



Granby Police Department

420 N Main St, Granby MO 64844

Phone: 417-472-6556 FAX:417-472-6533

Application for Employment

| | | |
|------------------|-------------------------|--------|
| Applicant Name: | | |
| Current Address: | | |
| City: | State: | ZIP: |
| Date of Birth: | Social Security Number: | Phone: |



INSTRUCTIONS TO APPLICANT: Answer all questions completely, either by typing or printing. Use the reverse side of each page to complete your answers if more space is necessary. Attach all of the requested documents to the rear of this booklet. If you are unable to obtain a document, give an explanation in the space provided. If you have any questions, feel free to contact the Granby Police Department at the number on the cover of this booklet. This booklet and any attachments become property of the City of Granby.

GENERAL QUESTIONNAIRE

| | | | |
|--|---|---|----------------------------------|
| Position Sought: | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time | <input type="checkbox"/> Reserve |
| Do you have any responsibilities which would prevent you from working unusual hours or overtime if required? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | | | |
| Emergency Contact Name: | Phone Number: | Relation: | |
| Are you now or have you ever been employed by this City? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, When? | | | |
| Do you currently have any relatives employed by this City? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, name and department: | | | |
| Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you possess a valid Missouri Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Out of State License | Are you eligible to work? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Within the last year, have you ever consumed an alcoholic beverage because of an addiction to alcohol? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Please Explain: | | | |
| Within the last year, have you used a controlled substance without a valid prescription? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Please Explain: | | | |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other: | | | |
| If married or engaged, significant other's Information, including maiden name: | | | |
| Name: | Date of Birth: | Address (Street, City, ST, ZIP): | |
| If separated or divorced, ex-spouse including maiden name: | | | |
| Name: | Date of Birth: | Address (Street, City, ST, ZIP): | |
| List all Children and Dependents: | | | |
| Name: | Date of Birth: | Relationship: | Primary care giver: |
| | | | |
| | | | |
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| | | | |
| | | | |
| Do you now support all children born to you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Explain: | | | |

All full-time employees work a minimum of 40 hours per week. If hired for full-time, are you able to meet this requirement without excessive absences? Yes No

In 100 words or less, please explain why you wish to be a Police Officer:

PERSONAL HISTORY

List the address of each place at which you have resided, on either a permanent or temporary basis, for the past five years (start with your current address):

| Street | City | State | ZIP | Dates (To /From) |
|--------|------|-------|-----|------------------|
| | | | | |
| | | | | |
| | | | | |
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Give a brief description of any hobbies that you enjoy:

List all official contact with any Law Enforcement agency. (i.e. state, federal, county, or city) Give name of agency, date of contact, reason for contact, charge (if any), sentence (if any), name of officer, disposition, etc. (Do not list traffic citations here):

List all civil litigation that lists you as either a plaintiff or defendant, including dissolution of marriage. Give an explanation of suit and disposition. Include name and location of court.

Describe any traffic citations:

| Charge | Date | Location | Agency | Disposition |
|--------|------|----------|--------|-------------|
| | | | | |
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| | |
|-------------------|--------|
| Father's Name: | Phone: |
| Complete Address: | |
| Mother's Name: | Phone: |
| Complete Address: | |
| Spouse's Name: | Phone: |
| Complete Address: | |

EMPLOYMENT HISTORY

Start with your most current or last job, including any job-related military service assignments and volunteer activities, for the past 10 years. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If you need more space, please attach additional pages.

May we contact your present employer? Yes No notify me first

| | | |
|---------------------|-----------------|-------------------|
| Employer: | Address: | Telephone: |
| Job Title: | Work Performed: | Salary Start/End: |
| Start Date: | End Date: | Supervisor: |
| Reason for Leaving: | | |

| | | |
|---------------------|-----------------|-------------------|
| Employer: | Address: | Telephone: |
| Job Title: | Work Performed: | Salary Start/End: |
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| Start Date: | End Date: | Supervisor: |
| Reason for Leaving: | | |

MILITARY

| | | |
|-----------------------|--------------------|----------------------------|
| Date of Enlistment: | Date of Discharge: | Rank at time of Discharge: |
| Branch: | Job: | Last Station Location: |
| Any Medals or Awards: | | |

| | | |
|-----------------------|--------------------|----------------------------|
| Date of Enlistment: | Date of Discharge: | Rank at time of Discharge: |
| Branch: | Job: | Last Station Location: |
| Any Medals or Awards: | | |

EDUCATION

| Name of School | City/State | Did you graduate? | Year/month of Graduation | Degree Received | Major |
|----------------|------------|--|--------------------------|-----------------|-------|
| High School: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| GED: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Other: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| College: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Vocational: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| POST Academy: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | POST # | |

List any special skills for which you are trained or hold license in:

List any foreign languages that you speak:

Additional Information regarding your education:

List all past usage of illegal narcotics or controlled substances:

List all traffic accidents that you have been involved in where you were the driver of one of the vehicles involved. Include date, location, extent of injuries, party at fault, etc:

REFERENCES

List at least three (3) persons we can contact for a reference. Do not list family or previous employers.

| | |
|-------------------|--------|
| Name: | Phone: |
| Complete Address: | |
| Name: | Phone: |
| Complete Address: | |
| Name: | Phone: |
| Complete Address: | |

Please attach copies of the following documents (if possible):

- Birth Certificate
- High School Transcripts
- GED
- College Transcripts
- Copy of valid Missouri driver's license
- Dissolution of Marriage
- Form DD-214 (if prior military)
- Law Enforcement Training Certification
- Copies of any other licenses or training

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize the Granby Police Department to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response any disclosure to any and all inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of the Granby Police Department serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, and to comply with company and departmental regulations. I understand that if employed on a temporary or part-time basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first 90 DAYS of regular employment represent a probationary period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: _____

Date: _____