

APPLICATION FOR EMPLOYMENT

Cape Girardeau Police Department

40 South Sprigg Street
Cape Girardeau, Missouri 63703-6289
(573) 335-6621 ♦ FAX (573) 339-6361

Rev. 09-13-05

NAME: _____
Last First Middle

ADDRESS: _____
Street City State/Zip

HOME PHONE: _____ **CELL PHONE:** _____

SOCIAL SECURITY NUMBER: _____

DRIVER LICENSE NUMBER & STATE: _____

EMAIL ADDRESS: _____

POSITION APPLIED FOR: _____

HAVE YOU APPLIED FOR A JOB WITH THE CITY BEFORE? Yes _____ No _____

If yes, Explain: _____

HAVE YOU WORKED FOR THE CITY BEFORE? Yes _____ No _____

If Yes, Explain: _____

DO YOU HAVE ANY RELATIVES EMPLOYED BY THE CITY? Yes _____ No _____

(If Yes, List Below)

<u>Name</u>	<u>Department</u>	<u>Relationship</u>
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BY THE ANTICIPATED APPOINTMENT DATE, WILL YOU:

All Applicants:

Have a valid driver license & High School diploma or GED? _____ Yes _____ No

Police Officer Applicants:

Be a Missouri resident & at least 21 years old? _____ Yes _____ No

Be P.O.S.T. certified? _____ Yes _____ No

WORK EXPERIENCE

Begin with your current or last employer and list employers in reverse order.
COMPLETION OF THIS SECTION IS REQUIRED; DO NOT RELY ON RESUME

1. **Current or Last Employer:** _____

Address: _____ Phone: _____

Job Title: _____ Job Duties: _____

Starting Salary: _____ Ending Salary: _____ Supervisor: _____

Date Employed: _____ Date Separated: _____ Reason for Leaving: _____

2. **Previous Employer:** _____

Address: _____ Phone: _____

Job Title: _____ Job Duties: _____

Starting Salary: _____ Ending Salary: _____ Supervisor: _____

Date Employed: _____ Date Separated: _____ Reason for Leaving: _____

3. **Previous Employer:** _____

Address: _____ Phone: _____

Job Title: _____ Job Duties: _____

Starting Salary: _____ Ending Salary: _____ Supervisor: _____

Date Employed: _____ Date Separated: _____ Reason for Leaving: _____

4. **Previous Employer:** _____

Address: _____ Phone: _____

Job Title: _____ Job Duties: _____

Starting Salary: _____ Ending Salary: _____ Supervisor: _____

Date Employed: _____ Date Separated: _____ Reason for Leaving: _____

5. **Previous Employer:** _____

Address: _____ Phone: _____

Job Title: _____ Job Duties: _____

Starting Salary: _____ Ending Salary: _____ Supervisor: _____

Date Employed: _____ Date Separated: _____ Reason for Leaving: _____

6. **Previous Employer:** _____

Address: _____ Phone: _____

Job Title: _____ Job Duties: _____

Starting Salary: _____ Ending Salary: _____ Supervisor: _____

Date Employed: _____ Date Separated: _____ Reason for Leaving: _____

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? Yes _____ No _____

ADDITIONAL INFORMATION

Use this section to complete any previous sections or to provide any other information which you believe to be important with regard to your application for employment with our agency.

APPLICANT VERIFICATION AND AUTHORIZATION

The facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that false statements, incomplete information or a missing signature may be a cause for rejection of this application and that, if employed, false statements shall be just cause for dismissal. My signature authorizes the City of Cape Girardeau to review my previous employment (except when indicated otherwise), driving and criminal records and other background data as it may relate to the position for which I am applying. I understand that if a negative credit report is received that may impact my qualifications for employment, I will be so informed prior to a final decision being reached. I understand that this application and all documents submitted by me become the property of the City of Cape Girardeau and will not be returned.

Signature

Date