

# ST. ANN POLICE DEPARTMENT

10405 St. Charles Rock Road St. Ann, Missouri 63074

314 427-8000

[www.stannmo.org](http://www.stannmo.org)



# ST. ANN POLICE DEPARTMENT



The mission of the St. Ann Police Department is to provide the highest level of protection and service to the community of St. Ann, through partnership with its citizens, and provide that protection and service in a professional, ethical, honest and timely manner.

**APPLICANT PERSONAL HISTORY QUESTIONNAIRE**  
**VERIFICATION OF INFORMATION**

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment or training with the City of *St. Ann* Police Department. An extensive background investigation will be conducted into your personal history. Applicants for the position of police officer / reserve officer / corrections officer may be required to take a polygraph (lie detector) examination to confirm the information in this questionnaire, and to determine other items of background information.

ANY FALSE, MISLEADING, OR INCOMPLETE INFORMATION SUBSTITUTED FOR ACCURATE INFORMATION WILL BE GROUNDS TO DISQUALIFY YOU FROM FURTHER CONSIDERATION IN THE APPLICATION PROCESS WITH THE CITY OF *ST. ANN* POLICE DEPARTMENT.

I confirm that I have read and that I understand the above and that all statements and documents presented to the City of *St. Ann* Police Department are true, correct, complete and made in good faith.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please indicate position for which you are applying: \_\_\_\_\_

**DIRECTIONS**

1. BEFORE YOU BEGIN, read the entire set of directions and listing of documents required for submission. An application checklist is provided on page 13 for your convenience. This is a competitive process, therefore, applications will not be accepted, processed or evaluated unless complete. All addresses and phone numbers must include zip codes and area codes.
2. **USE BLACK INK PEN ONLY.** Complete this form in your own handwriting or printing. If you need any special accommodation in completing this questionnaire, contact the City of *St. Ann* Human Resource Department at (314) 427-8000
3. Read each question carefully before answering. Be certain that your answers are legible.
4. Be certain that each question is answered COMPLETELY and CORRECTLY. Submit all documents as requested. If a question does not apply to you, write "N/A" (not applicable) in the space. Leave no blank space.
5. Initial EACH page on the bottom right corner.
6. Additional space is provided on pages 11 and 12 for answers which require clarification or further explanation. All entries on pages 11 and 12 will begin with page, section number (Roman numerals I-XIII), and question (letters A-L) you are explaining or clarifying.
7. Pursuant to Public Law 93-579, the disclosure of your Social Security Number is completely voluntary. Your refusal to reveal it will in no way affect applications for any job or consideration provided by this Department. The Social Security Number assists the Department in differentiating between applicants with similar or identical names.
8. ***Upon completion this application must be returned to the City of St. Ann Police Department at 10405 St. Charles Rock Rd, St. Ann, Mo 63074***

**PERSONAL DATA**

**CONFIDENTIAL**

<b>FULL NAME</b>		<b>LAST</b>			<b>FIRST</b>			<b>MIDDLE</b>			<b>HOME PHONE</b>				
<b>ADDRESS</b>		<b>NUMBER</b>		<b>STREET</b>			<b>CITY</b>		<b>STATE</b>		<b>ZIP CODE</b>		<b>BUSINESS PHONE/PAGER</b>		
<b>PERMANENT ADDRESS</b>		<b>NUMBER</b>		<b>STREET</b>			<b>CITY</b>		<b>STATE</b>		<b>ZIP CODE</b>		<b>HOME PHONE</b>		
<b>AGE</b>		<b>HEIGHT</b>		<b>WEIGHT</b>		<b>HAIR</b>		<b>EYES</b>		<b>DATE OF BIRTH</b>			<b>PLACE OF BIRTH</b>		
<b>SOCIAL SECURITY NUMBER</b>					<b>OPERATOR'S LICENSE NUMBER</b>					<b>STATE ISSUED</b>					
<b>A. LIST ANY OTHER NAMES YOU HAVE EVER USED:</b> _____ _____															
<b>B. ARE YOU A CITIZEN OF THE UNITED STATES?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO							<b>C. WERE YOU NATURALIZED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO								
<b>D. LIST FIRST YOUR PRESENT ADDRESS, THEN LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST TEN (10) YEARS, INCLUDING YOUR ADDRESS (ES) IN THE MILITARY SERVICE OR WHILE ATTENDING COLLEGE:</b>															
<b>FROM</b>		<b>TO</b>		<b>STREET ADDRESS</b>				<b>CITY/ COUNTY</b>			<b>STATE</b>		<b>ZIP CODE</b>		
<b>E. HAVE YOU EVER APPLIED FOR A POSITION WITH THIS DEPARTMENT BEFORE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," DATE OF APPLICATION: _____															
<b>F. HAVE YOU FILED AN EMPLOYMENT APPLICATION WITH ANY OTHER SOURCES RECENTLY? IF "YES," LIST BELOW:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO															
<b>DATE</b>		<b>ORGANIZATION/FIRM NAME</b>				<b>ADDRESS/ZIP CODE</b>				<b>POSITION APPLIED FOR</b>			<b>DISPOSITION</b>		
<b>G. ARE YOU ACQUAINTED WITH ANY SAINT ANN POLICE DEPARTMENT EMPLOYEES? IF "YES," PLEASE LIST</b> <input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____															
<b>H. BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU APPLIED, DESCRIBED IN THE WRITTEN JOB DESCRIPTION THAT ACCOMPANIED THIS APPLICATION, ARE YOU ABLE TO PERFORM THESE FUNCTIONS WITH OR WITHOUT REASONABLE ACCOMMODATION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO															

