

City Of
LAKESHIRE
Police

Colonel Timothy Sullivan

CHIEF OF POLICE

10000 Puttington Dr.

St. Louis, MO 63123

(314) 631-4670

APPLICANT'S NAME

LAST NAME

FIRST NAME

MIDDLE NAME



AUTHORIZATION FOR RELEASE OF INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
SSN	DATE OF BIRTH	

I _____ (Print Full Name), hereby certify that all statements 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 material facts will cause forfeiture on my part of all rights to initial employment or continued employment by the Lakeshire 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 and past employers, all law enforcement agencies, all military agencies, the Veteran's Administration, the U.S. Army, The U.S. Air Force, U.S. Coast Guards, all Federal, State and local government agencies, Federal and State tax bureaus, credit bureaus, schools, insurance companies and universities to furnish the Supervisor of Lakeshire 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 Supervisor in order that the information be evaluated to assisting the determination of my suitability for police work

I understand the Lakeshire Police Department's acquisition, retention and sharing, of information related to my employment application is generally authorized under state and federal citations. The purpose of the Department requesting this information is to conduct a complete background, investigation pertaining to my fitness to serve as a Lakeshire Police Department employee. This background investigation may include inquiries pertaining to my employment, education, medical history, credit history, criminal history, and any information relevant to my character and reputation. By signing this form, I am acknowledging that I have received notice and have provided consent for the Lakeshire Police Department to use this information to conduct such a background investigation, which may include the searching of N-Dex, criminal justice databases, private databases, and public databases. I reiterate and emphasis 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 back ground investigation.

I authorize the Lakeshire 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 aforelisted information regarding my personal, 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 Lakeshire Police Department and will not be made available or be returned to me.

I agree to identify and hold harmless the person to whom this request is presented, along with the company or organization on therein from any and all claims, damages, losses and expenses, including reasonable attorney's fees arising out of complying with this request. I understand in the event that my application is disapproved, the source of information obtained are confidential and can't be revealed to me. A copy of this authorization will be considered as effective and valid as the original, even though the the copy doesn't 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

PERSONAL DATA

CONFIDENTIAL

FULL NAME		LAST			FIRST			MIDDLE			HOME PHONE
FULL ADDRESS		NUMBER		STREET			CITY	STATE	ZIP CODE		BUSINESS PHONE
PERMAMENT 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 NAME YOU HAVE EVER USED: _____											
B. ARE YOU A CITIZEN OF THE UNITED STATES?						C. WERE YOU NATURALIZED?					
<input type="checkbox"/> YES		<input type="checkbox"/> NO				<input type="checkbox"/> YES		<input type="checkbox"/> NO			
D. LIST FIRST YOUR PRESENT ADDRESS, THEN LIST ALL ADDRESS(ES) WHERE YOU HAVE LIVED IN THE PAST TEN YEARS:											
FROM		TO		STREET ADDRESS			CITY/ STATE		ZIP CODE		
E. HAVE YOU EVER APPLIED WITH THIS DEPARTMENT BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO											
IF "YES", DATE OF APPLICATION: _____											

F. HAVE YOU FILED AN EMPLOYMENT APPLICATION WITH ANY OTHER SOURCES? IF "YES", LIST BELOW:					<input type="checkbox"/> YES	<input type="checkbox"/> NO
DATE	ORGANIZATION'S NAME			CITY	STATE	ZIP CODE

INITIALS _____

EDUCATION AND SKILLS

CONFIDENTIAL

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

GED/ HIGH SCHOOL
 3-31 COLLEGE CREDIT HOURS
 32-63 COLLEGE CREDIT HOURS
 64-119 COLLEGE CREDIT HOURS
 BACHELOR'S DEGREE
 POST GRADUATE DEGREE

B. STARTING WITH THE MOST RECENT, LIST ALL HIGH SCHOOLS, COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED:

ATTENDED FROM	TO	NAME AND LOCATION CITY, STATE ZIP CODE	CREDITS COMPLETED	TYPE OF DEGREE	YEAR

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 CONTINUATION PAGES.

E. HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION?

YES NO IF "YES", EXPLAIN IN FULL DETAIL ON CONTINUATION PAGES.

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

YES NO IF "YES", EXPLAIN IN FULL DETAIL ON CONTINUATION PAGES.

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:

INITIALS _____

EMPLOYMENT HISTORY

CONFIDENTIAL

A. START WITH YOUR PRESENT OR LAST JOB AND LIST ANY CIVILIAN JOB WITHIN THE LAST FIVE (5) YEARS AND ALL POLICE JOBS YOU HAVE HAD SINCE YOU WERE A COMMISSIONED POLICE OFFICER. (INCLUDE ALL RESERVE JOBS) IF YOU NEED ADDITIONAL SPACE USE CONTINUATION PAGES AT THE END OF THE APPLICATION.

