

Mount Vernon Police Department

Application

Packet



David Hubert

Chief of Police

Mount Vernon Police Department

Copies of the following documents must be supplied to the Mount Vernon Police Department or explained fully as to why they are not included.

Required Documents

- **Birth Certificate (Certified copy)**
- **High School Diploma and Transcripts**
- **Missouri State Equivalency Certification (GED)**
- **College Diploma and Transcripts (if applicable)**
- **Military Discharge DD214 (if applicable)**
- **Copy of Missouri driver's license**

If Applicable

- **All Certificates and Diploma from Police Academy**
- **Firearms Course Certificate**
- **Drivers Training Certificate**
- **Special Awards (schools, military etc.)**
- **Documentation of U.S. Citizenship if Naturalized**

**ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE
MOUNT VERNON POLICE DEPARTMENT**

The Mount Vernon Police Department

319 E. Dallas St.

Mount Vernon, MO 65712

(417) 466-2122

Policy Statement

Equal Employment Opportunity

It is the policy of the City of Mount Vernon, Missouri, to provide equal employment opportunities to all qualified persons, regardless of race, color, sex, religion, veteran status, national origin, ancestry, age, marital status, disability, or political affiliation. This policy includes the prohibition of discrimination in employment, promotion, demotion, transfer, recruitment, advertising, layoff, termination, rates of pay, other forms of compensation or fringe benefits, selection for training and development, and participation in contractual or other arrangements or relationships.

Application for Employment

Commissioned Police Officer

Mount Vernon Police Department

319 E. Dallas St.

Mount Vernon, MO 65712

(417) 466-2122

**Certificate of Applicant and
Authorization of Release of Information**

I, (print full name) _____, hereby certify that all statements made in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any mis-statements or omissions of material facts will result in the forfeiture of all rights to initial employment with the Mount Vernon Police Department.

I also hereby authorize all law enforcement agencies, the Veterans Administration, the U.S. Army, the U.S. Navy, the U.S. Air Force, all military agencies, all federal, state, or local government agencies, state and federal tax bureaus, schools, and universities to furnish the Chief of Police of the Mount Vernon Police Department with any and all available information regarding me. Additionally, I authorize the release of any medical, physical, psychiatric, or psychological records in order for the Chief to determine my suitability for police work.

I authorize the Mount Vernon Police Department to make inquiries about my present and past employers regarding my character, integrity, and reputation.

I authorize the release of any and all information regarding my employment, credit, or any other personal or professional information, whether or not it is in their records. I release said company, agency, or person from all liability for any damage's whatsoever that may arise from furnishing such information to the Mount Vernon Police Department.

A photocopy or Xerox copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant

Date

Signature of Witness

Date

I. PERSONAL DATA

FULL NAME (LAST, FIRST, MIDDLE)				HOMEPHONE
ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)				BUSINESS PHONE
PERMANENT ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)				MOBILE PHONE
EMAIL ADDRESS	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER		STATE OF ISSUANCE

LIST ANY OTHER NAMES YOU HAVE EVER USED:

B. ARE YOU A CITIZEN OF THE UNITED STATES
OR AUTHORIZED TO WORK IN THE UNITED
STATES?

YES NO

C. CITY & STATE OF BIRTH?

B. LIST YOUR PRESENT ADDRESS FIRST, FOLLOWED BY ALL ADDRESSES YOU HAVE LIVED AT FOR THE PAST TEN (10)
YEARS. INCLUDE ANY ADDRESSES FROM MILITARY SERVICE. IF MORE SPACE IS NEEDED, USE THE LAST PAGE.

FROM	TO	ADDRESS: (NUMBER, STREET, CITY, COUNTY, STATE & ZIP CODE)

E. HAVE YOU EVER APPLIED FOR A POSITION WITH THIS DEPARTMENT BEFORE? YES NO IF "YES" DATE OF APPLICATION

F. HAVE YOU FILED AN APPLICATION FOR EMPLOYMENT WITH ANY OTHER SOURCES RECENTLY?			YES	NO	IF "YES" LIST BELOW
NAME OF ORGANIZATION OR FIRM	ADDRESS	POSITION APPLIED FOR	DATE APPLIED	DISPOSITION	

