



## POLICE DEPARTMENT

### JOB APPLICATION FORM

Applicants Name:

Date:

8425 Airport Road, Berkeley, MO 63134-2098 (314) 524-3313

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#### MINIMUM REQUIREMENTS

- Authorized to work in the United States
- Be a graduate of an accredited high school or have obtained a certificate of equivalency recognized by the Missouri Department of Education (i.e. GED)
- Able to pass an extensive background investigation
- Possess a valid Missouri Driver's License at the time of appointment
- Possess the physical strength necessary to perform the duties of the job
- Able to pass the physical and mental examinations prescribed by the department

#### Vision Requirements (Summarized)

- Visual acuity corrected to 20/20
- Good depth perception
- Good color perception
- Good peripheral vision
- Good eye health

#### DIRECTIONS: READ CAREFULLY BEFORE PROCEEDING

These instructions will assist you in properly completing your application

1. This application can be completed on your computer in an Adobe Format or complete this form in black ink in your own handwriting or printing. If you need any special accommodation in completing this questionnaire contact Human Resources.
2. Be certain that your answers are legible.
3. Read each question carefully before answering.
4. Be certain that each question is answered COMPLETELY and CORRECTLY.
5. Submit all documents as requested.
6. If a question does not apply to you, write N/A (Not applicable) in the space. Leave no blank spaces.
7. Initial EACH page on bottom right corner.
8. Additional space is provided on pages 13 & 14 for answers which require clarification or further explanation. All entries on pages 13 & 14 will begin with page (3-12), Section (Letters A-M), and Question (Number 1-25) you are explaining or clarifying.
9. Pursuant to Public Law 93-579 the disclosure of your Social Security Number is completely voluntary. Your refusal to reveal it will in no way effect application for any job or consideration provided by this department. The Social Security Number assists the department in differentiating between applicants with similar or identical names. You may also use the last four digits of the Social Security Number if you prefer.

**THE CITY OF BERKELEY IS AN EQUAL OPPORTUNITY EMPLOYER**

**CONFIDENTIAL**



**APPLICANT PERSONAL HISTORY  
QUESTIONNAIRE**

The City of Berkeley resolved that subject to all applicable State and Federal statutory or judicial exemptions, all qualified applicants for employment and/or advancement, whether commissioned or civilian, shall be given equal opportunity for consideration, selection, appointment and retention regardless of race, color, religion, sex, national origin, age disability or political affiliation.

**VERIFICATION OF INFORMATION**

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment or training with the Berkeley Police Department. An extensive background investigation will be conducted into your personal history.

Supplying any FALSE, MISLEADING or INCOMPLETE information substituted for accurate information will be grounds to disqualify you from further consideration in the application process with the Berkeley Police Department.

I confirm that I have read and that I understand the above and that all statements and documents presented to the Berkeley Police Department are true, correct and complete and made in good faith.

Print name

Signature

Date

PLEASE INDICATE THE POSITION FOR WHICH YOU ARE APPLYING:

## PERSONAL HISTORY STATEMENT

**A. APPLICANT IDENTIFICATION** – Information provided in this section is used for identification purposes only

Last Name	First Name	Middle Initial	Social Security Number

Street address	City	State	Zip code

Home telephone	Business Telephone	Alternate or Cell Phone	Date of Birth (Mo/Da/Year)

Are you legally authorized to work in the US?  Yes  No

If No, Do you have a work permit?  Yes  No

Have you had your name legally changed?  Yes  No

If Yes, indicate previous Name(s)

Date of Change  
Change

Reason for

Reason for Change

Have you ever used any other names?  Yes  No

If Yes List all other names you have used.

**B. RESIDENCES** -List of addresses where you have lived for the past 10 years, beginning with present address. Add extra page if necessary.

Dates From	To	Street Address	City	County	State	Zip Code

**C. WORK HISTORY**-Beginning with your present or most recent job; list all employment including part-time, temporary or seasonal employment. Attach extra pages if necessary

Name & Complete Address of Current or last employer	Dates Employed	Your Title	Name & Phone Number of Supervisor	Salary	
	From:			Start \$	
	To:			Final \$	

Description of General Duties

Reason for Leaving

Name & Complete Address of Previous employer	Dates Employed	Your Title	Name & Phone Number of Supervisor	Salary	
	From:			Start \$	
	To:			Final \$	

Description of General Duties

Reason for Leaving

Name & Complete Address of Previous employer	Dates Employed	Your Title	Name & Phone Number of Supervisor	Salary	
	From:			Start \$	
	To:			Final \$	

Description of General Duties

Reason for Leaving

Name & Complete Address of Previous employer	Dates Employed		Your Title	Name & Phone Number of Supervisor	Salary	
	From:				Start \$	
	To:				Final \$	

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Name & Complete Address of Previous employer	Dates Employed		Your Title	Name & Phone Number of Supervisor	Salary	
	From:				Start \$	
	To:				Final \$	

