



Waynesville Police Department
Chief Dan Cordova

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

AUTHORITY TO RELEASE INFORMATION

I hereby authorize any Waynesville Police Department Officer or other authorized representative of the City of Waynesville Police Department bearing this release to obtain any information in your files, whether public, private or confidential, pertaining to and including, but not limited to:

- My employment and pre-employment records (including background reports, evaluations,
- Complaints & grievances (filed by me or against me)
- Military records
- Financial & credit history (including records of loans, records of credit agencies, credit reports and/or ratings)
- Criminal history (including arrests & convictions)
- Educational records (including academic achievement, attendance, athletic, personal history & disciplinary records)
- Records of medical and psychiatric treatment and/or consultation (including hospitals, clinics, private practitioner sand the U.S. Veteran's Administration)
- Records and recollections of Attorneys at Law or other counsel (whether representing me or to release such Information upon request of the bearer)

This release is executed with full knowledge and understanding that the information is for the official use of the City of Waynesville and its Police Department. Consent is granted for the City of Waynesville Police Department to furnish such information as is described to third parties in the course of fulfilling its official responsibility. I hereby release you as custodian of such records and any school, college, university or other educations institution, police agency, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, retail business establishment, or police agency including its officers, employees or related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by Federal statute or regulation. I have been advised by the City of Waynesville that they will utilize this number only to facilitate the location of employment, military, credit and educational records concerning me in connection with this application. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Name (Please Print): _____ Date of Birth: _____

Address: _____ *Social Security Number: _____

STATE OF _____

AFFIDAVIT

COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20____. My commission expires on _____, 20____

Personally Known _____ Produced Identification _____ Notary Public: _____

Type of identification produced: _____

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City of
Waynesville
Missouri



Waynesville Police Department

Personal History Statement

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INSTRUCTIONS: PLEASE READ CAREFULLY BEFORE PROCEEDING

These instructions are provided to assist you in properly completing your **Personal History Statement**. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your **Personal History Statement** should be printed legibly in **black ink only**. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets (8 ½ x 11) to the Personal History Statement. Be sure to reference the relevant section and question number before continuing with your answer.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.
7. As you complete the questionnaire, you may be uncertain about how to answer a particular question. In that case, you should circle the question and the background investigator will discuss it with you at a later date.
8. Do not include information pertaining to injuries, medical issues or disabilities in any part of this form, regarding yourself or any family member.

A. APPLICANT IDENTIFICATION — Information provided in this section is used for identification purposes only

NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER	
STREET ADDRESS		CITY, STATE, ZIP CODE	
MAILING ADDRESS		CITY, STATE ZIP CODE	
HOME TELEPHONE NUMBER ()	BUSINESS TELEPHONE NUMBER ()	ALTERNATE PHONE ()	DATE OF BIRTH (MO/DAY/YR)
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO IF NO, DO YOU HAVE A WORK PERMIT? YES NO			
HAVE YOU EVER HAD YOUR NAME LEGALLY CHANGED? YES NO		IF YES, INDICATE PREVIOUS NAME(S)	
DATE OF CHANGE		REASON FOR CHANGE	
LIST ANY NICKNAMES YOU ARE KNOWN BY:			

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B. RESIDENCES – List all residences where you have lived for the past 10 years, not including your present address. List date by month and year. Attach additional pages if necessary.

FROM	TO	ADDRESS

C. WORK HISTORY – Beginning with your present or most recent job, list all employment for the past 10 years, including part-time, temporary, or Seasonal employment. Include all periods of unemployment. Attach additional pages if necessary.

1. FROM	TO	EMPLOYER
ADDRESS		
TELEPHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
2. FROM	TO	EMPLOYER
ADDRESS		
TELEPHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
3. FROM	TO	EMPLOYER
ADDRESS		
TELEPHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		

4. FROM	TO	EMPLOYER
ADDRESS		
TELEPHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
5. FROM	TO	EMPLOYER
ADDRESS		
TELEPHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
6. FROM	TO	EMPLOYER
ADDRESS		
TELEPHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
7. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN FROM ANY JOB BECAUSE OF ALLEGATIONS OF MISCONDUCT OR UNSATISFACTORY SERVICE? YES NO IF YES, PLEASE EXPLAIN		
D. SELECTIVE SERVICE REGISTRATION (MALES ONLY)		
1. ARE YOU REGISTERED WITH THE U.S. SELECTIVE SERVICE SYSTEM? YES NO IF YES, LIST REGISTRATION NUMBER		REGISTRATION NUMBER

