



Waynesville Police Department  
**Employment Application**

601 Historic 66 W  
 Waynesville, MO. 65583  
 Phone: (573) 774-2414  
 Fax: (573) 774-2195

**Please inform us if you require assistance in filling out an application. Individuals with disabilities should request reasonable accommodations in accordance with the Americans with Disabilities Act prior to an appointment.**

|   |   |
|---|---|
| <b>APPLICATION FOR EMPLOYMENT</b>   |   |
| <p><u>Instructions to Applicant:</u> Please TYPE OR PRINT legibly and complete all pages of this application. Please sign the last page. Incomplete applications will not be given consideration. Resumes, training certificates and other materials may be attached.</p> |   |
| Position Desired:   |   |
| Date Available:   | Employment Desired:    Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Reserve <input type="checkbox"/> |
| Days/Hours Available for Work:  |   |
| <b>PERSONAL INFORMATION</b>   |   |
| NAME (Last, First, Middle Initial)  | DATE OF BIRTH (dd/mm/yy)  |
| ADDRESS (Street – City – State – Zip Code)  |   |
| TELEPHONE (Home)  | TELEPHONE (Message/Cell)  |
| Are you over 18 years of age? <span style="float: right;">Yes <input type="checkbox"/>    No <input type="checkbox"/></span>  |   |
| Are you legally permitted to work in the United States: <span style="float: right;">Yes <input type="checkbox"/>    No <input type="checkbox"/></span><br><small>(Proof of U.S. Citizenship or immigration status will be required upon employment)</small>               |   |
| Do you have any relatives that work for the City of Waynesville? <span style="float: right;">Yes <input type="checkbox"/>    No <input type="checkbox"/></span><br>If yes, please fill in the following:  |   |
| Name: _____   | Relationship: _____ Department: _____   |
| Name: _____   | Relationship: _____ Department: _____   |
| Name: _____   | Relationship: _____ Department: _____   |
| Have you <u>ever</u> been convicted as an adult of <u>any</u> law violation? <span style="float: right;">Yes <input type="checkbox"/>    No <input type="checkbox"/></span><br><small>(This includes misdemeanors or felonies.)</small>                                   |   |
| If Yes, list complete conviction record. Use additional sheets if necessary. Please give full details, including dates, type of offense, location, disposition, etc.:   |   |
| _____   |   |
| _____   |   |
| _____   |   |
| _____   |   |
| <p><i>A conviction will not automatically disqualify you for consideration. We will consider the nature and gravity of the offense(s) in relation to the nature of the job for which you are applying.</i></p>  |   |

**The City of Waynesville/Waynesville Police Department is an Equal Opportunity Employer**



**EMPLOYMENT EXPERIENCE**

In the space below, list your complete record of employment for the last TEN years and any other relevant work/volunteer experience. Start with your present or most recent position and list each position in the order that you held them. List any periods of unemployment of one month or more. If more space is needed, attach separate sheet(s) to this application.

|  |                           |               |
|--|---------------------------|---------------|
| Employer:  | Date of Employment        |               |
|  | Start Date:               | End Date:     |
| May we contact the employer? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If No, explain: | Starting Salary:          | Final Salary: |
| Address  |                           |               |
| Phone Number   | Reason for Leaving        |               |
| Your Job Title   | Supervisor's Name & Title |               |
| Description of Duties  |                           |               |
| Employer:  | Date of Employment        |               |
|  | Start Date:               | End Date:     |
| May we contact the employer? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If No, explain: | Starting Salary:          | Final Salary: |
| Address  |                           |               |
| Phone Number   | Reason for Leaving        |               |
| Your Job Title   | Supervisor's Name & Title |               |
| Description of Duties  |                           |               |
| Employer:  | Date of Employment        |               |
|  | Start Date:               | End Date:     |
| May we contact the employer? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If No, explain: | Starting Salary:          | Final Salary: |
| Address  |                           |               |
| Phone Number   | Reason for Leaving        |               |
| Your Job Title   | Supervisor's Name & Title |               |
| Description of Duties  |                           |               |

