



Lexington Police Department

203 North 25th Street

Lexington, Missouri 64067

Phone: (660) 259-6321

Email: Info@Lexingtonmopd.org

Fax: (660) 259-3344 Non-emergency Dispatch: (660) 259-2121

Dear Applicant,

Thank you for your interest in employment with the Lexington Police Department. Please fill out the attached application in its entirety. Use BLACK ink, or type. Make sure that all required documents are attached. (incomplete applications may not be processed).

The last page is to be signed and NOTORIZED which will allow the Lexington Police Department to conduct a brief background check. This check may include a check of your Criminal History, Credit Reports, Driving Record, etc. This information will remain confidential and will not be shared outside of the Lexington Police Department or with members of the hiring commission.

Completed applications should be returned to Lexington City Hall, 919 Franklin Ave., Lexington, MO 64067 or emailed to Carla Ghisalberty at cghisalberty@embarqmail.com.

If you have any question, please feel free to call us.

We wish you luck in your employment search.

Charlie Grom

Lexington Police Chief

Instructions to the Applicant

The information you provide in this Employment Application will be used in the background investigation to assist in determining your suitability for the position of Police Officer with the City of Lexington.

- It is your responsibility to complete this form and provide all required information.
- Following instructions given by the hiring department, type or neatly print in black ink.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the supplemental information page on the last page of this form and identify the additional information by the question number.

Disqualification

There are very few automatic basis for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.

I have read and I understand the above instructions.

Signature:

Date:

EMPLOYMENT APPLICATION



Lexington Police Department

203 25th St, Lexington, MO 64067 (660) 259-6321



Charles Grom - Chief

Date: _____ Position Desired: _____

How did you hear about the position: _____

PART A: *Personal Information*

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name/Other Changes: _____

Address: _____

Telephone Numbers: (H) _____ (C) _____ Currently Employed (Y/N): _____

Email Address: : _____

Place of Birth: _____ Date of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ SSN: _____

Driver's License Number: (**Attach a copy**) _____ State: _____ Restrictions: _____

Name of Spouse: _____

Names of Children: _____

Are you able to provide documents supporting your eligibility to work in the United States? Y/N: _____

PART B: *Health*

Please list any physical or emotional impairments which you have and believe may preclude you from performing any function of duty assigned by the Chief of Police – or other superior officer.

Due to the nature of this job, there are times when you may be required to work or change shifts or work overtime with little or no advance warning.

Are you willing and able to work under these circumstances (Y/N)? _____

If no, please explain: _____

PART C: *Family*

Please list (in order given) Parents, Guardians, Step Parents, Brothers and Sisters. Include address and phone number. Use the Supplemental Page if necessary or attach a separate sheet.

Name : _____
Address: _____
Email: _____

Relation: _____
Phone: _____

Name : _____
Address: _____
Email: _____

Relation: _____
Phone: _____

Name : _____
Address: _____
Email: _____

Relation: _____
Phone: _____

Name : _____
Address: _____
Email: _____

Relation: _____
Phone: _____

Name : _____
Address: _____
Email: _____

Relation: _____
Phone: _____

Name : _____
Address: _____
Email: _____

Relation: _____
Phone: _____

Name : _____
Address: _____
Email: _____

Relation: _____
Phone: _____

PART D: *Education*

College

School: _____
Dates Attended: _____

City/State: _____
Graduated: _____

High School

School: _____
Dates Attended: _____

City/State: _____
Graduated: _____

Junior High/Middle School

School: _____
Dates Attended: _____

City/State: _____
Graduated: _____

Elementary School

School: _____
Dates Attended: _____

City/State: _____
Graduated: _____

Other Schools (Trade Schools/Specialty Training)

School: _____
Dates Attended: _____

City/State: _____
Graduated: _____

School: _____
Dates Attended: _____

City/State: _____
Graduated: _____

School: _____
Dates Attended: _____

City/State: _____
Graduated: _____

Special Skills/Licenses: _____

PART E: *Military Service*

Branch: _____ Status: _____ Dates Served: _____

Rank: _____ Discharge Type: _____ Discharge Date: _____

Job Titles Held: _____

Special Training: _____

Proof of Service (Copy of DD-214) Available (Y/N): _____

If DD-214 not available, please explain why: _____

PART F: *Employment History - Last 10 Years*

Begin with most recent employer and work backwards. Please explain gaps in employment in notes at the end of this section. Use the Supplemental Page or attach additional sheets as necessary.

