



City of Buckner

Application for Police Officer



About the Position:

A Police Officer performs a variety of duties in the enforcement of laws and the prevention of crimes; to control traffic flow and enforcement of State and local traffic regulations; to perform investigations; and to perform a variety of technical and administrative tasks in support of the Police Department.

Qualifications:

All applicants are required to meet minimum requirements to become police officers in the City of Buckner as set forth by the State of Missouri.

Applicants Must Meet The Following Requirements:

- **Education**—High School Diploma or GED.
- **Age**—Be a minimum of 21 years of age when submitting an application.
- **Citizenship**—United States citizenship is required.
- **P.O.S.T.**—Possess a valid Class A License from the State of Missouri.
- **Military Service (Applies to Veterans Only)**—Military veterans of the Armed Forces must present proof of an Honorable Discharge.
- **Motor Vehicle Operator's License**—Possess a valid motor vehicle Operator's License.
- **Conviction**—Not to have been convicted of, or plead guilty, or no contest to a felony, or any offense that would be a felony, or a serious misdemeanor if committed in Missouri.
- Must successfully complete a criminal background investigation, a polygraph and psychological examination, and drug screen testing.
- Must be of good character and reputation.

Equal Employment Opportunity Statement:

The City of Buckner is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The City of Buckner desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The City of Buckner will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the City.

This application will be evaluated by those persons responsible for hiring at the Buckner Police Department. It will be reviewed as part of an extensive background investigation into your personal and employment history.

Any false, misleading or incomplete information or failure to following instructions listed below will be grounds to disqualify you for employment with the Buckner Police Department.

-- Follow Directions Carefully --

- Use black ink to complete questionnaire
- Complete the form in your own handwriting or printing, Do No Type.
- Write or print legibly
- Read each question carefully
- Answer each question completely and accurately
- Answer all questions. Do not leave any boxes blank
- If a question does not apply to you, write N/A in the box
- For additional employment space, copy an Employment History page
- If you need additional space to fully answer a question, use a Supplemental page

1. Personal Data

Last Name			First Name			Middle Name				
Current Address		Street Name / Number (No PO Boxes)			City		State	Zip Code		
Email			List any other names you have used (including maiden name)							
Home Phone ()			Alternate Phone Number ()			Notification Type Preference: <input type="checkbox"/> Email <input type="checkbox"/> Paper/Mail				
Age	Date of Birth	Place of Birth (City & State)			Sex	Race	Height	Weight	Hair Color	Eye Color
Tattoos (Description & Location)							Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Check One: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				Spouse's / Fiancée's Full Name				Date of Birth		
A. Has your Spouse / Fiancée ever been arrested, interviewed, detained, or convicted by any law enforcement agency? If YES, please provide dates, reasons, agency, and disposition on the Supplemental Page.							<input type="checkbox"/> Yes <input type="checkbox"/> No			
Starting with your present address, list all physical addresses you have had for the past ten (10) years, including your addresses in the military service. Include each duty station separately. PO Boxes are not acceptable.										
Dates MO / YR From To		Street Address			City		State	Zip Code		
A. Can you, after employment, submit proof of your legal right to work in the United States?							<input type="checkbox"/> Yes <input type="checkbox"/> No (Social Security Card)			
B. The application process includes a polygraph examination. Have you ever taken a polygraph examination before?							<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain circumstances on Supplemental Page.			
C. Are you a previous City of Buckner employee?							<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list dates of employment (MO / YR)			
D. Have you ever applied with a law enforcement agency before?							<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please indicate when and which agency on Supplemental Page.			
E. If selected for this position, how soon can you begin employment?							<input type="checkbox"/> As soon as possible <input type="checkbox"/> Two week notice <input type="checkbox"/> Need more notice			
F. If you are not available for work now, enter the earliest date you could work?										
G. Are you related by blood or marriage to a person now employed by the City of Buckner?							<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate:			
Name:		Relationship:			Department:					

2. Family History

List names, ages, phone numbers, occupation, where employed, and residence of father, mother, brother(s), sister(s), children and Spouse's / Fiancée's mother and father. List relationship of each.

