

# CITY *of* CAPE G I R A R D E A U

POLICE DEPARTMENT

2530 Maria Louise Lane ♦ Cape Girardeau, MO ♦ 63701

Phone: (573) 339-6621 ♦ Website: [www.cityofcape.org](http://www.cityofcape.org)

## EMPLOYMENT APPLICATION

### POSITION APPLYING FOR:

Last Name	First Name	Middle Name
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Address	Apt. #:	Email Address:
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City	State	Zip Code	Home Phone:	Cell Phone:
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Driver's License Number	State	Social Security Number
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Have you applied for a job with the City before? If yes, list dates and position applied for.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been employed by the City before? If yes, please list dates of prior employment and job title.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have any relatives employed by the City? If yes, provide name of employee, department, and relationship.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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How did you learn about the position for which you are applying?	
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### BY THE ANTICIPATED APPOINTMENT DATE, WILL YOU:

<b>All Applicants:</b> <i>Have a valid driver's license and high school diploma or GED?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Police Officer Applicants:</b> <i>Be a Missouri resident and at least 21 years old?</i> <i>Be P.O.S.T. certified?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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**EDUCATION AND TRAINING**

*Please provide requested information for all high schools, colleges, vocational schools, and police academies attended.*

<b>School Name:</b>	<b>Location:</b>	<b>Major/Minor:</b>	<b>Degrees/Hours:</b>

**LAW VIOLATION HISTORY**

*Please provide requested information for violations of any law, ordinance, or regulation (including traffic) where you were arrested, charged, cited, ticketed, or detained.*

<b>Date:</b>	<b>Charge:</b>	<b>Location/Agency:</b>	<b>Disposition:</b>

## 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!**

**Current/Most Recent Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer:  Yes  No

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**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer:  Yes  No

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**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer:  Yes  No

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**Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_  
Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we contact this employer:  Yes  No

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**Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_  
Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we contact this employer:  Yes  No

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**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