

CONFIDENTIAL
APPLICANT PERSONAL HISTORY QUESTIONNAIRE
CITY OF EUREKA



FOR PERSONNEL DEPT USE ONLY
Application No.: _____
Date: _____
Position Applied for: _____

REFERRAL SOURCE
Personal Referral _____
Referrer's Signature/DSN _____

AN EQUAL OPPORTUNITY EMPLOYER

Please fill out this application to the best of your ability. We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, or disability.

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 EUREKA 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 physical examination, an oral board examination and drug screening.

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 Eureka Police Department.

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

Signature

Date

Please indicate the position for which you are applying: _____

Directions

1. USE BLACK INK PEN ONLY. Complete this form in your own handwriting or printing.
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**. Submit all documents as requested. If a question does not apply to you, write N/A (Not Applicable) in the space. Leave no blank spaces.
5. Initial EACH page on the bottom right corner.
6. Additional space is provided on pages 12 & 13 for answers which require clarification or further explanation. All entries on pages 12 & 13 will begin with page, section number (Roman Numerals I-XIII), and question (letters A-P) you are explaining or clarifying.
7. 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 applications 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.

I. PERSONAL DATA

| | | | | | | |
|--------------------------|--------|--------|-------------------------|--------|--------|-----------------|
| FULL NAME LAST | | FIRST | | MIDDLE | | HOME PHONE |
| ADDRESS NUMBER | | STREET | CITY | STATE | ZIP | BUSINESS PHONE |
| PERMANENT ADDRESS NUMBER | | STREET | CITY | STATE | ZIP | PERMANENT PHONE |
| AGE | HEIGHT | WEIGHT | HAIR | EYES | D.O.B. | PLACE OF BIRTH |
| SOCIAL SECURITY NUMBER | | | DRIVER'S LICENSE NUMBER | | | STATE |

A. LIST ANY OTHER NAMES YOU HAVE EVER USED:

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

D. LIST FIRST YOUR PRESENT ADDRESS THEN LIST ALL ADDRESSES YOU HAVE LIVED FOR THE PAST TEN (10) YEARS, INCLUDE YOUR ADDRESSES IN THE MILITARY SERVICE.

| DATE FROM | DATE TO | STREET ADDRESS | COUNTY | STATE/ZIP |
|-----------|---------|----------------|--------|-----------|
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E. HAVE YOU EVER APPLIED FOR A POSITION WITH THIS DEPARTMENT BEFORE? YES NO
 IF "YES," DATE OF APPLICATION _____

F. HAVE YOU FILED AN EMPLOYMENT APPLICATION WITH ANY OTHER SOURCES RECENTLY? YES NO

| ORGANIZATION OR FIRM NAME | ADDRESS | ZIP | POSITION APPLIED FOR | DATE | DISPOSITION |
|---------------------------|---------|-----|----------------------|------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |

G. ARE YOU ACQUAINTED WITH ANY EUREKA POLICE DEPARTMENT EMPLOYEES? YES NO IF "YES," PLEASE LIST:

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

II. REFERENCES

A. List four (4) character references, not relatives, in-laws, or past employers, who have known you well during the past three years or more.

| | | | | |
|----------|-------------------|--------------|------------------|-----|
| 1 | Name | Phone Number | Years Acquainted | |
| | Residence Address | City | State | Zip |
| | Business Address | | Occupation | |
| 2 | Name | Phone Number | Years Acquainted | |
| | Residence Address | City | State | Zip |
| | Business Address | | Occupation | |
| 3 | Name | Phone Number | Years Acquainted | |
| | Residence Address | City | State | Zip |
| | Business Address | | Occupation | |
| 4 | Name | Phone Number | Years Acquainted | |
| | Residence Address | City | State | Zip |
| | Business Address | | Occupation | |

III. ARREST HISTORY

A. Other than traffic citations, have you been arrested, convicted, charged, questioned, accused, or detained for any reason by any police, or security officer, military police authority, either in the United States of America or in any foreign country?

