

BERNIE POLICE DEPARTMENT
 PO BOX 536
 BERNIE, MO 63822

APPLICATION FOR EMPLOYMENT

Please print or type. Complete all questions.

“SEE RESUME” is not a sufficient response to any question.

CHECK ONE:			
FULL TIME	RESERVE	AUXILARY	ANIMAL CONTROL

Last Name		First	Middle	Date of Application
Street Address				Home Telephone
City, State, Zip Code				Work Telephone
Position Desired	Date Available	Salary Desired		Social Security Number
Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary			Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proof of U.S. citizenship or immigration status will be required upon employment.				

EDUCATION

Level	Name and Location of School	Diploma or Degree (Credits Earned if No Degree)	Attendance Dates		Major
			From Mo/Yr	To Mo/Yr	
High School					
Business, Trade or Technical*					
College*					
Graduate School*					
Other*					

*If degree was received under a name other than that listed on this application, please provide your full name at the time the degree was awarded:

Degree: _____ Name At Time Earned: _____

Scholastic Achievements:

SKILLS AND QUALIFICATIONS

Summarize specific skills and qualifications acquired from employment or other experiences that are related to the position for which you are applying (e.g., computer skills, software applications, and foreign languages):

EMPLOYMENT HISTORY

Please provide a COMPLETE employment history, even if a resume is submitted with this application. List ALL employers, assignments, or volunteer activities that are relevant to the job for which you are applying, starting with the most recent, including military employment. Explain any gaps in employment in the "Comments" section below. Please use the "Employment History Continuation Sheet" if additional space is needed.

(1) Present/Most Recent Employer Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
	From Mo/Yr	To Mo/Yr	
Address			
Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title	\$	per	
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other	Hourly Rate/Salary		
	Final		
Reason for leaving or why you are considering leaving?	\$	per	
If currently employed, may we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(2) Next Previous Employer Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
	From Mo/Yr	To Mo/Yr	
Address			
Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title	\$	per	
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other	Hourly Rate		
	Final		
Reason for leaving?	\$	per	

EMPLOYMENT HISTORY CONT.				
(3) Next Previous Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From Mo/Yr	To Mo/Yr	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Hourly Rate		
		Final		
Reason for leaving?		\$	per	
(4) Next Previous Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From Mo/Yr	To Mo/Yr	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Hourly Rate		
		Final		
Reason for leaving?		\$	per	
COMMENTS (including explanation of any gaps in employment):				
REFERENCES				
List three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.				
Name	Telephone	Years Known	In what capacity did this person observe you or your work?	

PROFESSIONAL LICENSES
List any professional license(s) that are related to the position for which you are applying and list state(s) in which licensed:

MEMBERSHIPS								
List professional, trade, business, or civic associations that you consider relevant to the position for which you are applying (exclude memberships which would reveal sex, race, religion, national origin, age, color, or disability).								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">Organization</th> <th style="width: 50%; text-align: left;">Offices Held</th> </tr> </thead> <tbody> <tr><td style="height: 30px;"> </td><td> </td></tr> <tr><td style="height: 30px;"> </td><td> </td></tr> <tr><td style="height: 30px;"> </td><td> </td></tr> </tbody> </table>	Organization	Offices Held						
Organization	Offices Held							

SPECIAL ACCOMPLISHMENTS, PUBLICATIONS AND AWARDS
Exclude information that would reveal sex, race, religion, national origin, age, color, or disability.

OTHER INFORMATION
<p>Have you ever been convicted of, or are you now under charges for, any misdemeanor or felony offense? Omit (1) traffic fines, (2) any offense committed before your 17th birthday which was finally adjudicated in a juvenile court or under a youth offender law, (3) any conviction the record of which has been expunged under federal or state law, and (4) any conviction set aside under the Federal Youth Corrections Act or similar authority. (A yes response will not necessarily disqualify you from employment.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If checked yes, please explain below.</p>

If you have ever been granted a security clearance by any government agency, indicate the level of clearance, when granted, and by whom?
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Have you ever had a security clearance suspended, denied, or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you bound by any non-solicitation/non-compete agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever interviewed or applied for a job with the Bernie Police? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">If yes, when?</td> <td style="width: 50%; border: none;">Where?</td> </tr> </table>	If yes, when?	Where?
If yes, when?	Where?	

