



Lake Saint Louis Police Department

200 Civic Center Drive
Lake Saint Louis, MO 63367
(636) 625-8018
(636) 625-1428 Fax
www.lakesaintlouis.com

Attached is an Application for the City of Lake Saint Louis Police Department. Please make sure that each section of this application is fully completed and accurate, to include full names, addresses, zip codes and phone numbers. Any applications received that have not been fully completed or are not accurate will not be considered for the position. In addition, you may attach a 2-3 page résumé. DO NOT include any other paperwork (copies of degrees, certifications, driver's licenses, etc), other than those requested.

Any applicant that has been terminated or released from a previous law enforcement employer must provide written documentation from the Chief Law Enforcement official indicating the reason for release or termination. This documentation MUST be attached to this application.

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**LAKE SAINT LOUIS POLICE DEPARTMENT
200 CIVIC CENTER DRIVE
LAKE SAINT LOUIS, MO 63367**

Employment Application
(Please Print)

Date of Application: _____			
Position Applied For: _____			
Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone Number: _____		Social Security Number: _____	
If you are under eighteen years of age, can you provide a work permit?		Yes	No
Have you ever been employed with this Police Department before?		Yes	No
-If "Yes", then please provide dates of employment _____			
Are you currently employed?		Yes	No
-If "Yes", then can we contact your present employer?		Yes	No
On what date would you be available to start employment? _____			
Are you available to work:		Full Time	Part Time
		Full or Part Time	
Are you available to work shift work/variable hours?		Yes	No
Are you legally eligible for employment in the United States?		Yes	No

Have you ever been convicted of a Felony? Yes No

-If "Yes", please explain in detail _____

Are you related to a current city employee or appointed official? Yes No

-If "Yes" please list name and relationship _____

Do you possess a valid Driver's License? Yes No State: _____

-If "Yes", please provide: License Number _____ Exp. Date _____

Have you ever had your Driver's License Suspended or Revoked? Yes No

-If "Yes", please explain in detail _____

Are you a veteran of the United States Military? Yes No

References

Give the names, addresses, and telephone number(s) of three references, not related to you, who you have known for at least three years. Do not include previous employers.

Name	Address	Phone	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Educational Experience

High School Name and Location _____

Last Grade Completed: 9 10 11 12 Diploma _____ GED _____

College/University Name and Location _____

Course of Study _____

Credit Hours Completed _____ Degree _____

Educational Experience (con't)

Graduate School Name and Location _____

Course of Study _____

Credit Hours Completed _____ Degree _____

Employment Experience (Start with the most recent employer)

Employer _____ Telephone _____

Address _____ City/State/Zip _____

Job Title _____ Supervisor _____

Employment Dates: From _____ To _____ Pay Rate _____

Work Performed _____

Reason for Leaving _____

Employer _____ Telephone _____

Address _____ City/State/Zip _____

Job Title _____ Supervisor _____

Employment Dates: From _____ To _____ Pay Rate _____

Work Performed _____

Reason for Leaving _____

Employer _____ Telephone _____

Address _____ City/State/Zip _____

Job Title _____ Supervisor _____

Employment Dates: From _____ To _____ Pay Rate _____

Work Performed _____

Reason for Leaving _____

Employment Experience (Continued)

Employer _____ Telephone _____

Address _____ City/State/Zip _____

Job Title _____ Supervisor _____

Employment Dates: From _____ To _____ Pay Rate _____

Work Performed _____

Reason for Leaving _____

Employer _____ Telephone _____

Address _____ City/State/Zip _____

Job Title _____ Supervisor _____

Employment Dates: From _____ To _____ Pay Rate _____

Work Performed _____

Reason for Leaving _____

Police Academy

Are you a graduate of a P.O.S.T. certified Police Training Academy? Yes No

-If "Yes", which academy? _____

Are you P.O.S.T. certified in the State of Missouri? Yes No

Academy Training Hours: _____ FT PT Graduation Date: _____

Applicant Statement (Please provide a brief overview of your qualifications for this position)

Applicant Waiver

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize the Lake Saint Louis Police Department to complete a thorough investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby authorize my former employers to release any information requested by the Lake Saint Louis Police Department pertaining to my work record, my work habits, my work performance, employment dates, reason(s) for separation, rates of pay and eligibility for re-hire, while I was employed.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination.

Applicant Signature _____ Date _____

THE CITY OF LAKE SAINT LOUIS IS AN EQUAL OPPORTUNITY EMPLOYER

Personnel Use Only

Application Complete: Yes _____ No _____

Date of Interview: _____ Interviewed By: _____

Remarks: _____

Hired: Yes _____ No _____ Date of Employment _____

Job Title: _____ Department _____

Starting Salary/Rate of Pay _____