

ST. ANN POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

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

314-427-8000

www.stannmo.org



ST. ANN POLICE DEPARTMENT



Mission:

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 to provide that protection and service in a professional, ethical, honest, and timely manner.

ST. ANN POLICE DEPARTMENT

EQUAL OPPORTUNITY EMPLOYMENT

Chapter 220. Personel

Article II. In General

Section 122.120 Equal Opportunity Employment.

[Ord. No. 2204 §1, 7-2-2001]

The City of St. Ann is an equal opportunity employer. We believe that no person should be discriminated against in their employment or terms of employment because of race, religion, color, gender, national origin, age, disability, or veteran's status. It is the policy of the City to maintain a work environment free of unlawful discrimination for all employees and to ensure equal employment opportunity in all personnel actions and procedures, including, but not limited to recruitment, hiring, training, transfers, promotions, compensation, benefits, and all other terms and conditions of employment.

Qualifications for Police Officer:

Chapter 200. Police

Article I. In General

Section 200.030 Police Officers — Selection.

[CC 1988 §16-3; Ord. No. 292 §7, 2-16-1959; Ord. No. 2020 §1, 5-4-1998; Ord. No. 2062 §1, 2-1-1999; Ord. No. 2480 §1, 7-5-2007]

A. *Qualifications for Applicants for the Position of Police Officer.*

1. Any applicant for the position of Police Officer shall be at least:
 - a. Twenty-one (21) years of age or older;
 - b. Graduate of an academy or training program certified by the Missouri Peace Officer Standards and Training Commission and having completed the number of hours of training required by such Commission, but in no event less than six hundred (600) hours of training;
 - c. Certification by the Director of such Commission;
 - d. Holder of not less than a degree from an accredited high school or five (5) years' experience as a Police Officer or eighteen (18) months military experience with an honorable discharge.
2. Such applicant shall have an acceptable criminal background record check.
3. The Board of Police Commissioners shall review each application for the position of Police Officer and verify that each applicant meets all of the foregoing standards.

ST. ANN POLICE DEPARTMENT

HIRING PROCESS

B. Creation of Recommending Board.

1. Promptly following authorization by the City Administrator to fill a position of a police officer, the Marshal (Police Chief), or the Major of the St. Ann Police Department, if designated by the Marshal, shall select five (5) police officers and/or St. Ann residents to serve on the Recommending Board. The highest ranking officer on the Board shall be the Chair of the Board. The St. Ann Marshal (or the Major, if designated by the Marshal), shall serve as an ex-officio member of the Board without the right to vote.

C. Duties of Recommending Board.

1. The applications of all qualifying candidates for the position(s) to be filled shall be submitted to the Recommending Board.
2. The Marshal shall schedule a time for interviewing all of the applicants by the Board. Following the interview of all applicants, the Board shall rate such applicants in accordance with the evaluation criteria set out in the SOP, dated _____, as it may be amended from time to time.
3. The Recommending Board shall recommend those applicants whom the Board shall determine qualify as appropriate candidates for the position(s) of Police Officer in the City of St. Ann, based upon the evaluation of all of the candidates presented to such Board in accordance with the evaluation criteria.

D. The Marshal (Police Chief) shall review the evaluation of the Recommending Board and shall select from the list provided by the Recommending Board the person(s) to fill the authorized positions.

E. Any person so employed as a patrolman shall serve as probationary patrolman for a period of six (6) months from the date that such person(s) take the oath of office as Police Officer of the City of St. Ann. The Marshal may extend such probationary period up to an additional six (6) months. The Marshal may waive a probationary period or may establish a probationary period of up to four (4) months for all persons who are being employed for a position other than patrolman where the training and experience of such person(s) justify the waiver or reduction of probationary status. The Marshal may extend such probationary period up to an additional four (4) months.

