



APPLICATION FOR EMPLOYMENT

APPLICANT NAME: _____

DATE OF APPLICATION: _____

NEOSHO POLICE DEPARTMENT

PERSONAL HISTORY STATEMENT

INSTRUCTIONAL INFORMATION SHEET

This sheet has been prepared for your aid in executing the application for employment with the Neosho Police Department. If there are questions that are not applicable to you, please indicate this fact by the notation "N/A" in the appropriate space.

If additional space is needed for any section or question on the application, or if you wish to furnish additional information, attach sheets of the same size as this application, follow the same format as on the application, and number answers to correspond to the questions.

The application must be clear and legible, and abbreviations are not acceptable. We prefer a legible printed application in your own handwriting using black ink.

CERTIFICATIONS AND TRANSCRIPTS

In order for your application to be processed, you must include your Missouri POST Police Officer License or Missouri POST waivers (for out of state certifications) and all police related training certifications with this application packet.

EFFECTS OF NONDISCLOSURE

Applications not properly filled out will not be accepted. You will be judged in part on the neatness and completeness of this application.

A false answer to a question in the employment application may be grounds for not employing you, or for dismissing you after you begin work. All statements are subject to investigation, including a check of your fingerprints, police records, academic records, and former employers. All information you give will be considered in reviewing your statement.

**APPLICATION FOR EMPLOYMENT
NEOSHO POLICE DEPARTMENT**

INFORMATION FOR BACKGROUND INVESTIGATION

I. PERSONAL HISTORY

1. Name in Full (Last, First, Middle)

2. List all other names you have used including nicknames; if female, furnish maiden name. If you ever used any surnames other than your true name, during what period and under what circumstances were these names used?

3. Date of Application: _____

4. Date of Birth: _____ **5.** Place of Birth: _____

6. Age: _____ **7.** Height _____ **8.** Weight _____

9. Sex: ___M ___F **10.** Soc. Sec. #: _____

11. Citizenship:

a. Present Citizenship: (Country) _____

b. Citizenship acquired by: ___Birth ___Marriage
___Naturalization / Naturalization Certification Number: _____

12. Driver's License Number (and State): _____ (____)

13. Have you held a driver's license in other states: Yes No

If so, List the states and driver's license number previously held (if known)

State: _____ License Number: _____

State: _____ License Number: _____

State: _____ License Number: _____

THE CITY OF NEOSHO IS AN EQUAL OPPORTUNITY EMPLOYER

**II. RESIDENCES
ACTUAL PLACES OF RESIDENCE FOR THE PAST 10 YEARS**

CURRENT ADDRESS:

Street Address: _____

City, State, Zip: _____, _____, _____

Home Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Email Address: _____

NOTE: Post Office Boxes are NOT acceptable addresses.

FROM (Dates) TO		Street Address	City	State
Month/Yr. / Month/Yr.	_____ / _____	_____	_____	_____
	_____ / _____	_____	_____	_____
	_____ / _____	_____	_____	_____
	_____ / _____	_____	_____	_____
	_____ / _____	_____	_____	_____

If additional space is needed, attach additional sheets to the application in the same format.

III. EDUCATION

1. Elem/Jr. High

Name of School

Years Attended: _____ Graduate: ___Yes ___ No

2. High School

Name of School

Address (City, State)

Years Attended: _____ Graduate: ___Yes ___ No G.E.D: ___ Date Obtained: _____

3. College or University

Name and location of College or University

Major

Minor

Years Attended: _____ Degree Received: _____ GPA _____

4. Specialized Schools

Name and Address of School

Study or Specialization

Dates Attended: _____ Graduate: ___Yes ___ No

Name and Address of School

Study or Specialization

Dates Attended: _____ Graduate: ___Yes ___ No

Name and Address of School

Study or Specialization

5. Were you ever dismissed from a school, or were any disciplinary action ever taken against you during your scholastic career? ___Yes ___No

DESCRIBE ANY OTHER SPECIALIZED TRAINING OR SKILLS

IV. EMPLOYMENT HISTORY

NOTE: List Last Position First. Include chronological history of employment starting with current or most recent position. Account for all periods including casual employment and all periods of employment and unemployment since the age of 18. Be sure to include military experience, if applicable.

