

KIRKWOOD POLICE DEPARTMENT
Brian K. Murphy, Chief of Police
131 West Madison Avenue
Kirkwood, Missouri 63122
(314) 822-5858



APPLICANT PERSONAL HISTORY STATEMENT

**THIS FORM MUST BE COMPLETED AND RETURNED TO
HUMAN RESOURCES, KIRKWOOD CITY HALL,
139 SOUTH KIRKWOOD ROAD, KIRKWOOD, MISSOURI 63122,
NO LATER THAN 5:00 P.M. CST ON OCTOBER 11, 2019.**

I fully realize that willfully withholding information or making false or incomplete statements during the pre-employment process will be a basis for dismissal and permanent disqualification from the Kirkwood Police Department, and that all information will be verified by voice stress analysis.

PRINTED NAME OF APPLICANT _____

SIGNATURE OF APPLICANT _____

INSTRUCTIONS:

1. Your personal history statement should be printed legibly in black ink. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter NA in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section before continuing your answer.
6. The Personal History Statement will be used as a basis for a background investigation to determine your eligibility for employment. It is essential that answers to questions that require explanations be detailed, and should include any information you consider important for this agency to know in this regard.
7. An accurate and complete form will help expedite the background investigation. A pre-employment Computer Voice Stress Analysis (CVSA) may be used to verify deliberate omissions or falsifications, which may result in applicant disqualification.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, authorize the release, review and full disclosure of all records, or any part thereof, concerning myself to any authorized agent of the Kirkwood Police Department, whether the records are of a public, private or confidential nature.

The purpose of this authorization is to give my consent for full and complete disclosure of the records of any:

- Educational institution
- Utility company
- Financial or credit institution, to include records of any depository or savings or checking accounts
- Commercial or retail credit agencies, to include credit reports and ratings
- Employment and pre-employment records, to include salary records, background reports, polygraph examination reports and polygraph examination questions, pre-employment and promotional examination results, efficiency ratings, disciplinary actions, complaints or grievances filed by or against me, and internal affairs investigation reports
- Real and personal property tax statements and records, as well as other financial statements or records wherever filed
- Records of complaints, arrests, trials and convictions for alleged or actual law violations, including criminal or traffic records
- Records of civil complaints made by or against me, wherever located, to include the records and recollections of attorneys at law or other counsel, whether representing me or another person in any case in which I have ever been a party or had an interest
- Social Networking sites I subscribe to or post on, specifically including but not limited to Facebook, MySpace and Meetup.com, and any personal websites I have.

It is my specific intent to provide access to personal information and to release copies and abstracts, however personal or confidential they may be or appear to be, and the sources of information specifically enumerated are not to deny access to any records that may not specifically be identified herein.

The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation that may provide pertinent information for the Kirkwood Police Department to consider in determining my suitability for employment.

In the event my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the person to whom this request is presented, as well as his or her agents and employees, from and against all claims, damages, losses and expenses, to include reasonable attorney's fees, arising out of or by reason of complying with this request.

This release form and any photocopy of this release form, even though the said photocopy does not contain an original writing of my signature, will be valid and should be honored for a period of one year from the date of my signature.

Applicant

Printed Name

Signature/Date Signed

Date of Birth

Social Security Number

Address

Notary

Signature

My commission expires

Disclosure and Authorization Form

PLEASE READ CAREFULLY BEFORE SIGNING

As part of the application process for employment with the City of Kirkwood Police Department (the "City"), I understand that the City will seek and obtain consumer reports/investigative reports about me as defined in the Fair Credit Reporting Act (FCRA). These investigative reports may include, but not be limited to, names and dates of previous/current employment, work experience, work habits, characters, work performance, general reputation, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, residential history, social security number trace or validation, credit worthiness, legal proceedings and any FBI finger printing and drug testing. I understand that these records may be used for the eligibility and qualification of my employment. I hereby authorize, without any reservation, a full release of these records and information to the City following any such consumer report or investigative report which is conducted. I also certify that all information provided below is correct. Any false or misleading statement provided on this Disclosure and Authorization Form, in my Application for Employment or during any interview will be considered cause for the termination of employment at any time. I agree that a copy or facsimile of this Authorization shall be as valid as the original. In addition, I release and discharge the City and all of its agents from any damages and liabilities relating to the investigative process with my employment application.

