

**POLICE OFFICER APPLICATION  
CITY OF EUREKA**



Please fill out this application to the best of your ability. The City of Eureka is an equal opportunity employer, and does 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, drug screening and other examinations.

Minimum requirements: **Associates Degree, sixty (60) hours of college credit or four (4) years of active military duty.**

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 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

Email Address: \_\_\_\_\_

Directions

1. USE BLACK INK ONLY. Complete this form in your own handwriting or printing.
2. Read each question carefully before answering.
3. 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 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

EMAIL ADDRESS:

AGE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	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
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D. LIST YOUR PRESENT ADDRESS FIRST, THEN LIST ALL ADDRESSES YOU USED FOR THE PAST TEN (10) YEARS, INCLUDING ANY USED DURING MILITARY SERVICE

DATE FROM	DATE TO	STREET ADDRESS	COUNTY	STATE/ZIP

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 JOB DESCRIPTION OF THE POSITION FOR WHICH YOU ARE APPLYING, ARE YOU ABLE TO PERFORM ALL FUNCTIONS (IF "NO", EXPLAIN ON PAGES 12 - 13)?     YES     NO

## II. REFERENCES

A. List four (4) character references (not including relatives, in-laws, or past employers) who have known you well during the past three (3) or more years.

<b>1</b>	Name	Phone Number	Years Acquainted	
	Residence Address	City	State	Zip
	Business Address		Occupation	
<b>2</b>	Name	Phone Number	Years Acquainted	
	Residence Address	City	State	Zip
	Business Address		Occupation	
<b>3</b>	Name	Phone Number	Years Acquainted	
	Residence Address	City	State	Zip
	Business Address		Occupation	
<b>4</b>	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 authority, security officer or military police authority, either in the United States 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 Pages 12 & 13
C. Have the police ever been called to any of your former or current residences for any reason?		_____ Yes	_____ No	If "Yes" explain in full detail on Pages 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 Pages 12 & 13
E. Do you currently have charges pending for any violation of law?		_____ Yes	_____ No	If "Yes" explain in full detail on Pages 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		Name and Location (Street, City, State, Zip)	# of 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? 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.)


## V. EMPLOYMENT HISTORY

A. Start with your current or last employment, followed by all previous employment 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 (6) 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, including the location.

NAME OF ORGANIZATION	ADDRESS	OFFICE HELD

B. Are you now, or have you ever 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:
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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

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  <b>Rank reduced</b> From: _____ To: _____	F. Were you ever Court-martialed? <input type="checkbox"/> Yes <input type="checkbox"/> No  Type of Court Martial: <input type="checkbox"/> Summary <input type="checkbox"/> Special <input type="checkbox"/> General
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G. 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 of your income at the present time.

Type of Income	Firm or Source Name	Annual Amount
Salary		
Other Employment		
Dividends/Interest		
Military		
Other (Specify)		
<b>TOTAL</b>		

B. If your spouse is employed, list:

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Address: \_\_\_\_\_

C. List all debts and obligations which you currently 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)					
<b>TOTAL</b>					

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.

D. Have you ever been delinquent in any of your financial obligations? \_\_\_ Yes \_\_\_ No

E. Have you ever been refused credit? \_\_\_ Yes \_\_\_ No

F.. Have you ever hand any of your property repossessed? \_\_\_ Yes \_\_\_ No

G. Have you ever filed bankruptcy? \_\_\_ Yes \_\_\_ No

H. Have you ever been sued in court? \_\_\_ Yes \_\_\_ No

I. Have you ever received a settlement in payment for damages, injury, libel, etc., either with or without court action? \_\_\_ Yes \_\_\_ No

J. Have you ever filed a lawsuit or had a representative file a lawsuit on your behalf? \_\_\_ Yes \_\_\_ No

K. Has your tax return ever been audited by the IRS for any reason other than a random audit? \_\_\_ Yes \_\_\_ No

**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
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If separated or divorced:

Spouses Full Name (include Maiden)	Address/Zip	Phone	DOB	Anticipated date or Date of Marriage
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If spouse is 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

- C. Do you currently 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 (i.e.: 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? \_\_\_ 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
					/ /
					/ /
					/ /
					/ /
					/ /
					/ /

**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.

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### XIII. DRIVING HISTORY

A. List all driver's or chauffeur's licenses you presently 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

D. List all vehicles which you own, lease, or have for your personal use (include motorcycles).

Year	Make	Model	License Number	State

F. How many traffic accidents have you been involved in during the past five (5) years? \_\_\_\_\_  
Describe them in detail on Pages 12 & 13.

G.	Have you recently changed automobile insurance companies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate date, name, address and phone number of previous insurance company.
H.	Current insurance: <hr/> Current insurance agent's name: <hr/> Insurance Company: <hr/> Address: _____ City: _____ State: _____ Zip: _____ <hr/> Agent's phone Number: <hr/> Policy Number: <hr/>
I.	Have you ever been denied automobile insurance or had insurance cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: <hr/>







# Eureka Police Department

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 Chief of Police of the Eureka Police Department with all available information regarding me and for the release of any medical, physical, psychiatric and psychological records to the Chief of Police for purposes of determining my suitability for police work.

I authorize the Eureka 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 and 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 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 may also 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 working 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.

### EXPERIENCE AND TRAINING

Minimum of an Associates Degree, (sixty) 60 hours of college credit or four (4) years active military duty and possession of a valid Missouri Drivers License.

Preferred: Graduate of a Basic Law Enforcement Training Center and has passed the Missouri Peace Officer License Exam, with an Associates Degree, sixty (60) hours of college credit or four (4) years active military duty.