



COLONEL DANIEL ISOM, CHIEF OF POLICE

Service, Integrity, Leadership And Fair Treatment To All.

# METROPOLITAN POLICE DEPARTMENT

HUMAN RESOURCES DIVISION

PHONE: (314) 444-5615

FAX: (314) 444-5493

CITY OF ST. LOUIS • 1200 CLARK AVENUE • ST. LOUIS, MISSOURI 63103

Dear Applicant:

The attached Application Form must be fully completed and returned to our office. We will need all information requested, including all periods of employment and unemployment. All addresses should include the street address, city, state and zip code as well as the telephone number with area code.

In addition to the Application Form, you have been provided with a Residency Requirement Form and an Authority for Release of Information Form. Please read these forms completely, sign in the appropriate place and return with your application. You will note that both forms require witness signatures. The Residency Requirement Form requires two witness signatures and the Authority for Release of Information Form requires only one signature. Your witness must be someone over the age of 18 and cannot be a relative.

Any omission of information from the application or witness signatures on the required forms will result in your application being considered incomplete, which must be corrected prior to the testing or interview process.

Sincerely,

A handwritten signature in cursive script that reads "Akella L. Wicker".

Akella L. Wicker, SPHR  
Director Human Resources Division

Attachments



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## AUTHORITY FOR RELEASE OF INFORMATION

### TO WHOM IT MAY CONCERN:

I request and authorize you to furnish to the St. Louis Metropolitan Police Department any and all information that you may have concerning me, my employment record, school record, police record, financial record, military record and medical record. Please forward any and all information including that of a confidential or privileged nature. This information is to be used to assist this Department in determining my qualifications and fitness for the position I am seeking.

I hereby release you, your organization or others from any and all liability or damage which may result from furnishing the information requested.

Applicant's Name: \_\_\_\_\_  
(PLEASE PRINT)

Applicant's Social Security Number: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



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## RESIDENCY REQUIRMENT

### (Civilian Applicant)

I hereby acknowledge that upon appointment/reinstatement to the At. Louis Metropolitan Police Department, I am required to reside in the City of St. Louis within ninety (90) days of said appointment/reinstatement. I am aware that Employees who are not city residents at the end of the ninety (90) day period may be terminated. I must continue to reside in the City of St. Louis for at least seven (7) years from the date I am employed, and voluntarily agree to this as a condition of employment.

Date Appointed/Reinstated:

\_\_\_\_\_
Date

Must be a city resident by:

\_\_\_\_\_
Date

\_\_\_\_\_
Applicant's Signature

\_\_\_\_\_
Date

\_\_\_\_\_
Witness Signature

\_\_\_\_\_
Date

\_\_\_\_\_
Witness Signature

\_\_\_\_\_
Date



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## REMINDER TO APPLICANT

**WHEN FILLING OUT THE DATE SECTION UNDER EMPLOYMENT HISTORY ON THE APPLICATION, PLEASE BE SURE TO INCLUDE:**

**THE MONTH AND YEAR WHEN YOU BEGAN EACH JOB OF YOUR FORMER JOBS AND, IF APPLICABLE, YOUR CURRENT JOB, AND THE MONTH AND YEAR YOU COMPLETED EACH OF THESE JOBS.**

**THANK YOU.**