



THE CITY OF RICHLAND, MISSOURI  
**RICHLAND POLICE DEPARTMENT**

201 South Chestnut Street  
Post Office Box # 798  
Richland, Mo 65556

M.J. Hurney  
Chief of Police

Voice (573) 765-4144

Fax (573) 765-3093

**APPLICATION FOR EMPLOYMENT**

Thank you for your interest in our agency. As a professional law enforcement agency, we are looking for dedicated, dependable team members. Please take time to fill out this application as accurately and neatly as possible. If you need additional space for items or explanation, simply continue your notes on a separate piece of paper and bind them to this packet. While a resume' is welcome and encouraged, please complete all sections of this application and use your resume' as a supplement to our form. If, at any time, you have questions or concerns, feel free to contact us during normal business hours. We look forward to meeting with you soon.

DATE OF APPLICATION: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**PERSONAL INFORMATION**

Full, Legal Name (Last, First, MI): \_\_\_\_\_

Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_ Driver's Lic / ID # \_\_\_\_\_ State \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Type: H W C P O

Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Type: H W C P O

E-Mail Address: \_\_\_\_\_

**POSITION INFORMATION**

Position Applying for: Police Officer: \_\_ Full Time \_\_ Part Time \_\_ Reserve / Other: \_\_\_\_\_

Date you could start: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Salary Expectation: \$ \_\_\_\_\_/hr

Are you currently employed? [ ] Yes [ ] No

If yes, can we contact your current employer? [ ] Yes [ ] No [ ] N/A

Please list past dates when you applied with us before &/or worked for us: \_\_\_\_\_  
\_\_\_\_\_ [ ] N/A



**EMPLOYMENT HISTORY**

List all employers, Paid or Volunteer, for the last 10 years. Start with the most recent first (#1) and continue backward. If you need additional space, please attach paper to this application.

	Employer Name	Address / Phone	Dates	Position	Salary	Reason for Leaving
1						
2						
3						

**PERSONAL REFERENCES**

List at least 4 PERSONAL references. These people should not be former employers or family. You must have known these people for at least 1 year.

	Name	Address / Phone	Profession	Yrs. known	How known
1					
2					
3					
4					

**POLICE RELATED QUESTIONS:**

A full criminal and civil background check will be performed. Be as accurate and detailed as possible on the following:

Have you ever been convicted or plead guilty to any crime (including traffic offenses)?

No     Yes, Explain in detail, with dates: \_\_\_\_\_

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*Continue on additional paper*

*"If yes, please explain. Arrest and/or conviction does not necessarily bar employment, but will be evaluated and considered in our process"*

Is there anything you know of (derogatory history, habits, etc) that would come to light in a background check?

No     Yes, Explain in detail, with dates: \_\_\_\_\_

\_\_\_\_\_  
*Continue on additional paper*

- |  | Yes   | No    |
|--|-------|-------|
| <input type="checkbox"/> Are you at least 21 years of age? (State Required for peace officers)   | _____ | _____ |
| <input type="checkbox"/> Can you legally be employed in the US?  | _____ | _____ |
| <input type="checkbox"/> Have you ever been placed on probation, reprimanded, or terminated For poor job performance or insubordination?                               | _____ | _____ |
| <input type="checkbox"/> Have you missed more than 5 scheduled days in any of the last Five working years? (If so, explain on paper).                                  | _____ | _____ |
| <input type="checkbox"/> Have you ever been disciplined or terminated for being absent or tardy?   | _____ | _____ |
| <input type="checkbox"/> Have you ever been disciplined or discharged for theft, unauthorized Removal of company property, or related; or have you ever stolen?        | _____ | _____ |
| <input type="checkbox"/> Have you ever been disciplined or discharged for fighting, assault, etc?  | _____ | _____ |
| <input type="checkbox"/> Have you ever been disciplined or discharged for being under the influence Of alcohol or drugs, or for their abuse or possession?             | _____ | _____ |
| <input type="checkbox"/> Do you understand that police work requires night / overnight work and Working on holidays? (If there's a conflict, please explain on paper). | _____ | _____ |
| <input type="checkbox"/> Do you have reliable transportation?  | _____ | _____ |
| <input type="checkbox"/> As an emergency worker, your proximity to the area may be required. Are you willing to relocate to the area?                                  | _____ | _____ |

At work, do you work best by yourself, with others as a team, or both? Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Describe yourself, personally and professionally, to explain what you have to offer this agency.

“ I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for my dismissal.

I authorize the Richland, Missouri Police Department, its agents and officers, to conduct an investigation of all statements contained herein and specifically authorize the release of records and information concerning my current or previous employment, creditors, financial institutions, law enforcement agencies, schools and colleges, and the armed services of the United States. I authorize the release of material fact, records, and professional and personal opinions and agree to release any and all involved persons and organizations from damages concerning this background investigation.

I further agree that a photostatic or facsimile copy of this release will be valid as the original and have the same force and effect of the original.”

Signed by Applicant: \_\_\_\_\_

This release shall be valid for one year, commencing (Today's date): \_\_\_\_/\_\_\_\_/20\_\_\_\_

Printed Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_