## II. EMPLOYMENT HISTORY

**CONFIDENTIAL**

A. START WITH YOUR PRESENT OR LAST JOB AND LIST ALL OF THE PLACES YOU HAVE WORKED FOR THE PAST TEN YEARS. LIST ANY ADDITIONAL EMPLOYERS ON PAGES 11 AND 12. IF YOU ARE PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER?  YES  NO

<b>1</b>	EMPLOYER	ADDRESS		
	CITY	STATE	ZIP CODE	PHONE NUMBER
	DATES EMPLOYED		HOURLY OR ANNUAL SALARY	JOB TITLE
	FROM	TO	START                  FINAL	
	WORK PERFORMED		SUPERVISOR	CO-WORKER
	REASON FOR LEAVING			
<b>2</b>	EMPLOYER	ADDRESS		
	CITY	STATE	ZIP CODE	PHONE NUMBER
	DATES EMPLOYED		HOURLY OR ANNUAL SALARY	JOB TITLE
	FROM	TO	START                  FINAL	
	WORK PERFORMED		SUPERVISOR	CO-WORKER
	REASON FOR LEAVING			
<b>3</b>	EMPLOYER	ADDRESS		
	CITY	STATE	ZIP CODE	PHONE NUMBER
	DATES EMPLOYED		HOURLY OR ANNUAL SALARY	JOB TITLE
	FROM	TO	START                  FINAL	
	WORK PERFORMED		SUPERVISOR	CO-WORKER
	REASON FOR LEAVING			
<b>4</b>	EMPLOYER	ADDRESS		
	CITY	STATE	ZIP CODE	PHONE NUMBER
	DATES EMPLOYED		HOURLY OR ANNUAL SALARY	JOB TITLE
	FROM	TO	START                  FINAL	
	WORK PERFORMED		SUPERVISOR	CO-WORKER
	REASON FOR LEAVING			

B. HAVE YOU EVER BEEN DISMISSED, FIRED OR ASKED TO RESIGN FROM ANY EMPLOYMENT?  
 YES     NO    IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

C. HAVE YOU EVER STOLEN ANY MONEY OR MERCHANDISE FROM ANY PLACE OF EMPLOYMENT? INCLUDE FINAL DISPOSITION OF ALL ITEMS (I.E. SOLD, RETAINED FOR PERSONAL USE, RETURNED, ETC.)  
 YES     NO    IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

D. HAVE YOU EVER BEEN UNEMPLOYED FOR A PERIOD OF TIME IN EXCESS OF SIX MONTHS?  
 YES     NO    IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

### III. EDUCATION AND SKILLS

**CONFIDENTIAL**

**A. DO YOU HAVE (CHECK APPROPRIATE BOXES):**

<input type="checkbox"/> GED / HIGH SCHOOL	<input type="checkbox"/> 3-31 COLLEGE CREDIT HOURS	<input type="checkbox"/> 32-63 COLLEGE CREDIT HOURS
<input type="checkbox"/> 64-119 COLLEGE CREDITS	<input type="checkbox"/> BACHELOR'S DEGREE	<input type="checkbox"/> POST GRADUATE DEGREE

**B. STARTING WITH THE MOST RECENT, LIST ALL ELEMENTARY, HIGH SCHOOL, COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED**

MONTH & YEAR ATTENDED FROM	TO	NAME AND LOCATION (STREET, CITY, STATE, ZIP)	# CREDITS COMPLETED	TYPE OF DEGREE	MAJOR	YEAR OF DEGREE

