

Park Hills Police Department
#8 Municipal Dr. • Park Hills, MO. 63601
Phone (573) 431-3122

EMPLOYMENT APPLICATION

INSTRUCTIONS: *Please print or type all information.* The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. Eligibility for hire may be based on a rating of this application; therefore completeness and accuracy is of the utmost importance. **Use Black Ink**

Position Applied For: _____ Social Security Number _____ / _____ / _____

Last Name _____ First _____ Middle _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work or Cell Phone _____

E-Mail Address _____

1. Have you ever worked for the City of Park Hills ? _____

If yes give dates of employment _____

2. Are you eligible for employment in this country? _____

3. Will you work evening and/or night shift? _____

Will you work weekends? _____

4. Have you ever been fired, forced to resign, or resigned in lieu of termination? _____

If yes, please explain below

Employers Name _____ Date _____

Reason _____

5. Have you ever been known by any other name(s) or Social Security Numbers. _____ If yes list below.

6. Have you ever been found guilty of, or had adjudication withheld, or pled no contest to any violation of law? _____

If yes, please give details below:

Date _____ / _____ / _____

Agency _____

Offense/Charge: _____

Felony or Misdemeanor _____

Disposition: _____

7. Were you in the U.S. Armed Forces _____

Did you receive an honorable discharge: _____

If yes, please attach a copy of your DD214 with this application.

8. Drivers License Information

Do you have a valid drivers license? _____ Has your license ever been suspended? _____
Drivers license number _____ Has your license ever been revoked? _____
State: _____ Expiration date: _____ CDL class _____ Endorsements _____

9. PLEASE LIST ALL TRAFFIC CITATIONS RECEIVED WITHIN THE LAST SEVEN (7) YEARS. (driving under the influence, driving while intoxicated, etc. should be listed under #6 on page 1.

Date: ____ / ____ / ____

Agency: _____

Offense / Charge _____

Disposition: _____

Date: ____ / ____ / ____

Agency: _____

Offense / Charge _____

Disposition: _____

Date: ____ / ____ / ____

Agency: _____

Offense / Charge _____

Disposition: _____

Date: ____ / ____ / ____

Agency: _____

Offense / Charge _____

Disposition: _____

Education and Special Training

Do you have a High School Diploma or equivalent? _____

Name of last High School attended _____

Name	City	State
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List special training (business, trade, vocational, Armed Forces school, etc.) below.

Name and Location	Total hours completed	Hours required for certification	Course/Subject taken	Certificates received

List Colleges and Universities attended below

[illegible]

INSTRUCTIONS Beginning with you present or most recent job, describe your paid work experience for the past ten (10) years and list a minimum of three (3) employers. Include Military, part time and self employment. If you have more than four (4) separate periods of employment, sign and attach sheets in the same format as below.

Employer: _____ Date Employed: _____
Address: _____ From: ____/____/____ to ____/____/____
City: _____ State: _____ Hours worked per week: _____
Telephone Number: _____ Starting salary: _____
Job Title: _____ Ending Salary: _____
Supervisors Name: _____
Reason for leaving: _____
Job duties: _____

May we contact your present employer? _____

Employer: _____ Date Employed: _____
Address: _____ From: ____/____/____ to ____/____/____
City: _____ State: _____ Hours worked per week: _____
Telephone Number: _____ Starting salary: _____
Job Title: _____ Ending Salary: _____
Supervisors Name: _____
Reason for leaving: _____
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City: _____ State: _____ Hours worked per week: _____
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Reason for leaving: _____
Job duties: _____

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Employer: _____ Date Employed: _____
Address: _____ From: ____/____/____ to ____/____/____
City: _____ State: _____ Hours worked per week: _____
Telephone Number: _____ Starting salary: _____
Job Title: _____ Ending Salary: _____
Supervisors Name: _____
Reason for leaving: _____
Job duties: _____

May we contact your present employer? _____

REFERENCES: Please provide information of at least three persons, other than relatives, who have a personal knowledge of your character and qualifications.

Name	Address or Phone	Occupation

I understand that, if hired, my employment would be "at-will" and could be terminated at any time by either party, with or without cause and with or without notice.

I understand that the City of Park Hills has a drug and alcohol policy that provides for pre-employment testing as well as random testing (for certain job classifications) after employment. I understand that consent to and compliance with the policy is a condition of my employment.

If employed by the City of Park Hills, I agree to abide by its rules and regulations. I understand that the City of Park Hills may change or revise its benefits, policies, and procedures, and that such changes may include a reduction in benefits.

I certify that the statements I have made are true and correct to the best of my knowledge. I understand that the submission of any false information or the omission of any requested information in connection with my application for employment, whether on this document or not, may be cause for failure to hire or for immediate discharge should I be employed by the City of Park Hills.

I authorize the City of Park Hills to investigate all statements contained in this application, including the contact of schools, previous employers (unless otherwise indicated), references, and others, and hereby release the City of Park Hills from any liability as a result of such contact.

I hereby warrant that I have read and fully understand the foregoing and seek employment under these conditions of my own free will and in accordance with my own free judgement.

Signature

Date

This application for employment shall be considered **active** for 45 days. Any applicant wishing to be considered for employment beyond this period must reapply for further consideration.

**The City of Park Hills is an Equal Opportunity,
Affirmative Action Municipal Corporation**

Please read this statement carefully before signing below:

The Park Hills Police Department is an Equal Opportunity Employer.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the Park Hills Police Department is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification or to discharge at any time.

Copies of Education Documents, Birth Certificate, Photo Identification, and Social Security Card must be submitted prior to employment. All information is subject to investigation and verification.

Subsequent to an offer for employment, I give my voluntary consent to be medically examined and to provide a biological sample, which may be tested for the use of drugs and/or controlled substances.

My signature affirms that all information is true and to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.

Signature

____/____/____
Date

I understand that, if hired, my employment would be "at-will" and could be terminated at any time by either party, with or without cause and with or without notice.

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Complete this form along with application.

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application for employment or to serve as a volunteer with **City of Park Hills** ("Client"), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect Youth Sports, Inc., ("Protect Youth Sports"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect Youth Sports, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-877-319-5587. For information about Protect Youth Sports' privacy practices, see www.protectyouthsports.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act

☐ I wish to receive a copy of any report on me that is requested.

_____. TODAY'S DATE _____
Signature _____
LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____
HOME ADDRESS _____
CITY _____ COUNTY _____ STATE _____ ZIP _____
SSN _____ D/L or STATE ID _____ STATE ISSUED _____
EMAIL ADDRESS _____
For identification purposes only, please provide FULL DOB: _____
Please List Other Names Used _____

Protect Youth Sports, Inc.
14499 Dale Mabry Hwy, Ste 201 South
Tampa, FL 33618
Phone: 877-319-5587 Fax: 800-319-5582