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Qualifications for Individuals submitting an application for the position of Corrections Officer, Dispatcher or other Civilian position must meet the following education and/or work experience requirements:

a. Corrections Officer

1. Eighteen (18) years of age or older; and
2. Holder of not less than a degree/diploma from an accredited high school or a GED
3. Such applicant shall have an acceptable criminal background record check.

b. Dispatcher or Other Civilian Position

1. Sixteen (16) years of age or older;
2. Currently attending an accredited high school, and working towards a diploma or GED; or
3. The holder of a diploma or GED from an accredited high school.
4. Prior Police Dispatching experience is preferred but not required.
5. Such applicant shall have an acceptable criminal background record check.

NOTE: All applicants must be a citizen of the United States upon application; possess no felony or serious misdemeanor convictions; and for the position of Police Officer, must have reach their 21st birthday at the time of commission.

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Competitive Tests:

Each applicant must successfully pass each screening test before becoming eligible for the next test. The anticipated duration of the selection process may 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. Oral Interview – This phase is conducted by a board of individuals selected by the Police Department because of their ability to evaluate applicants.
3. 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 candidate's work habits and preferences and overall compatibility for the position.
 - a. Only qualified professionals are used to administer the examination and evaluate the results.
 - b. The record of the results of psychological fitness examinations are maintained on file in a secure area.
4. Chief of Police – Personal interview and evaluation to be conducted by the Chief of Police.
5. Conditional Offer of Employment – To be given only after candidate has successfully passed all required tests and interviews.
6. Eligibility List – Qualifying candidates for appointments to be placed on the eligibility list with appointments to the Department made by the Police and Human Resources Departments with the approval of the Mayor.
7. 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 St. 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.

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CONFIDENTIAL

APPLICANT PERSONAL HISTORY QUESTIONNAIRE VERIFICATION OF INFORMATION

The information required 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 SUBMITTED 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, and complete and made in good faith.

Print Name _____

Signature _____

Date _____

Please indicate position for which you are applying _____

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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 Resources 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 proved on pages 10 and 11 for answers which require clarification or further explanation. All entries on pages 10 and 11 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 impact 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 submitted to the City of St. Ann Police Department at 10405 St. Charles Rock Rd., St. Ann, MO 63074.**

ST. ANN POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT

I. PERSONAL DATA

CONFIDENTIAL

| | | | | | | | |
|------------------------|--------|---------------------------|-------|--------|---------------|----------------|------------|
| Full Name | | Last | First | Middle | | | Home Phone |
| Address | Number | Street | City | State | Zip Code | Business Phone | |
| Permanent Address | Number | Street | City | State | Zip Code | Cell Phone | |
| Age | Height | Weight | Hair | Eyes | Date of Birth | Place of Birth | |
| Social Security Number | | Operator's License Number | | | | State Issued | |

A. List any other names you have ever used:

B. Are you a citizen of the United States?

Yes No

C. Were you Naturalized?

Yes No

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:

| From | To | Street Address | City/County | State | Zip Code |
|------|----|----------------|-------------|-------|----------|
| | | | | | |
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E. Have you applied for a position with this Department previously?

Yes No

If "yes," please provide the date of application. _____

F. Have you ever filed an Employment Application with any other sources recently?

Yes No

If "yes," please list below: _____

| Date | Organization/Firm Name | Address/Zip code | Position applied for | Disposition |
|------|------------------------|------------------|----------------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

G. Are you acquainted with any St. Ann Police Department Employee?

Yes No

If "Yes," please list:

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?

Yes No

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APPLICATION FOR EMPLOYMENT

II. EMPLOYMENT HISTORY

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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 10 and 11. If you are presently employed, may we contact your employer? Yes No

