



Brentwood Police Department

Officer Application

AN EQUAL OPPORTUNITY EMPLOYER

All qualified applicants for employment and/or advancement, whether commissioned or civilian, shall be given equal opportunity for consideration, selection, appointment and retention regardless of race, color, religion, sex, national origin, disability, veteran status, or any other characteristic protected by law.

Verification of Information

The information requested on this questionnaire will be used in considering your application for employment with the Brentwood Police Department. An extensive background investigation will be conducted into your personal and professional history. Candidates who are granted an interview will be asked to provide more detailed information on personal and social affiliations and their finances. They may also be asked to sign a release permitting the Brentwood Police Department to view personnel and/or IA files from current or past employers.

Any False, Misleading, Incomplete or Omitted information will be grounds to disqualify you from further consideration in the application and hiring process with the Brentwood Police Department or to immediately terminate your employment if the information is discovered after you are hired.

I confirm that I have read and that I understand the above and that all statements and documents presented to the Brentwood Police Department are true, correct and complete, and made in good faith.

Signature

Date

DIRECTIONS

1. Read each question carefully before answering.
2. Be certain each question is answered completely and correctly. Submit all documents requested. If a question does not apply to you, write N/A in the space. Leave no blank spaces.
3. Add your initials to each page on the bottom right corner.
4. Additional space is provided on page 11.
5. Please fill out all sections of this application. Failure to complete the application form may affect you being considered for employment.
6. If you require any assistance to complete this form, please contact City of Brentwood Human Resources at 314.963.8609 for accommodation.

PERSONAL DATA

1. Name

Last Name	First Name	Middle
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2. Names previously used / known by:

Last Name	First Name	Middle	Dates used
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Last Name	First Name	Middle	Dates used
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3. List your present address, and then list all addresses for the past (10) years (including military service)

Street	City	State	Zip	(dates)
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Street	City	State	Zip	(dates)
--------	------	-------	-----	---------

Street	City	State	Zip	(dates)
--------	------	-------	-----	---------

4. Contact Information: _____
Home Phone _____ Cell Phone _____ E-Mail Address _____

5. _____
Date of Birth _____ Place of Birth _____ Social Security Number _____

6. _____
Height _____ Weight _____ Hair _____ Eyes _____

7. _____
Driver's License Number _____ State _____

8. Are you legally eligible to work in the United States? Yes ___ No ___

9. Have you ever applied for a position with this Department or the City of Brentwood before? Yes ___ No ___

If Yes, position applied for: _____

Date of application _____ Were you offered a position? Yes ___ No ___

10. Are you acquainted with or related to any employee of the City of Brentwood? Yes ___ No ___

11. If yes, please list the name of the person and your relationship to them: _____

12. After reviewing the job description accompanying this application, do you believe you are able to perform these functions with or without reasonable accommodation? Yes ___ No ___

13. If you require accommodation to perform duties of the position, please list what accommodation you believe you require:

ARREST HISTORY

14. Other than traffic citations, have you been arrested, convicted, charged, questioned, accused, or detained for any reason by police, security officer, military police authority, either in the United States or in any foreign country?

Yes ___ No ___ If Yes, describe below and explain in detail on page 11.

a. _____

Date	Charge	Dept. or Agency	Location	Disposition
------	--------	-----------------	----------	-------------

b. _____

Date	Charge	Dept. or Agency	Location	Disposition
------	--------	-----------------	----------	-------------

c. _____

Date	Charge	Dept. or Agency	Location	Disposition
------	--------	-----------------	----------	-------------

15. Have you ever been served with a criminal or civil subpoena or summons other than traffic? Yes ___ No ___

16. Have the police ever been called to any of your former or current residences for any reason? Yes ___ No ___

17. Have you ever been involved in any undetected crime, including the buying or selling of illicit drugs? Yes ___ No ___

18. Are you now on probation or parole for any violation of the law? Yes ___ No ___

19. Are you now under charges for any violation of the law? Yes ___ No ___

If " Yes" for any of the above, explain in full detail on page 11.

LAW ENFORCEMENT TRAINING AND EXPERIENCE

20. Do you have a Missouri Peace Officer License? Class: ___ Date of original license _____

21. Has your MO Peace Officer License even been revoked/suspended/expired? Yes ___ No ___

If Yes, explain on page 11

22. Have you ever held a law enforcement officer license in another state or jurisdiction? Yes ___ No ___

If Yes, explain on page 11

23. List all police/law enforcement academies you have attended for Basic Training:

a. _____

Dates attended	Name and location (city, state)
Did you graduate? Yes _____ Month/year	No: _____ (explain on page 11)

b. _____

Dates attended	Name and location (city, state)
Did you graduate? Yes _____ Month/year	No: _____ (explain on page 11)

c. _____

Dates attended	Name and location (city, state)
Did you graduate? Yes _____ Month/year	No: _____ (explain on page 11)

24. Other than the Basic Training courses listed above, list any additional law enforcement-related schools, continuing education, training, or skills courses you have attended (list the most recent first):

a. _____
Name of course Dates attended Hours completed

Name and location of school (street, city, state, zip) Reason for taking the course

b. _____
Name of course Dates attended Hours completed

Name and location of school (street, city, state, zip) Reason for taking the course

c. _____
Name of course Dates attended Hours completed

Name and location of school (street, city, state, zip) Reason for taking the course