**EDUCATION AND TRAINING**

Please complete all appropriate items. **To receive credit for college education, you must submit a copy of your transcript(s).**

| Type of School           | Name and Location of School | Type of Degree Received and/or Credit Hours Earned    | Major/Minor Fields of Study                              |
|--------------------------|-----------------------------|---|--|
| High School              |                             | Did you graduate or obtain equivalency Diploma (GED)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Vocational Education     |                             |   |  |
| College or University    |                             |   |  |
| Graduate School          |                             |   |  |
| Other Training (Explain) |                             |   |  |

**CITIZENSHIP**

Are you a United States Citizen: Yes  No

Please attach the following information which is a requirement for Missouri POST Certification:

- Proof of U.S. Citizenship
- Missouri Peace Officer Certification

**ADDITIONAL QUALIFICATIONS**

Please list any other knowledge, special technical or computer skills, and/or individual capabilities not previously listed that would especially prepare you for the position for which you have applied.

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**PERSONAL REFERENCES**

Please list the names of three persons, who are not related to you and not previously listed as a current or former supervisor, that we may contact for a personal reference.

| Name & Address | Telephone | Years Known |
|----------------|-----------|-------------|
|                |           |             |
|                |           |             |
|                |           |             |

**CERTIFICATION OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION**

Please read the statements below *carefully*. Your signature indicates that you fully understand and agree to the provision of each statement.

Name: \_\_\_\_\_

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

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false or inaccurate information could result in disqualification of this application and/or termination of employment if I have been employed.

I understand and agree that employment with the City of Waynesville Police Department is voluntarily entered into, and employees are free to resign at will at anytime, for any reason, with or without cause or notice. I further understand and agree that the City or Police Chief, may terminate the employment relationship at will at any time, for any reason, with or without cause or notice. This is not a contract for employment.

It is further understood and agreed that should my employment with the City of Waynesville Police Department be terminated for any reason, my final pay will not be received until I have submitted all necessary paperwork and returned any and all property assigned to me and during the course of my employment, including but not limited to all keys, uniforms, equipment and city-issued identification.

In consideration of my employment, I agree to conform to the policies, procedures and regulations of the City of Waynesville and its Police Department.

I, the undersigned, do hereby authorize the City of Waynesville Police Department to conduct an investigation in respect to my application and release the City, my former employers and personal reference from any liability for damage caused by giving and receiving information or opinions as to my employment or character. Any Information obtained through former employers and/or personal references will become the property of the City of Waynesville.

I, the undersigned, do hereby authorize the release of any information which pertains to records of convictions for law violations, including felony, misdemeanor and traffic violations and agree to hold the City of Waynesville and its Police Department harmless and in no event shall the City be liable to me for special, Indirect or consequential damages for the refusal of employment due to information obtained during my Police record check.

I further understand that any offer of employment is conditioned upon the results of reference checks and if a requirement of the position, police record checks, background checks, drug testing and post-offer physical exams.

Applicant Signature: \_\_\_\_\_

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



Waynesville Police Department  
 Chief Dan Cordova

601 Historic 66 W  
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### AUTHORITY TO RELEASE INFORMATION

I hereby authorize any Waynesville Police Department Officer or other authorized representative of the City of Waynesville Police Department bearing this release to obtain any information in your files, whether public, private or confidential, pertaining to and including, but not limited to:

- My employment and pre-employment records (including background reports, evaluations,
- Complaints & grievances (filed by me or against me)
- Military records
- Financial & credit history (including records of loans, records of credit agencies, credit reports and/or ratings)
- Criminal history (including arrests & convictions)
- Educational records (including academic achievement, attendance, athletic, personal history & disciplinary records)
- Records of medical and psychiatric treatment and/or consultation (including hospitals, clinics, private practitioner sand the U.S. Veteran's Administration)
- Records and recollections of Attorneys at Law or other counsel (whether representing me or to release such Information upon request of the bearer)