Name of Employer : _____ Dates Employed
From _____ To _____
/ _____

Address of Employer : _____ Employer's Telephone Number

Salary/Earnings
\$ _____ per _____

Exact Title of Your Position: _____ Immediate Supervisor

Describe your specific duties:

Reason for Leaving:

Were you unemployed from previous job to the above job: Yes No Date From: ____/____/____ To: ____/____/____

Name of Employer : _____ Dates Employed
From _____ To _____
/ _____

Address of Employer : _____ Employer's Telephone Number

Salary/Earnings
\$ _____ per _____

Exact Title of Your Position: _____ Immediate Supervisor

Describe your specific duties:

Reason for Leaving:

Were you unemployed from previous job to the above job: Yes No Date From: ____/____/____ To: ____/____/____

IV. EMPLOYMENT HISTORY (Continued)

Name of Employer :

Dates Employed

From To

____ / ____

Address of Employer :

Employer's Telephone Number

Salary/Earnings

\$ _____ per _____

Exact Title of Your Position:

Immediate Supervisor

Describe your specific duties:

Reason for Leaving:

Were you unemployed from previous job to the above job: Yes No Date From: ____/____/____ To: ____/____/____

Name of Employer :

Dates Employed

From To

____ / ____

Address of Employer :

Employer's Telephone Number

Salary/Earnings

\$ _____ per _____

Exact Title of Your Position:

Immediate Supervisor

Describe your specific duties:

Reason for Leaving:

Were you unemployed from previous job to the above job: Yes No Date From: ____/____/____ To: ____/____/____

IV. EMPLOYMENT HISTORY (Continued)

<hr/>	
Name of Employer : <hr/>	Dates Employed From _____ To _____ / _____
Address of Employer : <hr/>	Employer's Telephone Number _____
<hr/>	Salary/Earnings \$ _____ per _____
Exact Title of Your Position : <hr/>	Immediate Supervisor _____
Describe your specific duties: <hr/>	
Reason for Leaving: <hr/>	
Were you unemployed from previous job to the above job: <input type="checkbox"/> Yes <input type="checkbox"/> No Date From: ____/____ To: ____/____	

If additional space is needed, attach additional sheets to the application in the same format.

Have you ever been dismissed or asked to resign from any employment or position you have held? ____ Yes ____ No. If your answer is "yes", explain below, indicating company, dates of employment and reason(s) for dismissal/resignation.

V. MILITARY RECORD

1. Have you ever served in the Armed Forces of the United States? ____ Yes ____ No

2. Branch of Military Service: _____

3. Type of Discharge: _____

4. Dates of Active Duty: From: _____ To: _____

5. Military Awards: _____

6. Are you currently a member of the Reserve: ____ Yes ____ No

7. Branch of Service (Reserve): _____

8. National Guard: ____ Present ____ Former ____ None

9. If you attended drills, meeting or camps, give name of unit and company:

VI. LIST SOME OF YOUR HOBBIES

VII. INDICATE ANY FOREIGN LANGUAGE YOU SPEAK, READ, AND OR WRITE

	FLUENT	GOOD	FAIR
SPEAK	_____	_____	_____
READ	_____	_____	_____
WRITE	_____	_____	_____

VIII. REFERENCES

***List a minimum of three. References listed may not be a current member of the Neosho Police Department**

Complete Name: _____

Home Address: _____

Business Address: _____

Home Phone: (____) _____ - _____ Business Phone: (____) _____ - _____

Indicate which phone number above is preferred to contact this person: Home
____ Business ____