Have you ever been employed by the Bernie Police? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">If yes, when?</td> <td style="width: 50%; border: none;">Where?</td> </tr> </table>	If yes, when?	Where?
If yes, when?	Where?	

Are any relatives or friends currently employed by the Bernie Police? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Name of employee(s)</td> <td style="width: 50%; border: none;">Business unit where employed</td> </tr> </table>	Name of employee(s)	Business unit where employed
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BERNIE POLICE DEPARTMENT
PO BOX 536
BERNIE, MO 63822

PLEASE REVIEW APPLICATION CAREFULLY. WE WILL NOT CONSIDER THIS APPLICATION IF NOT COMPLETED IN FULL.

PLEASE READ THE FOLLOWING AND SIGN THE APPLICATION IN THE SPACES PROVIDED BELOW. IF YOU HAVE ANY QUESTIONS, PLEASE SPEAK WITH THE HUMAN RESOURCES REPRESENTATIVE BEFORE SIGNING.

I understand that employment by Bernie Department is “at will.” This means that the employment relationship can be ended by me or by Bernie Police at any time for any reason with or without advanced notice and with or without cause. It also means that Bernie Police may revise and make exceptions to its policies, practices, handbooks, manuals, rules, procedures, and regulations, in whole or in part, at any time. I further understand that acceptance of an offer of employment does not create a contractual obligation upon Bernie Police Department or the City of Bernie to continue to employ me in the future or for any specific term.

If employed by Bernie Police, I agree to comply with all safety and health rules, company policies and procedures, and local, state, and federal laws pertaining to my employment. Although management makes every effort to accommodate individual preferences, organizational needs may make the following conditions mandatory: overtime, rotating work schedule, or a work schedule other than Monday through Friday or normal business hours. I understand and accept these as conditions of my employment should I be hired.

I have reviewed this application carefully and I hereby affirm that my statements and answers to all questions on this application are true and correct and that I have not knowingly withheld any fact or circumstance that, if disclosed, would affect my application unfavorably. I understand that any misstatement or omission of fact on this application may result in my application not being considered, and, if employed, may result in my immediate dismissal.

I HAVE READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS:

Signature of Applicant _____ Date _____

AS AN APPLICANT AND A POSSIBLE FUTURE EMPLOYEE OF THE CITY OF BERNIE AND THE BERNIE POLICE DEPARTMENT AND WITH FULL KNOWLEDGE AND UNDERSTANDING THAT THE RESULTS OF ANY BACKGROUND INVESTIGATION COMPLETED IN THE PRE-EMPLOYMENT PROCESS AND THE RESULTS OF ANY INTERNAL INVESTIGATION THAT MAY BE INITIATED AND OR COMPLETED DURING MY EMPLOYMENT WILL BE PLACED IN MY PERSONNEL FILE, I HEREBY WAIVE ANY RIGHT TO VIEW OR TO REQUEST TO VIEW ANY PERSONNEL FILE THAT IS LOCATED AT THE BERNIE POLICE DEPARTMENT OR THE BERNIE CITY HALL.