G. ARE YOU ACQUAINTED WITH ANY MOUNT VERNON POLICE DEPARTMENT EMPLOYEES?	YES	NO	IF "YES" LIST NAMES BELOW
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H. ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS AS DESCRIBED IN THE WRITTEN JOB DESCRIPTION THAT ACCOMPANIED THIS APPLICATION?	YES	NO
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II. REFERENCES

NAME		PHONE NUMBERS: HOME MOBILE	
HOME ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)		NO. YEARS ACQUAINTED	
BUSINESS ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)		OCCUPATION	
NAME		PHONE NUMBERS: HOME MOBILE	
HOME ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)		NO. YEARS ACQUAINTED	
BUSINESS ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)		OCCUPATION	
NAME		PHONE NUMBERS: HOME MOBILE	
HOME ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)		NO. YEARS ACQUAINTED	
BUSINESS ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)		OCCUPATION	
NAME		PHONE NUMBERS: HOME MOBILE	
HOME ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)		NO. YEARS ACQUAINTED	
BUSINESS ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)		OCCUPATION	

III. ARREST HISTORY

A. OTHER THAN TRAFFIC CITATIONS, HAVE YOU EVER BEEN ARRESTED, CONVICTED, CHARGED, QUESTIONED, ACCUSED, OR DETAINED FOR ANY REASON BY POLICE, SECURITY OFFICER (CAMPUS OR OTHER), TRANSPORTATION SECURITY ADMINISTRATION (TSA) AGENTS, MILITARY POLICE AUTHORITY, EITHER IN THE UNITED STATES OF AMERICA OR IN ANY FOREIGN COUNTRY?				
YES NO	IF "YES" LIST BELOW AND EXPLAIN IN FULL DETAIL ON LAST PAGE			
DATE	CHARGE	DEPT. OR AGENCY	LOCATION (ADDRESS)	DISPOSITION

NOTE: IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, EXPLAIN IN FULL DETAIL ON LAST PAGE		CIRCLE ONE	
A.	WERE YOU EVER SERVED WITH A CRIMINAL OR CML SUBPOENA OR SUMMONS OTHER THAN TRAFFIC?	YES	NO
B.	HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR RESIDENCES (CURRENT OR FORMER) FOR ANY REASON?	YES	NO
C.	HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED OR UNREPORTED CRIME(S)?	YES	NO
D.	ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF THE LAW?	YES	NO

INITIALS: _____

IV. EDUCATION AND SKILLS

A. DO YOU HAVE ANY OF THE FOLLOWING? (CHECK ALL THAT APPLY)

<input type="checkbox"/>	GED CERTIFICATE	<input type="checkbox"/>	COLLEGE DEGREE
<input type="checkbox"/>	HIGH SCHOOL DIPLOMA	<input type="checkbox"/>	POST GRADUATE DEGREE
<input type="checkbox"/>	VOCATION – TECHNICAL CERTIFICATE	<input type="checkbox"/>	OTHER (SPECIFY)

B. LIST ALL ELEMENTARY, HIGH SCHOOL, COLLEGES, AND UNIVERSITIES YOU HAVE ATTENDED

MONTH & YEAR ATTENDED		NAME & ADDRESS OF INSTITUTION	# OF CREDITS COMPLETED	TYPE OF DEGREE	MAJOR	YEAR OF DEGREE
FROM	TO					

NOTE: IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, EXPLAIN IN FULL DETAIL ON LAST PAGE

CIRCLE ONE

D. HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO LEAVE ANY SCHOOL FOR DISCIPLINARY REASONS?

YES

NO

E. HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION?

YES

NO

F. HAVE YOU EVER RECEIVED ANY POLICE ACADEMY TRAINING TO BE A POLICE OFFICER?

YES

NO

G OTHER THAN ENGLISH, LIST THE LANGUAGES YOU SPEAK, READ, AND/OR WRITE.

	FLUENT	ABOVE AVERAGE	FAIR
SPEAK			
READ			
WRITE			

H. SUMMARIZE ANY SPECIAL SKILLS, QUALIFICATIONS, AWARDS AND ACCOMPLISHMENTS, INCLUDING CLERICAL SKILLS THAT YOU WISH TO BE CONSIDERED

INITIALS: _____

V. EMPLOYMENT HISTORY

A. START WITH YOUR PRESENT OR LAST JOB AND LIST ALL OF THE PLACES YOU HAVE WORKED FOR THE PAST TEN (10) YEARS. LIST ANY ADDITIONAL EMPLOYERS ON LAST PAGE.

