



Have you ever been involuntarily terminated or asked to resign from any position of employment?

Yes [ ] No [ ]

If yes, please describe circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

*(Most recent first .Go back 10 years. Use another sheet if necessary)*

1. Employer \_\_\_\_\_

Job Title \_\_\_\_\_ Dates Employed \_\_\_\_\_

Prior Position Held within Company (if any): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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2. Employer \_\_\_\_\_

Job Title \_\_\_\_\_ Dates Employed \_\_\_\_\_

Prior Position Held within Company (if any): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\*\*\*\*\*

3. Employer \_\_\_\_\_  
 Job Title \_\_\_\_\_ Dates Employed \_\_\_\_\_  
 Prior Position Held within Company (if any): \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Duties Performed \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Have you ever been convicted of a felony? Yes [ ] No [ ]

If yes, please describe circumstances: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

LIST ALL **ARRESTS** AND CONVICTIONS FOR VIOLATIONS OF **ANY** CRIMINAL STATUTES, BOTH MISDEMEANOR AND FELONY; INCLUDE RECEIVING A SUSPENDED IMPOSITION OF SENTENCE. THIS INFORMATION IS USED BY P.O.S.T. (Peace Officer Standards Training) IN DETERMINING IF YOU ARE ELIGIBLE TO BE CERTIFIED AS A PEACE OFFICER IN THE STATE OF MISSOURI:

BACKGROUND – ALL STATES				
Charge	Agency/Location	Date	Court Where Filed	Disposition

LIST ALL TRAFFIC RELATED CONVICTIONS OF ANY STATE.

BACKGROUND – ALL STATES				
Charge	Agency/Location	Date	Court Where Filed	Disposition

LIST THREE (3) NON-FAMILY REFERENCES:

Name	Address	Phone #	Years Known

\*\* If you need more area on any of the above, use a separate piece of paper and add it to the application. \*\*

Do you now or have you ever used alcohol or prescription drugs to excess?

Yes [ ] No [ ]

If you answered yes, please explain: \_\_\_\_\_

\_\_\_\_\_

If selected for employment, are you willing to submit to a pre-employment drug screening test?

Yes [ ] No [ ]

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List other information pertinent to the employment you are seeking:

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<b>MILITARY SERVICE</b>				
Branch	Career Field	Dates of Service	Highest Rank Held	Type of Discharge

Specialized Training: \_\_\_\_\_

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Reserve Status \_\_\_\_\_

List every state in which you have been a licensed driver and your operator's number in each state:

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Have you ever had an Ex Parte Order or Order of Protection issued against you?

Yes [ ] No [ ]

If yes, please list: Court \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_ Disposition \_\_\_\_\_

Is there any additional information that you would like to explain or provide that relates to your background but have not been asked? Yes [ ] No [ ]

If yes, please explain:

**REQUIRED**

Please attach copies of the following documents when returning your application:

- High School Diploma or GED certificate
- Birth Certificate/Certificate of Naturalization/Other Citizenship Document
- Social Security Card
- Driver's License or State Identification
- DD-214 (veterans only)
- Training/POST Certificates/MO DPS License (if available)

Applicants will also be required to be fingerprinted and a criminal history check will be completed. In addition, applicant will also be given a pre-employment drug screen prior to final approval for employment.

Incomplete applications will not be processed.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States

I understand that the Sheriff's Office will check with the Missouri Department of Public Safety, the Missouri State Highway Patrol, the Federal Bureau of Investigation or other organizations for any criminal history in accordance with applicable statutes.

This application for employment shall be considered active for a period of 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature/Authorization of Applicant

\_\_\_\_\_  
Date

Revised: October 23, 2018