Description of General Duties

Reason for Leaving

Name & Complete Address of Previous employer	Dates Employed		Your Title	Name & Phone Number of Supervisor	Salary	
	From:				Start \$	
	To:				Final \$	

Description of General Duties

Reason for Leaving

**D. MILITARY SERVICE**

1. HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES?  YES  NO

If yes answer the following

Dates of Service From _____ To _____		Branch of Service	Unit Designation
Highest Rank held		Type of Discharge	

2. WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY SERVICE (include court-martial, captain's mast, company punishment etc.)?  YES  NO

Charge	Date	Disposition

**E. EDUCATIONAL HISTORY**

High School Attended

Name of School	City and State	Dates Attended		Graduated	
		From	To	Yes	No

List all technical schools, colleges, and/or universities you have attended

Dates Attended		Name of School	Complete Address	Major	Minor	Degree or Certification Received	Date Received
From	To						

**F. SPECIAL SKILLS AND QUALIFICATIONS**

Post Certification (Include the license class, certifying agency, agency you worked for including city and state and dates of employment)


List any Special skills you may possess (foreign language proficiencies, computer programming/skills, etc.)


**G. CRIMINAL HISTORY**

3 HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF, OR PLED GUILTY TO A FELONY?  YES  NO

If Yes Complete the Following

Date	Alleged Crime	Police Agency, City & State	Disposition of Case

4 HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF, OR PLED GUILTY TO A MISDEMEANOR?  YES  NO

If Yes Complete the Following

Date	Alleged Crime	Police Agency, City & State	Disposition of Case

5 HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF, OR PLED GUILTY TO DOMESTIC VIOLENCE?  YES  NO

If Yes Complete the Following

Date	Alleged Crime	Police Agency, City & State	Disposition of Case

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

If Yes Explain


7 HAVE YOU EVER ILLEGALLY USED, SOLD, OR FURNISHED DRUGS OR NARCOTICS TO ANYONE?  YES  NO

If Yes Explain


**H. TRAFFIC RECORD**

8 DO YOU POSSESS A VALID DRIVER'S LICENSE?  YES  NO

Driver's License Number	State of Issue

9 LIST ALL STATES WHERE YOU WERE ISSUED A DRIVER'S LICENSE (Including the driver's license number)

Driver's License Number	State of Issue

10. LIST YOUR CURRENT AUTOMOBILE INSURANCE PROVIDER

Name	Address	Policy Number
Agent's Name	Agent's Address	Agent's Telephone Number

11. HAVE YOU RECENTLY CHANGED AUTOMOBILE INSURANCE COMPANIES?  YES  NO

Previous Automobile Insurance

Name	Address	Policy Number
Agent's Name	Agent's Address	Agent's Telephone Number

12. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE OR HAD YOUR AUTOMOBILE INSURANCE POLICY CANCELLED?

YES  NO If Yes Explain


13. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?  YES  NO

If yes Give date and reason

Date	Reason for revocation



14. LIST MOTOR VEHICLE(S), CRAFTS, TRAILERS, ETC., CURRENTLY REGISTERED OR TITLED IN YOUR NAME (Your name listed on the title/lien)

Make	Model	Year	License/Title Number	State	Year License Expires

15. LIST ALL DRIVING CITATIONS YOU HAVE RECEIVED, EXCLUDING PARKING TICKETS.

Date	Charges	Police Agency, City & State	Disposition of Case

16. ARE YOU PRESENTLY ON PROBATION FOR ANY TRAFFIC OFFENSE?  YES  NO

If Yes Explain


17. HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF, OR PLED GUILTY TO ANY ALCOHOL RELATED TRAFFIC OFFENSE, OR HAD CHARGES REDUCED IN RELATION TO ALCOHOL RELATED TRAFFIC OFFENSES?  YES  NO

If Yes explain (Include charges for which you received a suspended imposition of sentence)


18. DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATIONS. (Attach additional pages if necessary)


**I. FINANCIAL** - Attach additional sheets if necessary

19. CHECKING AND SAVINGS ACCOUNTS

Indicate if the account is savings or checking		
Checking/Savings	Name of Financial Institution	Address, City, State, Zip

20. LOANS ( Include loans previously paid in full or defaulted on within last 15 years)

Name of Lender/Institution	Address, City & State	Original Balance	Monthly Payment	Present Balance

21. CREDIT CARDS

Name of Credit Card	Issuing Financial Institution	Address, City, State	Monthly Payment	Present Balance

22. HAVE YOU EVER KNOWINGLY WRITTEN A "NO ACCOUNT" CHECK?  Yes  No

If Yes number written. Explain


23. HAVE YOU EVER KNOWINGLY WRITTEN AN "INSUFFICIENT FUNDS CHECK?"  Yes  No  
 If Yes Number written \_\_\_\_\_ Explain


**J. References**

Provide a list of at least five (5) personal references who know you well enough to provide current information about you as an individual.