This release is executed with full knowledge and understanding that the information is for the official use of the City of Waynesville and its Police Department. Consent is granted for the City of Waynesville Police Department to furnish such information as is described to third parties in the course of fulfilling its official responsibility. I hereby release you as custodian of such records and any school, college, university or other educations institution, police agency, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, retail business establishment, or police agency including its officers, employees or related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by Federal statute or regulation. I have been advised by the City of Waynesville that they will utilize this number only to facilitate the location of employment, military, credit and educational records concerning me in connection with this application. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name (Please Print):: \_\_\_\_\_ \*Social Security Number: \_\_\_\_\_

|  |                               |                      |
|--|-------------------------------|----------------------|
| STATE OF _____   | <b>AFFIDAVIT</b>              | COUNTY OF _____      |
| Before me personally appeared _____ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore. |                               |                      |
| Sworn and subscribed in my presence this _____ day of _____, 20____. My commission expires on _____, 20____  |                               |                      |
| Personally Known _____   | Produced Identification _____ | Notary Public: _____ |
| Type of identification produced: _____   |                               |                      |

The City of Waynesville is an Equal Opportunity Employer





Waynesville Police Department  
**Personal History Statement**

601 Historic 66 W  
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**INSTRUCTIONS: PLEASE READ CAREFULLY BEFORE PROCEEDING**

These instructions are provided to assist you in properly completing your Personal History Statement. It is Essential that the information be accurate in all respects. It will be used as the basis for a background Investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be printed legibly in **black ink only**. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets (8 ½ x 11) to the Personal History Statement. Be sure to reference the relevant section and question number before continuing with your answer.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.
7. As you complete the questionnaire, you may be uncertain about how to answer a particular question. In that case, you should circle the question and the background investigator will discuss it with you at a later date.
8. Do not include information pertaining to injuries, medical issues or disabilities in any part of this form, regarding yourself or any family member.

**A. APPLICANT IDENTIFICATION** — Information provided in this section is used for identification purposes only

|   |                                      |                                   |                           |
|---|--------------------------------------|-----------------------------------|---------------------------|
| NAME (Last, First, Middle)  |                                      | SOCIAL SECURITY NUMBER            |                           |
| STREET ADDRESS  |                                      | CITY, STATE, ZIP CODE             |                           |
| MAILING ADDRESS   |                                      | CITY, STATE ZIP CODE              |                           |
| HOME TELEPHONE NUMBER<br>(     )  | BUSINESS TELEPHONE NUMBER<br>(     ) | ALTERNATE PHONE<br>(     )        | DATE OF BIRTH (MO/DAY/YR) |
| ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?<br><input type="checkbox"/> YES <input type="checkbox"/> NO     IF NO, DO YOU HAVE A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO |                                      |                                   |                           |
| HAVE YOU EVER HAD YOUR NAME LEGALLY CHANGED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |                                      | IF YES, INDICATE PREVIOUS NAME(S) |                           |
| DATE OF CHANGE  |                                      | REASON FOR CHANGE                 |                           |
| LIST ANY NICKNAMES YOU ARE KNOWN BY:  |                                      |                                   |                           |

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**B. RESIDENCES** – List all residences where you have lived for the past 10 years, not including your present address. List date by month and year. Attach additional pages if necessary.

| FROM | TO | ADDRESS |
|------|----|---------|
|      |    |         |
|      |    |         |
|      |    |         |
|      |    |         |
|      |    |         |
|      |    |         |
|      |    |         |
|      |    |         |
|      |    |         |
|      |    |         |

**C. WORK HISTORY** – Beginning with your present or most recent job, list all employment for the past 10 years, including part-time, temporary, or Seasonal employment. Include all periods of unemployment. Attach additional pages if necessary.

|                         |           |                   |
|-------------------------|-----------|-------------------|
| 1. FROM                 | TO        | EMPLOYER          |
| ADDRESS                 |           |                   |
| TELEPHONE NUMBER<br>( ) | JOB TITLE |                   |
| DUTIES                  |           |                   |
| SUPERVISOR              |           | NAME OF CO-WORKER |
| REASON FOR LEAVING      |           |                   |
| 2. FROM                 | TO        | EMPLOYER          |
| ADDRESS                 |           |                   |
| TELEPHONE NUMBER<br>( ) | JOB TITLE |                   |
| DUTIES                  |           |                   |
| SUPERVISOR              |           | NAME OF CO-WORKER |
| REASON FOR LEAVING      |           |                   |
| 3. FROM                 | TO        | EMPLOYER          |
| ADDRESS                 |           |                   |
| TELEPHONE NUMBER<br>( ) | JOB TITLE |                   |
| DUTIES                  |           |                   |
| SUPERVISOR              |           | NAME OF CO-WORKER |
| REASON FOR LEAVING      |           |                   |

