



City of Byrnes Mill
Police Department
141 Osage Executive Circle
Byrnes Mill, Missouri 63051

Initial Application of Employment

Print Clearly in Black Ink

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apt/Unit #

City State Zip Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ DOB: _____

Position Applied For: _____

Are you a citizen of the United States? ___ Y ___ N

If no, are you authorized to work in the U.S.? ___ Y ___ N

Have you ever worked for the
City of Byrnes Mill? ___ Y ___ N

If yes, when? _____

Do you have any relatives now employed
by the City of Byrnes Mill? ___ Y ___ N

If yes, who? _____

Have you ever been arrested for any crime? ___ Y ___ N

If yes, explain on page #3 (Additional Information)

Have you ever been discharged or forced
to resign from a position? ___ Y ___ N

If yes, explain on page #3 (Additional Information)

Are you P.O.S.T. Certified? ___ Y ___ N

Education

High School: _____ Address: _____

From: _____ To: _____ Graduate? ___ Y ___ N Diploma/GED _____

College: _____ Address: _____

From: _____ To: _____ Graduate? ___ Y ___ N Degree: _____

Police Academy: _____ Address: _____

From: _____ To: _____ Graduate? ___ Y ___ N

List additional educational information on page #3



City of Byrnes Mill
Police Department
141 Osage Executive Circle
Byrnes Mill, Missouri 63051

References

List three references. (At least one each of Professional and Personal)

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Previous Employment

Most recent employer listed first.

Company: _____ Address: _____

Phone: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____ From: _____ To: _____

Reason for leaving: _____ May we contact your previous supervisor? ___ Y ___ N

Company: _____ Address: _____

Phone: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____ From: _____ To: _____

Reason for leaving: _____ May we contact your previous supervisor? ___ Y ___ N

Company: _____ Address: _____

Phone: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____ From: _____ To: _____

Reason for leaving: _____ May we contact your previous supervisor? ___ Y ___ N



City of Byrnes Mill
Police Department
141 Osage Executive Circle
Byrnes Mill, Missouri 63051

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Additional Information: _____

Please Read Carefully Before Signing

Federal law requires that the City hire only United States citizens and lawfully authorized alien workers. If you are selected for a position with the City of Byrnes Mill, you will be required to comply with the requirements of the Immigration and Naturalization Act of 1986. This law requires you to present documentation of your identity and eligibility of work in the US and to complete a federal I-9 form. This form must be completed on the first day of employment for all employees.

It is the policy of the City of Byrnes Mill not to discriminate on the basis of race, color, religion, national origin, ancestry, sex, gender identity, sexual orientation, age, disability or familial status, or other status protected by laws except where specific age or physical requirements constitute a bona fide occupational qualification. The job duties will be reviewed with you to determine your ability to perform the essential functions of the position.

CERTIFICATION OF APPLICANT (AUTHORIZATION FOR RELEASE OF INFORMATION)

SEE SEPARATE SHEET ATTACHED, READ CAREFULLY BEFORE SIGNING

YOU MAY BE REQUIRED TO COMPLETE A MORE COMPREHENSIVE SECONDARY APPLICATION AFTER THE CHIEF OF POLICE REVIEWS THIS INITIAL APPLICATION

Signature: _____

Date: _____



City of Byrnes Mill

141 Osage Executive Circle
Byrnes Mill, MO 63051

CERTIFICATE OF APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION (Read carefully before signing)

I, _____, hereby certify that all statements made on or in connection with my application for employment are true and complete to the best of my knowledge and belief, and I understand and agree that any misstatements or omission of material facts can cause forfeiture on my part of all rights to employment by the City of Byrnes Mill.

I also do hereby authorize all law enforcement agencies, the Veterans Administration, U.S. Army, U.S. Navy, U.S. Air Force, all military agencies, all federal, state or local government agencies, state and federal tax bureaus, credit bureaus, schools, universities, and current and prior employers, to furnish representatives of the City with any and all available information regarding me in order that they may determine my suitability of employment with the City of Byrnes Mill.

I authorize my present and past employers do discuss my character, integrity and reputation with representatives of the City.

I authorize the release of any and all information regarding my employment, credit, or any other information, whether personal or otherwise, by the persons and entities described herein that may or may not be on their records and release such persons and entities from all liability for any damage whatsoever that may issue from furnishing such information to representatives of the City of Byrnes Mill.

A photo copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant

Date

Month and Day of Birth

Last Four Digits of Social Security Number

Driver's License Number

State of Issuance