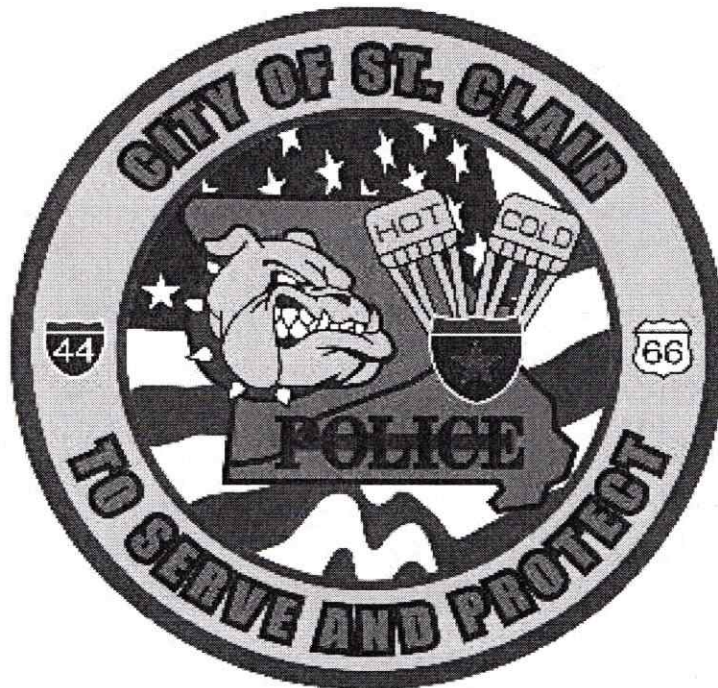


St. Clair Police Department

"Serving and Protecting Our Community Since 1887"

Michael L. Wirt

Chief of Police



PERSONAL HISTORY QUESTIONNAIRE

The St. Clair Police Department 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.

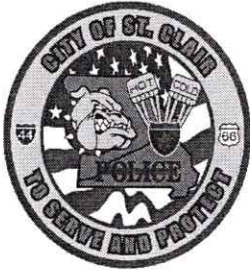
The mission of the St. Clair Police Department is to work cooperatively with the public and within the framework of the constitution to enforce the laws, preserve peace, reduce fear, and provide a safe environment in our neighborhoods.

The St. Clair Police Department exists to serve the community by protecting life and property, by preventing crime, by enforcing laws, and by maintaining order for all people.

Central to our mission are the values which guide our work and decisions. This helps us to contribute to the high quality of life in St. Clair.

The public trust and confidence given to those in the police service requires the adoption and compliance of the stated values which are the foundation upon which our policies, goals, and operations are built.

The recognition and statement of values by a police department is important. Values are the foundation of everything for which we stand and believe. The leadership of the St. Clair Police Department has the expectation that members of the Department will adhere to the highest ethical standards.



**ST. CLAIR
POLICE
DEPARTMENT**
St. Clair, Missouri 63077

Michael L. Wirt
Chief of Police
1 Paul Parks Drive
St. Clair, MO 63077
Phone: 636-629-1313
Fax: 636-629-5730

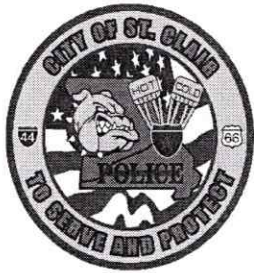
QUALIFIERS AND DISQUALIFIES FOR EMPLOYMENT

- A. Applicants applying for a commissioned position, patrolman or reserve officer, must possess a current Missouri Class A Peace Officers Standards and Training (POST) certificate.
- B. Applicants must be 21 years of age at the time of official approval for hire by the Board of Alderman of the City of St. Clair.
- C. Applicants must be a United States citizen, must have never renounced their citizenship to the United States, and must have legally and lawfully entered the United States.
- D. Applicants must possess a valid Missouri Driver's license at the time of official approval for hire by the Board of Alderman of the City of St. Clair.
- E. Applicant must have graduated high school or have GED equivalent.
- F. Applicant must be physically capable and able to use a department issued duty weapon with both hands.
- G. Applicant must be able to operate a motor vehicle at high speeds, while utilizing other equipment (radios, activating siren to different tones, etc.)
- H. Applicant cannot have any offensive tattoos (racist words or images) and cannot have any tattoos on the face and neck. However, exceptions can be made on case-by-case basis with final approval being with the Chief of Police.
- I. Applicants must not be under indictment or information in any court for a felony, or any other crime for which a judge could imprison an applicant for more than one year, or the applicant is a current member of the military who has been charged with violation(s) of the Uniform Code of Military Justice and whose charges have been referred to a general court-martial.
- J. Applicants must not have been convicted in any court, including a military court, of a felony or any other crime for which a judge could have imprisoned the applicant for more than one year, even if the applicant had received a shorter sentence including probation.
- K. Applicants must not be fugitive from justice.
- L. Applicants must not be an unlawful user of or addicted to marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance
- M. Applicants must not have been adjudicated as a mental defective or not have been committed to a mental institution.

N. Applicants must not have been discharged from any Armed Forces under dishonorable conditions.

O. Applicants must not be subject to a court order, including Military Protection Order issued by a military judge or magistrate, restraining the applicant from harassing, stalking, or threatening the applicant's child or intimate partner or child with such partner.

P. Applicants must have never been convicted in any court of a misdemeanor crime of domestic violence.



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St. Clair, Missouri 63077

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1 Paul Parks Drive
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Fax: 636-629-5730

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

LAST NAME	FIRST NAME	MIDDLE NAME
SOCIAL SECURITY NUMBER	DATE OF BIRTH	APPLICANT # (COMPLETED BY AGENCY)

I _____ (Print full name), hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge. I understand and agree that any misstatement or omissions of material facts will cause forfeiture on my part of all rights to initial employment or continued employment by the St. Clair Police Department.

The intent of this authorization is to make available a full and complete disclosure of any and all information pertaining to my person; therefore, I do hereby authorize all present or past employers, all military agencies, the Veterans Administration, the U.S. Army, U.S. Air Force, U.S. Coast Guard, all Federal, State, or local government agencies, State and Federal tax bureaus, schools, universities, and insurance companies to furnish the Supervisor of the Personnel Service Unit of the St. Clair Police Department, with any and all available information regarding my past or present performance, conduct or behavior. I further authorize the release of any punitive or disciplinary action, or memorandum, to the Supervisor in order that the information be evaluated to assist in the determination of my suitability for police work.

I understand the St. Clair Police Department's acquisition, retention, and sharing of information related to my employment application is generally authorized under State and Federal citations. The purpose for the Department requesting this information is to conduct a complete background investigation pertaining to my fitness to serve as a St. Clair Police Department employee. This background investigation may include inquiries pertaining to my employment, education, medical history, credit history, criminal history, and any information relevant to my character and reputation. By signing this form, I am acknowledging that I have received notice and have provided consent for the St. Clair Police Department to use this information to conduct such a background investigation, which may include the searching of criminal justice databases, private databases, public databases, and social media databases.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal business life for the specific purpose of conducting a pre-employment background investigation.

I authorize the St. Clair Police Department to make an inquiry and gather any documents of my present and past employers regarding my character, integrity, reputation, and performance.

I authorize the release of any and all of the afore listed information regarding my person, employment, credit, or any other aspect, whether personal or otherwise, that may or may not be in their written records.

I understand that all the materials pertaining to this background investigation become the property of the St. Clair Police Department and will not be made available or returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented, along with the company or organization therein from any and all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of complying with this request.

I understand that in the event if my application is disapproved, the sources of information obtained are confidential and cannot be revealed to me.

I understand that in the event the investigating agency finds conduct that is illegal, or unbecoming of a police officer and I am currently serving in the capacity of a police officer in a jurisdiction, the investigating agency has my permission to disclose the information to my current employer.

A copy of this authorization will be considered as effective and valid as the original, even though the copy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

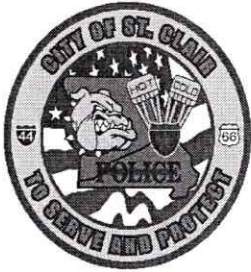
Subscribed and sworn before me this _____ day of _____, 20____.

My commission expires _____, 20____.

Notary: _____

Signature (Applicant)

Address



**ST. CLAIR
POLICE
DEPARTMENT
St. Clair, Missouri 63077**

Michael L. Wirt
Chief of Police
1 Paul Parks Drive
St. Clair, MO 63077
Phone: 636-629-1313
Fax: 636-629-5730

Photograph of Applicant Authorization

I understand that during this investigation an image of my likeness (photo) will be used as part of the investigatory process. I authorize and agree to the use of this photograph.

(Print Name)

(Date)

(Signature)



POLICE APPLICANT RECORD SEARCH

(THIS SECTION TO BE COMPLETED BY APPLICANT)

PLEASE PRINT

	DATE	
NAME	SEX	
RACE (VOLUNTARY)	<input type="checkbox"/> WHITE	<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
	<input type="checkbox"/> BLACK OR AFRICAN AMERICAN	<input type="checkbox"/> ASIAN
	<input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE	<input type="checkbox"/> TWO OR MORE RACES
	<input type="checkbox"/> HISPANIC OR LATINO	
OTHER NAMES USED MAIDEN, ALIAS, ETC		
ADDRESS		
CITY	STATE	ZIP CODE
DATE OF BIRTH	PLACE OF BIRTH	
SOCIAL SECURITY NUMBER		
LICENSE PLATE NUMBER	STATE/YEAR	
DRIVER'S LICENSE NUMBER/STATE ISSUED		

(THIS SECTION TO BE COMPLETED BY PERSONNEL SEERVICES UNIT PERSONNEL)

CHECKLIST

- | | |
|---|--|
| <input type="checkbox"/> MOI
<input type="checkbox"/> ALERT
<input type="checkbox"/> HISTORY
<input type="checkbox"/> CORRECTIONS
<input type="checkbox"/> SUMMONS
<input type="checkbox"/> GANG MEMBER/ASSOCIATIONS | <input type="checkbox"/> MULES RECORD
<input type="checkbox"/> NCIC RECORD
<input type="checkbox"/> DOR
<input type="checkbox"/> LICENSE PLATE
<input type="checkbox"/> LMU STARS
<input type="checkbox"/> EMPLOYMENT |
|---|--|

CLERK		DSN		DATE	
-------	--	-----	--	------	--

Initial _____

Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

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Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

<input type="checkbox"/> Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.	Phone number of taxpayer on line 1a or 2a
▶ _____ Signature (see instructions)	_____ Date
▶ _____ Title (if line 1a above is a corporation, partnership, estate, or trust)	
▶ _____ Spouse's signature	_____ Date

Sign Here

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

APPLICANT PERSONAL HISTORY QUESTIONNAIRE

PRE-EMPLOYMENT HISTORY FILE ACCESS RESTRICTED BY GENERAL ORDERS

VERIFICATION OF INFORMATION

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment with the St. Clair Police Department. An extensive background investigation will be conducted into your personal history. Applicants for the position of police officer will be required to take a C.V.S.A. (Computer Voice Stress Analyzer, AKA truth verification) examination to confirm the information in this questionnaire, and to determine other items of background information.

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 St. Clair Police Department.

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

Signature

Date

Please indicate positions(s) for which you are applying for: _____

Directions

1. BEFORE YOU BEGIN, read the entire set of directions and listing of documents required for submission. An application checklist is provided on page 11 for your convenience. This is a competitive process, therefore, applications will not be accepted, processed, or evaluated unless complete. All addresses and phone numbers must include zip codes and area codes.
2. **USE BLACK INK PEN ONLY!** Complete this form in your own handwriting. If you need any special accommodations in completing this questionnaire, contact a Police Clerk or Command Staff at 636-629-1313.
3. Read each question carefully before answering. Be certain that your answers are legible.
4. Be certain that each question is answered COMPLETELY and CORRECTLY. Submit all documents as requested. If a question does not apply to you, write "NA" (not applicable) in the space.
5. Initial EACH page on the bottom right corner.
6. All forms must be signed by applicant. Failure to do so may be cause for disqualification.
7. Additional space is provided on Pages 12 and 13 for answers that require clarification or further explanation. All entries on Pages 12 and 13 will begin with the page, section, number (Roman numerals I-XIII) and question (letters A-L) you are explaining or clarifying.
8. 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 affect applications for any job or considerations provided by this Department. The Social Security Number assists the Department in differentiating between applicants with similar or identical names.
9. Upon completion, the questionnaire must be returned to the St. Clair Police Department (1 Paul Parks Drive, St. Clair, MO 63077) **Do not write on the folder that is provided with this application!**

Initials _____

I. PERSONAL DATA

FULL NAME	LAST	FIRST	MIDDLE
HOME PHONE	CELL/PAGER		
ADDRESS	NUMBER	STREET	CITY STATE ZIP CODE
PERMANANT ADDRESS	NUMBER	STREET	CITY STATE ZIP CODE
AGE	HEIGHT	WEIGHT	HAIR EYES
DATE OF BIRTH		PLACE OF BIRTH	
E-MAIL ADDRESS		SOCIAL SECURITY NUMBER	
OPERATOR'S LICENSE NUMBER			STATE ISSUED

A. LIST ANY OTHER NAMES YOU HAVE EVER USED:

B. ARE YOU A CITIZEN OF THE UNITED STATES? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	C. WERE YOU NATURALIZED? YES: <input type="checkbox"/> NO: <input type="checkbox"/>
--	--

D. LIST FIRST YOUR PRESENT ADDRESS, THEN LIST ALL ADDRESSES WHERE YOU HAVE LIVED SINCE THE AGE OF FIFTEEN (15), INCLUDING YOUR ADDRESS(ES) IN THE MILITARY SERVICE OR WHILE ATTENDING COLLEGE.

FROM	TO	STREET ADDRESS	CITY/COUNTY	STATE	ZIP CODE

USE PAGES 12 AND 13 FOR ADDITIONAL SPACE IF NECESSARY.

E. HAVE YOU EVER APPLIED FOR A POSITION WITH THIS DEPARTMENT BEFORE? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	IF "YES", DATE OF APPLICATION:
--	--------------------------------

F. HAVE YOU FILED AN EMPLOYMENT APPLICATION WITH ANY OTHER SOURCES WITHIN THE LAST SIX MONTHS?
 IF "YES", LIST BELOW YES: NO:

DATE	ORGANIZATION/ FIRM NAME	ADDRESS/ ZIP CODE	POSITION APPLIED	STATUS OF APPLICATION

G. ARE YOU ACQUAINTED WITH ANY ST. CLAIR POLICE DEPARTMENT EMPLOYEES?
 IF "YES", LIST BELOW YES: NO:

--	--

H. BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU APPLIED, DESCRIBED IN THE WRITTEN JOB DESCRIPTION THAT ACCOMPANIED THIS APPLICATION, ARE YOU ABLE TO PERFORM THE FUNCTIONS?
 YES: NO:

II. REFERENCES

LIST FOUR (4) CHARACTER REFERENCES, TWO OF WHOM ARE NEAR YOUR SAME AGE AND ARE NOT RELATIVES, IN-LAWS, OR PAST EMPLOYERS WHO HAVE KNOWN YOU WELL DURING THE PAST THREE (3) YEARS OR MORE:

1	NAME LAST, FIRST MIDDLE	PHONE NUMBER	YEARS ACQUAINTED

RESIDENCE ADDRESS	NUMBER	STREET	CITY	STATE	ZIP CODE

BUSINESS NAME	OCCUPATION
BUSINESS ADDRESS	NUMBER STREET CITY STATE ZIP CODE

2	NAME LAST, FIRST MIDDLE	PHONE NUMBER	YEARS ACQUAINTED

RESIDENCE ADDRESS	NUMBER	STREET	CITY	STATE	ZIP CODE

BUSINESS NAME	OCCUPATION
BUSINESS ADDRESS	NUMBER STREET CITY STATE ZIP CODE

3	NAME LAST, FIRST MIDDLE	PHONE NUMBER	YEARS ACQUAINTED

RESIDENCE ADDRESS	NUMBER	STREET	CITY	STATE	ZIP CODE

BUSINESS NAME	OCCUPATION
BUSINESS ADDRESS	NUMBER STREET CITY STATE ZIP CODE

4	NAME LAST, FIRST MIDDLE	PHONE NUMBER	YEARS ACQUAINTED

RESIDENCE ADDRESS	NUMBER	STREET	CITY	STATE	ZIP CODE

BUSINESS NAME	OCCUPATION
BUSINESS ADDRESS	NUMBER STREET CITY STATE ZIP CODE

III. ARREST HISTORY

A. OTHER THAN TRAFFIC CITATIONS, HAVE YOU, AS AN ADULT OR JUVENILE, BEEN ARRESTED, CONVICTED, CHARGED, QUESTIONED, ACCUSED OR DETAINED FOR ANY REASON BY ANY POLICE, SECURITY OFFICER, OR MILITARY POLICE AUTHORITY, EITHER IN THE UNITED STATES OR IN ANY FOREIGN COUNTRY? IF "YES", DESCRIBE BELOW AND EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13. YES: NO:

DATE	CHARGE	DEPARTMENT/ AGENCY	LOCATION (CITY, COUNTY, STATE)	DISPOSITION

- B. WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS OTHER THAN TRAFFIC?
IF "YES", EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13 YES: NO:
- C. HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR FORMER OR CURRENT RESIDENCES FOR ANY REASON?
IF "YES", EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13 YES: NO:
- D. HAVE YOU EVER BEEN INVOLVED IN AN UNDETECTED CRIME? EXAMPLES OF UNDETECTED CRIME INCLUDE, BUT ARE NOT LIMITED TO, THE BUYING OR SELLING OF ILLICIT DRUGS, DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, THEFT, UNDERAGE CONSUMPTION/POSSESSION OF ALCOHOL, ETC,
IF "YES", EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13. YES: NO:
- E. ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF THE LAW?
IF "YES", EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13. YES: NO:

IV. EDUCATION AND SKILLS

- A. DO YOU HAVE (CHECK APPROPRIATE BOXES)
- GED/HIGH SCHOOL 3-31 COLLEGE CREDIT HOURS 32-63 COLLEGE CREDIT HOURS
- 64-119 COLLEGE CREDIT HOURS BACHELOR'S DEGREE POST GRADUATE DEGREE

B. START WITH THE MOST RECENT, LIST ALL ELEMENTARY, HIGH SCHOOL, COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED:

MONTH & YEAR ATTENDED		NAME AND LOCATION (STREET, CITY, STATE, ZIP)	# CREDITS COMPLETED	TYPE OF DEGREE	MAJOR	YEAR OF DEGREE
FROM	TO					

C. STUDENT ASSOCIATIONS/ACTIVITIES:

D. HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO LEAVE ANY SCHOOL FOR DISCIPLINARY REASONS?
YES: NO: IF "YES", PLEASE EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.

E. HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION?
YES: NO: IF "YES", PLEASE EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.

F. ARE YOU A GRADUATE OF A CERTIFIED POLICE ACADEMY OR LAW ENFORCEMENT TRAINING PROGRAM?
YES: NO: IF "YES", PLEASE EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.

G. INDICATE LANGUAGES YOU SPEAK, READ AND/OR WRITE, OTHER THAN ENGLISH:

	FLUENT	ABOVE AVERAGE	FAIR
SPEAK			
READ			
WRITE			

H. SPECIAL SKILLS, QUALIFICATIONS AND AWARDS-SUMMARIZE SPECIAL SKILLS, QUALIFICATIONS, AND ACCOMPLISHMENTS (INCLUDING CLERICAL SKILLS) THAT YOU WISH TO BE CONSIDERED:

V. EMPLOYMENT HISTORY

A. START WITH YOUR PRESENT OR LAST JOB AND LIST ALL OF THE PLACES YOU HAVE WORKED FOR THE PAST TEN (10) YEARS. LIST ANY ADDITIONAL EMPLOYERS ON PAGES 12 AND 13. IF YOU ARE PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER? YES: NOT AT THIS TIME:

1. EMPLOYER				ADDRESS			
CITY		STATE		ZIP CODE		PHONE NUMBER	
DATES EMPLOYED		HOURLY OR ANNUAL SALARY				JOB TITLE	
FROM		START					
TO		FINAL					
WORK PERFORMED		SUPERVISOR				CO-WORKER	
REASON FOR LEAVING							
2. EMPLOYER				ADDRESS			
CITY		STATE		ZIP CODE		PHONE NUMBER	
DATES EMPLOYED		HOURLY OR ANNUAL SALARY				JOB TITLE	
FROM		START					
TO		FINAL					
WORK PERFORMED		SUPERVISOR				CO-WORKER	
REASON FOR LEAVING							
3. EMPLOYER				ADDRESS			
CITY		STATE		ZIP CODE		PHONE NUMBER	
DATES EMPLOYED		HOURLY OR ANNUAL SALARY				JOB TITLE	
FROM		START					
TO		FINAL					
WORK PERFORMED		SUPERVISOR				CO-WORKER	
REASON FOR LEAVING							

4. EMPLOYER		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER
DATES EMPLOYED		HOURLY OR ANNUAL SALARY	
FROM	START		
TO	FINAL		
WORK PERFORMED	SUPERVISOR		CO-WORKER

REASON FOR LEAVING

B. HAVE YOU EVER BEEN DISMISSED, FIRED, OR ASKED TO RESIGN FROM ANY PLACE OF EMPLOYMENT?
 YES: NO: IF "YES", PLEASE EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.

C. HAVE YOU EVER STOLEN ANY MONEY OR MERCHANDISE FROM ANY PLACE OF EMPLOYMENT? INCLUDE FINAL DISPOSITION OF ALL ITEMS (I.E. , SOLD, RETAINED FOR PERSONAL USE, RETURNED, ETC.)
 YES: NO: IF "YES", PLEASE EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.

D. HAVE YOU EVER BEEN UNEMPLOYED FOR A PERIOD OF TIME IN EXCESS OF SIX MONTHS?
 YES: NO: IF "YES", PLEASE EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.

VI. ORGANIZATIONAL MEMBERSHIP

A. LIST ALL CIVIC OR SOCIAL ORGANIZATIONS, FRATERNITIES, CLUBS, BROTHERHOODS, SOCIETIES OR GROUPS OF WHICH YOU ARE, OR HAVE BEEN, A MEMBER OR ASSOCIATE . ALSO FURNISH THEIR LOCATIONS.

NAME OF ORGANIZATION	ADDRESS	OFFICE HELD

VII. MILITARY STATUS

A. ARE YOU REGISTERED WITH SELECTIVE SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	B. REGISTRATION NUMBER	C. LOCATION WHERE REGISTERED
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D. DO YOU HAVE A CURRENT OBLIGATION WITH THE MILITARY SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	UNIT	ADDRESS/PHONE	COMMANDER
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E. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, ROTC, OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? (IF THERE IS MORE THAN ONE PERIOD, LIST THE SEPARATE PERIODS)

YES:
NO:

MONTH/YEAR ENTERED	BRANCH ORGANIZATION	DISCHARGE RATE	TYPE OF DISCHARGE	RANK	OCCUPATIONAL SPECIALTY

F. WERE YOU EVER REDUCED IN RANK IN THE MILITARY? YES: NO:
 IF "YES", PLEASE EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.

	REDUCED FROM	REDUCED TO

Confidential

G. WERE YOU EVER COURT MARTIALED? YES: No:

IF "YES", PLEASE EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.

TYPE OF COURT MARTIAL SUMMARY SPECIAL GENERAL

SENTENCE RECEIVED:

HAVE YOU EVER RECEIVED A CAPTAINS MAST, COMPANY PUNISHMENT OR ARTICLE 15? YES: No:

IF "YES", PLEASE EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.

H. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT?

YES: NO: IF "YES", EXPLAIN:

VIII. FINANCIAL STATUS

A. LIST THE SOURCES OF ALL YOUR INCOME AT THE PRESENT TIME:

Table with 3 columns: TYPE OF INCOME, FIRM OR SOURCE NAME, MONTHLY AMOUNT. Rows include YOUR SALARY, OTHER EMPLOYMENT, DIVIDEND/INTEREST, MILITARY, OTHER(SPECIFY).

B. IF YOUR SPOUSE IS EMPLOYED, PLEASE COMPLETE THE FOLLOWING:

Table with 3 columns: BUSINESS NAME, BUSINESS ADDRESS, ZIP CODE. Row 2: PHONE NUMBER, JOB TITLE, MONTHLY SALARY.

C. LIST ALL DEBTS AND OBLIGATIONS WHICH YOU NOW OWE, AND THE INDIVIDUALS OR FIRMS WITH WHOM YOU HAVE CREDIT DEALINGS. USE PAGE 12 AND 13 IF ADDITIONAL SPACE IS NEEDED.

Table with 6 columns: OBLIGATION, NAME, ADDRESS ZIP CODE, ACCOUNT NUMBER, UNPAID BALANCE, MONTHLY PAYMENT, AMT. PAST DUE. Rows include MORTGAGE, RENT, AUTO PAYMENT, PERSONAL LOANS, SCHOOL LOANS, CREDIT CARDS, OTHER (SPECIFY), TOTALS.

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES", WRITE THE DETAILS ON PAGES 12 AND 13. MARK "YES" IF THE QUESTION INVOLVES YOU, YOUR SPOUSE OR AN EX-SPOUSE.

D. HAVE YOU EVER BEEN DELINQUENT IN ANY OF YOUR FINANCIALS? YES: NO:
E. HAVE YOU EVER BEEN REFUSED CREDIT? YES: NO:
F. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED? YES: NO:

G. HAVE YOU EVER FILED BANKRUPTCY?	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
H. HAVE YOU EVER BEEN SUED IN COURT?	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
I. HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES, INJURY, LIBEL, ETC., EITHER WITH OR WITHOUT COURT ACTION?	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
J. HAVE YOU EVER FILED A LAWSUIT OR HAD A REPRESENTATIVE FILE A LAWSUIT ON YOUR BEHALF?	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
K. HAS YOUR TAX RETURN EVER BEEN AUDITED BY THE IRS FOR ANY REASON OTHER THAN RANDOM AUDIT?	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
L. HAVE YOU EVER FAILED TO FILE OR BEEN DELINQUENT IN FILING YOUR TAX RETURN?	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>

IX. NARCOTIC AND LIQUOR USAGE

A. WITHIN THE LAST SIX (6) MONTHS, HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGES BECAUSE OF AN ADDICTION TO ALCOHOL? IF "YES", PLEASE EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
B. WITHIN THE LAST SIX (6) MONTHS, HAVE YOU USED A CONTROLLED SUBSTANCE WITHOUT A PRESCRIPTION? IF "YES", PLEASE EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>

X. MARITAL STATUS/SIGNIFICANT OTHER(S)/FAMILY MEMBERS

A. CHECK YOUR CURRENT MARITAL STATUS. USE ADDITIONAL SPACE ON PAGES 12 AND 13 IF EXPLANATION IS NECESSARY.

SINGLE
 ENGAGED
 MARRIED
 SEPARATED
 DIVORCED
 WIDOWED

IF ENGAGED OR MARRIED, INDICATE THE FOLLOWING INFORMATION RELATIVE TO FINACE(E) OR SPOUSE:

NAME (INCLUDE MAIDEN NAME)		DATE OF BIRTH		ADDRESS
CITY	STATE	ZIP CODE	PHONE NUMBER	ANTICIPATED DATE OF MARRIAGE

IF SEPARATED OR DIVORCED, INDICATE THE FOLLOWING INFORMATION RELATIVE TO EX-SPOUSE:

NAME (INCLUDE MAIDEN NAME)		DATE OF BIRTH		ADDRESS
CITY	STATE	ZIP CODE	PHONE NUMBER	DATE OF SEPARATION/DIVORCE CAUSE #

IF SPOUSE IS DECEASED, INDICATE THE FOLLOWING INFORMATION:

NAME (INCLUDE MAIDEN NAME)	DATE DECEASED
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LIST ANY AND ALL ADDITIONAL SIGNIFICANT OTHER YOU HAVE DATED/HAD A ROMANTIC RELATIONSHIP WITH INCLUDING THEIR NAME, ADDRESS, PHONE NUMBER ON PAGES 12 AND 13.

B. LIST ALL CHILDREN AND/OR DEPENDENTS. USE ADDITIONAL SPACE ON PAGES 12 AND 13 IF NECESSARY.

NAME	DATE OF BIRTH	PLACE OF BIRTH	RELATIONSHIP	ADDRESS	LIVING WITH	SUPPORT PROVIDED

C. DO YOU NOW SUPPORT ALL CHILDREN BORN TO YOU? IF "NO", EXPLAIN. YES: NO:

D. ALL EMPLOYEES OF THIS DEPARTMENT WORK A MINIMUM OF EIGHT, TEN, AND TWELVE-HOUR DAYS, NIGHTS, WEEKENDS, AND HOLIDAYS. ARE YOU ABLE TO MEET THESE REQUIREMENTS WITHOUT EXCESSIVE ABENCES?
 YES: NO:

E. ARE YOU PRESENTLY LIVING WITH ANYONE ELSE (FRIEND OR RELATIVE)? YES: NO:
 IF "YES", PLEASE EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.

F. HAVE YOU HAD ANY SERIOUS PROBLEMS WITH YOUR RELATIVES OR IN-LAWS? YES: NO:
 IF "YES", PLEASE EXPLAIN IN FULL DETAIL ON PAGES 12 AND 13.

G. LIST FULL NAME(S) OF YOUR IMMEDIATE FAMILY, SUCH AS FATHER, MOTHER (MAIDEN NAME), BROTHER AND SISTERS (THIS INCLUDES HALF/STEP BROTHER OR SISTERS):

NAME	DATE OF BIRTH	RELATIONSHIP	ADDRESS, STATE ZIP CODE	PHONE NUMBER	OCCUPATION

USE ADDITIONAL SPACE ON PAGES 12 AND 13 IF NECESSARY.

SECTIONS XI, XII AND XIII ARE TO BE COMPLETED BY POLICE OFFICER,
 RESERVE OFFICER, AND POLICE APPLICANTS ONLY

XI. USE OF FORCE

A. IF THE NECESSITY AROSE FOR YOU TO SHOOT A PERSON IN THE COURSE OF YOUR DUTIES AS AN OFFICER, WOULD YOU HAVE ANY RELUCTANCE TO DO SO? YES: NO:
 IF "YES", EXPLAIN IN DETAIL:

B. HAVE YOU EVER USED A WEAPON TO DEFEND YOURSELF OR OTHER? YES: NO:
 IF "YES", EXPLAIN IN DETAIL:

C. AS THE NEED TO DO SO MAY ARISE AT ANY TIME, ARE YOU PHYSICALLY CAPABLE OF MAKING A FORCEFUL ARREST REQUIRING PHYSICAL STRENGTH AND EXERTION?

YES: NO:

XII. NARRATIVE

IN 25 TO 50 WORDS, EXPLAIN WHY YOU WISH TO BE A POLICE OFFICER OR A RESERVE OFFICER:

Empty lines for narrative response.

XIII. DRIVING HISTORY

A. LIST ALL DRIVER'S OR CHAUFFEUR'S LICENSES YOU NOW HOLD OR HAVE PREVIOUSLY HELD, EITHER IN MISSOURI OR ANY OTHER STATE OR COUNTRY.

Table with columns: STATE, TYPE OF LICENSE, LICENSE NUMBER, EXPIRATION DATE

B. HAVE ANY OF THE ABOVE LICENSES EVER BEEN SUSPENDED OR REVOKED?

YES: NO:

IF "YES", EXPLAIN:

Empty lines for explanation of license status.

C. LIST ALL DRIVING CITATIONS/TICKETS OR SUMMONSES YOU HAVE RECEIVED AS AN ADULT OR JUVENILE BEGINNING WITH THE MOST RECENT. IF YOU CANNOT REMEMBER EXACT DATES OR LOCATIONS, GIVE APPROXIMATE DATES AND LOCATIONS. USE ADDITIONAL SPACE ON PAGES 12 AND 13 IF NECESSARY.

Table with columns: MONTH/YEAR, CHARGE, CITY/STATE, ISSUING AGENCY, DISPOSITION

D. LIST ALL VEHICLES WHICH YOU OWN, LEASE OR HAVE FOR YOUR PERSONAL USE (INCLUDE MOTORCYCLES).

Table with columns: YEAR, MAKE, MODEL, VEHICLE LICENSE NUMBER, STATE

E. HOW MANY TRAFFIC ACCIDENTS HAVE YOU BEEN INVOLVED IN DURING THE PAST THREE YEARS? GIVE DATES AND EXPLAIN CIRCUMSTANCES OF EACH. USE ADDITIONAL SPACES ON PAGES 12 AND 13 IF NECESSARY.

DATE	CIRCUMSTANCES
DATE	CIRCUMSTANCES
DATE	CIRCUMSTANCES

F. LIST ALL INFORMATION RELATIVE TO YOUR CURRENT AUTOMOBILE INSURANCE.

NAME OF COMPANY	ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	NAME OF AGENT	POLICY NUMBER		EXPIRATION DATE

G. HAVE YOU BEEN DENIED AUTOMOBILE INSURANCE OR HAD INSURANCE CANCELLED? YES: NO:
 IF "YES", EXPLAIN:

--	--

H. IN THE PAST YEAR, HAVE YOU CHANGED AUTOMOBILE INSURANCE COMPANIES? YES: NO:
 IF "YES", INDICATE THE FOLLOWING INFORMATION RELATIVE TO YOUR PREVIOUS INSURANCE COMPANY:

NAME OF COMPANY	ADDRESS	ZIP CODE	PHONE NUMBER	DATE DISCONTINUED
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APPLICATION CHECKLIST

THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THIS APPLICATION OR EXPLAIN FULLY WHY THEY ARE NOT INCLUDED. ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE ST. CLAIR POLICE DEPARTMENT AND WILL NOT BE RETURNED.

- 1. COMPLETED CERTIFICATE OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION. YES: NO:
- 2. WAIVER FOR EXPERIENCED OFFICERS. ALL APPLICANTS CURRENTLY EMPLOYED AS POLICE OFFICERS AND WHO ARE APPLYING FOR A POLICE OFFICER POSITION MUST SUBMIT THIS COMPLETED AND SIGNED FORM AT THE TIME THEIR APPLICATION IS SUBMITTED. YES: NO:
- 3. TAX INFORMATION AUTHORIZATION (FORM 4506-T). YES: NO:
- 4. CERTIFIED COPY OF BIRTH CERTIFICATE (STATE ISSUED WITH RAISED IMPRESSION, CERTIFIED OR NOTORIZED COPY). IF YOU ARE APPLYING FOR A CIVILIAN POSITION, A PHOTO COPY IS ACCEPTABLE. YES: NO:
- 5. COPIES OF ALL EDUCATIONAL TRANSCRIPTS. HIGH SCHOOL AND COLLEGE MUST HAVE A RAISED SEAL AFFIXED. IF YOU ARE APPLYING FOR A CIVILIAN POSITION, A STUDENT COPY IS ACCEPTABLE. YES: NO:
- 6. COPY OF MILITARY DISCHARGE PAPERS - DD FORM 214 YES: NO:
- 7. TWO RECENT PHOTOS OF YOURSELF. POLAROID, PHOTO BOOTH PICTURES ARE ACCEPTABLE. YES: NO:
- 8. SPECIAL AWARDS. YES: NO:
- 9. NATURALIZATION PAPERS (IF APPLICABLE). YES: NO:
- 10. COPY OF YOUR SOCIAL SECURITY CARD YES: NO:
- 11. COPY OF ANY LICENSES INCLUDING VALID STATE ISSUED MOTOR VEHICLE OPERATOR'S LICENSE, PILOT'S LICENSE, AND RADIO OPERATOR'S LICENSE YES: NO:

IF YOU ARE UNABLE TO FURNISH ANY OF THESE DOCUMENTS, PLEASE EXPLAIN:

DOCUMENT NUMBER	REASON FOR EXCLUSION