**C. STUDENT ASSOCIATIONS / ACTIVITIES:**

\_\_\_\_\_

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

YES     NO    IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

**E. HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION?**

YES     NO    IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

**F. ARE YOU A GRADUATE OF A CERTIFIED POLICE ACADEMY OR LAW ENFORCEMENT TRAINING PROGRAM?**

YES     NO    IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

**G. INDICATE LANGUAGES YOU SPEAK, READ AND/OR WRITE OTHER THAN ENGLISH:**

	FLUENT	ABOVE AVERAGE	FAIR
SPEAK			
READ			
WRITE			

**H. SPECIAL SKILLS, QUALIFICATIONS AND AWARDS -SUMMARIZE SPECIAL SKILLS, QUALIFICATIONS AND ACCOMPLISHMENTS (INCLUDING CLERICAL SKILLS) THAT YOU WISH TO BE CONSIDERED-**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IV. REFERENCES

CONFIDENTIAL

LIST FOUR (4) CHARACTER REFERENCES, TWO OF WHICH ARE NEAR YOUR SAME AGE AND ARE NOT RELATIVES, IN-LAWS OR PAST EMPLOYERS WHO HAVE KNOWN YOU WELL DURING THE PAST THREE YEARS OR MORE:

1	NAME	PHONE NUMBER	YEARS AQUAINTED
RESIDENCE ADDRESS		CITY	STATE ZIP CODE
BUSINESS NAME AND ADDRESS		OCCUPATION	
2	NAME	PHONE NUMBER	YEARS AQUAINTED
RESIDENCE ADDRESS		CITY	STATE ZIP CODE
BUSINESS NAME AND ADDRESS		OCCUPATION	
3	NAME	PHONE NUMBER	YEARS AQUAINTED
RESIDENCE ADDRESS		CITY	STATE ZIP CODE
BUSINESS NAME AND ADDRESS		OCCUPATION	
4	NAME	PHONE NUMBER	YEARS AQUAINTED
RESIDENCE ADDRESS		CITY	STATE ZIP CODE
BUSINESS NAME AND ADDRESS		OCCUPATION	

V. ARREST HISTORY

A. OTHER THAN TRAFFIC CITATIONS, HAVE YOU, AS AN ADULT OR JUVENILE, BEEN ARRESTED, CONVICTED, CHARGED, QUESTIONED, ACCUSED OR DETAINED FOR ANY REASON BY ANY POLICE, SECURITY OFFICER OR MILITARY POLICE AUTHORITY, EITHER IN THE UNITED STATES OF AMERICA OR IN ANY FOREIGN COUNTRY?

YES  NO IF "YES," DESCRIBE BELOW AND EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

DATE	CHARGE	DEPARTMENT/AGENCY	LOCATION (CITY, COUNTY, STATE)	DISPOSITION

B. WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS OTHER THAN TRAFFIC?

YES  NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

C. HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR FORMER OR CURRENT RESIDENCES FOR ANY REASON?

YES  NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

D. HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED CRIME, INCLUDING THE BUYING OR SELLING OF ILLICIT DRUGS?

YES  NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

E. ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW?

YES  NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

## VI. ORGANIZATIONAL MEMBERSHIP

**CONFIDENTIAL**

A. LIST ALL CIVIC OR SOCIAL ORGANIZATIONS, FRATERNITIES, CLUBS, BROTHERHOODS, SOCIETIES OR GROUPS OF WHICH YOU ARE, OR HAVE BEEN, A MEMBER OR ASSOCIATE. ALSO FURNISH THEIR LOCATIONS.

NAME OF ORGANIZATION	ADDRESS	OFFICE HELD

B. ARE YOU NOW, OR HAVE YOU BEEN, A MEMBER OF ANY FOREIGN OR DOMESTIC SUBVERSIVE ORGANIZATION, ASSOCIATION, MOVEMENT GROUP OR CLUB WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF MISSOURI, BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS?

YES       NO      IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

## VII. MILITARY STATUS

A. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		B. REGISTRATION NUMBER		C. LOCATION WHERE REGISTERED	
D. DO YOU HAVE A CURRENT OBLIGATION WITH THE MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		UNIT		ADDRESS/PHONE	COMMANDER
E. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, ROTC, OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? (IF THERE IS MORE THAN ONE PERIOD, LIST THE SEPARATE PERIODS) <input type="checkbox"/> YES <input type="checkbox"/> NO					
MONTH/YEAR ENTERED	BRANCH / ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK	OCCUPATIONAL SPECIALTY
F. WERE YOU EVER REDUCED IN RANK IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO      IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. REDUCED FROM _____ TO _____					
G. WERE YOU EVER COURT MARTIALED? <input type="checkbox"/> YES <input type="checkbox"/> NO      IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. TYPE OF COURT MARTIAL: <input type="checkbox"/> SUMMARY <input type="checkbox"/> SPECIAL <input type="checkbox"/> GENERAL SENTENCE RECEIVED _____ HAVE YOU EVER RECEIVED A CAPTAIN'S MAST, COMPANY PUNISHMENT OR ARTICLE 15? <input type="checkbox"/> YES <input type="checkbox"/> NO      IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12					
H. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO      IF "YES," NAME ORGANIZATION AND NATURE OF SERVICE. _____ _____ _____					