| | | | |
|---|---|---|--------------|
| 1. Employer | | Address | |
| City | State | Zip Code | Phone number |
| Dates Employed From To | Hourly or Annual Salary Start Final | Job Title | |
| Work Performed | Supervisor | Co-Worker | |
| Reason for leaving | | | |
| 2. Employer | | Address | |
| City | State | Zip Code | Phone number |
| Dates Employed From To | Hourly or Annual Salary Start Final | Job Title | |
| Work Performed | Supervisor | Co-Worker | |
| Reason for leaving | | | |
| 3. Employer | | Address | |
| City | State | Zip Code | Phone number |
| Dates Employed From To | Hourly or Annual Salary Start Final | Job Title | |
| Work Performed | Supervisor | Co-Worker | |
| Reason for leaving | | | |
| 4. Employer | | Address | |
| City | State | Zip Code | Phone number |
| Dates Employed From To | Hourly or Annual Salary Start Final | Job Title | |
| Work Performed | Supervisor | Co-Worker | |
| Reason for leaving | | | |
| B. Have you ever been dismissed, fired, or asked to resign from any employment? | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| | | If "Yes," explain in full detail on pages 10 and 11 | |
| 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.) | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| | | If "Yes," explain in full detail on pages 10 and 11 | |
| D. Have you ever been unemployed for a period of time in excess of six months? | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| | | If "Yes," explain in full detail on pages 10 and 11 | |

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III. EDUCATION AND SKILLS

CONFIDENTIAL

ST. ANN POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT

IV. REFERENCES

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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 Acquainted |
| Residence Address | City | State | Zip Code |
| Business name and address | | Occupation | |

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:

| | | | |
|---------------------------|------|--------------|------------------|
| 2. Name | | Phone Number | Years Acquainted |
| Residence Address | City | State | Zip Code |
| Business name and address | | Occupation | |

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:

| | | | |
|---------------------------|------|--------------|------------------|
| 3. Name | | Phone Number | Years Acquainted |
| Residence Address | City | State | Zip Code |
| Business name and address | | Occupation | |

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:

| | | | |
|---------------------------|------|--------------|------------------|
| 4. Name | | Phone Number | Years Acquainted |
| 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 a police, security officer, or military police authority, either in the United States of American or in any foreign country?

Yes No If "Yes," describe below and explain in full detail on pages 10 and 11.

| 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," describe below and explain in full detail on pages 10 and 11.

C. Have the police ever been called to any of your former or current residences for any reason?

Yes No If "Yes," describe below and explain in full detail on pages 10 and 11.

D. Have you ever been involved in any undetected crime, including the buying or selling of illicit drugs?

Yes No If "Yes," describe below and explain in full detail on pages 10 and 11.

E. Are you now under charges for any violation of law?

Yes No If "Yes," describe below and explain in full detail on pages 10 and 11.

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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. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Name of organization | | Address | | | | |
| B. Are you now, or have you been, a member of any foreign or domestic subversive organization, association, member 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? | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," explain in full detail on pages 10 and 11. | | | | | | |
| VII. MILITARY STATUS | | | | | | |
| A. Are you registered with the Selective Service? | | B. Registration Number | | | | |
| D. Do you have a current obligation with the military? | | Unit | Address/Phone | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | 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 them separately. | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Month/Year Entered | Branch/Organization | Discharge Date | Type of Discharge | Rank | 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 10 and 11. | | | | |
| 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 10 and 11. | | | | |
| 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 10 and 11. | | | | |
| 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 the organization and nature of service. | | | | |

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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 Income |
| C. List all debts and obligations which you now owe and the individuals or firms with whom you have credit dealings. Use Pages 10 and 11 if additional space is needed. | | | | | |
| Obligation | Name, Address, Zip | Account Number | Unpaid Balance | Monthly Payment | Unpaid Amt. |
| Mortgage | | | | | |
| Rent | | | | | |
| Auto Payment | | | | | |
| Personal Loans | | | | | |
| School Loans | | | | | |
| Credit Card | | | | | |
| Credit Card | | | | | |
| Credit Card | | | | | |
| Other (specify) | | | | | |
| Other (specify) | | | | | |
| Total | | | | | |
| If the answer to any of the following questions is "Yes," write details on pages 10 and 11. 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? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | I. Have you ever received a settlement in payment for damages, injury, libel, etc. either with or without court action? | |
| E. Have you ever been refused credit? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| F. Have you ever had any of your property repossessed? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | J. Have you ever filed a lawsuit or had a representative file a lawsuit on your behalf? | |
| G. Have you ever filed bankruptcy? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| H. Have you ever been sued in court? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | K. Has your tax return ever been audited by the IRS for any reason other than a random audit? | |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | | | L. Have you ever failed to file or been delinquent in file your tax return? | |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