|  |           |                     |
|--|-----------|---------------------|
| 4. FROM  | TO        | EMPLOYER            |
| ADDRESS  |           |                     |
| TELEPHONE NUMBER<br>(     )  | JOB TITLE |                     |
| DUTIES   |           |                     |
| SUPERVISOR   |           | NAME OF CO-WORKER   |
| REASON FOR LEAVING   |           |                     |
| 5. FROM  | TO        | EMPLOYER            |
| ADDRESS  |           |                     |
| TELEPHONE NUMBER<br>(     )  | JOB TITLE |                     |
| DUTIES   |           |                     |
| SUPERVISOR   |           | NAME OF CO-WORKER   |
| REASON FOR LEAVING   |           |                     |
| 6. FROM  | TO        | EMPLOYER            |
| ADDRESS  |           |                     |
| TELEPHONE NUMBER<br>(     )  | JOB TITLE |                     |
| DUTIES   |           |                     |
| SUPERVISOR   |           | NAME OF CO-WORKER   |
| REASON FOR LEAVING   |           |                     |
| 7. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN FROM ANY JOB BECAUSE OF ALLEGATIONS OF MISCONDUCT OR UNSATISFACTORY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF YES, PLEASE EXPLAIN |           |                     |
| <b>D. SELECTIVE SERVICE REGISTRATION (MALES ONLY)</b>  |           |                     |
| 1. ARE YOU REGISTERED WITH THE U.S. SELECTIVE SERVICE SYSTEM?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   IF YES, LIST REGISTRATION NUMBER   |           | REGISTRATION NUMBER |

| <b>E. MILITARY RECORD</b>   |        |                             |     |                   |                       |     |    |
|---|--------|-----------------------------|-----|-------------------|-----------------------|-----|----|
| 1. HAVE YOU SERVED IN THE U.S. ARMED FORCES <input type="checkbox"/> YES <input type="checkbox"/> NO  |        |                             |     |                   |                       |     |    |
| 2. DATE OF SERVICE  |        | BRANCH OF SERVICE           |     | UNIT DESIGNATION  |                       |     |    |
| FROM  | TO     | CURRENT / HIGHEST RANK HELD |     | MOS OR SPECIALITY |                       |     |    |
| 3. TYPE OF DISCHARGE (If applicable)  |        |                             |     |                   |                       |     |    |
| 4. WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY? (Include court-martial, captains mast, company punishments, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO                      |        |                             |     |                   |                       |     |    |
| CHARGE  | AGENCY | DATE                        | AGE | DISPOSITION       |                       |     |    |
|   |        |                             |     |                   |                       |     |    |
|   |        |                             |     |                   |                       |     |    |
|   |        |                             |     |                   |                       |     |    |
|   |        |                             |     |                   |                       |     |    |
| <b>F. EDUCATIONAL HISTORY</b>   |        |                             |     |                   |                       |     |    |
| 1. HIGH SCHOOL(S) ATTENDED  |        | CITY AND STATE              |     | DATES ATTENDED    | GRADUATE              |     |    |
|   |        |                             |     | FROM              | TO                    | YES | NO |
|   |        |                             |     |                   |                       |     |    |
|   |        |                             |     |                   |                       |     |    |
|   |        |                             |     |                   |                       |     |    |
| 2. COLLEGE(S) OR UNIVERSITY(ES) ATTENDED  |        | CITY AND STATE              |     |                   | DATES ATTENDED        |     |    |
|   |        |                             |     |                   | FROM                  | TO  |    |
|   |        |                             |     |                   |                       |     |    |
|   |        |                             |     |                   |                       |     |    |
| TOTAL CREDIT HOUR COMPLETED   |        | DEGREE RECEIVED             |     |                   | DATE OF DEGREE        |     |    |
|   |        |                             |     |                   |                       |     |    |
| 3. TRADE, VOCATIONAL, BUSINESS SCHOOL(S) ATTENDED   |        | CITY AND STATE              |     |                   | DATES ATTENDED        |     |    |
|   |        |                             |     |                   | FROM                  | TO  |    |
|   |        |                             |     |                   |                       |     |    |
|   |        |                             |     |                   |                       |     |    |
| TOTAL CREDIT HOURS COMPLETED  |        | CERTIFICATION RECEIVED      |     |                   | DATE OF CERTIFICATION |     |    |
|   |        |                             |     |                   |                       |     |    |
| <b>SPECIAL QUALIFICATIONS AND SKILLS</b>  |        |                             |     |                   |                       |     |    |
| 1. PEACE OFFICER STANDARDS TRAINING CERTIFICATION (Include the license class, certifying agency you worked for including city and state, and dates of employment.) NOTE: This can be more than one. |        |                             |     |                   |                       |     |    |
|   |        |                             |     |                   |                       |     |    |
|   |        |                             |     |                   |                       |     |    |
|   |        |                             |     |                   |                       |     |    |
| 2. LIST ANY SPECIAL LICENSES YOU HOLD (Such as paramedic, EMT, pilot, radio operator, scuba, etc.) SHOWING LICENSE AUTHORITY, ORIGINAL DATE OF ISSUE. DATE OF EXPIRATION, AND HOURS OF TRAINING.    |        |                             |     |                   |                       |     |    |
|   |        |                             |     |                   |                       |     |    |
|   |        |                             |     |                   |                       |     |    |
|   |        |                             |     |                   |                       |     |    |