Name	Street, City, State, & Zip Code	Phone Number	Relationship	Years Known	e-mail address

K. **LIST NAMES OF RELATIVES WORKING FOR THE CITY OF BERKELEY** (Whether by blood or marriage)

Name	Relationship	Department where employed

**L. PERSONAL DECLARATIONS**

24. HAVE YOU MADE APPLICATION FOR EMPLOYMENT WITH THIS OR ANY OTHER LAW ENFORCEMENT AGENCY

Yes  No

Name of Department/Agency	Date Applied	Application Status	Give reasons for rejection or declining the appointment

25. 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 Yes Explain


26. HAVE YOU EVER BEEN ASSOCIATED WITH AN ORGANIZATION, MOVEMENT GROUP, OR COMBINATION OF PERSONS WHICH

ARE SUBVERSIVE OR HAVE A POLICY ADVOCATING FORCE OR VIOLENCE?  Yes  No If yes Explain


27. ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION OF POLICE OFFICER WITH OR WITHOUT REASONABLE ACCOMMODATIONS?  Yes  No

**M. PERSONAL BIOGRAPHY – in 25 to 50 words explain why you wish to become a police officer (Use only the space provided)**

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## Applicant Certification

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions or falsifications will be grounds for immediate rejection or termination of employment.

I fully realize that withholding information or making false or incomplete statements during the pre-employment testing will be a basis for dismissal and permanent disqualification from the City of Berkeley and/or Berkeley Police Department.

Signature of Applicant

Date



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### APPLICATION CHECK LIST

A copy of the following documents must be included with this application or explain fully as to why they are not included. All documents submitted become the property of the Berkeley Police Department and/or THE CENTRAL POLICE PERSONNEL REGISTRY; and **will not be returned**.

**The following items should be submitted by all applicants:**

	Document	YES	NO
1	Birth certificate		
2	High school diploma or GED certificate		
3	College diploma and certified transcripts (if applicable)		
4	Military discharge DD214 indicating type of discharge (if applicable)		
5	Two (2) recent facial photographs		
6	Special awards (school, military, etc.)		
7	Proof of academy training		
8	Copy of valid Motor Vehicle Operators License		
9	Original Arrest record Check (Issued from the County in which you currently reside)		
10	Original Motor Vehicle Record Check		
11	Copy of any license including, pilot's license, radio operator's license.		

Document number and reason not included: **(please print)**




**CERTIFICATE OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION**

(Read Carefully Before Signing)

I  HEREBY CERTIFY THAT ALL STATEMENTS

(Print Full Name)

MADE ON OR IN CONNECTION WITH THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF; AND I UNDERSTAND AND AGREE THAT ANY MIS-STATEMENTS OR OMISSION OF MATERIAL FACTS WILL CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO INITIAL EMPLOYMENT OR CONTINUE EMPLOYMENT BY THE BERKELEY POLICE DEPARTMENT.

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 AND UNIVERSITIES TO FURNISH THE DIRECTOR OF THE PERSONNEL AND TRAINING UNIT, BERKELEY POLICE DEPARTMENT, WITH ANY AND ALL AVAILABLE INFORMATION REGARDING ME; AND FOR THE RELEASE OF ANY MEDICAL, PHYSICAL, PSYCHIATRIC, PSYCHOLOGICAL RECORDS TO THE PERSONNEL DIRECTOR IN ORDER THAT THE PERSONNEL DIRECTOR MAY DETERMINE MY SUITABILITY FOR POLICE WORK.

I AUTHORIZE THE BERKELEY POLICE DEPARTMENT TO MAKE INQUIRY OF MY PRESENT AND PAST EMPLOYERS REGARDING MY CHARACTER, INTEGRITY AND REPUTATION.

I AUTHORIZE THE RELEASE OF ANY AND ALL INFORMATION REGARDING MY EMPLOYMENT, CREDIT OR ANY OTHER INFORMATION, WHETHER PERSONAL OR OTHERWISE, THAT MAY OR MAY NOT BE IN THEIR RECORDS; AND RELEASE SAID COMPANY OR PERSON FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER THAT MAY ISSUE FROM FURNISHING SUCH INFORMATION TO THE BERKELEY POLICE DEPARTMENT.

A PHOTOSTATIC OR XEROX COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

Applicant Signature

Date

EQUAL EMPLOYMENT OPPORTUNITY  
VOLUNTARY SELF-IDENTIFICATION  
(CONFIDENTIAL – FOR STATISTICAL USE ONLY)

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal,

state or local law. The information below will be used only in the compilation of data for Affirmative Action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification, can be declared at any time prior to, or if applicable, after hire. Please return this page with your completed application.

PLEASE COMPLETE IN FULL:

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

**ETHNIC GROUP:**

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, south or Central American, or other Spanish culture or origin of race.
- White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino) – a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North or South America (including Central America) and who maintain tribal affiliation or community attachment.
- Two or more races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.
- I do not wish to self-identify.