_____ Yes _____ No If "Yes" describe below and explain in full detail on pages 12 & 13

| Date | Charge | Dept. or Agency | Location (City, County, State) | Disposition |
|---|--------|-----------------|--------------------------------|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| B. Were you ever served with a criminal or civil subpoena or summons other than traffic | | _____ Yes | _____ No | If "Yes" explain in full detail on page 12 & 13 |
| C. Have the police ever been called to any or your former or current residences for any reason? | | _____ Yes | _____ No | If "Yes" explain in full detail on page 12 & 13 |
| D. Have you ever been involved in any undetected crime, including the buying or selling of illicit drugs? | | _____ Yes | _____ No | If "Yes" explain in full detail on page 12 & 13 |
| E. Are you now under charges for any violation of law? | | _____ Yes | _____ No | If "Yes" explain in full detail on page 12 & 13 |

IV. EDUCATION AND SKILLS

A. Do you have: (Check appropriate lines)

GED Certificate High School Diploma Vocational-Technical Certificate
 College Degree Post Graduate Degree

B. List all elementary, high school, colleges and universities you have attended.

| Month & Year Attended FROM | TO | Name and Location (Street, City, State, Zip) | # of Credits Completed | Type of Degree | Major | Year of Degree |
|-------------------------------|----|---|---------------------------|-------------------|-------|-------------------|
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C. Student associations/activities:

D. Have you ever been suspended, expelled or asked to leave any school for disciplinary reasons? If "Yes" explain in detail on Pages 12 & 13. Yes No

E. Have you ever been placed on academic probations? If "Yes" explain in detail on Pages 12 & 13. Yes No

F. Have you ever received any Police Academy training to be a police officer? If "Yes" explain in detail on Pages 12 & 13. Yes No

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.)

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V. EMPLOYMENT HISTORY

A. Start with your present or last job and list all of the places you have worked. List everything for the past ten (10) years. List any additional employers on pages 12 & 13.

| | | | | | | |
|----|--------------------|-----------|----------|-------------------------|----|-------------|
| 1. | Employer | Telephone | | Dates Employed | | Job Duties: |
| | Address | State | Zip | From | To | |
| | Job Title | | | Hourly or Annual Salary | | |
| | Supervisor | | Starting | Final | | |
| | Reason for Leaving | | | | | |
| 2. | Employer | Telephone | | Dates Employed | | Job Duties: |
| | Address | State | Zip | From | To | |
| | Job Title | | | Hourly or Annual Salary | | |
| | Supervisor | | Starting | Final | | |
| | Reason for Leaving | | | | | |
| 3. | Employer | Telephone | | Dates Employed | | Job Duties: |
| | Address | State | Zip | From | To | |
| | Job Title | | | Hourly or Annual Salary | | |
| | Supervisor | | Starting | Final | | |
| | Reason for Leaving | | | | | |
| 4. | Employer | Telephone | | Dates Employed | | Job Duties: |
| | Address | State | Zip | From | To | |
| | Job Title | | | Hourly or Annual Salary | | |
| | Supervisor | | Starting | Final | | |
| | Reason for Leaving | | | | | |

B. Have you ever been dismissed, fired or asked to resign from any employment? ___ Yes ___ No
If "Yes" explain in detail on pages 12 & 13.

C. Have you ever stolen any money or merchandise from any place of employment? ___ Yes ___ No
Include final disposition of all items (i.e., sold, retained for personal use, returned, etc.) If "Yes" explain in detail on pages 12 & 13.

D. Have you ever been unemployed for a period of time in excess of six months? ___ Yes ___ No

VI. ORGANIZATION 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 its location.

| NAME OF ORGANIZATION | ADDRESS | OFFICE HELD |
|----------------------|---------|-------------|
| | | |
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| | | |

B. Are you now, or have you been, a member of any foreign or domestic subversive organization, association, movement, group or club which has adopted or shows a policy of advocating or approving the commission of acts of force or violence or deny other persons their rights under the constitution of the United States or the State of Missouri, by any unlawful or unconstitutional means? Yes No If "Yes" explain on pages 12 & 13.