3. LIST SPECIAL SKILL YOU POSSESS OR HOBBIES IN WHICH YOU ENGAGE (foreign language proficiencies, computer programming/ skills, etc.)

|  |
|--|
|  |
|  |
|  |

4. LIST ANY VOLUNTEER WORK OR COMMUNITY INVOLVEMENT.

|  |
|--|
|  |
|  |
|  |

**H. CRIMINAL HISTORY**

1. HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF OR PLED GUILTY TO A FELONY?  YES  NO  
 (Including charges for which you received a suspended imposition of sentence, reduced sentence, or a military violation)  NO THE FOLLOWING

| DATE | ALLEGED CRIME | POLICE AGENCY, CITY & STATE | DISPOSITION OF CASE |
|------|---------------|-----------------------------|---------------------|
|      |               |                             |                     |
|      |               |                             |                     |
|      |               |                             |                     |

2. HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF, OR PLED GUILTY TO A MISDEMEANOR?  YES  NO  
 (Including charges for which you received a suspended imposition of sentence, reduced sentence, or a military violation)  NO THE FOLLOWING

3. HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF OR PLED GUILTY TO DOMESTIC VIOLENCE?  YES  NO IF YES, EXPLAIN

4. ARE YOU PRESENTLY ON PROBATION FOR ANY CRIMINAL OFFENSE?  YES  NO IF YES, EXPLAIN

5. HAVE YOU EVER USED ILLEGAL DRUGS, NARCOTICS OR A PRESCRIPTION DRUG OF ANOTHER PERSON?  YES  NO IF YES, EXPLAIN IN DETAIL & INCLUDE DATES (MONTH/YEAR)

6. HAVE YOU EVER SOLD ILLEGAL DRUGS, NARCOTICS, OR A PRESCRIPTION DRUG TO ANYONE?  YES  NO IF YES, EXPLAIN IN DETAIL & INCLUDE DATES (MONTH/YEAR)

7. HAVE YOU EVER GIVEN OR FURNISHED ILLEGAL DRUGS, NARCOTICS OR A PRESCRIPTION DRUG TO ANYONE?  YES  NO IF YES, EXPLAIN IN DETAIL & INCLUDE DATES (MONTH/YEAR)

|  |
|--|
|  |
|--|

**I. TRAFFIC RECORD**

|   |                       |                |
|---|-----------------------|----------------|
| 1. DO YOU POSSESS A VALID DRIVER LICENSE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | DRIVER LICENSE NUMBER | STATE OF ISSUE |
|---|-----------------------|----------------|

