



HOLTS SUMMIT POLICE DEPARTMENT

"The Police are the Public And The Public Are the Police"

Kyle McIntyre, Chief of Police
 P.O. Box 429 / 245 S. Summit Dr.
 Holts Summit, Mo. 65043
 www.holtssummitpd.com

Emergency: 9 – 1 – 1
 Office: (573) 896-4678
 Dispatch: (573) 896-4911
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Application for Employment / Personal History Statement

Note: (PLEASE READ, ACKNOWLEDGE, AND SIGN THIS STATEMENT)

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

SIGNATURE OF APPLICANT

INSTRUCTIONS (READ CAREFULLY BEFORE PROCEEDING)

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

- Your Personal History Statement should be printed legibly in ink. Answer all questions to the best of your ability.
- If a question is not applicable to you, enter N/A in the space provided.
- Avoid errors by reading the directions carefully before marking any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- 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 services or copies of local phone directories.
- If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
- An accurate and complete form will help expedite the investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.

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	
HOME TELEPHONE NUMBER ()	BUSINESS TELEPHONE NUMBER ()	ALTERNATE TELEPHONE NUMBER ()	DATE OF BIRTH (MO/DY/YR)
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVER'S LICENSE NUMBER	STATE OF ISSUE
HAVE YOU EVER HAD YOUR NAME LEGALLY CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, INDICATE PREVIOUS NAME	
NAME AND LOCATION OF CHANGE		REASON OF CHANGE	

RESIDENCE – list all addresses where you have lived since age sixteen, beginning with present address. List date by month and year. Attach extra page if necessary.

FROM	TO	ADDRESS

OFFICIAL USE ONLY

NAME, LAST, FIRST MI

SELECTION PROCESS

EMPLOYMENT HISTORY

BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT, LIST ALL EMPLOYMENT, SELF-EMPLOYMENT, MILITARY OR SEASONAL EMPLOYMENT (INCLUDE ALL PERIODS OF UNEMPLOYMENT). ATTACH EXTRA PAGES IF NECESSARY.

1. FROM	TO	EMPLOYER
ADDRESS		
PHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		
2. FROM	TO	EMPLOYER
ADDRESS		
PHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		
3. FROM	TO	EMPLOYER
ADDRESS		
PHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		
4. FROM	TO	EMPLOYER
ADDRESS		
PHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		

5. FROM	TO	EMPLOYER
ADDRESS		
PHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		

6. FROM	TO	EMPLOYER
ADDRESS		
PHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY JOB BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE?
 YES NO
 IF YES PLEASE EXPLAIN:

MILITARY RECORD

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? YES NO

DATE OF SERVICE FROM TO	BRANCH OF SERVICE	UNIT DESIGNATION
	MILITARY SERVICE NUMBER	HIGHEST RANK HELD

WERE YOU EVER DISCIPLINED WHILE IN MILITARY SERVICE (INCLUDE COURTMARTIAL, CAPTAINS MAST, COMPANY PUNISHMENT)?

YES NO

CHARGE	AGENCY	DATE	AGE	DISPOSTION

SELECTIVE SERVICE CLASSIFICATION	SELECTIVE SERVICE BOARD NUMBER
SELECTIVE SERVICE BOARD ADDRESS	SELECTIVE SERVICE NUMBER

EDUCATION

HIGH SCHOOL ATTENDED	CITY AND STATE	DATES ATTENDED		DEGREE	
		FROM	TO	YES	NO

COLLEGE / UNIVERSITY ATTENDED	CITY AND STATE	DATES ATTENDED	
		FROM	TO

DEGREE (S) RECEIVED	DATE OF DEGREE (S)
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COLLEGE / UNIVERSITY ATTENDED	CITY AND STATE	DATES ATTENDED	
		FROM	TO

DEGREE (S) RECEIVED	DATE OF DEGREE (S)
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COLLEGE / UNIVERSITY ATTENDED	CITY AND STATE	DATES ATTENDED	
		FROM	TO

DEGREE (S) RECEIVED	DATE OF DEGREE (S)
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LIST OTHER SCHOOLS ATTENDED (TRADE, VOCATIONAL, BUSINESS, ETC.) GIVE NAME AND ADDRESS OF SCHOOL, DATES ATTENDED, COURSE OF STUDY, CERTIFICATES AND ANY OTHER PERTINENT INFORMATION.

