

## **APPLICANT** **QUALIFICATIONS**

- \* Must be 21 years of age
- \* Must be a United States Citizen
- \* Must live within the 50 miles of Brookfield, Missouri by the end of 6 month probation period
- \* Must have a high school diploma or GED equivalent
- \* Must have at least 20/40 uncorrected vision or corrected to 20/20, with normal color vision
- \* Must hold a current Missouri Peace Officers License
- \* Must have valid Missouri driver's license
- \* Must have been honorably discharged from the United States Armed Forces, if applicable
- \* May not have felony convictions or misdemeanor convictions directly resulting from felony charges
- \* May not have excessive city ordinance or misdemeanor violation convictions or outstanding warrants
- \* May not have ever been convicted of domestic violence or an assault in connection with a domestic situation
- \* May not have an excessive traffic conviction history
- \* Must be drug free with no past pattern of drug abuse and pass drug screening test

## **APPLICANTS** **REQUIRED DOCUMENTS**

### **BIRTH CERTIFICATE:**

A certified copy of your birth certificate can be obtained from the Bureau of Vital Statistics in your state of birth, state capital.

### **EDUCATION:**

A certified copy of your High School Diploma or General Education Development Certificate (G.E.D.) can be obtained by contacting the Board of Education in the city where your high school is located or where you obtained your G.E.D. If you are a college graduate, please submit a certified copy of your degree and transcript. If you did not complete a degree but have 60 or more credit hours, please submit a certified copy of your transcript.

### **PHOTOGRAPH:**

Please submit a current (less than 1 year) color photograph of yourself for use in the background stage of the hiring process. You will be asked for the photograph at that stage.

### **DD214:**

Please submit a Certificate of Release or Discharge from Active Duty.

### **VALID IDENTITY DOCUMENT:**

This document can be an original state drivers license, state photo I.D. card, Certificate of Naturalization or Citizenship, etc.

### **SOCIAL SECURITY CARD:**

You must submit a valid social security card.

### **MISSOURI PEACE OFFICER CERTIFICATION:**

A copy of your Missouri Peace Officer License

### **VALID MISSOURI DRIVERS LICENSE:**

A copy of your Missouri Drivers License

## **PROCESSING** **PROCEDURE**

### **RESUME / APPLICATION REVIEW:**

The applicant's resume and application will be reviewed for proper qualification, certifications, etc. Those successful applicants will be contacted for the Oral Examination or Interview.

### **ORAL EXAMINATION / INTERVIEW:**

A series of questions will be asked by a panel of three individuals to assess skills in dealing with people, problem solving, communications, initiative and stress tolerance. The applicants that most nearly match the qualifications of a successful Police Officer will progress to the next step in the qualification process.

### **WRITTEN EXAMINATION:**

The next step for the applicant for Police Officer is to take a written examination. The applicant must successfully pass a written test, failure to do so is an automatic disqualification.

### **BACKGROUND INVESTIGATION:**

The background investigation is the fourth step in the process and will cover pertinent facts about the applicant's character, work history, credit history, and any criminal or traffic record.

### **PHYSICAL EXAMINATION:**

Applicants will undergo a complete medical and eye examination and drug screen given by a licensed physician (after job offer has been made).

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

**TO WHOM IT MAY CONCERN:** I am an applicant for a position with the Brookfield Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Brookfield Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Brookfield Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose or pursuing a background investigation that may provide pertinent data for the Brookfield Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records including officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Brookfield Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Brookfield Police Department's acceptance and processing of my application for employment, I agree to hold you, your agents and  
Page 2 Release of Information

employees harmless from any and all claims and liability associated with my application or employment or in any way connected with the decision whether or not to employ me

with the Brookfield Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Brookfield Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of 6 months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

**Applicant's Name**\_\_\_\_\_

**Current Address**\_\_\_\_\_

\_\_\_\_\_

**Telephone**\_\_\_\_\_

**Date of Birth**\_\_\_\_\_

**Social Security Number**\_\_\_\_\_

\_\_\_\_\_

**Applicant's Signature**

**Date**

**Subscribed and sworn to before me the** \_\_\_\_\_ **day of** \_\_\_\_\_, 20\_\_.

**Commissioned in** \_\_\_\_\_, **County, Missouri**

**Notary Public**\_\_\_\_\_

# BROOKFIELD POLICE DEPARTMENT

Municipal Building • 116 W. Brooks • Brookfield, Missouri 64628-0328

Telephone 660-258-3385

## APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

The City of Brookfield is an Equal Opportunity Employer.

FOR OFFICE USE ONLY

DATE REC'D. \_\_\_\_\_

BY \_\_\_\_\_

DEPARTMENT HEAD REVIEW:

DATE: \_\_\_\_\_ (Initial) \_\_\_\_\_

### PERSONAL

(Please *Print* Clearly)

Date \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Number

Street

Apt.