APPLICANT PRINTED NAME _____

APPLICANT SIGNATURE _____

DATE _____ TIME _____ AM / PM

WITNESS _____

DATE _____ TIME _____ AM / PM

EMPLOYMENT HISTORY CONTINUATION SHEET

Last Name		First		MI		Date of Application			
Please place a number in the upper left-hand parentheses to designate the next previous employer, as continued from page 3 of the Employment Application, if this is your first continuation sheet, then number is 5.									
() Next Previous Employer		Telephone		Dates Employed		Summarize the nature of the work performed and job responsibilities.			
				From Mo/Yr	To Mo/Yr				
Address									
Job Title				Hourly Rate/Salary					
				Starting					
Immediate Supervisor and Title				\$	per				
Type of Employment				Hourly Rate/Salary					
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time				Final					
<input type="checkbox"/> Temporary <input type="checkbox"/> Other									
Reason for leaving?				\$	per				
() Next Previous Employer		Telephone		Dates Employed		Summarize the nature of the work performed and job responsibilities.			
				From Mo/Yr	To Mo/Yr				
Address									
Job Title				Hourly Rate/Salary					
				Starting					
Immediate Supervisor and Title				\$	per				
Type of Employment				Hourly Rate					
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time				Final					
<input type="checkbox"/> Temporary <input type="checkbox"/> Other									
Reason for leaving?				\$	per				

IN CASE OF EMERGENCY NOTIFY:

NAME _____ **ADDRESS** _____
PHONE _____

BERNIE POLICE DEPARTMENT
PO BOX 536
BERNIE, MO 63822

**BERNIE POLICE DEPARTMENT
CERTIFICATE OF APPLICANT AND
AUTHORIZATION FOR RELEASE OF INFORMATION**

LAST NAME	FIRST NAME	MIDDLE NAME
SSN	DATE OF BIRTH	APPLICANT #

I _____ (Print full name), hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material facts will cause forfeiture on my part of all rights to initial employment or continued employment by the Bernie Police Department. The intent of this authorization is to make available a full and complete disclosure of any and all information pertaining to my person; therefore, I do hereby authorize all present or past employers, all law enforcement agencies, all military agencies, the Veterans Administration, the U.S. Army, U.S. Air Force, U.S. Coast Guard, all Federal, State or local government agencies, State and Federal tax bureaus, credit bureaus, schools and universities to furnish the Chief of Police of the Bernie Police Department, with any and all available information regarding my past or present performance, conduct or behavior. I further authorize the release of any punitive or disciplinary action, or memorandum, to the Chief of Police in order that the information be evaluated to assist in the determination of my suitability for police work. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal and business life for the specific purpose of conducting a pre-employment background investigation.

I authorize the Bernie Police Department to make an inquiry and gather any documents of my present and past employers regarding my character, integrity, reputation and performance. I authorize the release of any and all of the aforelisted information regarding my person, employment, credit or any other aspect, whether personal or otherwise, that may or may not be in their written records. I understand that all materials pertaining to this background investigation become the property of the Bernie Police Department and will not be made available or returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented, along with the company or organization therein from any and all claims, damages, losses and expenses, including reasonable attorney's fees arising out of complying with this request. I understand that in the event my application is disapproved, the sources of information obtained are confidential and cannot be revealed to me.

A photostatic or Xerox copy of this authorization will be considered as effective and valid as the original, even though the copy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Subscribed and sworn before me this _____ day of _____, 20_____.

My commission expires _____, 20_____.

Notary: _____

Signature (Applicant) Address City/State/Zip

BERNIE POLICE DEPARTMENT
 PO BOX 536
 BERNIE, MO 63822

LAST NAME	FIRST NAME	MI
DOB:	SSN:	

LIST BELOW ANY TRAFFIC CITATIONS YOU HAVE RECEIVED WITHIN THE LAST 5 YEARS:		
DATE/JURISDICTION	INFRACTION	DISPOSITION GUILTY / NOT GUILTY

LIST BELOW ANY MISDEMEANOR CHARGES YOU HAVE RECEIVED WITHIN THE LAST 5 YEARS:		
DATE/JURISDICTION	INFRACTION	DISPOSITION GUILTY / NOT GUILTY

HAVE YOU EVER BEEN CHARGED WITH DOMESTIC ASSAULT, DOMEST ABUSE, OR STALKING? YES [] NO []
IF YES, EXPLAIN:

I CERTIFY THAT THE ABOVE LISTED INFORMATION AND STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

DATE _____ SIGNED _____

 PRINTED NAME