



Waynesville Police Department
Employment Application

601 Historic 66 West
 Waynesville, MO. 65583
 Phone: (573) 774-2414
 Fax: (573) 774-2195

Please inform us if you require assistance in filling out an application. Individuals with disabilities should request reasonable accommodations in accordance with the Americans with Disabilities Act prior to an appointment.

APPLICATION FOR EMPLOYMENT	
<p><u>Instructions to Applicant:</u> Please TYPE OR PRINT legibly and complete all pages of this application. Please sign the last page. Incomplete applications will not be given consideration. Resumes, training certificates and other materials may be attached.</p>	
Position Desired:	
Date Available:	Employment Desired: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Reserve <input type="checkbox"/>
Days/Hours Available for Work:	
PERSONAL INFORMATION	
NAME (Last, First, Middle Initial)	
ADDRESS (Street – City – State – Zip Code)	
TELEPHONE (Home)	TELEPHONE (Message/Cell)
Are you over 18 years of age?	Yes No
Are you legally permitted to work in the United States: (Proof of U.S. Citizenship or immigration status will be required upon employment)	Yes No
Do you have any relatives that work for the City of Waynesville? If yes, please fill in the following:	Yes No
Name: _____	Relationship: _____ Department: _____
Name: _____	Relationship: _____ Department: _____
Name: _____	Relationship: _____ Department: _____
Have you <u>ever</u> been convicted as an adult of <u>any</u> law violation? (This includes misdemeanors or felonies.)	Yes No
<p>If Yes, list complete conviction record. Use additional sheets if necessary. Please give full details, including dates, type of offense, location, disposition, etc.:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p><i>A conviction will not automatically disqualify you for consideration. We will consider the nature and gravity of the offense(s) in relation to the nature of the job for which you are applying.</i></p>	

The City of Waynesville is an Equal Opportunity Employer

EMPLOYMENT EXPERIENCE

In the space below, list your complete record of employment for the last **TEN** years and any other relevant work/volunteer experience. Start with your present or most recent position and list each position in the order that you held them. List any periods of unemployment of one month or more. If more space is needed, attach separate sheet(s) to this application.

Employer:	Date of Employment	
	Start Date:	End Date:
May we contact the employer? Yes No If No, explain:	Starting Salary:	Final Salary:
Address		
Phone Number	Reason for Leaving	
Your Job Title	Supervisor's Name & Title	
Description of Duties		
Employer:	Date of Employment	
	Start Date:	End Date:
May we contact the employer? Yes No If No, explain:	Starting Salary:	Final Salary:
Address		
Phone Number	Reason for Leaving	
Your Job Title	Supervisor's Name & Title	
Description of Duties		
Employer:	Date of Employment	
	Start Date:	End Date:
May we contact the employer? Yes No If No, explain:	Starting Salary:	Final Salary:
Address		
Phone Number	Reason for Leaving	
Your Job Title	Supervisor's Name & Title	
Description of Duties		

EDUCATION AND TRAINING			
Please complete all appropriate items. To receive credit for college education, you must submit a copy of your transcript(s).			
Type of School	Name and Location of School	Type of Degree Received and/or Credit Hours Earned	Major/Minor Fields of Study
High School		Did you graduate or obtain equivalency Diploma (GED)?	Yes No
Vocational Education			
College or University			
Graduate School			
Other Training (Explain)			

CITIZENSHIP	
Are you a United States Citizen:	Yes No
Please attach the following information which is a requirement for Missouri POST Certification:	
<ul style="list-style-type: none"> • Proof of U.S. Citizenship • Missouri Peace Officer Certification 	

ADDITIONAL QUALIFICATIONS
Please list any other knowledge, special technical or computer skills, and/or individual capabilities not previously listed that would especially prepare you for the position for which you have applied.

PERSONAL REFERENCES		
Please list the names of three persons, who are not related to you and not previously listed as a current or former supervisor, that we may contact for a personal reference.		
Name & Address	Telephone	Years Known

CERTIFICATION OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION

Please read the statements below *carefully*. Your signature indicates that you fully understand and agree to the provision of each statement.

Name: _____

Social Security Number: _____

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false or inaccurate information could result in disqualification of this application and/or termination of employment if I have been employed.

I understand and agree that employment with the City of Waynesville Police Department is voluntarily entered into, and employees are free to resign at will at anytime, for any reason, with or without cause or notice. I further understand and agree that the City or Police Chief, may terminate the employment relationship at will at any time, for any reason, with or without cause or notice. This is not a contract for employment.

It is further understood and agreed that should my employment with the City of Waynesville Police Department be terminated for any reason, my final pay will not be received until I have submitted all necessary paperwork and returned any and all property assigned to me and during the course of my employment, including but not limited to all keys, uniforms, equipment and city-issued identification.

In consideration of my employment, I agree to conform to the policies, procedures and regulations of the City of Waynesville and its Police Department.

I, the undersigned, do hereby authorize the City of Waynesville Police Department to conduct an investigation in respect to my application and release the City, my former employers and personal reference from any liability for damage caused by giving and receiving information or opinions as to my employment or character. Any Information obtained through former employers and/or personal references will become the property of the City of Waynesville.

I, the undersigned, do hereby authorize the release of any information which pertains to records of convictions for law violations, including felony, misdemeanor and traffic violations and agree to hold the City of Waynesville and its Police Department harmless and in no event shall the City be liable to me for special, Indirect or consequential damages for the refusal of employment due to information obtained during my Police record check.

I further understand that any offer of employment is conditioned upon the results of reference checks and if a requirement of the position, police record checks, background checks, drug testing and post-offer physical exams.

Applicant Signature: _____

Date: _____