VIII. FINANCIAL STATUS

CONFIDENTIAL

A. LIST THE SOURCES OF ALL YOUR INCOME AT THE PRESENT TIME.					
TYPE OF INCOME	FIRM OR SOURCE NAME				MONTHLY AMOUNT
YOUR SALARY					
OTHER EMPLOYMENT					
DIVIDENDS/INTEREST					
MILITARY					
OTHER (specify)					
TOTAL					
B. IF YOUR SPOUSE IS EMPLOYED, PLEASE COMPLETE THE FOLLOWING.					
BUSINESS NAME		BUSINESS ADDRESS			ZIP CODE
TELEPHONE NUMBER	JOB TITLE				MONTHLY AMOUNT
C. LIST ALL DEBTS AND OBLIGATIONS WHICH YOU NOW OWE, AND THE INDIVIDUALS OR FIRMS WITH WHOM YOU HAVE CREDIT DEALINGS. USE PAGES 11 AND 12 IF ADDITIONAL SPACE IS NEEDED.					
OBLIGATION	NAME, ADDRESS, ZIP CODE	ACCOUNT NUMBER	UNPAID BALANCE	MONTHLY PAYMENT	AMT PAST DUE
<input type="checkbox"/> MORTGAGE <input type="checkbox"/> RENT					
AUTO PAYMENT					
PERSONAL LOANS					
SCHOOL LOANS					
CREDIT CARD					
CREDIT CARD					
CREDIT CARD					
OTHER (specify)					
OTHER (specify)					
TOTALS					
IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," WRITE DETAILS ON PAGES 11 AND 12. MARK "YES" IF THE QUESTION INVOLVES YOU, YOUR SPOUSE OR ANY EX-SPOUSE.					
D. HAVE YOU EVER BEEN DELINQUENT IN ANY OF YOUR FINANCIAL OBLIGATIONS?			J. HAVE YOU EVER FILED A LAWSUIT OR HAD A REPRESENTATIVE FILE A LAWSUIT ON YOUR BEHALF?		
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
E. HAVE YOU EVER BEEN REFUSED CREDIT?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
F. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED?			K. HAS YOUR TAX RETURN EVER BEEN AUDITED BY THE IRS FOR ANY REASON OTHER THAN A RANDOM AUDIT?		
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
G. HAVE YOU EVER FILED BANKRUPTCY?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
H. HAVE YOU EVER BEEN SUED IN COURT?			L. HAVE YOU EVER FAILED TO FILE OR BEEN DELINQUENT IN FILING YOUR TAX RETURN?		
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
I. HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES INJURY, LIBEL, ETC, EITHER WITH OR WITHOUT COURT ACTION?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					

**IX. NARCOTIC AND LIQUOR USAGE**

CONFIDENTIAL

A. WITHIN THE LAST SIX MONTHS, HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGES TO THE POINT OF IMPAIRMENT?  
 YES     NO    IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

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B. WITHIN THE LAST SIX MONTHS, HAVE YOU USED A CONTROLLED SUBSTANCE WITHOUT A PRESCRIPTION?  
 YES     NO    IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

**X. MARITAL STATUS/FAMILY MEMBERS**

A. CHECK YOUR CURRENT MARITAL STATUS. USE ADDITIONAL SPACE ON PAGES 11 AND 12 IF EXPLANATION IS NECESSARY.  
 SINGLE     ENGAGED     MARRIED     SEPARATED     DIVORCED     WIDOWED

IF ENGAGED OR MARRIED, INDICATE THE FOLLOWING INFORMATION RELATIVE TO FIANCE(E) OR SPOUSE:

NAME (include maiden name)		DATE OF BIRTH		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER	ANTICIPATED DATE OF MARRIAGE	

IF SEPARATED OR DIVORCED, INDICATE THE FOLLOWING INFORMATION RELATIVE TO EX-SPOUSE:

NAME (MAIDEN)		DATE OF BIRTH		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER	DATE OF SEPARATION/DIVORCE CAUSE #	

IF SPOUSE IS DECEASED, INDICATE THE FOLLOWING INFORMATION:

NAME (MAIDEN)	DATE DECEASED
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B. LIST ALL CHILDREN AND/OR DEPENDENTS. USE ADDITIONAL SPACE ON PAGES 11 AND 12 IF NECESSARY.