E. MILITARY RECORD									
1. HAVE YOU SERVED IN THE U.S. ARMED FORCES YES NO									
2. DATE OF SERVICE		BRANCH OF SERVICE			UNIT DESIGNATION				
FROM	TO	CURRENT / HIGHEST RANK HELD			MOS OR SPECIALITY				
3. TYPE OF DISCHARGE (If applicable)									
4. WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY? (Include court-martial, captains mast, company punishments, etc.) YES NO									
CHARGE		AGENCY	DATE	AGE	DISPOSITION				
F. EDUCATIONAL HISTORY									
1. HIGH SCHOOL(S) ATTENDED				CITY AND STATE		DATES ATTENDED		GRADUATE	
						FROM TO		YES NO	
2. COLLEGE(S) OR UNIVERSITY(ES) ATTENDED				CITY AND STATE				DATES ATTENDED	
								FROM TO	
TOTAL CREDIT HOUR COMPLETED				DEGREE RECEIVED			DATE OF DEGREE		
3. TRADE, VOCATIONAL, BUSINESS SCHOOL(S) ATTENDED				CITY AND STATE				DATES ATTENDED	
								FROM TO	
TOTAL CREDIT HOURS COMPLETED				CERTIFICATION RECEIVED			DATE OF CERTIFICATION		
SPECIAL QUALIFICATIONS AND SKILLS									
1. PEACE OFFICER STANDARDS TRAINING CERTIFICATION (Include the license class, certifying agency you worked for including city and state, and dates of employment.) NOTE: This can be more than one.									
2. LIST ANY SPECIAL LICENSES YOU HOLD (Such as paramedic, EMT, pilot, radio operator, scuba, etc.) SHOWING LICENSE AUTHORITY, ORIGINAL DATE OF ISSUE. DATE OF EXPIRATION, AND HOURS OF TRAINING.									

3. LIST SPECIAL SKILL YOU POSSESS OR HOBBIES IN WHICH YOU ENGAGE (foreign language proficiencies, computer programming/skills, etc.)

4. LIST ANY VOLUNTEER WORK OR COMMUNITY INVOLVEMENT.

H. CRIMINAL HISTORY

1. HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF OR PLED GUILTY TO A FELONY? YES NO
(Including charges for which you received a suspended imposition of sentence, reduced sentence, or a military violation)

DATE	ALLEGED CRIME	POLICE AGENCY, CITY & STATE	DISPOSITION OF CASE

2. HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF, OR PLED GUILTY TO A MISDEMEANOR? YES NO
(Including charges for which you received a suspended imposition of sentence, reduced sentence, or a military violation)

3. HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF OR PLED GUILTY TO DOMESTIC VIOLENCE? YES NO IF YES, EXPLAIN

4. ARE YOU PRESENTLY ON PROBATION FOR ANY CRIMINAL OFFENSE? YES NO IF YES, EXPLAIN

5. HAVE YOU EVER USED ILLEGAL DRUGS, NARCOTICS OR A PRESCRIPTION DRUG OF ANOTHER PERSON? YES NO IF YES, EXPLAIN IN DETAIL & INCLUDE DATES (MONTH/YEAR)

6. HAVE YOU EVER SOLD ILLEGAL DRUGS, NARCOTICS, OR A PRESCRIPTION DRUG TO ANYONE? YES NO IF YES, EXPLAIN IN DETAIL & INCLUDE DATES (MONTH/YEAR)

7. HAVE YOU EVER GIVEN OR FURNISHED ILLEGAL DRUGS, NARCOTICS OR A PRESCRIPTION DRUG TO ANYONE? YES NO IF YES, EXPLAIN IN DETAIL & INCLUDE DATES (MONTH/YEAR)