25. Have you filed a job application with any other law enforcement organizations in the last 3 years? Yes ___ No ___
If Yes, provide date of application, the agency you applied with, and whether you were offered a position:

26. While employed as a law enforcement or public safety officer, have you ever been disciplined? Yes ___ No ___

If Yes: _____
Date Discipline imposed Reason for discipline

27. While employed as a law enforcement or public safety officer, have you ever been the subject of a citizen complaint?

Yes ___ No ___

If Yes: _____
Date Nature of complaint Outcome

28. While employed as a law enforcement or public safety officer, have you ever been the subject of an internal complaint? Yes ___ No ___

If Yes: _____
Date Nature of complaint Outcome

29. While employed as a law enforcement or public safety officer, have you ever been the subject of an internal affairs investigation? Yes ___ No ___

If Yes: _____
Date Charge/Basis for investigation Outcome

USE OF FORCE

30. If the necessity arose for you to shoot another person in the course of your duties as an officer, would you have any reluctance to do so? Yes ___ No ___

If Yes, please explain: _____

31. Have you ever used a weapon to defend yourself or others? Yes____No ____

If Yes, please explain: _____

32. As the need to do so may arise at ant time, are you physically capable of making a forceful arrest requiring physical strength and exertion? Yes____No ____

If No, please explain: _____

GENERAL EDUCATION AND SKILLS

33. Do you have: (Check appropriate lines)

_____GED Certificate _____ High School Diploma _____College Degree
_____Vocational/Technical Certificate _____Post-Graduate Degree

34. List all high school, colleges and universities you have attended (list the most recent first):

a. _____
Type of Degree (Diploma, AA, BA, BS, MA, etc) Major # credits completed Year of Degree

Dates attended Name and location (street, city, state, zip)

b. _____
Type of Degree (Diploma, AA, BA, BS, MA, etc) Major # credits completed Year of Degree

Dates attended Name and location (street, city, state, zip)

c. _____
_____ Type of Degree (Diploma, AA, BA, BS, MA, etc)
Major # credits completed Year of Degree

Dates attended Name and location (street, city, state, zip)

d. _____
Type of Degree (Diploma, AA, BA, BS, MA, etc) Major # credits completed Year of Degree

Dates attended Name and location (street, city, state, zip)

35. Student Associations/Activities: _____

36. Have you ever been suspended, expelled or asked to leave any school for disciplinary reasons? Yes____No ____

37. Have you ever been placed on academic probation? Yes____No ____

If " Yes" to any of the above, please explain in detail on page 11.

38. If you wish to do so, on a voluntary basis, please indicate languages you speak, read and/or write other than English: _____

39. Summarize special skills, qualifications and accomplishments (including clerical skills) that you wish to be considered: _____

40. What skills or programs are you familiar with on the computer? _____

EMPLOYMENT HISTORY

41. Start with you present or last job, and list all of the places you have worked for the past ten years. Any additional information can go on page 11.

a. _____
 Employer Address (Street, City, State, Zip)

Job Title	Work Performed	Dates Employed
Supervisor	Salary/Hourly Rate	Reason for Leaving/Wanting to Leave

b. _____
 Employer Address (Street, City, State, Zip)

Job Title	Work Performed	Dates Employed
Supervisor	Salary/Hourly Rate	Reason for Leaving/Wanting to Leave

c. _____
 Employer Address (Street, City, State, Zip)

Job Title	Work Performed	Dates Employed
Supervisor	Salary/Hourly Rate	Reason for Leaving/Wanting to Leave

d. _____
 Employer Address (Street, City, State, Zip)

Job Title	Work Performed	Dates Employed
Supervisor	Salary/Hourly Rate	Reason for Leaving/Wanting to Leave

42. In any position you have held, did you ever receive a disciplinary action other than a verbal reprimand?
 Yes ___ No ___

43. Have you ever been dismissed, fired, suspended (with or without pay) or asked to resign from any employment?
 Yes ___ No ___

44. Have you ever stolen any money or merchandise from any place of employment? Yes ___ No ___

If " Yes" to any of the above, please explain in detail on page 11.

ORGANIZATION MEMBERSHIP

45. List all civic or social organizations, fraternities, clubs, brotherhoods, societies, or groups of which you are, or have been, a member or associate

Name of Organization	Address	Office Held
Name of Organization	Address	Office Held
Name of Organization	Address	Office Held
Name of Organization	Address	Office Held

46. Are you now, or have you been, a member of any foreign or domestic organization, association, movement, group or club which has adopted, or promotes a policy of advocating, the commission of acts of force or violence or the denial of other persons their rights under the Constitution of the United States, or the State of Missouri, by any unlawful means?

Yes ___ No ___

If " Yes " , please explain in detail on page 11.

REFERENCES

47. List four (4) character references, not relatives, in-laws or past employers, who have known you well during the past three years or more.