VII. MILITARY STATUS

| | | |
|---|---------------------|-------------------------------|
| A. Are you registered with the selective service? <input type="checkbox"/> Yes <input type="checkbox"/> No | B. Registration No. | C. Location where registered: |
|---|---------------------|-------------------------------|

D. Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, R.O.T.C., 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 or Organization | Discharge Date | Type of Discharge | Rank | Occupational Specialty |
|--------------------|------------------------|----------------|-------------------|------|------------------------|
| | | | | | |
| | | | | | |
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If the answer to E or F is "Yes", explain on pages 12 & 13.

| | |
|--|---|
| E. Where you ever reduced in rank in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No Rank reduced From: _____ To: _____ | F. Were you ever court martialled? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Court Martial: _____ Summary _____ Special _____ General |
|--|---|

G. Have you ever served in a military or naval organization of any foreign government? Yes No
 If "Yes" explain:

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VIII. FINANCIAL STATUS

A. List the sources of ALL your income at the present time.

| Type of Income | Firm or Source Name | Annual Amount |
|--------------------|---------------------|---------------|
| Your Salary | | |
| Other Employment | | |
| Dividends/Interest | | |
| Military | | |
| Other (Specify) | | |
| TOTAL | | |

B. If your spouse is employed, list:

Title: _____ Telephone: _____

Company Name: _____ Address: _____

C. List all debts and obligations which you now owe, and the individuals or firms with whom you have credit dealings. Use pages 12 & 13 if additional space is needed.

| OBLIGATION | NAME & ADDRESS OF CREDITOR | ACCOUNT NUMBER | UNPAID BALANCE | MONTHLY PAYMENT | AMOUNT PAST DUE |
|-------------------------------|----------------------------|----------------|----------------|-----------------|-----------------|
| Mortgage/Rent (Circle One) | | | | | |
| Auto Payment | | | | | |
| Personal Loans | | | | | |
| School Loans | | | | | |
| Credit Card | | | | | |
| Credit Card | | | | | |
| Other (Specify) | | | | | |
| Other (Specify) | | | | | |
| TOTAL | | | | | |

If the answer to any of the following questions is "Yes", write details on pages 12 & 13. Mark "Yes" if the question involves you, your spouse, or any ex-spouse.

- | | |
|--|--|
| <p>E. Have you ever been delinquent in any of your financial obligations? ___ Yes ___ No</p> <p>F. Have you ever been refused credit? ___ Yes ___ No</p> <p>G. Have you ever hand any of your property repossessed? ___ Yes ___ No</p> <p>H. Have you ever filed bankruptcy? ___ Yes ___ No</p> <p>I. Have you ever been sued in court? ___ Yes ___ No</p> | <p>J. Have you ever received a settlement in payment for damages, injury, libel, etc., either with or without court action? ___ Yes ___ No</p> <p>K. Have you ever filed a lawsuit or had a representative file a lawsuit on your behalf? ___ Yes ___ No</p> <p>L. Has your tax return ever been audited by the IRS for any reason other than a random audit? ___ Yes ___ No</p> |
|--|--|

IX. NARCOTIC AND LIQUOR USAGE

If the answer to any of the following is "Yes", please explain on pages 12 & 13.

- A. Within the last six (6) months have you consumed any alcoholic beverages because of an addiction to alcohol? ___ Yes ___ No
- B. Within the last six (6) months have you abused a controlled substance? ___ Yes ___ No

X. MARITAL STATUS/FAMILY MEMBERS

- A. Check description of marital status - Use ___ Single ___ Engaged ___ Married
 additional space on pages 12 & 13 if needed. ___ Separated ___ Divorced ___ Widowed

If engaged or married:

| | | | | |
|---|-------------|-------|-----|--------------------------------------|
| Fiances/Spouse Full Name (include Maiden) | Address/Zip | Phone | DOB | Anticipated date or Date of Marriage |
|---|-------------|-------|-----|--------------------------------------|

If separated or divorced:

| | | | | |
|------------------------------------|-------------|-------|-----|--------------------------------------|
| Spouses Full Name (include Maiden) | Address/Zip | Phone | DOB | Anticipated date or Date of Marriage |
|------------------------------------|-------------|-------|-----|--------------------------------------|

If spouse deceased:

Full name (maiden) _____ Date Deceased: _____

- B. List all dependents. Use additional space on pages 12 & 13 if needed.

| Name | Date of Birth | Place of Birth | Relationship | Address | Resides w/whom | % Support Provided |
|------|---------------|----------------|--------------|---------|----------------|--------------------|
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- C. Do you now support all children born to you? ___ Yes ___ No If "No" explain:

- D. An employee of this department works a minimum of 40 hours per week in a variety of different shifts (ie: 12 hour, 10 hour, 8 hour). Are you able to meet these requirements without excessive absences? ___ Yes ___ No

When the answer to any of the following questions is "Yes", write details on additional pages 12 & 13.

