S. ci	tizen?		Yes	No		
Social security nu	ımber:			_		
Do you possess a	valid license to ope	erate a motor vehic	cle in the state of	f Missouri?	Yes	No
Operator's licens	e number/expiration	n data:				

Employment

List below your complete work history, starting with your present position and working backward to your first employment. List any period of unemployment. Please account for all your time. Include all part-time employment.

<u>Date</u> <u>Month/year</u>	Employer			
From:	Name			
	Address			
To:				
	Position	Salary		
	Reason for leaving:			
From:	Name			
	Address			
To:	Telephone number	Supervisor		
	Position	Salary		
	Reason for leaving:			
From:	Name			
	Address			
To:	Telephone number	Supervisor		
	Position	Salary		
	Reason for leaving:			
From:	Name			
	Address			
To:	Telephone number	Supervisor		
	Position	Salary		
	Reason for leaving:			
From:	Name			
	Address			
To:	Telephone number	Supervisor		
	Position	Salary		
	Reason for leaving:			
Were you ever dis	scharged or asked to resign from any employment?		Yes	No
If yes, please expl	ain:			
May we discuss the	nis application with your present employer?		Yes	No
	plied for employment with this department?		Yes	No
Trave you ever an	DIICA TOI CHIDIOVIHCHI WITH HIIS UCDALHIICH!!		1 02	11()

Arrests and Summonses

13.	Have	you ever been convicted of a	ny crime?	Yes	No		
14.	If yes	, please provide details below					
	Date	Charge	Location	D	isposition	Police agenc	ry
	Date	Charge	Location	D	isposition	Police agenc	ry
	Date	Charge	Location	D	isposition	Police agenc	:y
	Date	Charge	Location	D	isposition	Police agenc	:y
15.Sta	rting with	your present address, please	list all addresses whe	ere you have lived	. Include your addres	s in the military serv	ice (if applicable)
Dates f	from/to	Address	City		County	State	Zip
Dates f	from/to	Address	City		County	State	Zip
Dates f	from/to	Address	City		County	State	Zip
Dates f	from/to	Address	City		County	State	Zip
Dates f	from/to	Address	City		County	State	Zip
Dates f	from/to	Address	City		County	State	Zip
16.	List al	ll elementary, high schools, co	olleges, universities,	Education and/or professions	al or technical school	s that you have atten	ded:
	1.	Dates attended					
		School					
		Address				Zip	
		Years completed	Deg	ree/diploma			
	2.	Dates attended					
		School					
		Address				Zip	
		Years completed	Dega	ree/diploma			

	3.	Dates attended				
		School				
		Address			Zip	
		Years complete	ed	Degree/diploma		
	4.	Dates attended				
		School				
		Address			Zip	
		Years complete	ed	Degree/diploma		
	5.	Dates attended				
		School				
		Address			Zip	
		Years complete	ed	Degree/diploma		
	6	Dates attended				
		Address			Zip	
		Years complete	ed	Degree/diploma		
	-	_	•	as your major and minor?		
	Major _.			Minor		
			ave you earned, or are d copy of vour colleg	e presently showing on your college tree transcript.* Military Service	anscript?	
17.	Have yo	ou ever served act	ive duty in the Armed	Services of the United States?	Yes	No
	If yes, p	olease enclose a co	opy of your DD214, o	r equivalent form to verify military ser	rvice and list below all activ	ve military service below:
Branch		serial#	dates to/from	highest rank	primary duty	type discharge
Branch		serial#	dates to/from	highest rank	primary duty	type discharge
Branch		serial#	dates to/from	highest rank	primary duty	type discharge
18.	Are you o	currently a membe	er of any Reserve or N	ational Guard organization?	Yes	No

References

		Email		
		Occupation		
	Tears known	Occupation		
В.	Name			
	Address/City/State/Zip			
	Phone	Email		
	Years known	Occupation		
C.	Name			
	Address/City/State/Zip			
	Phone	Email		
	Years known	Occupation		
affiliat proces	tion, religious affiliation, ser ss your application for emplo	s not discriminate in hiring or employment, s, national origin, or handicap status. This fo byment with the City of Maryland Heights P d for any unlawful discriminatory purpose.	rm is designed to only obtain informat	ion that is necessa
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