NAME	DATE OF BIRTH	PLACE OF BIRTH	RELATIONSHIP	ADDRESS	WITH WHOM RESIDING	% SUPPORT PROVIDED

C. DO YOU NOW SUPPORT ALL CHILDREN BORN TO YOU?  
 YES     NO    IF "NO," EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_

D. ALL EMPLOYEES OF THIS DEPARTMENT WORK A MINIMUM EIGHT-HOUR DAY, FIVE DAYS PER WEEK, 40 WEEKS PER YEAR. ARE YOU ABLE TO MEET THESE REQUIREMENTS WITHOUT EXCESSIVE ABSENCES?  
 YES     NO

**X. MARITAL STATUS/FAMILY MEMBERS (cont.)**

**CONFIDENTIAL**

**E. ARE YOU PRESENTLY LIVING WITH ANYONE ELSE (FRIEND OR RELATIVE)?**  
 YES     NO    IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

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**F. HAVE YOU HAD ANY SERIOUS PROBLEMS WITH YOUR RELATIVES OR IN-LAWS?**  
 YES     NO    IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

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**G. LIST FULL NAME(S) OF YOUR IMMEDIATE FAMILY, SUCH AS FATHER, MOTHER (MAIDEN NAME) BROTHERS AND SISTERS:**

NAME	DATE OF BIRTH	RELATIONSHIP	ADDRESS	ZIP CODE	PHONE NUMBER	OCCUPATION

**SECTIONS XI, XII AND XIII ARE TO BE COMPLETED BY POLICE OFFICER, RESERVE OFFICER AND CORRECTIONS OFFICER APPLICANTS ONLY**

**XI. USE OF FORCE**

**A. IF THE NECESSITY AROSE FOR YOU TO SHOOT A PERSON IN THE COURSE OF YOUR DUTIES AS A POLICE OFFICER / RESERVE OFFICER WOULD YOU HAVE ANY RELUCTANCE TO DO SO?**  
 YES     NO    IF "YES," EXPLAIN IN DETAIL:  
 \_\_\_\_\_  
 \_\_\_\_\_

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**B. HAVE YOU EVER USED A WEAPON TO DEFEND YOURSELF OR OTHERS? IF "YES," EXPLAIN IN DETAIL:**  
 YES     NO  
 \_\_\_\_\_  
 \_\_\_\_\_

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**C. AS THE NEED TO DO SO MAY ARISE AT ANYTIME, ARE YOU PHYSICALLY CAPABLE OF MAKING A FORCEFUL ARREST REQUIRING PHYSICAL STRENGTH AND EXERTION?**  
 YES     NO

**XII. NARRATIVE**

**IN 25 TO 50 WORDS, EXPLAIN WHY YOU WISH TO BE A POLICE OFFICER, RESERVE OFFICER OR CORRECTIONS OFFICER.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### XIII. DRIVING HISTORY

**CONFIDENTIAL**

A. LIST ALL DRIVER'S OR CHAUFFEUR'S LICENSES YOU NOW HOLD OR HAVE PREVIOUSLY HELD, EITHER IN MISSOURI OR ANY OTHER STATE OR COUNTY.					
STATE	TYPE OF LICENSE	LICENSE NUMBER	EXPIRATION DATE		
B. HAVE ANY OF THE ABOVE LICENSES EVER BEEN SUSPENDED OR REVOKED?					
<input type="checkbox"/> YES <input type="checkbox"/> NO      IF "YES," EXPLAIN:					
C. LIST ALL DRIVING CITATIONS/TICKETS OR SUMMONSES YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, BEGINNING WITH THE MOST RECENT IF YOU CANNOT REMEMBER EXACT DATES OR LOCATIONS, GIVE APPROXIMATE DATES AND LOCATIONS.					
MONTH/YEAR	CHARGE	CITY/STATE	ISSUING AGENCY/DEPARTMENT	DISPOSITION	
D. LIST ALL VEHICLES WHICH YOU OWN, LEASE OR HAVE FOR YOUR PERSONAL USE (INCLUDE MOTORCYCLES).					
YEAR	MAKE	MODEL	LICENSE NUMBER	STATE	
E. HOW MANY TRAFFIC ACCIDENTS HAVE YOU BEEN INVOLVED IN DURING THE PAST FIVE YEARS? EXPLAIN CIRCUMSTANCES OF EACH.					
F. LIST ALL INFORMATION RELATIVE TO YOUR CURRENT AUTOMOBILE INSURANCE:					
NAME OF COMPANY		ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	NAME OF AGENT		POLICY NUMBER	EXPIRATION DATE	
G. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE OR HAD INSURANCE CANCELLED?					
<input type="checkbox"/> YES <input type="checkbox"/> NO      IF "YES," EXPLAIN IN DETAIL:					
H. HAVE YOU RECENTLY CHANGED AUTOMOBILE INSURANCE COMPANIES?					
<input type="checkbox"/> YES <input type="checkbox"/> NO      IF "YES," INDICATE THE FOLLOWING INFORMATION RELATIVE TO YOUR PREVIOUS INSURANCE COMPANY.					
NAME OF COMPANY		ADDRESS	ZIP CODE	PHONE NUMBER	DATE DISCONTINUED