E. Are you presently living with anyone else (friend or relative)? Yes No

F. Do you have any serious problems with your relatives or in-laws? Yes No

G. List full name of your immediate family such as father, mother (maiden name), brothers and sisters.

| Name | Relationship | Address | Phone No. | Occupation | DOB |
|------|--------------|---------|-----------|------------|-----|
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Sections XI, XII and XIII to be completed by police officer, reserve officer and security officer 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 others? 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

A. In 25 to 50 words, explain why you wish to be a police, reserve or security officer.

XIII. DRIVING HISTORY

A. List all driver's or chauffer's licenses you now hold or have previously held, either in Missouri or any other state or country.

| STATE | TYPE OF LICENSE | LICENSE NUMBER | EXPIRATION DATE |
|-------|-----------------|----------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

Have you any of the above licenses ever been suspended or revoked? Yes No **If yes, explain on pages 12 & 13.**

B. Have you ever received a citation/ticket or summons for any of the following offenses? **If yes to any, explain on pages 12 & 13.**

| | |
|---|--|
| Driving while suspended or revoked? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any alcohol or drug related traffic offense? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Operating a motor vehicle without insurance (financial responsibility)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Careless and imprudent driving? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Leaving the scene of a motor vehicle accident? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

C. List all driving citations/tickets, or summons 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.)

| Month/Year | Charge | City/State | Department/Agency Issued by | Disposition |
|------------|--------|------------|-----------------------------|-------------|
| | | | | |
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D. List all vehicles which you own, lease, or have for your personal use (include motorcycles).

| Year | Make | Model | License Number | State |
|------|------|-------|----------------|-------|
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F. How many traffic accidents have you been involved in during the past five years? _____

Describe them in detail on pages 12 & 13.

G. Have you recently changed automobile insurance companies? ____ Yes ____ No

If yes, indicate date, name, address and phone number of previous insurance company.

H. Current insurance:

Current insurance agent's name:

Insurance Company:

Address:

City:

State:

Zip:

Agent's phone Number:

Policy Number:

I. Have you ever been denied automobile insurance or had insurance cancelled? ____ Yes ____ No

If yes, explain:

City of Eureka

P.O. Box 125 - 120 City Hall Drive
Eureka, Missouri 63025 - 636-938-6600

CERTIFICATE OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION (Read carefully before signing)

I, _____, hereby certify that all statements made on or in connection
(print full name)

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 continued employment by the Eureka 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 commander of the personnel and training unit, Eureka Police, with any and all available information regarding me and for the release of any medical, physical, psychiatric, psychological records to the commander in order that the commander may determine my suitability for police work.

I authorize the Eureka, Missouri 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 Eureka Police Department.

A photostatic or xerox copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant

Date

Signature of Witness

Date

ESSENTIAL FUNCTIONS FOR COMMISSIONED POLICE EMPLOYEE

In accordance with the Americans with Disabilities Act (ADA), the following list of essential functions is established as criteria for qualification to receive confirmed offers of employment as a commissioned police officer with the Eureka Police Department.

GENERAL SUMMARY: The work of the commissioned police officer involves responsibility for the protection of life and property, prevention of crime, apprehension of criminals and the general enforcement of laws and ordinances. Duties normally consist of routine patrol, preliminary investigation and traffic regulation. Police officers also may be assigned duties as detectives, crime prevention officers, Department training officers, evidence technicians, field training officers, accident investigators, firearms instructors, DARE program officers, hostage negotiators, dog handlers or special response team officers. Work involves an element of personal danger. The employee must be able to exercise sound independent judgement under stress. Assignments may include work on special tasks which call upon specialized abilities and knowledge possessed by the officer. Work assignments can be general or specific and instructions are received from a supervisor who reviews work methods and results through reports, personal inspection and discussion.