Years Acquainted: _____ Occupation: _____

Complete Name: _____

Home Address: _____

Business Address: _____

Home Phone: (____) _____ - _____ Business Phone: (____) _____ - _____

Indicate which phone number above is preferred to contact this person:
Home ____ Business ____

Years Acquainted: _____ Occupation: _____

Complete Name: _____

Home Address: _____

Business Address: _____

Home Phone: (____) _____ - _____ Business Phone: (____) _____ - _____

Indicate which phone number above is preferred to contact this person:
Home ____ Business ____

Years Acquainted: _____ Occupation: _____

VIII. REFERENCES (Continued)

Complete Name: _____

Home Address: _____

Business Address: _____

Home Phone: (____) _____ - _____ Business Phone: (____) _____ - _____

Indicate which phone number above is preferred to contact this person: Home
____ Business ____

Years Acquainted: _____ Occupation: _____

Complete Name: _____

Home Address: _____

Business Address: _____

Home Phone: (____) _____ - _____ Business Phone: (____) _____ - _____

Indicate which phone number above is preferred to contact this person:
Home ____ Business ____

Years Acquainted: _____ Occupation: _____

Complete Name: _____

Home Address: _____

Business Address: _____

Home Phone: (____) _____ - _____ Business Phone: (____) _____ - _____

Indicate which phone number above is preferred to contact this person:
Home ____ Business ____

Years Acquainted: _____ Occupation: _____

IX. ORGANIZATION MEMBERSHIP

Are you now, or have you ever been a member of any club, society or organization?
_____Yes _____No If yes, list below; do not abbreviate.

1. Name _____ City and State _____ Former / Present _____

Activity: _____

2. Name _____ City and State _____ Former / Present _____

Activity: _____

3. Name _____ City and State _____ Former / Present _____

Activity: _____

X. COURT RECORD

Date: _____ Place: _____ Charge: _____

Disposition: _____ Details: _____

Date: _____ Place: _____ Charge: _____

Disposition: _____ Details: _____

2. Have you ever been a plaintiff or defendant in a court action? ____Yes ____No. If yes, give date, place, court, names of parties involved, nature of action, and final disposition.

XI. FINANCIAL STATUS

1. Do you have any sources of income other than your salary or that of your spouse?
____ Yes ____ No.

Specify each, with amount:

2. Have you ever been in, or petitioned for, bankruptcy? ____ Yes ____ No.
If your answer is Yes, give particulars, including court and date.

3. Have you ever been served or involved in a civil action for garnishment of wages or property? ____ Yes ____ No.
If your answer is Yes, give particulars, including court and date.

XII. RELATIVES EMPLOYED BY THE CITY OF NEOSHO

List the complete names of any relatives who are employed by the City of Neosho.

Complete Name:

Relationship:

Department:

Complete Name:

Relationship:

Department:

XIII. FRIENDS OR ACQUAINTANCES EMPLOYED BY THE CITY OF NEOSHO

Complete Name: _____
Department: _____

Complete Name: _____
Department: _____

Complete Name: _____
Department: _____

XIV. PERSONAL DECLARATIONS

<p>1. Do you use intoxicants? ____ Yes ____ No</p> <p>2. If so, to what extent? _____</p> <p>3. Do you use, or have you ever used, such items as marijuana, hashish, cocaine, LSD, amphetamines, heroin, or drugs of a similar nature? ____ Yes ____ No</p> <p>4. If answer to Question 3 above is Yes, complete the following items for each drug used:</p> <p> a. Drug: _____ How taken: _____</p> <p> Circumstances: _____</p> <p> How many times used: _____ First time used: _____</p> <p> Last time used: _____</p> <p> b. Drug: _____ How taken: _____</p> <p> Circumstances: _____</p> <p> How many times used: _____ First time used: _____</p> <p> Last time used: _____</p>

5. List the names of Federal, State, and Local Law Enforcement Agencies to which you have applied for employment and the current status of application.