Name		Relationship		Age	
Occupation		Where Employed			
Street Address			Phone Number ()		
City		State		Zip Code	
Name		Relationship		Age	
Occupation		Where Employed			
Street Address			Phone Number ()		
City		State		Zip Code	
Name		Relationship		Age	
Occupation		Where Employed			
Street Address			Phone Number ()		
City		State		Zip Code	
Name		Relationship		Age	
Occupation		Where Employed			
Street Address			Phone Number ()		
City		State		Zip Code	
Name		Relationship		Age	
Occupation		Where Employed			
Street Address			Phone Number ()		
City		State		Zip Code	
Name		Relationship		Age	
Occupation		Where Employed			
Street Address			Phone Number ()		
City		State		Zip Code	
Name		Relationship		Age	
Occupation		Where Employed			
Street Address			Phone Number ()		
City		City		Zip Code	
Name		Relationship		Age	
Occupation		Where Employed			
Street Address			Phone Number ()		
City		City		Zip Code	

Name		Relationship		Age
Occupation		Where Employed		
Street Address			Phone Number ()	
City		City	Zip Code	
Name		Relationship		Age
Occupation		Where Employed		
Street Address			Phone Number ()	
City		City	Zip Code	
Name		Relationship		Age
Occupation		Where Employed		
Street Address			Phone Number ()	
City		City	Zip Code	
Name		Relationship		Age
Occupation		Where Employed		
Street Address			Phone Number ()	
City		State	Zip Code	

3. References

List three (3) references (NO relatives, household members, or former employers) who are responsible adults, and who have known you well for at least the last three (3) years.

Name		Street Address		City	State	Zip Code
How long known?	Occupation		Home Phone ()		Business Phone ()	
Name		Street Address		City	State	Zip Code
How long known?	Occupation		Home Phone ()		Business Phone ()	
Name		Street Address		City	State	Zip Code
How long known?	Occupation		Home Phone ()		Business Phone ()	

4. Education

Indicate by checking all boxes that apply if you have any of the following: HS Diploma GED Certificate College Degree Masters Degree

High School Name		Street Address		City	State	Zip Code
Dates Attended (MO / YR) From: To:		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Degree or Credit Hours		
High School Name		Street Address		City	State	Zip Code
Dates Attended (MO / YR) From: To:		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Degree or Credit Hours		

Name(s) and location (s) of Colleges, Universities or vocational schools attended or internships:				
College Name	Street Address	City	State	Zip Code
Dates Attended (MO / YR) From: To:		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours	
College Name	Street Address	City	State	Zip Code
Dates Attended (MO / YR) From: To:		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours	
College Name	Street Address	City	State	Zip Code
Dates Attended (MO / YR) From: To:		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours	
Have you ever been suspended, disciplined or expelled from any high school or institution of higher learning? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain on the Supplemental Page.				

5. Employment History

Have you ever been dismissed or asked to resign from ANY employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain on the Supplemental Page.			
If you do not want your present employer to be contacted, check the box to the right and then explain why on the Supplemental Page. <input type="checkbox"/>			
Beginning with your present employer or most recent employer, list ALL of the places you have worked during the last ten (10) year period. Keep in chronological order. List periods of school, military service, each duty station, assigned military unit, unemployment, temporary assignments, volunteer service and part-time employment. List everything during the last five (5) year period. Omit None! Copy the employment page and continue your information on the copy(s).			
From:	Name:	Job Title:	
To:	Street Address:	Supervisor:	
	City:	Phone:	Starting Salary:
	State:	Zip Code:	Ending Salary:
Describe your duties:			
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer If part-time, list number of hours worked per week			
Detail Reason for Leaving:			
From:	Name:	Job Title:	
To:	Street Address:	Supervisor:	
	City:	Phone:	Starting Salary:
	State:	Zip Code:	Ending Salary:
Describe your duties:			
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer If part-time, list number of hours worked per week			
Detail Reason for Leaving:			
From:	Name:	Job Title:	
To:	Street Address:	Supervisor:	
	City:	Phone:	Starting Salary:
	State:	Zip Code:	Ending Salary:
Describe your duties:			

Blank header area for the first job entry.

