

# APPLICATION METROPOLITAN POLICE DEPARTMENT - CITY OF ST. LOUIS



**INSTRUCTIONS:**

**Read every question carefully and answer each question accurately. All entries, except signature, must be typed or printed legibly with ink.**

a.) POSITION APPLIED FOR: <u>CIVILIAN RECRUIT IN TRAINING</u>		b.) DATE: _____	
c.) LAST NAME _____		FIRST NAME _____	
		MIDDLE NAME _____	
d.) ADDRESS _____	APT. _____	CITY _____	STATE _____
		ZIP CODE _____	
e.) SEX: _____		f.) BIRTH DATE: _____	
		g.) SOCIAL SECURITY NUMBER: _____	
h.) HOME PHONE: _____		i.) BUSINESS/OTHER PHONE: _____	
j.) CELL PHONE: _____		k.) PAGER NUMBER: _____	
l.) EMAIL ADDRESS: _____			
m.) ARE YOU A UNITED STATES CITIZEN?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
n.) ARE YOU AT LEAST TWENTY-ONE YEARS OLD?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
o.) DO YOU POSSESS A VALID DRIVER'S LICENSE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
DRIVER'S LICENSE NUMBER: _____		STATE OF ISSUE: _____	EXPIRATION DATE: _____
p.) DO YOU POSSESS A VALID CHAUFFEUR'S LICENSE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
CHAUFFEUR'S LICENSE NUMBER: _____		STATE OF ISSUE: _____	EXPIRATION DATE: _____
q.) HAVE YOU EVER APPLIED WITH US BEFORE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, WHEN? _____		WHAT POSITION? _____	
r.) HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, WHEN? _____			
s.) DO YOU HAVE A RELATIVE OR FRIEND EMPLOYED WITH US?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, WHO? _____			
t.) CONTACT AND PHONE NO. OF PERSON IF YOU ARE UNABLE TO BE REACHED: _____			

### APPLICANT'S ACKNOWLEDGMENT

u.) 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.

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.

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APPLICANT'S SIGNATURE

DATE

(DO NOT WRITE BELOW THIS LINE)