2. LIST ALL STATES WHERE YOU WERE ISSUED A DRIVER LICENSE (include driver license number)

3. HAS YOUR DRIVER LICENSE EVER BEEN SUSPENDED OR REVOKED?  YES  NO IF YES, GIVE DATE, STATE & REASON

|  |
|--|
|  |
|--|

4. LIST ALL DRIVING CITATIONS YOU HAVE RECEIVED, EXCLUDING PARKING TICKETS.

| DATE | CHARGES | POLICE AGENCY, CITY & STATE | DISPOSITION OF CASE |
|------|---------|-----------------------------|---------------------|
|      |         |                             |                     |
|      |         |                             |                     |
|      |         |                             |                     |

|  |              |                                       |                  |              |            |
|--|--------------|---------------------------------------|------------------|--------------|------------|
| 5. ARE YOU PRESENTLY ON PROBATION FOR ANY TRAFFIC OFFENSE? <span style="float:right;"><input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN</span>  |              |                                       |                  |              |            |
|  |              |                                       |                  |              |            |
| 6. HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF OR PLED GUILTY TO ANY ALCOHOL RELATED TRAFFIC OFFENSE OR CHARGES REDUCED IN RELATION TO ALCOHOL RELATED TRAFFIC OFFENSES? <span style="float:right;"><input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN (Include charges for which you received a suspended imposition of sentence.)</span> |              |                                       |                  |              |            |
|  |              |                                       |                  |              |            |
| 7. DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATIONS. (Attach additional pages if necessary)   |              |                                       |                  |              |            |
|  |              |                                       |                  |              |            |
|  |              |                                       |                  |              |            |
|  |              |                                       |                  |              |            |
| <b>J. REFERENCES – List five persons whom you know well enough to provide current information about you. Do not list relatives or former employers.</b>  |              |                                       |                  |              |            |
| NAME<br>1.   |              | STREET ADDRESS, CITY, STATE, ZIP CODE |                  |              |            |
| RELATIONSHIP   | HOME PHONE   | BUSINESS PHONE                        | BUSINESS ADDRESS | YEARS KNOWN  |            |
| NAME<br>2.   |              | STREET ADDRESS, CITY, STATE, ZIP CODE |                  |              |            |
| RELATIONSHIP   | HOME PHONE   | BUSINESS PHONE                        | BUSINESS ADDRESS | YEARS KNOWN  |            |
| NAME<br>3.   |              | STREET ADDRESS, CITY, STATE, ZIP CODE |                  |              |            |
| RELATIONSHIP   | HOME PHONE   | BUSINESS PHONE                        | BUSINESS ADDRESS | YEARS KNOWN  |            |
| NAME<br>4.   |              | STREET ADDRESS, CITY, STATE, ZIP CODE |                  |              |            |
| RELATIONSHIP   | HOME PHONE   | BUSINESS PHONE                        | BUSINESS ADDRESS | YEARS KNOWN  |            |
| NAME<br>4.   |              | STREET ADDRESS, CITY, STATE, ZIP CODE |                  |              |            |
| RELATIONSHIP   | HOME PHONE   | BUSINESS PHONE                        | BUSINESS ADDRESS | YEARS KNOWN  |            |
| <b>K. RELATIVES AND ASSOCIATES</b>   |              |                                       |                  |              |            |
| 1. LIST NAME OF RELATIVE WORKING FOR THE CITY OF WAYNESVILLE (Whether by blood or marriage)  |              |                                       |                  |              |            |
| NAME   | RELATIONSHIP | DEPARTMENT                            | NAME             | RELATIONSHIP | DEPARTMENT |
|  |              |                                       |                  |              |            |
|  |              |                                       |                  |              |            |
|  |              |                                       |                  |              |            |
| 2. RELATIVES – Inquires will be confined to job-relevant matters. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write N/A.  |              |                                       |                  |              |            |
| IF LIVING, NAME OF YOUR:   |              | ADDRESS, CITY, STATE, ZIP CODE        |                  | HOME PHONE   | CELL PHONE |
| FATHER   |              |                                       |                  |              |            |
| MOTHER   |              |                                       |                  |              |            |