USE THIS PAGE FOR ANY ADDITIONAL INFORMATION. LIST QUESTION NUMBER TO WHICH THE ADDITIONAL INFORMATION APPLIES. PUT YOUR INITIALS AT THE END OF EACH ITEM AND AT THE BOTTOM OF THIS PAGE.

QUESTION NUMBER			ADDITIONAL INFORMATION
PAGE (I-III)	SECTION (I-XIII)	LETTER (A-L)	



# POLICE APPLICANT RECORD SEARCH

(THIS SECTION TO BE COMPLETED BY APPLICANT)

PLEASE PRINT

	DATE				
NAME			SEX		RACE
OTHER NAMES USED <small>(I.E., MAIDEN, ALIAS, ETC.)</small>					
ADDRESS					
CITY		STATE		ZIP CODE	
DATE OF BIRTH			PLACE OF BIRTH		
SOCIAL SECURITY NUMBER					
LICENSE PLATE NUMBER			STATE/YEAR		
DRIVER'S LICENSE NUMBER / STATE ISSUED					

(THIS SECTION TO BE COMPLETED BY *SAINT ANN* POLICE DEPARTMENT PERSONNEL)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> CHECKLIST     |  |
| <input type="checkbox"/> MIDI                     | <input type="checkbox"/> MULES RECORD        |
| <input type="checkbox"/> ALERT                    | <input type="checkbox"/> NCIC RECORD         |
| <input type="checkbox"/> HISTORY                  | <input type="checkbox"/> DOR                 |
| <input type="checkbox"/> CORRECTIONS              | <input type="checkbox"/> SIL (COUNTY)        |
| <input type="checkbox"/> SUMMONS                  | <input type="checkbox"/> LICENSE PLATE       |
| <input type="checkbox"/> GANG MEMBER/ASSOCIATIONS | <input type="checkbox"/> LMU STARS           |
|   | <input type="checkbox"/> EMPLOYMENT SECURITY |

OFFICER / CLERK		DSN		DATE	
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Form **4506-T**

**Request for Transcript of Tax Return**

(Rev. April 2006)

Department of the Treasury  
Internal Revenue Service

- ▶ Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-1872

**Tip:** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return: If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

**Caution:** If a third party requires you to complete Form 4506-T, do not sign Form 4506-T if lines 6 and 9 are blank.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

- a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days.
- b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days.
- c **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days.
- 7 **Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year. Most requests will be processed within 10 business days.
- 8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days.

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

<b>Sign Here</b>	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a (    )    -    -    -    -
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	



## General Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

**Note.** If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

### Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501  978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362  678-530-5326
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team Stop 6716 AUSC Austin, TX 73301  512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888  559-253-4990
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team Stop 6705-B41 Kansas City, MO 64999  816-823-7667
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695  215-516-2931

### Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  859-669-3592
A foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695  215-516-2931

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation; (2) any person designated by the board of directors or other governing body; or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 10 min.;** **Preparing the form, 12 min.;** and **Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

## APPLICATION CHECKLIST

The following documents must be included with this application, or explain fully why they are not included. All documents submitted become the property of the City of Saint Ann Police Department and will not be returned.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Completed Certificate of Applicant and Authorization for Release of Information   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Tax Information Authorization (Form 4506-T)   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Police Applicant Record Search.   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Notice of Drug Testing  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Post-Offer Medical Testing  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Receipt for "Summary of Your Rights Under the Fair Credit Reporting Act"  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Disclosure Statement  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Release for Criminal Records  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Release of Information – Medical & Psychological Exam Results   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Special awards   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. Copy of your Social Security card  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. Copies of all educational transcripts. High school and college must have a raised seal affixed. If you are applying for a noncommissioned (civilian) position, a photo copy is acceptable. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

IF UNABLE TO FURNISH ANY OF THESE DOCUMENTS, PLEASE EXPLAIN:

DOCUMENT NUMBER

REASON FOR EXCLUSION




# ST. ANN DEPARTMENT OF POLICE

CITY OF SAINT ANN

**POLICE**

Aaron Jimenez  
Chief of Police

## CERTIFICATE OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
SSN	DATE OF BIRTH	APPLICANT #

I \_\_\_\_\_ (Print Full Name), hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material fact will cause forfeiture on my part of all rights to initial employment or continued employment by the City of St. Ann Police Department.