I. TRAFFIC RECORD

1. DO YOU POSSESS A VALID DRIVER LICENSE? YES NO DRIVER LICENSE NUMBER STATE OF ISSUE

2. LIST ALL STATES WHERE YOU WERE ISSUED A DRIVER LICENSE (include driver license number)

3. HAS YOUR DRIVER LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO IF YES, GIVE DATE, STATE & REASON

4. LIST ALL DRIVING CITATIONS YOU HAVE RECEIVED, EXCLUDING PARKING TICKETS.

DATE	CHARGES	POLICE AGENCY, CITY & STATE	DISPOSITION OF CASE

5. ARE YOU PRESENTLY ON PROBATION FOR ANY TRAFFIC OFFENSE? YES NO IF YES, EXPLAIN					
6. HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF OR PLED GUILTY TO ANY ALCOHOL RELATED TRAFFIC OFFENSE OR CHARGES REDUCED IN RELATION TO ALCOHOL RELATED TRAFFIC OFFENSES? YES NO IF YES, EXPLAIN (Include charges for which you received a suspended imposition of sentence.)					
7. DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATIONS. (Attach additional pages if necessary)					
J. REFERENCES – List five persons whom you know well enough to provide current information about you. Do not list relatives or former employers.					
NAME 1.		STREET ADDRESS, CITY, STATE, ZIP CODE			
RELATIONSHIP	HOME PHONE	BUSINESS PHONE	BUSINESS ADDRESS	YEARS KNOWN	
NAME 2.		STREET ADDRESS, CITY, STATE, ZIP CODE			
RELATIONSHIP	HOME PHONE	BUSINESS PHONE	BUSINESS ADDRESS	YEARS KNOWN	
NAME 3.		STREET ADDRESS, CITY, STATE, ZIP CODE			
RELATIONSHIP	HOME PHONE	BUSINESS PHONE	BUSINESS ADDRESS	YEARS KNOWN	
NAME 4.		STREET ADDRESS, CITY, STATE, ZIP CODE			
RELATIONSHIP	HOME PHONE	BUSINESS PHONE	BUSINESS ADDRESS	YEARS KNOWN	
NAME 4.		STREET ADDRESS, CITY, STATE, ZIP CODE			
RELATIONSHIP	HOME PHONE	BUSINESS PHONE	BUSINESS ADDRESS	YEARS KNOWN	
K. RELATIVES AND ASSOCIATES					
1. LIST NAME OF RELATIVE WORKING FOR THE CITY OF WAYNESVILLE (Whether by blood or marriage)					
NAME	RELATIONSHIP	DEPARTMENT	NAME	RELATIONSHIP	DEPARTMENT
2. RELATIVES – Inquires will be confined to job-relevant matters. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write N/A.					
IF LIVING, NAME OF YOUR:		ADDRESS, CITY, STATE, ZIP CODE		HOME PHONE	CELL PHONE
FATHER					
MOTHER					
FATHER-IN-LAW					

MOTHER-IN-LAW			
SPOUSE			
FORMER SPOUSE(S)			
BROTHER(S) AND/OR SISTER(S)			

3. OTHER RELATIVES WITH WHOM YOU HAVE A CLOSE PERSONAL RELATIONSHIP WITH.			
NAME/RELATIONSHIP		PRIMARY PHONE	SECONDARY PHONE

4. PLEASE LIST THOSE INDIVIDUALS WITH WHOM YOU HAVE RESIDED DURING THE LAST 10 YEARS (LIST NO INFORMATION PRIOR TO YOUR 15 TH BIRTHDAY) EXCLUDE FAMILY MEMBERS.			
NAME	ADDRESS WHERE YOU RESIDED	PRIMARY PHONE	SECONDARY PHONE

L. PERSONAL DECLARATIONS			
1. HAVE YOU MADE APPLICATION FOR EMPLOYMENT WITH THIS AGENCY OR ANY OTHER LAW ENFORCEMENT OR RELATED AGENCY? YES NO			
NAME OF DEPARTMENT / AGENCY	DATE APPLIED	ACCEPTED	GIVE REASON FOR REJECTION OR DECLINING THE APPOINTMENT
		YES NO	
		YES NO	
		YES NO	
2. ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS (POSITIVE OR NEGATIVE) NOT MENTIONED HEREIN WHICH MAY INFLUENCE THIS DEPARTMENT'S EVALUATION OF YOUR SUITABILITY FOR EMPLOYMENT AS A POLICE OFFICER? YES NO IF YES, EXPLAIN			
3. ARE YOU NOW, OR HAVE YOU EVER BEEN ASSOCIATED WITH AN ORGANIZATION, MOVEMENT GROUP OR COMBINATION OF PERSONS WHICH ARE SUBVERSIVE OR HAVE SHOWN POLICY ADVOCATING FORCE OR VIOLENCE, LEGALIZATION OF DRUGS OR OPPOSITION TO THE DEATH PENALTY? YES NO IF YES, EXPLAIN			

M. PERSONAL BIOGRAPHY – Include information from birth to present. (Use only the space provided. Do not attach additional sheet(s) for this section.

Do NOT include information regarding injuries, medical issues, or disabilities regarding yourself or any family member.

N. APPLICANT CERIFICATION

IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DUTIES AS A POLICE OFFICER, COULD YOU DO SO? YES NO IF NO, EXPLAIN:

DO YOU LIVE WITHIN THE CITY LIMITS OF WAYNESVILLE OR WITHIN 15 MINUTES OF WAYNESVILLE? YES NO

IF YOU DO NOT, WOULD YOU OR COULD YOU MOVE TO WITHIN A 15 MINTUES RESPONSE TIME TO WAYNESVILLE? YES NO

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions.

I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

I fully realize that willfully withholding information or making false or incomplete statements during the pre-employment screening will be a basis for dismissal And permanent disqualification from the Waynesville Police Department and that all information may be verified by a polygraph examination.

SIGNATURE OF APPLICANT

DATE

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