I. DUTIES AND RESPONSIBILITIES

A. Crime Prevention and Investigation

- Performs preventive patrol in assigned beat;
- Continually observes for criminal activity, safety hazards, traffic violations, persons needing assistance, etc.;
- Becomes and remains familiar with patrol beats, geographic locations, known offenders, neighborhood routines, potential problem areas;
- Conducts security inspections and surveys of buildings and businesses and makes recommendations regarding security, etc.;
- Makes presentations to groups and individuals on subjects related to the job's tasks and functions;
- Handles complaints made by the public;
- Observes for, detects and investigates violations of laws and ordinances and documents those actions for future use;
- Conducts interviews and interrogations of victims, witnesses, suspects and offenders;
- Conducts preliminary and follow-up investigations;
- Identifies, collects, processes, packages and logs physical evidence;
- Collects information and either acts upon it, if within the scope of his authority, or routes it to the proper authority or agency;
- Conducts searches of persons, vehicles, places and things;
- Identifies and arrests offenders, including subduing resistive arrestees;
- Seeks and serves arrest warrants, search warrants and other court documents;
- Assists prosecutors in the preparation of cases for trial;
- Appears and testifies in court, juvenile hearings, at deposition sessions and similar proceedings;
- Enforces traffic and parking laws, including driving under the influence detection and apprehension;
- Controls, regulates and directs vehicular and pedestrian traffic;
- Investigates traffic accidents, including protecting the scene, aiding the injured, controlling traffic, clearing the scene, determining the cause, preparing reports and diagrams;
- Assists disabled motorists;
- Deals with children of all ages in a variety of situations, such as delinquents, minors requiring authoritative intervention, neglected abused, runaways, lost, found, victims of crimes, public relations and instructional functions and informants.

B. Miscellaneous Order Maintenance

- Deals with domestic disputes and other interpersonal and business contacts;
- Recognizes and corrects or reports public hazards and inconveniences, as gas leaks, traffic signals out of service, traffic obstructions and other safety hazards;
- Responds to specific requests for ambulance/fire service and assists as needed;
- Administers first aid, including CPR, to sick and injured persons;
- Investigates incidents involving dead persons resulting from criminal, accidental, suicidal and natural causes, including determination of the circumstances and handling/removal of the body and dealing with the family, relatives, friends, witnesses, etc.;
- Investigates reports of lost and found property;
- Investigates reports of missing and found persons;
- Investigates animal complaints, including the humane disposition of severely injured animals;
- Directs and/or supervises civilian employees and the public at the scenes of crimes, accidents, disasters, assemblies, etc.;
- Generally assists persons in distress.

C. Organizational Support

- May perform desk duties, including telecommunications (telephone, computer terminal, radio), assisting persons at the counter of the station, processing reports;
- Conducts background investigations for prospective police applicants;
- Attends training as assigned;
- Develops and maintains required skills and licenses/permits/certifications associated with area of special instruction, expertise, etc. (firearms qualification, evidence technician, juvenile law, criminal investigations);
- Trains new officers, reserve officers and other officers in areas of special skills or expertise;
- Prepares clear, accurate and complete reports on any and all activities engaged in.

II. WORK CHARACTERISTICS/CONDITIONS

A. Scheduling

Police officer positions involve regular and irregular shift work and shift rotations necessary to provide police services 24 hours a day, 7 days a week, 52 weeks a year (weekends and holidays included.) Work shifts are normally eight to twelve (8-12) hours in duration but may be extended in the event of emergency, disaster, manpower shortage, workload or work-in-progress.

B. Environmental Factors

Police officer positions involve exposure to and requires the officer to function in the presence of the following:

- Inclement weather, to include extreme heat/cold, rain, snow, wind, etc.;
- Light conditions associated with day and night;
- Fire, smoke, chemical leaks/spills - as close proximity as necessary to provide emergency services;
- Personal danger, including but not limited to:
 - ▶ Armed and/or dangerous persons/animals;
 - ▶ Persons and/or articles with contagious/communicable diseases;
 - ▶ Hazards associated with emergency driving, traffic control and working in and around traffic;
 - ▶ Hazards associated with natural and man-made disasters.