**ST. ANN POLICE DEPARTMENT
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IX. NARCOTIC AND LIQUOR USAGE

CONFIDENTIAL

| A. Within the last six months, have you consumed any alcoholic beverages to the point of impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," explain in full detail on pages 10 and 11. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------|----------------|-----------------|---------|---|----------------------------|-----|----------------|---------------|---------|--------------------|-----------------------|-------|----------|-----------------|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| B. Within the last six months, have you used a controlled substance without <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," explain in full detail on pages 10 and 11. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X. MARITAL STATUS/FAMILY MEMBERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. Check your current marital status. Use additional space on pages 10 and 11 if explanation is necessary. <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If engaged or married, indicate the following information relative to fiancé', fiancée' or spouse: <table border="1"><tr><td colspan="2">Name (include maiden name)</td><td colspan="2">Date of Birth</td><td colspan="2">Address</td></tr><tr><td>City</td><td>State</td><td>Zip Code</td><td colspan="2">Phone number(s)</td><td>Anticipated date of marriage</td></tr></table> | | | | | | Name (include maiden name) | | Date of Birth | | Address | | City | State | Zip Code | Phone number(s) | | Anticipated date of marriage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (include maiden name) | | Date of Birth | | Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Phone number(s) | | Anticipated date of marriage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| the following information relative to ex-spouse: <table border="1"><tr><td colspan="2">Name (include maiden name)</td><td colspan="2">Date of Birth</td><td colspan="2">Address</td></tr><tr><td>City</td><td>State</td><td>Zip Code</td><td colspan="2">Phone number(s)</td><td>Date of separation/divorce _____ Cause _____</td></tr></table> | | | | | | Name (include maiden name) | | Date of Birth | | Address | | City | State | Zip Code | Phone number(s) | | Date of separation/divorce _____ Cause _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (include maiden name) | | Date of Birth | | Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Phone number(s) | | Date of separation/divorce _____ Cause _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If spouse is deceased, indicate the following information: <table border="1"><tr><td colspan="3">Name (maiden)</td><td colspan="3">Date deceased</td></tr></table> | | | | | | Name (maiden) | | | Date deceased | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (maiden) | | | Date deceased | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. List all children and/or dependents. Use additional space on pages 10 and 11, if necessary. <table border="1"><thead><tr><th>Name</th><th>DOB</th><th>Place of Birth</th><th>Relationship</th><th>Address</th><th>With whom residing</th><th>% of support provided</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> | | | | | | Name | DOB | Place of Birth | Relationship | Address | With whom residing | % of support provided | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | DOB | Place of Birth | Relationship | Address | With whom residing | % of support provided | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. Do you now support all children born to you? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," explain: <hr/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D. Are you able to meet time requirements necessary to work for the St. Ann Police Department without excessive absences? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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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 10 and 11.

F. Have you had any serious problems with your relatives or in-laws?

Yes

No

If "Yes," explain in full detail on pages 10 and 11.

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(s) | Occupations |
|------|---------------|--------------|---------|----------|-----------------|-------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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:

B. Have you ever used a weapon to defend yourself or others?

Yes

No

If "Yes," explain in detail:

C. As the need to do so may arise at any time, 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.

ST. ANN POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT

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 country. | | | | |
| 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 in detail: _____ | | | | |
| 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 carrier: | | | | |
| Name of company | Address | Zip Code | Phone number | Date Discontinued |
| | | | | |

ST. ANN POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT

CONFIDENTIAL

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 end of this page.

**ST. ANN POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT**

CONFIDENTIAL

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 end of this page.

ST. ANN POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

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 St. 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 of 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. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If you are applying for a non-commissioned (civilian) position, a photo copy is acceptable.