1. EMPLOYER	PHONE NUMBER	JOB TITLE	
ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)	SUPERVISOR	START DATE	END DATE
HOURLY OR ANNUAL SALARY STARTING 	ENDING 		
WORK PERFORMED:			
REASON FOR LEAVING:			
2. EMPLOYER	PHONE NUMBER	JOB TITLE	
ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)	SUPERVISOR	START DATE	END DATE
HOURLY OR ANNUAL SALARY STARTING 	ENDING 		
WORK PERFORMED:			
REASON FOR LEAVING:			
3. EMPLOYER	PHONE NUMBER	JOB TITLE	
ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)	SUPERVISOR	START DATE	END DATE
HOURLY OR ANNUAL SALARY STARTING 	ENDING 		
WORK PERFORMED:			
REASON FOR LEAVING:			
4. EMPLOYER	PHONE NUMBER	JOB TITLE	
ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)	SUPERVISOR	START DATE	END DATE
HOURLY OR ANNUAL SALARY STARTING 	ENDING 		
WORK PERFORMED:			
REASON FOR LEAVING:			

NOTE: IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, EXPLAIN IN FULL DETAIL ON LAST PAGE	CIRCLE ONE	
B. HAVE YOU EVER BEEN DISMISSED, FIRED OR ASKED TO RESIGN FROM ANY EMPLOYMENT?	YES	NO
C. HAVE YOU EVER STOLEN ANY MONEY, OR MERCHANDISE FROM ANY PLACE OF EMPLOYMENT? (IF YES, PROVIDE THE FINAL DISPOSITION OF ALL ITEMS (E.G., SOLD, RETAINED FOR PERSONAL USE, RETURNED, ETC.))	YES	NO
D. HAVE YOU EVER BEEN UNEMPLOYED FOR A PERIOD OF TIME IN EXCESS OF SIX (6) MONTHS?	YES	NO
E. ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF THE LAW?	YES	NO

INITIALS: _____

VI. MILITARY STATUS

A. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE?	YES NO	B. REGISTRATION NO.	C. LOCATION WHERE REGISTERED		
D. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, R.O.T.C., OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? (CIRCLE ONE) YES NO (IF "YES," LIST BELOW IF THERE IS MORE THAN ONE PERIOD, LIST EACH PERIOD.)					
MONTH/YEAR ENTERED	BRANCH OR ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK	OCCUPATIONAL SPECIALTY

NOTE: IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, EXPLAIN IN FULL DETAIL ON LAST PAGE.

E. WERE YOU EVER REDUCED IN RANK IN THE MILITARY?	YES		IF "YES" RANK REDUCED	FROM			
	NO			TO			
F. WERE YOU EVER COURT-MARTIALLED?	YES		IF "YES" TYPE OF COURT MARIAL	SUMMARY		GENERAL	
	NO			SPECIAL		OTHER	
G. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT?						YES	
						NO	

VII. FINANCIAL STATUS

A. LIST THE SOURCES OF ALL YOUR INCOME AT THE PRESENT TIME.		
TYPE OF INCOME	FIRM OR SOURCE NAME	ANNUAL AMOUNT
PRIMARY SALARY		
OTHER EMPLOYMENT		
DIVIDENDS/INTEREST		
MILITARY		
OTHER		
OTHER		
TOTAL ANNUAL INCOME		

INITIALS: _____

VIII. DRIVING HISTORY

A. LIST ALL DRIVER'S OR CHAUFFEUR'S LICENSES YOU NOW HOLD OR HAVE HELD IN MISSOURI OR IN ANY OTHER STATE OR COUNTRY

STATE OF ISSUANCE	TYPE OF LICENSE	LICENSE NUMBER	EXPIRATION DATE

B. HAVE ANY OF THE ABOVE LICENSES EVER BEEN SUSPENDED OR REVOKED? (IF "YES," EXPLAIN BELOW)

YES

NO

C. LIST ALL DRIVING CITATIONS, TICKETS, OR SUMMONSES THAT YOU HAVE EVER RECEIVED WITH THE MOST RECENT. IF YOU CANNOT REMEMBER EXACT DATES OR LOCATIONS, PROVIDE AN APPROXIMATION.