|                             |  |  |  |
|-----------------------------|--|--|--|
| FATHER-IN-LAW               |  |  |  |
| MOTHER-IN-LAW               |  |  |  |
| SPOUSE                      |  |  |  |
| FORMER SPOUSE(S)            |  |  |  |
|                             |  |  |  |
| BROTHER(S) AND/OR SISTER(S) |  |  |  |
|                             |  |  |  |
|                             |  |  |  |
|                             |  |  |  |

|   |  |               |                 |
|---|--|---------------|-----------------|
| 3. OTHER RELATIVES WITH WHOM YOU HAVE A CLOSE PERSONAL RELATIONSHIP WITH. |  |               |                 |
| NAME/RELATIONSHIP   |  | PRIMARY PHONE | SECONDARY PHONE |
|   |  |               |                 |
|   |  |               |                 |
|   |  |               |                 |

|  |                           |               |                 |
|--|---------------------------|---------------|-----------------|
| 4. PLEASE LIST THOSE INDIVIDUALS WITH WHOM YOU HAVE RESIDED DURING THE LAST 10 YEARS (LIST NO INFORMATION PRIOR TO YOUR 15 <sup>TH</sup> BIRTHDAY) EXCLUDE FAMILY MEMBERS. |                           |               |                 |
| NAME   | ADDRESS WHERE YOU RESIDED | PRIMARY PHONE | SECONDARY PHONE |
|  |                           |               |                 |
|  |                           |               |                 |
|  |                           |               |                 |

|  |              |  |  |
|--|--------------|--|--|
| <b>L. PERSONAL DECLARATIONS</b>  |              |  |  |
| 1. HAVE YOU MADE APPLICATION FOR EMPLOYMENT WITH THIS AGENCY OR ANY OTHER LAW ENFORCEMENT OR RELATED AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO  |              |  |  |
| NAME OF DEPARTMENT / AGENCY  | DATE APPLIED | ACCEPTED   | GIVE REASON FOR REJECTION OR DECLINING THE APPOINTMENT |
|  |              | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
|  |              | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
|  |              | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| 2. ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS (POSITIVE OR NEGATIVE) NOT MENTIONED HEREIN WHICH MAY INFLUENCE THIS DEPARTMENT'S EVALUATION OF YOUR SUITABILITY FOR EMPLOYMENT AS A POLICE OFFICER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN   |              |  |  |
|  |              |  |  |
|  |              |  |  |
| 3. ARE YOU NOW, OR HAVE YOU EVER BEEN ASSOCIATED WITH AN ORGANIZATION, MOVEMENT GROUP OR COMBINATION OF PERSONS WHICH ARE SUBVERSIVE OR HAVE SHOWN POLICY ADVOCATING FORCE OR VIOLENCE, LEGALIZATION OF DRUGS OR OPPOSITION TO THE DEATH PENALTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN |              |  |  |
|  |              |  |  |
|  |              |  |  |

**M. PERSONAL BIOGRAPHY** – Include information from birth to present. (Use only the space provided. Do not attach additional sheet(s) for this section.

Do NOT include information regarding injuries, medical issues, or disabilities regarding yourself or any family member.

**N. APPLICANT CERIFICATION**

IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DUTIES AS A POLICE OFFICER, COULD YOU DO SO?     YES     NO    IF NO, EXPLAIN

DO YOU LIVE WITHIN THE CITY LIMITS OF WAYNESVILLE OR WITHIN 15 MINUTES OF WAYNESVILLE?     YES     NO

IF YOU DO NOT, WOULD YOU OR COULD YOU MOVE TO WITHIN A 15 MINTUES RESPONSE TIME TO WAYNESVILLE?     YES     NO

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions.  
**I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.**

I fully realize that willfully withholding information or making false or incomplete statements during the pre-employment screening will be a basis for dismissal And permanent disqualification from the Waynesville Police Department and that all information may be verified by a polygraph examination.

SIGNATURE OF APPLICANT

DATE

*The City of Waynesville is an Equal Opportunity Employer*

