



SPARTA POLICE DEPARTMENT

200 North Avenue / P.O. Box 246 – Sparta, MO 65753

(417) 242 5511 (417) 634 5785 FAX

APPLICATION



Applicant Name: Last, First, MI	Date Applied:
Position Applied For: <input type="checkbox"/> Full Time Police Officer <input type="checkbox"/> Reserve Police Officer	
Thank you for taking the opportunity to apply for a position with the Sparta, Missouri Police Department. Please follow the below instructions. <ul style="list-style-type: none"> • Use black ink and print legibly. • Ensure all blocks are filled out completely. • Should a block not apply please mark as N/A. • Mark an X in boxes. • For additional space, Use “Supplemental Information” on last page. 	

FOR OFFICE USE

Received by: _____

On the ____ day of _____, 20__ at _____ AM/PM

AN EQUAL OPPORTUNITY EMPLOYER			
1. IDENTIFICATION & PERSONAL DATA			
Last Name	First	MI	Social Security Number
Address	City	State	Zip Code
Primary Phone ()	Cell Phone ()	Home Phone ()	Date of Birth (DD.MM.YY)
Have you ever been convicted of a crime other than a traffic violation? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain.			
Are you a U. S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, do you have a work permit? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Date available for employment? (DD.MM.YY)		Minimum salary you are willing to accept? \$ Hourly	
Do you require any special accommodations in the scheduling or administration of examinations or interviews? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain.			
E-Mail address:			

2. VOLUNTEER EXPERIENCE (Describe your volunteer experience. Include month and year, whether full or part-time, number of hours per week, employer address, position held and duties.)

3. EDUCATION, LICENSE & CERTIFICATIONS				
Are you a high school graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, do you possess a certificate of equivalence (G.E.D.)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Circle highest grade completed in school. Elementary-Junior High 1 2 3 4 5 6 7 8 High School 9 10 11 12 University 1 2 3 4 5 6				
Post high school training. (College, trade, military, etc.)				
Name and Location	Dates Attended	Credits Earned	Degree/Diploma, Year	Major
Indicate semester hours of college credit in these areas: ___ Criminal Justice ___ Psychology ___ Sociology ___ Management ___ English or Composition ___ Public Speaking ___ Information Technology ___ Mathematics ___ Ethics ___ Other				
License/Certificate	Specialization	Number	Date of Issue	Active or Expired

4. EXPERIENCE RECORD			
List your experience, starting with the most recent. If you held more than one job with the same organization, list each separately.			
Employer Name		Description of Duties % Show percentage of time spent on each duty at left.	
Employer Address			
Phone Number	Type of Business		
Your Job Title			
From: MO/YR	To: MO/YR		
Hours Per Week	Last Hourly Wage		
Supervisor Name/ Title			
Phone ()	May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you supervised employees, please indicate number at right.	
Reason for leaving?			

Employer Name		Description of Duties % Show percentage of time spent on each duty at left.	
Employer Address			
Phone Number	Type of Business		
Your Job Title			
From: MO/YR	To: MO/YR		
Hours Per Week	Last Hourly Wage		
Supervisor Name/ Title			
Phone ()	May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you supervised employees, please indicate number at right.	
Reason for leaving?			

Employer Name		Description of Duties % Show percentage of time spent on each duty at left.	
Employer Address			
Phone Number	Type of Business		
Your Job Title			
From: MO/YR	To: MO/YR		
Hours Per Week	Last Hourly Wage		
Supervisor Name/ Title			
Phone ()	May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you supervised employees, please indicate number at right.	
Reason for leaving?			

Employer Name		Description of Duties % Show percentage of time spent on each duty at left.	
Employer Address			
Phone Number	Type of Business		
Your Job Title			
From: MO/YR	To: MO/YR		
Hours Per Week	Last Hourly Wage		
Supervisor Name/ Title			
Phone ()	May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you supervised employees, please indicate number at right.	
Reason for leaving?			

5. NAMES OF ANY PERSON YOU KNOW WORKING FOR THE SPARTA POLICE DEPARTMENT.			
Name	Relationship	Title	Years Known

Applicant Legal Questionnaire

Complete the questions below. Failure to answer these questions will automatically disqualify you from consideration for employment. Any false statement or misleading answer to the questions will be cause for disqualification or termination of employment. This questionnaire must be returned completed with application.

1. Have you ever been arrested for and/or convicted of a felony?
 YES NO

2. Have you ever been arrested for and/or convicted of a misdemeanor?
 YES NO

3. Have you ever been arrested for and/or convicted of assault or domestic violence?
 YES NO

4. Have you ever been or are you currently the "Respondent" in an Ex-Parte or Adult Abuse Order of Protection?
 YES NO

5. Have you ever been arrested for and/or convicted of Driving While Intoxicated or Under the Influence?
 YES NO

6. Have you ever had your driver license suspended or revoked?
 YES NO

I, _____, attest that I have answered the above questions truthfully and without deceptions.

(Signature) Date: _____

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

Notary Public in and for said County of _____
State of _____

Date of Expiration: _____

(Notary Public)
STAMP

SEAL

Applicant Records Release Waiver

I, _____, respectfully request and authorize a review and full disclosure of all records concerning myself, by and to ANY duly authorized agent of the Sparta Police Department (properly identified), whether the said records are public, private or confidential in nature, and to copy any material contained therein.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, including records of academic standing, conduct and disciplinary action, student life and activity and balances of checking, savings and loan accounts, records of commercial or retail credit agencies (including credit reports and/or credit ratings): public utility companies; employment and pre-employment records, including background report, performance evaluation reports, complaints or grievances filed by or against me, any salary records, any investigation reports concerning me, whether conducted internally or by an outside agency, which may be kept in separate files; local, state and federal tax records; driver license records; records of complaint of civil and/or domestic nature made by or against me, where so ever located.

I agree to indemnify, hold harmless and release from liability the Sparta Police Department. Its agents and employees, the person to whom this request is presented, their organization and its agents and employees, for any and all damages which may result from either requesting or furnishing the requested information. I understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

The information is to be used to assist the Sparta Police Department in determining my qualifications for a position of trust and responsibility.

A photocopy of this release will be valid as an original hereof, even though it does not contain an original writing of my signature.

Applicant Statement: I volunteer the information to assist with the completion of my record check.

Applicant Signature: _____ SSN: _____

Date of Birth: _____ Driver License Number and State: _____

Subscribed and Sworn to before me the _____ day of _____, 20_____

Notary Public in and for said County of _____,

State of _____

_____ Date of Expiration: _____

(Notary Public)

STAMP

SEAL