1.	Name	Address	City	State	Zip
	Home Phone	Cell Phone	Business Address	Occupation	
2.	Name	Address	City	State	Zip
	Home Phone	Cell Phone	Business Address	Occupation	
3.	Name	Address	City	State	Zip
	Home Phone	Cell Phone	Business Address	Occupation	
4.	Name	Address	City	State	Zip
	Home Phone	Cell Phone	Business Address	Occupation	

MILITARY STATUS

48. List ALL service in the Army, Navy, Marine Corps, Air Force, Coast Guard, R.O.T.C., National Guard or any other military or semi-military organization?

a. _____
 Month/Year Entered Branch/Organization Discharge Date Type of Discharge

Rank Occupational Specialty

b. _____
 Month/Year Entered Branch/Organization Discharge Date Type of Discharge

Rank Occupational Specialty

c. _____
 Month/Year Entered Branch/Organization Discharge Date Type of Discharge

Rank Occupational Specialty

49. Were you ever reduced in rank in the military? Yes___No ___

50. Were you ever court martialled? Yes___No ___ Sentence received _____

51. Have you ever served in a military or naval organization of any foreign government? Yes___No ___

If you answered " Yes" to any of the above questions, please explain in detail on page 11.

FINANCIAL STATUS

52. Have you ever been delinquent in any of your financial obligations? Yes___No ___

53. Have you ever been refused credit? Yes___No ___

54. Have you ever had your property repossessed? Yes___No ___

55. Have you ever filed for bankruptcy? Yes___No ___

56. Have you ever been sued in Court? Yes___No ___

57. Have you ever received a settlement in payment for damages? Yes___No ___

58. Have you ever filed a lawsuit or had a representative file a lawsuit on your behalf? Yes___No ___

59. Has your tax return ever been audited by the IRS for any reason other than a random audit? Yes___No ___

DRUG USAGE

60. Have you ever used any illegal narcotics? Yes___No ___

If Yes, list what types and date last used: _____

61. Have you used any prescription drugs that were not prescribed to you? Yes____No ____

If yes, list type and date last used: _____

AVAILABILITY FOR WORK

62. An employee of the Department works a minimum eight-hour day, five days a week, 52 weeks per year which may include nights, weekends, and/or holidays. Are you able to meet these requirements? Yes____No ____

ARTICLES & PUBLICATIONS

63. Please list all articles, books, websites, or blogs that you have written and that have been published, distributed, or reproduced or that were posted to the internet. You may be asked to provide copies of or access to such materials.

Name

Name

Name

Name

DRIVING HISTORY

64. List all operator or chauffeur licenses you now hold or have previously held, in Missouri or anywhere else.

State Type of License License# Exp. Date

State Type of License License# Exp. Date

State Type of License License# Exp. Date

65. Have any of the above licenses ever been suspended or revoked? Yes____No ____

If "Yes", explain: _____

66. List all driving citations/tickets, or summons you have received as an adult or juvenile, beginning with the most recent.

Month/Year	Charge	Agency Issuing Ticket	Disposition

67. How many traffic accidents have you been involved in during the past five years? _____

List them: _____

68. Have you ever been denied automobile insurance or had your insurance suspended, revoked, terminated, not renewed or denied? Yes____No ____

If "Yes", please explain: _____

APPLICATION CHECKLIST

A copy of the following documents must be included with this application, or explain fully as to why they are not included. All documents submitted become the property of the Brentwood Police Department and will not be returned.

The following items should be submitted by all applicants:

1. Birth certificate (certified or notarized copy) Yes____No ____
2. High school diploma and transcript or GED certificate Yes____No ____
3. College diploma and certified transcripts. Yes____No ____
4. Military discharge (Form DD214), indicating type of discharge Yes____No ____
5. Special awards, commendations (school, military, etc.) Yes ____No ____
6. Copy of any licenses held, including state issued operator license, pilot's license, radio operator license (police applicant only) Yes____No ____
7. Missouri Police Officer License Yes ____No ____



I, _____, hereby certify that all statements made in connection with this application are true and complete to the best of my knowledge and belief, and I understand and agree that any misstatements or omission of facts will cause forfeiture on my part of all rights to initial employment by the Brentwood Police Department or continued employment if I am hired and the misstatement or omission is later discovered, even if the information would not have disqualified me for employment if timely disclosed.

I also do hereby authorize all law enforcement agencies, the Veterans Administration, U.S. Army, U.S. Navy, U.S. Air Force, all military agencies, all Federal, State or local government agencies, State and Federal tax bureaus, credit bureaus, schools and universities, to furnish the Brentwood Police Department with any and all available information regarding me, and for the release of any medical, physical, psychiatric, psychological records to the Chief of Police, that may determine my suitability for police work.

I authorize The Brentwood Police Department to make inquiry of my present and past employers regarding my character, integrity and reputation.

I authorize the release of any and all information regarding my employment, credit, or any other information, whether personal or otherwise, that may or may not be in their records, and release said company or person from all liability for any damage whatsoever that may issue from furnishing such information to the Brentwood Police Department.

A photocopy of this authorization will be considered as effective and valid as the original.

Signature of Applicant: _____

Date: _____

Signature of Witness: _____

Date: _____