Part Time Full Time Seasonal Volunteer If part-time, list number of hours worked per week

Detail Reason for Leaving:

From:	Name:	Job Title:
To:	Street Address:	Supervisor:
	City:	Phone:
	State:	Zip Code:

Describe your duties:

Blank area for describing duties of the first job.

Part Time Full Time Seasonal Volunteer If part-time, list number of hours worked per week

Detail Reason for Leaving:

From:	Name:	Job Title:
To:	Street Address:	Supervisor:
	City:	Phone:
	State:	Zip Code:

Describe your duties:

Blank area for describing duties of the second job.

Part Time Full Time Seasonal Volunteer If part-time, list number of hours worked per week

Detail Reason for Leaving:

From:	Name:	Job Title:
To:	Street Address:	Supervisor:
	City:	Phone:
	State:	Zip Code:

Describe your duties:

Blank area for describing duties of the third job.

Part Time Full Time Seasonal Volunteer If part-time, list number of hours worked per week

Detail Reason for Leaving:

From:	Name:	Job Title:
To:	Street Address:	Supervisor:
	City:	Phone:
	State:	Zip Code:

Describe your duties:

Blank area for describing duties of the fourth job.

Part Time Full Time Seasonal Volunteer If part-time, list number of hours worked per week

Detail Reason for Leaving:

Blank footer area.

From:	Name:	Job Title:
To:	Street Address:	Supervisor:
	City:	Phone:
	State:	Zip Code:
Starting Salary:		
Ending Salary:		
Describe your duties:		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer If part-time, list number of hours worked per week		
Detail Reason for Leaving:		
From:	Name:	Job Title:
To:	Street Address:	Supervisor:
	City:	Phone:
	State:	Zip Code:
Starting Salary:		
Ending Salary:		
Describe your duties:		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer If part-time, list number of hours worked per week		
Detail Reason for Leaving:		
From:	Name:	Job Title:
To:	Street Address:	Supervisor:
	City:	Phone:
	State:	Zip Code:
Starting Salary:		
Ending Salary:		
Describe your duties:		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer If part-time, list number of hours worked per week		
Detail Reason for Leaving:		
Have you ever attended a law enforcement academy? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you certified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of academy: _____		Date attended: _____
City & State _____		P.O.S.T. License Number: _____
Attach Copy		
A. Has your law enforcement certification ever been suspended, revoked, or brought before a review board? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, please explain on the Supplemental Page.		

8. Liquor and Narcotics

A. Have you ever used any prescription drugs not prescribed to you by a doctor? Yes No **If YES, explain fully on the Supplemental Page.**

B. If you have tried, used, or ingested **ANY** of the drugs listed below, check the YES box; if you have not, check the NO box. **Include the number of times used and dates.**

	Yes	No	Total # Times Used	Last Used (MO / YR)	Date / s (MO / YR)		Yes	No	Total # Times Used	Last Used (MO / YR)	Date / s (MO / YR)
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>				Cocaine (powder/crack)	<input type="checkbox"/>	<input type="checkbox"/>			
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>				Heroin	<input type="checkbox"/>	<input type="checkbox"/>			
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>				Opium	<input type="checkbox"/>	<input type="checkbox"/>			
Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>				Injectable/Oral Steroids	<input type="checkbox"/>	<input type="checkbox"/>			
Hashish	<input type="checkbox"/>	<input type="checkbox"/>				Other:	<input type="checkbox"/>	<input type="checkbox"/>			
Amphetamines (speed, meth, etc)	<input type="checkbox"/>	<input type="checkbox"/>				Hallucinogenic, Substances (LSD, PCP, Mescaline, Mushrooms, etc)	<input type="checkbox"/>	<input type="checkbox"/>			