If additional space is needed, attach additional sheets to the application.

XIV. PERSONAL DECLARATIONS (Continued)

6. If, to your knowledge, any of the above agencies have conducted an investigation of you, indicate the name of the agency and the approximate date of investigation.

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7. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of Government of the United States by unconstitutional means? ___Yes ___No If the answer is Yes to any of these items, explain fully.

4. An investigation will be conducted of all information listed in this application. Because of this, are you aware of any information about yourself or any person with whom you are or have been closely associated with which might tend to reflect unfavorably on your reputation, morals, character, ability or loyalty? ___Yes ___No.

If Yes, please give your version of this/these incident(s).

9. Do you understand all prospective Neosho Police Department employees will be required to submit to testing for drugs of abuse prior to employment? ___Yes ___No

XV. AVAILABILITY OF APPLICANT

1. Have you previously submitted an application for employment with the Neosho Police Department?
_____Yes _____No If so, when? _____

2. Earliest date available for employment? _____

3. How much notice to report do you need? _____

4. How did you hear about us? ___Walk-in ___Advertisement ___Facebook ___Referral
___Other (please specify)

5. Do you have any objection to working overtime? ()Yes ()No

6. Can you work overtime without prior notice? ()Yes ()No

7. Can you work on Saturday? ()Yes ()No

8. Can you work on Sunday? ()Yes ()No

9. Can you travel if required by this position? ()Yes ()No

XVI. APPLICANTS STATEMENT

DESCRIBE OR EXPLAIN WHY YOU WOULD LIKE TO BE A MEMBER OF THE NEOSHO POLICE DEPARTMENT

ATTENTION
THIS STATEMENT MUST BE SIGNED

I understand that I will be requested to submit to a truth verification test during the processing of my application, and if hired, subsequent to employment, to assist in determining my suitability for employment or to resolve issues directly related to my employment.

I understand that all appointments are probationary for a period of one year, during which I must demonstrate my fitness for continued employment by the Neosho Police Department. I also understand that, in many parts of the Police Department, it is necessary to establish regular evening and midnight shifts in view of which I must be completely available for such assignments. I further understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be basis for dismissal from the Neosho Police Department. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

Signature of Applicant.

Date

XVII. Agreement:

It is our policy to check professional or personal references as part of our hiring process. This may include contacting your character reference, former employers, as well as other business associates. We will ask a series of questions about your work experience, character, education, financial responsibility and/or personality.

PLEASE READ CAREFULLY BEFORE SIGNING:

The City of Neosho, MO is an Equal Opportunity Employer. The City of Neosho, MO does not discriminate in employment on account of race, color, religion, sex, sexual origin, national origin, protected veteran status, ancestry, political belief, marital status, physical or mental disability, or any other characteristic protected by law.

I understand that neither the completion of this application nor any part of my consideration for employment establishes any obligation for the City of Neosho, MO to hire me. If I am hired, I understand that either the City of Neosho or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the City of Neosho has the authority to make assurance to the contrary. ***I also understand that I can be terminated at any time during my employment if the City of Neosho, MO finds information in my application that is false or misleading.***

Signature

Date

**AUTHORITY TO RELEASE INFORMATION
TO WHOM IT MAY CONCERN:**

I hereby, authorize human resources personnel for the City of Neosho, or any Police Officer or other authorized representative of the Neosho Police Department bearing this release, or copy thereof, within one year of its date or if employed, within the term of my employment; to obtain any information in your files pertaining to my employment, military, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records. I hereby direct you 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 Neosho Police Department. Consent is granted for the Neosho Police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment 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 require by State Statute or regulation. I have been advised the Neosho Police Department will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name: _____
(Signature) Date _____

Full Name: _____
(Typed or Printed Name)

Social Security Account Number: _____

Date of Birth: _____

Current Address: _____

Telephone Number: (____) _____ - _____

Driver's License Number: _____ State _____

Witness

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>