IF YOU ARE PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER? YES NO

1. EMPLOYER		ADDRESS	
CITY:	STATE:	ZIP CODE:	PHONE #:
DATES EMPLOYED:	FROM:	TO:	HOURLY OR ANNUAL SALARY:
JOB TITLE AND WORK PERFORMED:			
REASON FOR LEAVING:			

2. EMPLOYER		ADDRESS	
CITY:	STATE:	ZIP CODE:	PHONE #:
DATES EMPLOYED:	FROM:	TO:	HOURLY OR ANNUAL SALARY:
JOB TITLE AND WORK PERFORMED:			
REASON FOR LEAVING:			

3. EMPLOYER		ADDRESS	
CITY:	STATE:	ZIP CODE:	PHONE #:
DATES EMPLOYED:	FROM:	TO:	HOURLY OR ANNUAL SALARY:
JOB TITLE AND WORK PERFORMED:			
REASON FOR LEAVING:			

4. EMPLOYER		ADDRESS	
CITY:	STATE:	ZIP CODE:	PHONE #:
DATES EMPLOYED:	FROM:	TO:	HOURLY OR ANNUAL SALARY:
JOB TITLE AND WORK PERFORMED:			
REASON FOR LEAVING:			

5. EMPLOYER		ADDRESS	
CITY:	STATE:	ZIP CODE:	PHONE #:
DATES EMPLOYED:	FROM:	TO:	HOURLY OR ANNUAL SALARY:
JOB TITLE AND WORK PERFORMED:			
REASON FOR LEAVING:			

6. EMPLOYER:		ADDRESS	
CITY:	STATE:	ZIP CODE:	PHONE #:
JOB TITLE AND WORK PERFORMED:			
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 CONTINUATION PAGES.

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 CONTINUATION PAGES.

D. HAVE YOU EVER BEEN UNEMPLOYED FOR A PERIOD OF TIME IN EXCESS OF SIX (6) MONTHS?
 YES NO IF "YES", EXPLAIN IN FULL DETAIL ON CONTINUATION PAGES.

INITIALS _____

MILITARY STATUS

A. ARE REGISTERED WITH THE SELECTIVE SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	B. REGISTRATION NUMBER	C. LOCATION REGISTERED
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D. DO YOU HAVE A CURRENT OBLIGATION WITH THE MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	UNIT	ADDRESS / PHONE	COMMANDER
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E. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORP, AAIR FORCE, COAST GUARD, ROTC OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? (IF THERE IS MORE THAN ONE PERIOD, LIST THE SEPARATE PERIODS)
 YES NO IF "YES", EXPLAIN IN FULL DETAIL ON CONTINUATION PAGES.

MONTH YEAR ENTERED	BRANCH / ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK

F. WERE YOU EVER REDUCED IN RANK IN THE MILITARY?
 YES NO IF "YES", EXPLAIN IN FULL DETAIL ON CONTINUATION PAGES.
 REDUCED FROM _____ TO _____

G. WERE YOU EVER COURT MARITIALED?
 YES NO IF "YES", EXPLAIN IN FULL DETAIL ON CONTINUATION PAGES.

TYPE OF COURT MARTIAL: SUMMARY SPECIAL GENERAL
 SENTENCED Received: _____

HAVE YOU EVER RECEIVED A CAPTAIN'S MAST, COMPANY PUNISHMENT OR ARTICLE 15
 YES NO IF "YES", EXPLAIN IN FULL DETAIL ON CONTINUATION PAGES.

HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT?
 YES NO IF "YES", EXPLAIN IN FULL DETAIL ON CONTINUATION PAGES.

USE OF FORCE

A. IF THE NEED AROSE FOR YOU TO SHOOT A PERSON IN THE COURSE OF YOUR DUTIES AS AN 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?
 YES NO IF "YES" , EXPLAIN IN DETAIL:

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

INITIALS _____

MARITAL STAUS/ FAMILY MEMBERS

A. CHECK YOUR CURRENT MARITAL STATUS. USE ADDITIONAL SPACE ON CONTINUATION PAGES .

SINGLE ENGAGED MARRIED SEPARATED DIVORCED WIDOWED

IF ENGAGED OR MARRIED, INDICATE THE FOLLOWING INFORMATION RELATIVE TO FINACÉ 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 YOUR SPOUUSE IS DECEASED, INDICATE THE FOLLOWING INFORMATION:

NAME (MAIDEN NAME)			DATE DECEASED		
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B. LIST ALL CHILDREN AND/ OR DEPENDENTS. USE ADDITIONAL SPACE ON CONTINUATION PAGE.

NAME	DATE OF BIRTH	PLACE OF BIRTH	REALTIONSHIP	ADDRESS	RESIDE WITH	% SUPPORT

C. DO YOU NOW SUPPORT ALL CHIDREN BORN TO YOU?

YES NO IF "NO" EXPLAIN

D. ALL EMPLOYEES OF THIS DEPARTMENT WORK A MINIMUM OF EIGHT-HOUR DAY, FIVE DAYS PER WEEK, 49 WEEKS PER YEAR. ARE YOU ABLE TO MEET THESE REQUIREMENTS WITHOUT EXCESSIVE ABSENCES?

YES NO

E. ARE YOU PRESENTLY LIVING WITH ANYONE ELSE (FRIEND OR RELATIVE)?

YES NO IF "YES", EXPLAIN IN FULL DETAIL ON CONTINUATION PAGES.

F. HAVE YOU HAD ANY SERIOUS PROBLEMS WITH YOUR RELATIVES OR IN-LAWS?

YES NO IF "YES", EXPLAIN IN FULL DETAIL ON CONTINUATION PAGES.

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

INITIALS _____