9. Gang Affiliations

A. Are you currently, or have you formerly, been associated with a group that engages in criminal activity, to include motorcycle organizations, street gangs, or other organizations in criminal activity? Yes No **If YES, explain on Supplemental Page.**

B. Are you now in a group, which seeks to alter the form of government of the United States by any unlawful or unconstitutional means? Yes No **If YES, explain on Supplemental Page.**

10. Military Service

A. Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? Yes No
 Include Army, Navy, Marine Corps, Air Force, Coast Guard, ROTC, or any other military or other semi-military organization.
****ONLY Honorable Discharges will be considered for employment** **Copy of DD214 required****

List dates of military service: (list each service period separately)

MO / YR Entered	Branch / Organization	Discharge Date	Type of Discharge	Rank

Are you a member of the Military Reserves? Yes No

B. Have you received any form of disciplinary action from the military? Yes No **If YES, explain on Supplemental Page with disciplinary action, what it is for, when, why and where.**

Current Military status:

I hereby certify that there are no willful omissions, misrepresentations in or falsifications of the above statements and answers to questions. I am aware that should the investigation disclose such omissions or misrepresentations and falsifications, my application will be rejected, and I will be disqualified from applying in the future for any position with the Buckner Police Department. I further understand that only the most qualified applicants will be selected.

Signature of Applicant: _____

Date: _____



BUCKNER POLICE DEPARTMENT
APPLICANT
CRIMINAL BACKGROUND SCREENING

NOTICE AND CONSENT

Applicant's Name: _____ Date: _____

The Buckner Police Department's acquisition, retention, and sharing of information related to your employment are generally authorized under Missouri and Federal statutes. The purpose for requesting this information is to conduct a complete background investigation pertaining to your training as one of 3 certification levels related to the viewing, accessing, of CJS-related files, reports, computers and/or other such related systems.

This background investigation may include inquiries pertaining to your employment, education, medical history, credit history, criminal history, and any information relevant to your character and reputation.

By signing this form, you are acknowledging that you have received notice and have provided consent for the Buckner Police Department to use this information to conduct such a background investigation, which may include the searching of N-DEx, MO-Dex, MULES, MODOR, NCIC criminal justice databases, private databases, and public databases.

Applicant's Signature: _____ Date: _____

NOTICE OF REDRESS

If, during the background investigation, information from any of the above identified databases place your selection for training and/or certification in jeopardy, you will be provided an opportunity to challenge and/or correct such information with the agency/database host maintaining such information, and provide such corrected information as appropriate for further consideration.

Applicant's Signature: _____ Date: _____

Date: _____ Witness: _____



Authorization and Release to Obtain Information



I, _____ authorize the City of Buckner to conduct a background investigation in connection with my application for employment.

I understand that I will not receive, and am not entitled to, a copy of the report of the investigation or to know its contents. I further understand that the contents of this report are privileged. I agree to give any further information that may be required in reference to my past record. I fully understand that all information gained for such investigation is confidential and will be released only to authorized persons in the employment process.

This investigation may include information from educational institutions, previous employers, military units and organizations, all US Government agencies to include the Office of Personnel Management (OPM), Department of Motor Vehicle records in any state, any physicians, and any other appropriate sources. I authorize the release of any information that the City of Buckner may request from the above sources. I also authorize my former or current employers to give any information regarding my employment; together with any information they may have regarding me, whether or not it is in their records.

I also understand that if I am currently employed as a law enforcement or correctional officer, or by a law enforcement or criminal justice related agency of any type, the results of this background investigation may be made available to my current employer, whether or not I am offered employment by the City of Buckner.

I hereby release the City of Buckner, Missouri, or any of its agents or representatives, and any person or entity so furnishing such information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information for the investigation made by the City of Buckner.

Signature

Date

State of Missouri
County of Jackson

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the forgoing signature to be his/hers, and having been duly sworn by me, made oath that the statements in said instrument are true.

My commission expires _____, 20_____.

Notary Public Signature

Notary Public (Type or Print) Name