The intent of this authorization is to make available a full and complete disclosure of any and all information pertaining to my person; therefore, I do authorize all present or past employers, all law enforcement agencies, all military agencies, the State and Federal tax bureaus, credit bureaus, schools and universities to furnish the Commander of the Bureau of Investigations of the City of St. Ann Police Department, with any and all available information regarding my past or present performance, conduct or behavior. I further authorize the release of any punitive or disciplinary action, or memorandum, to the Commander in order that the information be evaluated to assist in the determination of my suitability for police work.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history and of my personal and business life for the specific purpose of conducting a pre-employment background investigation.

I authorize the City of St. Ann Police Department to make an inquiry and gather and documents of my present and past employers regarding my character, integrity, reputation and performance.

I authorize the release of any and all of the aforementioned information regarding my person, employment, credit or any other aspect whether personal or otherwise, that may or may not be in their written records.

I understand that all materials pertaining to this background investigation become the property of the City of St. Ann Police Department and will not be made available or returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented, along with the company or organization therein from any and all claims, damages, losses and expenses, including reasonable attorney's fees arising out of complying with this request

I understand that in the event my application is disapproved, the sources of information obtained are confidential and cannot be revealed to me.

A photo static or Xerox copy of this authorization will be considered as effective and valid as the original, even though the copy does not contain an original writing of my signature.

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My Commission Expires \_\_\_\_\_, 20\_\_\_\_

Notary \_\_\_\_\_

Applicant \_\_\_\_\_ Address \_\_\_\_\_



Ph: (314) 427-8000 • 428-6868 • Fax: (314) 428-6825  
10405 St. Charles Rock Rd. • St. Ann, MO 63074



### Notice of Drug Testing

I understand that I may be required to undergo testing for illegal drugs as part of the employment application process and, if hired, I may be required to submit to drug testing during the course of my employment. I agree to such drug testing. I will fully cooperate with the drug testing process and understand that my failure to cooperate regarding pre-employment drug testing will result in rejection of my application for employment. I recognize and agree that, if I am hired, failure to cooperate regarding drug testing may result in discipline, up to and including discharge.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



### Post-Offer Medical Testing

I understand that, as part of the City of Saint Ann employment process, I may be required to undergo a post-offer, pre-employment medical examination conducted by a health care provider designated by the City of Saint Ann. I agree that any offer of employment that I receive is contingent upon, among other things, satisfactory completion of this examination and a determination by the City of Saint Ann that I am capable of performing the essential functions of the position that has been offered, with or without a reasonable accommodation. I understand that the cost of such examination will be paid by the City of Saint Ann.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



In connection with the employment application process, I have received a document titled "A Summary of Your Rights Under the Fair Credit Reporting Act."

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## DISCLOSURE

By this document, the City of Saint Ann discloses to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting act. Please sign below to acknowledge receipt of this disclosure.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## RELEASE FOR CRIMINAL RECORDS

In connection with my application for employment with the City of Saint Ann, I hereby authorize the City of Saint Ann to obtain information and records concerning any previous felony convictions(s). I hereby release any person or entity providing such informational records from any and all liability for damages arising from furnishing the requested information. I also agree to complete any separate form(s) required by the agency or entity conducting the criminal records check. Such information will be used by the agency or entity to ensure the accuracy of the criminal and driving record information sought.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





**RELEASE OF INFORMATION**  
**WAIVER TO RIGHTS FOR ALL MEDICAL & PSYCHOLOGICAL**  
**EXAMINATION RESULTS**

I, (Print Full Name) \_\_\_\_\_, hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omission of material facts will cause forfeiture on my part to all rights to employment by the City of Saint Ann.

I hereby authorize all law enforcement agencies, the Veterans Administration, U.S. Army, U.S. Navy, U.S. Air Force, all Military Agencies, all Federal, State, or Local Government Agencies, State and Federal Tax Bureaus, Credit Bureaus, Schools, and Universities to furnish the holder of this release with any and all available information regarding me in order that he may determine my suitability for employment.

I authorize the holder of this release to make inquiries of 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 information, whether personal or otherwise, that may or may not be on their records, and release said company or person from all liability for any damage whatsoever that may issue from furnishing such information to the holder of this release. Any part of the undersigned application for employment may be released to any Municipal Police Department in the Greater St. Louis Area.

