

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

POLICE DEPARTMENT

40 South Sprigg Street ♦ Cape Girardeau, MO ♦ 63703

Phone: (573) 335-6621 ♦ Fax: (573) 339-6361 ♦ Web Site: www.cityofcapegirardeau.org

EMPLOYMENT APPLICATION

POSITION APPLYING FOR:

Last Name

First Name

Middle Name

Address

Apt. #:

Email Address:

City

State

Zip Code

Home Phone:

Cell Phone:

Driver's License Number

State

Social Security Number

Have you applied for a job with the City before? If yes, list dates and position applied for.

Yes

No

Have you ever been employed by the City before? If yes, please list dates of prior employment and job title.

Yes

No

Do you have any relatives employed by the City? If yes, provide name of employee, department, and relationship.

Yes

No

BY THE ANTICIPATED APPOINTMENT DATE, WILL YOU:

All Applicants:

Have a valid driver's license and high school diploma or GED?

Yes

No

Police Officer Applicants:

*Be a Missouri resident and at least 21 years old?
Be P.O.S.T. certified?*

Yes

No

Yes

No

EDUCATION AND TRAINING

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

School Name:	Location:	Major/Minor:	Degrees/Hours:

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.

Date:	Charge:	Location/Agency:	Disposition:

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

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

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

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

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

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