Employer Name: _____ Dates Employed: _____

Address: _____ Telephone Number: _____

Number hours per week: _____

Contact Person and Telephone Number: _____

Reason for Leaving: _____

Employer Name: _____ Dates Employed: _____

Address: _____ Telephone Number: _____

Number hours per week: _____

Contact Person and Telephone Number: _____

Reason for Leaving: _____

Employer Name: _____ Dates Employed: _____

Address: _____ Telephone Number: _____

Number hours per week: _____

Contact Person and Telephone Number: _____

Reason for Leaving: _____

Notes regarding Employment Gaps: _____

PART G: Residence History

List FULL residence addresses (including City, State, Zip) for the last 10 years, beginning with most recent. Include months and years at that address. Use the back of this page or attach additional sheets as necessary.

Address: _____ From: _____ To: _____
City: _____ State: _____ Zip: _____
Rent: _____ Own: _____ Contact: _____

Address: _____ From: _____ To: _____
City: _____ State: _____ Zip: _____
Rent: _____ Own: _____ Contact: _____

Address: _____ From: _____ To: _____
City: _____ State: _____ Zip: _____
Rent: _____ Own: _____ Contact: _____

Address: _____ From: _____ To: _____
City: _____ State: _____ Zip: _____
Rent: _____ Own: _____ Contact: _____

PART H: Miscellaneous Information

Have you ever been involved in a court action (Y/N): _____

If yes, please explain: _____

Have you ever been arrested (Y/N): _____ Bonded (Y/N)?: _____ Fingerprinted (Y/N)?: _____

If yes (to any of the above), please explain: _____

Have you ever been involved in a traffic accident (Y/N)?: _____

If yes, please explain: _____

When are you available to start work? _____

Are you presently a certified Law Enforcement Officer with the Missouri Department of Public Safety or any other state?

(Y/N): _____ **If yes, please attach certifying documents/copy of POST License.**

Do you hold a Law Enforcement Commission with other Departments in the State of Missouri (Y/N)?: _____ If yes, please detail which departments:

Have you **EVER** applied with any other Law Enforcement Agencies?

If yes, please detail which departments:

Have you **EVER** been discharged (or resigned in lieu of termination), suspended, reprimanded, or otherwise disciplined while working for a Law Enforcement Agency or Employer?

(Y/N): _____

If yes, please provide an explanation of incidents in full and complete detail (attach additional sheets or documentation as necessary).

Please list any employee(s) with the Lexington Police Department that you know personally:

Name: _____ Years known: _____

Name: _____ Years known: _____

Name: _____ Years known: _____

Name: _____ Years known: _____

PART I: *References*

Do not use employers or relatives.

Name: _____ Address: _____

Telephone: _____ Email Address: _____

Years Known: _____ Relationship: _____

Name: _____ Address: _____

Telephone: _____ Email Address: _____

Years Known: _____ Relationship: _____

Name: _____ Address: _____

Telephone: _____ Email Address: _____

Years Known: _____ Relationship: _____

Name: _____ Address: _____

Telephone: _____ Email Address: _____

Years Known: _____ Relationship: _____

Name: _____ Address: _____

Telephone: _____ Email Address: _____

Years Known: _____ Relationship: _____

PART K: Affidavit

The facts set forth in this application for employment with the Lexington, Missouri Police Department are true and complete. I understand that if I am employed here, any false statements on this application will be sufficient cause for immediate dismissal. I authorize you, the Lexington Police Department to conduct any and all investigations of my personal background history, financial, and credit record through any credit or investigative agencies.

Applicant Signature: _____ Date: _____

PART L: Authority to release information according to the Privacy Act

I respectfully request and authorize you to furnish the Lexington Police Department any and all information that you may have concerning personal history, work record, reputation, and my financial/credit status. I also request that you include any medical, physical, and mental records or reports. I understand that any information which you provide will be kept confidential. I release your organization or any individual from any liability or damage which may result from furnishing the above information.

A copy of this document can be used for all purposes as though it were an original.

Applicant Name (Print): _____ Date: _____

Applicant Signature: _____

State of Missouri

(SS)

County of _____

On this _____ day of _____ in the year _____, before me, the undersigned notary public, personally appeared _____, known to me to be the person whose name is subscribed to the within instrument and acknowledge that he/she executed the same for the purpose therein contained. In witness whereof, I hereunto set my hand and official Seal

Notary Public - _____ County

(seal)

Printed Name

My Commission Expires : _____