SPECIAL QUALIFICATIONS AND SKILLS

LIST ANY SPECIAL LICENSE YOU HOLD (SUCH AS PILOT, RADIO OPERATOR, SCUBA ETC.) SHOWING LICENSING AUTHORITY, ORIGINAL DATE OF ISSUE AND DATE OF EXPIRATION.

LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT WHICH YOU CAN OPERATE.

LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS.

REFERENCES

LIST NAMES OF FIVE PERSONS (NOT RELATIVES OR FORMER EMPLOYERS) WHO HAVE KNOWN YOU FOR THE PAST FIVE YEARS

1. NAME		STREET ADDRESS, CITY, STATE, ZIP CODE	
RESIDENCE PHONE ()	BUSINESS PHONE ()	BUSINESS ADDRESS	YEARS KNOWN
2. NAME		STREET ADDRESS, CITY, STATE, ZIP CODE	
RESIDENCE PHONE ()	BUSINESS PHONE ()	BUSINESS ADDRESS	YEARS KNOWN
3. NAME		STREET ADDRESS, CITY, STATE, ZIP CODE	
RESIDENCE PHONE ()	BUSINESS PHONE ()	BUSINESS ADDRESS	YEARS KNOWN
4. NAME		STREET ADDRESS, CITY, STATE, ZIP CODE	
RESIDENCE PHONE ()	BUSINESS PHONE ()	BUSINESS ADDRESS	YEARS KNOWN
5. NAME		STREET ADDRESS, CITY, STATE, ZIP CODE	
RESIDENCE PHONE ()	BUSINESS PHONE ()	BUSINESS ADDRESS	YEARS KNOWN

LIST THE NAMES OF ANY RELATIVES NOW EMPLOYED OR WORKING FOR THE CITY OF HOLTS SUMMIT.

NAME	RELATIONSHIP	NAME	RELATIONSHIP

PERSONAL DECLARATION

HAVE YOU EVER SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE?

YES NO IF YES, EXPLAIN IN DETAIL

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 IN DETAIL.

HAVE YOU EVER MADE APPLICATION FOR EMPLOYMENT WITH THIS OR ANY OTHER LAW ENFORCEMENT RELATED AGENCY?

YES NO

NAME OF DEPARTMENT/AGENCY	DATE APPLIED	ACCEPTED	IF NO, GIVE REASON FOR REJECTION OR DECLINING THE APPOINTMENT
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS NOT MENTIONED HEREIN WHICH MAY INFLUENCE THIS DEPARTMENTS EVALUATION OF YOUR SUITABILITY FOR EMPLOYMENT AS A POLICE OFFICER OR NON-CERTIFIED EMPLOYEE OF THE HOLTS SUMMIT POLICE DEPARTMENT? YES NO IF YES, EXPLAIN IN DETAIL.

Are you willing to relocate within a 15-minute response time from the city limits? YES NO

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the forgoing 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.

SIGNATURE OF APPLICANT	DATE
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Background Investigation Personal Information Waiver

I _____ authorize any person(s) or organization(s) contacted by the Holts Summit Police Department to release any information available about my physical and mental health, character, work habits, job performance and any other information deemed necessary by the Holts Summit Police Department in order to complete a background investigation to consider my application for employment with the Holts Summit Police Department. A photocopy of this completed, signed and notarized Personal Information Waiver should be treated as the original document.

Applicant's Signature: _____

Date: _____

On this _____ day of _____, _____ before me personally appeared _____, to me known to be the party or parties described in and who executed the forgoing instrument, and acknowledged that they executed the same as their free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in Holts Summit, the day and year first above written.

My Commission Expires: _____

Notary Public Signature:
Notary Public Name Printed: