

**VIENNA POLICE DEPARTMENT
P.O. BOX 196
VIENNA, MO. 65582**

**SHANNON W. THOMPSON, CHIEF
OFFICE (573) 422-3811
CITY HALL (573) 422-3549
DISPATCH (573) 422-3381**

The Vienna, MO Police Department has an opening for a full time police officer position. Applicants are required to meet the following criteria to be eligible for consideration for the position of Police Officer for the City of Vienna, Mo.

1. Must be at least 21 years of age.
2. Must possess a current and valid Missouri P.O.S.T law enforcement certification.
3. Must agree to and pass a background check.
4. Must possess a valid Missouri Driver's License (or equivalent if military) with an acceptable driving record.
5. Male applicants must not have visible piercings or ear gauges. Female applicants allowed visible piercing in the ears only (subject to uniform policy upon hire).
6. Must not possess excessive or objectionable tattoos visible while on duty. Applicants hired may be required to wear covering "sleeves" or long sleeve uniform shirts as directed by the Chief of Police. No tattoos are allowed above the collar.
7. Must be able to work evenings, weekends and holidays as directed by the Chief of Police.
8. Must provide approved duty side arm and equipment belt.
9. Successful applicants will be subject to a 6 month probationary performance evaluation period.
10. Prior and Retiring Military Service Members are encouraged to apply.

Starting Annual Salary \$33,500, LAGERS retirement and City Paid Employee Health Insurance, Vacation and Holiday time. Successful applicant will be required to be "on call" at times and assigned a take home car which requires them to reside within 3 miles of the city limits of Vienna, MO within 60 days of hire.

Current shift assignments are 6 work days one (1) week of pay period and one (1) work day the next week of pay period.

Applications will be received until this position is successfully filled. Applications may be picked up from Vienna City Hall, located at 424 8th Street between 8:00 AM and 4:00 PM Monday through Friday, requested by telephone at (573) 422-3549 or on line by e-mailing sthompson@viennamissouri.org. Resumes may be returned with completed applications.

The City of Vienna is an equal opportunity employer.

City of Vienna

Police Department

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

We are an equal opportunity employer.

(PLEASE PRINT)

Position applying for _____ Date of Application _____

Name _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Cell Number _____

Email Address _____ Social Security Number _____ - _____ - _____

Best time to contact you isbefore/after __:__ am/pm

Have you ever filed an application with us before?.... __Yes __No

If Yes, give date _____

Have you ever been employed with us before? __Yes __No

If Yes, give date _____

Do any of your friends or relatives work here? __Yes __No

Are you currently employed? __Yes __No

If Yes, may we contact your current employer? __Yes
__No

Are you prevented from lawfully becoming employed in this country

Because of Visa or Immigration Status? __Yes __No

Proof of citizenship or immigration status will be required upon employment

Date available for work __/__/__

What is your desired salary range? _____

Are you available to work: __ Full-Time (please indicate day or evening/night shift)

__ Part-Time (please indicate Mornings, Afternoons, Evenings)

__ Temporary (please indicate dates available __/__/__ - __/__/__)

Are you currently on "lay-off" status and subject to recall? __Yes __No

Can you travel if the job requires it? __Yes
__No

EDUCATION

Do you possess a current, valid license issued by the Missouri Department of Public Safety to work as a Police Officer? ☐ Yes ☐ No

Please submit copies of all licenses and training certificates with this application

Have you ever been named as a respondent in a disciplinary action from P.O. S.T. (Police Officers Standards and Training)? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever been asked to resign from any job? ☐ Yes ☐ No

If yes, please explain: _____

EMPLOYMENT

Employer	Dates Employed
	From _____ to _____

Address		

Telephone Number	Job Title	Supervisor

Starting Hourly Rate/Salary	Ending Hourly Rate/Salary

Duties Performed

Reason for Leaving

Employer	Dates Employed
	From _____ to _____

Address		
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Telephone Number	Job Title	Supervisor
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Starting Hourly Rate/Salary	Ending Hourly Rate/Salary
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Duties Performed

Reason for Leaving

Employer	Dates Employed
	From _____ to _____

Address		
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Telephone Number	Job Title	Supervisor
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Starting Hourly Rate/Salary	Ending Hourly Rate/Salary
Duties Performed	
<hr/> <hr/> <hr/> <hr/>	
Reason for Leaving	

If you need additional space, please continue on a separate sheet of paper

ADDITIONAL INFORMATION

<p>List professional, trade, business or civic activities and offices held. <i>(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or the protected status.)</i></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

<p>Summarize special job-related skills and qualifications acquired from employment or other experience.</p> <hr/> <hr/> <hr/> <hr/>

State any additional information you feel may be helpful to us in considering your application.

REFERENCES (Not related by blood or marriage)

Name	Phone Number
Address	

Name	Phone Number
Address	

Name	Phone Number
Address	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application shall be kept on file for no more than 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by and authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

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Authorization to Release Information

To Whom It May Concern:

I hereby request and authorize you to furnish the Vienna Police Department with any and all information they may request concerning my work record, educational history, military record, financial status, traffic record, criminal record, medical history and general reputation. I also request and authorize you to furnish any organization or individual conducting background investigations on behalf of the Vienna Police Department with the same information. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with the Vienna Police Department.

I hereby release you and your organization from any liability which could result from furnishing the information requested or from any subsequent use of such information in determining my qualifications for employment with the Vienna Police Department.

A copy or facsimile of this release will be valid as an original thereof for one year from the date of execution.

Applicant's full name: _____

Date of Birth: _____ Social Security Number: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Subscribed to and before me this ____ Day of _____ 20__

Apply Seal or Stamp

Notary Public Signature

Notary (Print Name)

Expiration Date