

<p>q.) DATE MONTH/YEAR</p> <p>FROM:</p> <p>TO:</p>	<p style="text-align: center;"><u>EMPLOYER</u></p> <p>NAME OF LAST/CURRENT EMPLOYER _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p> <p>PHONE NUMBER (_____) _____ FAX NUMBER (_____) _____</p> <p>JOB TITLE/ POSITION _____</p> <p>SUPERVISOR _____ SALARY _____</p> <p>BRIEFLY DESCRIBE JOB DUTIES: _____</p> <p>_____</p> <p>REASON FOR LEAVING _____</p>
<p>FROM:</p> <p>TO:</p>	<p>NAME OF LAST/CURRENT EMPLOYER _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p> <p>PHONE NUMBER (_____) _____ FAX NUMBER (_____) _____</p> <p>JOB TITLE/ POSITION _____</p> <p>SUPERVISOR _____ SALARY _____</p> <p>BRIEFLY DESCRIBE JOB DUTIES: _____</p> <p>_____</p> <p>REASON FOR LEAVING _____</p>
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EDUCATION

s.) LIST ALL SCHOOLS AND COLLEGES IN THE ORDER ATTENDED, INCLUDING HIGH SCHOOL, TRADE/PROFESSIONAL SCHOOL, COLLEGE/UNIVERSITY AND GRADUATE SCHOOL:

SCHOOL	ADDRESS	DIPLOMA/DEGREE	STUDIES/MAJOR

t.) IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DO YOU HAVE A GED OR CERTIFICATE OF EQUIVALENCY? YES NO

u.) PLEASE LIST ANY SPECIALIZED TRAINING, APPRENTICESHIPS, CERTIFICATION, EXTRACURRICULAR ACTIVITIES, HONORS AND AWARDS:

MILITARY SERVICE

v.) HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE UNITED STATES ARMED SERVICES? YES NO
IF YES, PLEASE INDICATE ALL MILITARY SERVICE BELOW:

BRANCH	SERIAL NUMBER	FROM MO./YR.	TO MO./YR.	HIGHEST RANK HELD	PRIMARY DUTY	TYPE OF RELEASE OR DISCHARGE

w.) ARE YOU NOW A MEMBER OF ANY RESERVE OR NATIONAL GUARD? YES NO

ARRESTS AND CONVICTIONS

x.) WERE YOU EVER ARRESTED, DETAINED, OR TAKEN INTO CUSTODY IN THIS STATE, ANY OTHER STATE, IN MILITARY SERVICE, OR ELSEWHERE? YES NO

BELOW, PLEASE INDICATE ALL ARRESTS AND TRAFFIC VIOLATIONS (EXCLUDING PARKING TICKETS):

DATE	ACTUAL CHARGE OR VIOLATION	LOCATION CITY/STATE	COURT DISPOSITION OR SENTENCE	POLICE AGENCY CONCERNED

REFERENCES OTHER THAN RELATIVES

y.) Please provide three personal references who have known you well during the past five years. Providing this information means that you give this department permission to contact the references listed.

COMPLETE NAME _____ OCCUPATION _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
RELATIONSHIP _____ PHONE NUMBER () _____ FAX NUMBER () _____
NUMBER OF YEARS KNOWN _____

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ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
RELATIONSHIP _____ PHONE NUMBER () _____ FAX NUMBER () _____
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NUMBER OF YEARS KNOWN _____

APPLICANT'S ACKNOWLEDGMENT

z.) The St. Louis Metropolitan Police Department is an Equal Opportunity Employer. Federal law prohibits discrimination in employment practices. No question on this application is posed for the purpose of limiting or excluding consideration of any applicant for employment because of race, color, religion, age, sex, national origin, disability or sexual orientation.

The applicant understands that neither this document nor any offer of employment from this employer constitutes an employment contract unless a specific document is executed in writing by the employer and employee. Civilian employees of the St. Louis Police Department are employees-at-will, and as such, may be dismissed from their employment at any time, for any reason or no reason.

The applicant may be disqualified from further processing by intentionally making a false statement of a material fact, practicing or attempting to practice any deception or fraud in the application.

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision.

APPLICANT'S SIGNATURE

DATE

(DO NOT WRITE BELOW THIS LINE)