CHARGE	DATE	CITY/STATE	ISSUING DEPARTMENT	DISPOSITION

D. LIST ALL VEHICLES, INCLUDING MOTOCYCLES, WHICH YOU OWN, LEASE OR HAVE FOR YOUR PERSONAL USE.

YEAR	MAKE	MODEL	LICENSE PLATE NO.	STATE

E. HOW MANY TRAFFIC CRASHES HAVE YOU BEEN INVOLVED IN DURING THE PAST FIVE (5) YEARS?

NUMBER:

(LIST ALL TRAFFIC CRASHES BELOW INCLUDING REPORT NUMBER(S) IF AVAILABLE. FOR ADDITIONAL SPACE, USE LAST PAGE.)

DATE	LOCATION	EXPLANATION / DISPOSITION

INITIALS: _____

F. HAVE YOU RECENTLY CHANGED AUTOMOBILE INSURANCE COMPANIES? (CIRCLE ONE) YES NO (IF YES, ANSWER BELOW)				
DATE CHANGED	PREVIOUS INSURANCE COMPANY	AGENT'S NAME	PHONE NO.	ADDRESS

G. PROVIDE YOUR CURRENT AUTOMOBILE INSURANCE INFORMATION BELOW			
CURRENT INSURANCE COMPANY	AGENT'S NAME	PHONE NO.	ADDRESS
AUTOMOBILE POLICY NO.			

H. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE OR HAD INSURANCE CANCELLED? IF "YES," EXPLAIN BELOW	YES	NO

INITIALS: _____

IX. NARCOTIC AND ALCOHOL USE

NOTE: IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, EXPLAIN IN FULL DETAIL ON LAST PAGE(S).	CIRCLE ONE	
A. ARE YOU CURRENTLY ADDICTED TO ALCOHOL?	YES	NO
B. HAVE YOU ABUSED A CONTROLLED SUBSTANCE WITHIN THE LAST SIX (6) MONTHS?	YES	NO
C. HAVE YOU EVER USED AN ILLEGAL CONTROLLED SUBSTANCE?	YES	NO

D. AN EMPLOYEE OF THIS DEPARTMENT WORKS A MINIMUM OF EIGHT HOURS PER DAY, FIVE (5) DAYS A WEEK, 50 WEEKS PER YEAR. ARE YOU ABLE TO MEET THESE REQUIREMENTS WITHOUT EXCESSIVE ABSENCES? (IF "NO," EXPLAIN BELOW)	YES	NO

E. LIST FULL NAMES OF YOUR IMMEDIATE FAMILY SUCH AS YOUR FATHER, MOTHER, (INCLUDE MAIDEN NAME), BROTHER(S), AND SISTER(S).					
FULL NAME	RELATIONSHIP	CURRENT ADDRESS	PHONE NO.	OCCUPATION	DATE OF BIRTH

INITIALS: _____

X. USE OF FORCE

IF YOU ANSWER "YES" TO THE FOLLOWING QUESTIONS, EXPLAIN IN DETAIL IN THE SPACE PROVIDED.
FOR ADDITIONAL SPACE, USE LAST PAGE.

CIRCLE ONE

A. AS A POLICE OFFICER, WOULD YOU BE RELUCTANT TO SHOOT A PERSON IF THE NECESSITY AROSE?

YES

NO

B HAVE YOU EVER USED A WEAPON TO DEFEND YOURSELF OR OTHERS?

YES

NO

XI. NARRATIVE

A IN 25 TO 50 WORDS, EXPLAIN WHY YOU DESIRED TO BE A POLICE OFFICER

INITIALS: _____

[illegible]

INITIALS: _____

ADDITIONAL INFORMATION SHEET	
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USE THESE SHEETS TO PROVIDE ADDITIONAL INFORMATION TO REFERENCE ANY PREVIOUS APPLICATION QUESTION(S). BE SURE TO PROVIDE QUESTION IDENTIFIER(S) TO WHICH THE ADDITIONAL INFORMATION APPLIES. PLACE YOUR INITIALS AT THE END OF EACH ADDED.

[illegible]

INITIALS: _____