C. Infectious Diseases

Because police officers may be called upon in adverse conditions to come into physical contact with others, the city will not knowingly expose citizens or other employees to an employee infected with a contagious disease that poses a direct threat to others.

Decisions regarding infectious diseases will be based on reasonable medical judgements given the state of medical knowledge about: a) the nature of the risk (how the disease is transmitted), b) the duration of the risk (how long is the carrier infectious), c) the severity of the risk (what is the potential harm to third parties), and d) the probability that the disease would be transmitted and will cause varying degrees of harm. (School Board of Nassau County v. Arline, 480 U.S. 273, 107 s. Ct. 1123, 1987).

III. PHYSICAL ABILITIES

A. Motor Skills/Flexibility

The police officer position requires the employee to have and maintain the physical and mental ability needed to:

- React and move rapidly from a sedentary to active condition in response to environmental situations or events;
- Assume a variety of bodily positions and postures necessary to employ available "cover and concealment" during a deadly force encounter;
- Respond to a physical attack and possess the ability to escape the attacker and/or summon aid;
- Operate and qualify with the Department-issued firearms, utilizing both hands, as well as each hand individually;
- Operate office equipment, such as telephones, audio/visual devices, computer or workstation keyboards, calculators and security locking systems;
- Operate all equipment necessary for performing routine daily assignments, apprehending and processing criminals and conducting both criminal and traffic-related investigations;
- Operate/utilize all Department vehicle mounted equipment whether in a mobile or stationary mode;
- Administer first aid, to include Cardio Pulmonary Resuscitation (CPR);
- Perform required duties for extended periods of time while exposed to adverse conditions, to include time worked in excess of the normal daily duty shift and rotating shift work;
- Apprehend suspects to the extent of engaging in foot pursuits while summoning assistance and/or engaging in the necessary use of force;
- Discern colors as they are applied in traffic safety situations (electric signals, signing, hazardous material placards, vehicle and clothing descriptions, etc.);
- Adequately judge distances and estimated speed;
- See, read and recognize obstacles in a variety of normal and/or emergency environments. Have vision that is correctable to "Department vision" standards;
- Determine or estimate the point of origin of noise;
- Recognize/relate sound to situations based on frequencies or voice inflection within the normal range of human hearing;
- Employ the normal senses of touch and smell.

B. Communicative Skills

The police officer position further requires the employee to have and maintain the physical and mental condition needed to:

- Speak, read and write the English language in a clear, understandable fashion;
- Reasonably identify and display basic non-verbal communications (body language);
- Effectively relate to or communicate with a variety of personality types during interpersonal contacts.

C. Judgement/Decision Making Ability

The police officer position requires the employee have the ability to:

- Comprehend and implement verbal and written instructions;
- Apply reasoning skills when confronted with circumstances requiring discretionary decisions;
- Establish priorities and construct subsequent plans when investigating incidents or events;
- Formulate and carry out an appropriate course of action for a given situation for which no specific rule or procedure has been established;
- Apply theory based instruction or training to actual incidents/situations;
- Handle situations firmly, courteously, tactfully and impartially;
- Retain and retrieve information furnished in the form of bulletins, verbal reports, training keys, etc;
- Be capable of receiving and giving instructions.

D. Emotional/Psychological Stability

The police officer position requires the employee to have the emotional and psychological stability required to:

- Cope with and perform day-to-day duties under the principles of discipline;
- Maintain self-control when receiving constructive criticism and/or being ridiculed;
- Continue performing all required tasks at a professional level when faced with unpleasant circumstances;
- Perform police duties without dependence on alcohol/narcotics;
- Deal effectively with the morbid, the macabre, the repugnant, the abnormal, the morose, the psychotic, the neurotic and the otherwise unpleasant or unusual facets or results of human behavior.

VI ACCEPTABLE EXPERIENCE AND TRAINING

Completion of a standard high school curriculum (or equivalent GED), preferably supplemented by some additional college level course work at the time of examination and possession of a valid Missouri drivers license.