City

State

Zip

Telephone \_\_\_\_\_ Social Sec. \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

How did you learn about this job opening? \_\_\_\_\_

Have you ever applied for employment or been employed with the City of Brookfield before? \_\_\_\_\_

If yes, when? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Would you be available to work: Full-time? \_\_\_\_\_ Part-time? \_\_\_\_\_

What days and hours would you be available? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Have you ever been disciplined or fired? \_\_\_\_\_ For what reason? \_\_\_\_\_

Do you have any physical condition which may impair your ability to fulfill the duties of the job for which you are applying?

\_\_\_\_\_ If so, describe \_\_\_\_\_

Indicate any relatives presently employed by the City of Brookfield: \_\_\_\_\_

Are you over eighteen (18)? \_\_\_\_\_ If no, employment is subject to minimum legal age.

## EDUCATION

Indicate the reasons why you feel you are qualified for this job, and for employment with the City of Brookfield: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a high school diploma? \_\_\_\_\_ Name and Location of school: \_\_\_\_\_

Did you graduate from a Vocational Technical school? \_\_\_\_\_ What area of study? \_\_\_\_\_

Name and Location of school: \_\_\_\_\_

Do you have a college degree? \_\_\_\_\_ Major area of study: \_\_\_\_\_

Name and Location of school: \_\_\_\_\_

List any courses outside of major which you feel might be beneficial in evaluating your application: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List and describe any honors which you have earned: \_\_\_\_\_

\_\_\_\_\_

## MILITARY

*(If answer to the first question is no, please proceed to the next section.)*

Have you ever served in the military? \_\_\_\_\_ Which branch of service? \_\_\_\_\_

Service date from \_\_\_\_\_ to \_\_\_\_\_ Rank \_\_\_\_\_

DD214 Available? \_\_\_\_\_

Present membership in National Guard or Reserves? \_\_\_\_\_

Describe any special training which you received in the service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

LIST THREE REFERENCES  
(other than relatives or past employers)

1. Name and Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_
2. Name and Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_
3. Name and Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

## PAST EMPLOYMENT

### LIST PREVIOUS EMPLOYMENT - STARTING WITH THE MOST RECENT

1. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

No.

Street

City

State

Zip

Phone No. \_\_\_\_\_

Date of employment - from \_\_\_\_\_ to \_\_\_\_\_

Position \_\_\_\_\_ Duties \_\_\_\_\_

Final Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

2. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

No.

Street

City

State

Zip

Phone No. \_\_\_\_\_

Date of employment - from \_\_\_\_\_ to \_\_\_\_\_

Position \_\_\_\_\_ Duties \_\_\_\_\_

Final Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

3. Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

No.

Street

City

State

Zip

Phone No. \_\_\_\_\_

Date of employment - from \_\_\_\_\_ to \_\_\_\_\_

Position \_\_\_\_\_ Duties \_\_\_\_\_

Final Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

#### IMPORTANT:

May we contact your previous employer(s)? \_\_\_\_\_

#### PLEASE READ AND SIGN BELOW

If hired, I will conform to the rules and regulations of the City of Brookfield, and my employment and compensation can be terminated with or without cause and with or without notice at any time, at the option of either the City of Brookfield or myself. I understand that no representative of the City of Brookfield has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to this disclaimer.

I hereby attest that I have completed this application to the best of my ability and that all facts are true to my knowledge. I understand that any misstatement or omission may result in my termination. I hereby authorize you to verify the information that I have set forth in this application and authorize you to communicate with any references or prior employers, except as noted.

Applicant's Signature \_\_\_\_\_

If you are under 18, your parent's or guardian's signature is required.

Date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_



**Please use this  
section to provide  
any additional  
information  
which may be  
beneficial in  
evaluating your  
application.**

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**INTERVIEW  
NOTES**  
(for staff use only)

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**POLICE  
DEPARTMENT**

**City of Brookfield Application - Supplemental Information**

Are you a citizen of the United States? \_\_\_\_\_

If hired, could you give written evidence of a right to work in this country? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State \_\_\_\_\_

Has your driver's license ever been suspended or revoked? If yes, give date and reason: \_\_\_\_\_  
\_\_\_\_\_

Police Department personnel are required to work various shifts, weekends, and holidays on a regular basis. \_\_\_\_\_

Are you available to meet this type of work schedule? \_\_\_\_\_

Please list any serious offenses for which you were disciplined while serving in the military. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you perform the duties of a patrolman/communications officer/animal control officer without accommodation? \_\_\_\_\_  
\_\_\_\_\_

How would you perform with what accommodations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been addicted to narcotic drugs? \_\_\_\_\_  
\_\_\_\_\_

## SUPPLEMENTAL

Do you have any beliefs or convictions which would prevent you from taking a human life in the line of duty if that became necessary? If yes, please explain.

Have you ever made application for employment with this or any other law enforcement-related agency?  
If yes complete the following:

Name of Agency	Date Applied	Disposition of Application
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ie: Application withdrawn, not hired, etc.