I, \_\_\_\_\_, hereby authorize the Personnel Department of the City of Saint Ann to have the Chief of Police of the City of Saint Ann make a search to see whether or not I have any record of arrest and/or convictions anywhere in the United States, and that information can be given to the Director of Personnel as well as the Mayor of the City of Saint Ann to become a part of my application for employment.

I, \_\_\_\_\_, hereby agree to take any medical examination, psychological or test to determine the presence of drugs or narcotics which the City may require to determine my qualifications for employment. I, do further authorize that the results of said tests be furnished to the City of Saint Ann and the same shall become a part of my application for employment.

A photostatic or xerox copy of this authorization shall be considered as effective as the original.

**THIS AUTHORIZATION, YOUR APPLICATION, AND ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE PERSONNEL DEPARTMENT OF THE CITY OF SAINT ANN AND WILL NOT BE RETURNED.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE

## Summary of Your Rights Under the Fair Credit Reporting Act.

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System.	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 202-720-7051

**HUMAN RESOURCES DEPARTMENT**  
**SAINT ANN POLICE DEPARTMENT**

**QUALIFICATIONS**

Individuals must be a citizen of the United States upon application; possess no felony or serious misdemeanor convictions; and must have reached the 21st birthday at the time of commission;

Individuals submitting an application for the position of police officer must meet the following education or work experience requirements:

1. High School diploma, with an Associate Degree or minimum of 64 hours of college preferred.
2. Current Missouri P.O.S.T. Class A license or recent graduate of a recruit program approved by Missouri P.O.S.T for a Class A License.

**COMPETITIVE TESTS:**

Under the regulations of the Department of Human Resources, all original appointments to the Saint Ann Police Department are made on the basis of open competitive testing conducted under the supervision of the Human Resources Department. Each applicant must successfully pass each screening test before becoming eligible for the next test. **The anticipated duration of the selection process will be sixty (60) days after successful completion of Written Aptitude Test.** The competitive tests and application process will consist of the following:

1. **Background Investigation** - A thorough background investigation will be made on all police applicants to determine past employment record, personal references, neighborhood reputations, police record checks and credit ratings.
2. **Written Aptitude Test** - To determine the applicant's verbal and quantitative learning ability, interest in police work, common sense in police type situations and public relations.
3. **Oral Interview** - This phase is conducted by a board of individuals selected by the police department because of their ability to evaluate applicants.
4. **Physical Agility Test** - The Saint Ann Police Department will conduct a physical fitness examination to determine the level of physical fitness for each applicant. The physical fitness requirements are listed on attachment B.

5. **Voice Stress Exam** - To be conducted by a member of the Saint Ann Police Department, certified in the CVSA procedure. The areas from which the CVSA questions will be drawn from are employment background/history, criminal history and related activities, alcohol and drug abuse, and truthfulness in the application process.
6. **Psychological Testing** - Testing given to top candidates considered for employment. To be given only after candidate has successfully passed all required tests prior psychological testing. A psychological fitness examination is conducted using valid, useful, and non-discriminatory procedures. The test is designed to assess a candidates work habits and preferences and overall compatibility for the position.
  - Only qualified professionals are used to administer the examination and evaluate the results
  - The record of the results of psychological fitness examinations are maintained on file in a secure area.
7. **Chief of Police.** - Personal interview and evaluation to be conducted by the Chief of Police.
8. **Conditional Offer of Employment** - To be given only after candidate has successfully passed all required tests and interviews.
9. **Eligibility List** - Qualifying candidates for appointments to be placed on the eligibility list with appointments to the department made by the Police & Human Resources Departments with the approval of the Mayor.
10. **Medical Examination/Drug Screening** - This examination will be completed only after the applicant has been offered employment. The physical will be conducted by a physician selected by the City of Saint Ann. The physical shall consist of various organic tests and medical examination to determine the applicant's ability to perform the essential police work functions and will include drug screening.



# ST. ANN DEPARTMENT OF POLICE

Aaron Jimenez  
Chief of Police

## LOCKER AGREEMENT

I, \_\_\_\_\_, have been assigned locker(s) and/or drawer(s), within the St. Ann Police Department for use in storing items necessary for the performance of my job. I understand that the locker(s) and/or drawer(s) are the property of the City of St. Ann and its contents are subject to search and/or review at any given time without my consent or notice to me.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_



Ph: (314) 427-8000 • 428-6868 • Fax: (314) 428-6825  
10405 St. Charles Rock Rd. • St. Ann, MO 63074