Applicant's Name: _____
(Please Print) First M.I. Last

Previous or Maiden Name (If Applicable) _____
(Please Print) First M.I. Last

Signature: _____ **Date:** ____ mm/ ____ dd/ ____ yy

Date of Birth: ____ mm/ ____ dd/ ____ yy (this is used for criminal and driving records only)

Social Security Number: _____ - _____ - _____ **Female** **Male**

Driver's License Number: _____ **State:** _____

Current Address: _____
Street Address

City State Zip

Length of Residency: ____ **E-mail Address:** _____ **Phone:** (____) _____

A. APPLICANT IDENTIFICATION		
NAME (last, first, middle)		
STREET ADDRESS		
CITY, STATE, ZIP CODE		
HOME TELEPHONE NUMBER		
BUSINESS TELEPHONE NUMBER		
ALTERNATE TELEPHONE NUMBER		
NAME OF SPOUSE		
ARE YOU A UNITED STATES CITIZEN?	YES	NO
DRIVER'S LICENSE NUMBER(S)	STATE	
HAVE YOU EVER HAD YOUR NAME LEGALLY CHANGED?	YES	NO
IF YES, INDICATE PREVIOUS NAME(S)		
DATE OF CHANGE		
REASON FOR CHANGE		

B. RESIDENCES. List all addresses where you have lived in the past fifteen (15) years, beginning with your present address.		
FROM	TO	ADDRESS

C. WORK HISTORY. Beginning with your present or most recent job, list all employment for the past fifteen (15) years, including part time, temporary or seasonal employment. Include all periods of unemployment.

1. FROM TO EMPLOYER

ADDRESS

TELEPHONE NUMBER

JOB TITLE

SUPERVISOR

SALARY

NAME OF CO-WORKER

DUTIES

REASON FOR LEAVING

2. FROM TO EMPLOYER

ADDRESS

TELEPHONE NUMBER

JOB TITLE

SUPERVISOR

SALARY

NAME OF CO-WORKER

DUTIES

REASON FOR LEAVING

3. FROM TO EMPLOYER

ADDRESS

TELEPHONE NUMBER

JOB TITLE
SUPERVISOR
SALARY
NAME OF CO-WORKER
DUTIES
REASON FOR LEAVING
4. FROM TO EMPLOYER
ADDRESS
TELEPHONE NUMBER
JOB TITLE
SUPERVISOR
SALARY
NAME OF CO-WORKER
DUTIES
REASON FOR LEAVING
5. FROM TO EMPLOYER
ADDRESS
TELEPHONE NUMBER
JOB TITLE
SUPERVISOR
SALARY
NAME OF CO-WORKER
DUTIES

REASON FOR LEAVING
6. FROM TO EMPLOYER
ADDRESS
TELEPHONE NUMBER
JOB TITLE
SUPERVISOR
SALARY
NAME OF CO-WORKER
DUTIES
REASON FOR LEAVING
WERE YOU EVER DISCHARGED OR FORCED TO RESIGN FROM ANY JOB BECAUSE OF ALLEGATIONS OF MISCONDUCT OR UNSATISFACTORY SERVICE? YES NO
IF YES, EXPLAIN IN DETAIL.

D. MILITARY RECORD
ARE YOU REGISTERED WITH THE U. S. MILITARY SERVICE? YES NO
SELECTIVE SERVICE NUMBER
HAVE YOU SERVED IN THE U.S. ARMED FORCES? YES NO
DATE OF SERVICE: FROM TO
BRANCH OF SERVICE
UNIT DESIGNATION
CURRENT/HIGHEST RANK HELD

WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY (include court-martial, captains mast, company punishment, etc.)? IF SO, DESCRIBE EACH ACTION BELOW.

CHARGE	AGENCY	DATE	DISPOSITION

E. EDUCATIONAL HISTORY

HIGH SCHOOL(S)

NAME OF HIGH SCHOOL	CITY, STATE	FROM	TO	GRADUATE?

COLLEGES/UNIVERSITIES

NAME OF SCHOOL	CITY, STATE	FROM	TO	GRADUATE?

DEGREE EARNED

NAME OF SCHOOL	CITY, STATE	FROM	TO	GRADUATE?

DEGREE EARNED

LIST OTHER SCHOOLS ATTENDED (trade, vocational, business, etc.) GIVE NAME AND ADDRESS OF SCHOOL, DATES ATTENDED, COURSE OF STUDY, CERTIFICATE, AND ANY OTHER PERTINENT INFORMATION. INCLUDE POLICE ACADEMY IF APPLICABLE, INCLUDING DATE OF GRADUATION AND CLASS OF POST LICENSE.

F. SPECIAL QUALIFICATIONS AND SKILLS

LIST ANY SPECIAL LICENSES YOU HOLD (such as pilot, radio operator, scuba, etc.) SHOW LICENSING AUTHORITY, ORIGINAL DATE OF ISSUE, AND DATE OF EXPIRATION.

LIST ANY SPECIAL SKILLS YOU MAY POSSESS.

G. CRIMINAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF, OR PLED GUILTY TO A FELONY? (including charges for which you have received a suspended imposition of sentence, or a military conviction) YES NO

DATE	CRIME	POLICE AGENCY	DISPOSITION OF CASE

HAVE YOU EVER BEEN CONVICTED OF, OR PLED GUILTY TO A MISDEMEANOR? (including charges for which you received a suspended imposition of sentence, or a military violation) YES NO

DATE	CRIME	POLICE AGENCY	DISPOSITION OF CASE

HAVE YOU EVER BEEN CONVICTED OF DOMESTIC VIOLENCE? YES NO

DATE	CRIME	POLICE AGENCY	DISPOSITION OF CASE

ARE YOU PRESENTLY ON PROBATION FOR ANY CRIMINAL OFFENSE? YES NO

IF YES, EXPLAIN.

HAVE YOU EVER BEEN A PETITIONER OR A RESPONDENT IN AN ORDER OF PROTECTION, EITHER EX-PARTE OR FULL?	YES	NO
IF YES, EXPLAIN IN DETAIL.		

H. TRAFFIC RECORD					
DO YOU POSSESS A VALID DRIVER'S LICENSE?	YES	NO	STATE		
HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?			YES	NO	
IF YES, EXPLAIN IN DETAIL.					
LIST MOTOR VEHICLES CURRENTLY REGISTERED IN YOUR NAME (Your name listed on the title/lien)					
MAKE	MODEL	YEAR	LICENSE #	STATE	YEAR OF EXPIRATION
LIST ALL DRIVING CITATIONS YOU HAVE RECEIVED, EXCLUDING PARKING TICKETS.					
DATE	CHARGE(S)		POLICE AGENCY		CASE DISPOSITION

ARE YOU PRESENTLY ON PROBATION FOR ANY TRAFFIC OFFENSE?	YES	NO
IF YES, EXPLAIN IN DETAIL.		
HAVE YOU EVER BEEN CONVICTED OF, OR PLED GUILTY TO ANY ALCOHOL RELATED TRAFFIC OFFENSE, OR CHARGES REDUCED IN RELATION TO ALCOHOL RELATED TRAFFIC OFFENSES? (Include charges for which you received a suspended imposition of sentence.)		
	YES	NO
IF YES, EXPLAIN.		

DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATION

--

I. REFERENCES. List five persons whom you know well enough to provide current information about you. Do not list relatives or former employers.

NAME		ADDRESS	
RELATIONSHIP	YEARS KNOWN	HOME PHONE	BUSINESS PHONE
NAME		ADDRESS	
RELATIONSHIP	YEARS KNOWN	HOME PHONE	BUSINESS PHONE
NAME		ADDRESS	
RELATIONSHIP	YEARS KNOWN	HOME PHONE	BUSINESS PHONE
NAME		ADDRESS	
RELATIONSHIP	YEARS KNOWN	HOME PHONE	BUSINESS PHONE
NAME		ADDRESS	
RELATIONSHIP	YEARS KNOWN	HOME PHONE	BUSINESS PHONE

J. LIST RELATIVES, FRIENDS OR ASSOCIATES WORKING FOR THE CITY OF KIRKWOOD.	
NAME	RELATIONSHIP
NAME	RELATIONSHIP

K. PERSONAL DECLARATIONS		
HAVE YOU EVER ILLEGALLY SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE?	YES	NO
IF YES, EXPLAIN IN DETAIL.		

IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DUTIES AS A POLICE OFFICER, COULD YOU DO SO?	YES	NO	
IF NO, EXPLAIN.			
HAVE YOU MADE APPLICATION FOR EMPLOYMENT WITH ANY OTHER LAW ENFORCEMENT OR RELATED AGENCY?			
	YES	NO	
NAME OF DEPARTMENT	DATE APPLIED	ACCEPTED?	IF NOT, REASON FOR REJECTION
ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS (POSITIVE OR NEGATIVE) NOT MENTIONED HEREIN WHICH MAY INFLUENCE THIS DEPARTMENT'S EVALUATION OF YOUR SUITABILITY FOR EMPLOYMENT AS A POLICE OFFICER?			
	YES	NO	
IF SO, EXPLAIN IN DETAIL.			

ARE YOU NOW OR HAVE YOU EVER BEEN ASSOCIATED WITH AN ORGANIZATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ARE SUBVERSIVE OR HAVE SHOWN POLICY ADVOCATING FORCE OR VIOLENCE? YES NO

IF SO, EXPLAIN IN DETAIL.

1. **I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentation, omissions or falsifications will be grounds for immediate rejection or termination of employment.**
2. **I understand that any position that I am offered with the City of Kirkwood may be contingent upon my passing a physical examination and passing a substance abuse test.**
3. **I understand that the City of Kirkwood maintains a substance abuse policy and that I must comply with the policy as a condition of employment with the City.**
4. **I understand that I may also be subject to a psychological examination.**

SIGNATURE OF APPLICANT

DATE

THE CITY OF KIRKWOOD IS AN EQUAL OPPORTUNITY EMPLOYER.