

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Drivers license number \_\_\_\_\_ Has your license ever been revoked?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: \_\_\_\_\_



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: \_\_\_\_\_  
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: \_\_\_\_\_  
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: \_\_\_\_\_  
Job duties: \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_

**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.

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.

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Signature

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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**