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

| Document Number | Reason for Exclusion |
|-----------------|----------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

**ST. ANN POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT**



POLICE APPLICANT RECORD SEARCH

This section to be completed by applicant.

Please Print

Date:

| | | |
|---|-----------------|-------------|
| Name: | Sex: | Race: |
| Other names used - i.e. maiden, alias, etc. | | |
| 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 St. Ann Police Department Personnel

Checklist

- MIDI
- ALERT
- HISTORY
- CORRECTIONS
- SUMMONS
- GANG MEMBER/ASSOCIATIONS

- MULES RECORD
- NCIC RECORD
- DOR
- SIL (COUNTY)
- LICENSE PLATE
- LMU STARS
- EMPLOYMENT SECURITY

| | | |
|----------------|------|-------|
| Officer/Clerk: | DSN: | Date: |
|----------------|------|-------|



CITY OF ST. ANN 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 hereby authorize all present or past employers, all law enforcement agencies, all military agencies, the State and Federal tax 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 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 any documents of my present and past employers regarding my character, integrity, reputation and performance.

I authorize the release of any and all of the afore-listed 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: _____

Signature (Applicant)

Address

City/State/Zip

Aaron Jimenez

Chief of Police

10405 St. Charles Rock Rd.

St. Ann, MO 63074

314-427-8000



Aaron Jimenez
Chief of Police
10405 St. Charles Rock Rd.
St. Ann, MO 63074
314-427-8000

RELEASE FOR CRIMINAL RECORDS

In connection with my application for employment with the City of St. Ann. I hereby authorize the City of St. Ann to obtain information and records concerning any previous felony conviction(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 FOR CRIMINAL RECORDS AUTHORIZATION

I, _____, hereby authorizes the St. Ann Police Department to 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 Chief of Police as well as the Mayor of the City of St. Ann to become a part of my application for employment.

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

A photo copy 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 CITY OF ST. ANN AND THE ST. ANN POLICE DEPARTMENT AND WILL NOT BE RETURNED.

Signature of Applicant

Date

Social Security Number

Signature of Witness

Date



POST-OFFER MEDICAL TESTING

I understand that, as a part of the City of St. Ann and the St. Ann Police Department employment process, I may be required to undergo a post-offer, pre-employment medical examination conducted by a healthcare provider designated by the City of St. 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 St. 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 St. Ann.

Print Full Name

Signature

Date



RELEASE OF INFORMATION

Waiver to Rights for all Medical and 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 omissions of material facts will cause forfeiture on my part to all rights to employment by the City of St. 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 arise 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.



DISCLOSURE

By this document, the City of St. Ann and the St. Ann Police Department 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



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



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

A 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 are entitled to one free report every twelve months upon request from Equifax, Experian and TransUnion.
- ◆ **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 or 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 |

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. 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, individual taxpayer identification number, or employer identification number (see instructions) |
| 2a If a joint return, enter spouse's name shown on tax return. | 2b Second social security number or individual taxpayer identification number if joint tax return |
| <p>3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)</p> <p>4 Previous address shown on the last return filed if different from line 3 (see instructions)</p> <p>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.</p> | |

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

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. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, 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 10 business days

c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. 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 2011, filed in 2012, will likely not be available from the IRS until 2013. 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 10 business 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

Caution: Do not sign this form unless all applicable lines have been completed.

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, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, 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. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line
1a or 2a

**Sign
Here**

| | |
|--|------|
| Signature (see instructions) | Date |
| Title (if line 1a above is a corporation, partnership, estate, or trust) | |
| Spouse's signature | Date |

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

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

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was 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.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in: **Mail or fax to:**

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301

855-587-9604

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888

855-800-8105

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999

855-821-0094

Chart for all other transcripts

If you lived in or your business was in: **Mail or fax to:**

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409

855-298-1145

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250

855-800-8015

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

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

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. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

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. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

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 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.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

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.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

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. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations 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, the District of Columbia, and U.S. commonwealths and possessions 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:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see **Where to file** on this page.