

THE HUMAN RESOURCES DEPARTMENT OF THE CITY OF
UNIVERSITY CITY, MISSOURI
ANNOUNCES AN
**EMPLOYMENT OPPORTUNITY
IN THE MUNICIPAL SERVICE**
THE CITY IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

POLICE OFFICER

SALARY SCHEDULE

Maximum salary inclusive of the highest allowable level in all fringe categories	\$60,444
Maximum base salary exclusive of fringe categories	55,992
Minimum starting salary with Police Academy Completed (Police Officer)	43,836
Minimum starting salary without Police Academy (Police Officer Trainee)	41,136

Greater salary for completion of one through four years of college with a law enforcement major after completion of Academy. Officers who are residents of University City are eligible for an additional \$120 per month salary upon completion of Police Academy. Applicants possessing prior police experience and who are graduates of an 800 hour basic police training curriculum may be hired at levels above the minimum base salary.

FRINGE BENEFITS

- Educational incentive pay up to \$1,908 per year for each police officer (after Academy)
- Special financial allowance to police officers who establish residency (after Academy)
- Liberal pension plan permitting retirement at age 50 with 25 years of service
- Vacation: 15-24 days per year depending on length of service
- Personal Leave: Nine paid personal recreation days
- Sick Leave: Up to 90 working days
- Educational tuition benefits: Up to \$500 yr. for officers pursuing BA in Law Enforcement
- City pays majority of health insurance
- All uniforms furnished by City
- Longevity Pay

DUTIES OF THE POSITION

Police Officers may be personally responsible in assigned districts for maintenance of law and order; the enforcement of laws and ordinances; protection of life and property; apprehension of law violators; and other related assignments in connection with the operation of the Police Department, such as the Bureau of Investigation and traffic enforcement.

ESSENTIAL REQUIREMENTS

Ability to understand and follow oral and written directions; mental alertness; physical strength and endurance; good social skills and general intelligence; the fitness to be outdoors under adverse conditions; ability to treat the public with courtesy, but when the occasion demands, with firmness; aptitude for police work; tact; good character.

MINIMAL QUALIFICATIONS

Must meet a long list of physical requirements which includes a vision standard of not less than 20/70 in each eye without correction, correctable to 20/20.

Documentary proof of high school graduation or presentation of the Missouri State Equivalency Certificate.

An individual must be a St. Louis City, St. Louis County, St. Charles County, Jefferson County, or Franklin County resident upon appointment to the department, and must continue to maintain such residency during his/her tenure of service. Police Officers (after Academy) who reside in University City are provided a \$120 per month residency allowance. University City residency is strongly encouraged and preference may be given to University City residents during the selection process.

APPLICATION PROCEDURE

Under the procedure established by the City of University City, all appointments as a Police Officer are made on the basis of competitive testing, interviews and background investigation. Before appointment, applicants must complete all phases of the selection procedure; the selection procedure may consist of the following: Written Test, Oral Interview Board, Psychological Assessment, Medical Examination/Drug Screening, Physical Fitness Examination, Background Investigation, Psychological Stress Evaluator Examination. The duration of the Police Officer selection process is approximately three months. During this selection process, sensitive or confidential aspects of the candidate's personal lives may be explored. Candidates who have completed or are currently attending a local Police Academy may receive preference or be processed first.

Applications are kept active for six months from the date received.

REJECTION OF APPLICATION

Applications shall be rejected if the applicant is not a U.S. Citizen; is addicted to the habitual excessive use of drugs or intoxicating liquor; has been convicted of a felony; or has attempted to practice deception or fraud in his/her application.

RE-APPLICATION OF CANDIDATES

Should any applicant be eliminated from the selection process, that individual will be notified in writing at the conclusion of the process. Any applicant not being selected as a Police Officer with this Department, after competing in the selection process, cannot be considered for employment as a Police Officer until at least one year after their most recent non-qualifying component.

The University City Police Department is a National Accredited Agency.

The City of University City does not discriminate on the basis of race, color, national origin, sex, sexual orientation, religion, age or disability in employment or the provision of services.

For more general information about our City, visit the web @ www.ucitymo.org

UNIVERSITY CITY POLICE DEPARTMENT
6801 Delmar Boulevard, University City, Missouri 63130

POSITION APPLIED FOR _____ CIVIL SERVICE REGISTER# _____

APPLICANT QUESTIONNAIRE

THIS QUESTIONNAIRE WILL BE USED FOR REFERENCE BY THOSE WHO WILL BE CONSIDERING YOUR APPLICATION FOR EMPLOYMENT WITH THE UNIVERSITY CITY POLICE DEPARTMENT. PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION FORM CORRECTLY.

AN EXTENSIVE BACKGROUND INVESTIGATION WILL BE CONDUCTED ON ALL FINALISTS.

APPLICANTS MAY BE REQUESTED TO TAKE A POLYGRAPH (LIE DETECTOR) EXAMINATION REGARDING THE ACCURACY OF THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE, AND TO DETERMINE OTHER ITEMS OF BACKGROUND INFORMATION.

ANY FALSE, MISLEADING, OR INCOMPLETE INFORMATION WHICH IS REQUESTED IN THIS FORM WILL BE GROUNDS TO DISQUALIFY YOU FOR EMPLOYMENT.

APPLICATIONS WILL NOT BE CONSIDERED COMPLETE UNTIL ALL REQUIRED ATTACHMENTS HAVE BEEN SUBMITTED BY THE APPLICANT.

THESE INCLUDE: (COPIES)	REQUIRED OF ALL APPLICANTS:	REQUIRED, IF APPLICABLE:
	_____ DRIVER'S LICENSE	_____ MILITARY DISCHARGE (DD214)
	_____ BIRTH CERTIFICATE	_____ ALL COLLEGE TRANSCRIPTS
	_____ HIGH SCHOOL DIPLOMA/STATE EQUIVALENCY CERTIFICATE	_____ COLLEGE DIPLOMA

INITIAL THE BOTTOM OF EACH PAGE.

PLEASE CONFIRM THAT YOU HAVE READ AND UNDERSTAND THE FOREGOING. _____
SIGNATURE

DATE

FOLLOW THE DIRECTIONS CAREFULLY!

1. USE INK. COMPLETE THIS FORM IN YOUR OWN PRINTING, USING INK ONLY.
2. BE CERTAIN THAT YOUR ANSWERS MAY BE EASILY READ.
3. READ EACH QUESTION CAREFULLY.
4. MAKE CERTAIN THAT EACH QUESTION IS ANSWERED COMPLETELY AND CORRECTLY BEFORE YOU SUBMIT THIS QUESTIONNAIRE. IF YOU NEED ADDITIONAL SPACE, USE AN ADDITIONAL SHEET, OR WRITE ON THE BACK OF THIS PAGE.
5. DO NOT LEAVE A QUESTION BLANK. IF IT DOES NOT APPLY TO YOU, WRITE N/A IN THE SPACE.

1. PERSONAL DATA					
FULL NAME: LAST	FIRST	MIDDLE	HOME PHONE		
CURRENT ADDRESS: STREET AND NUMBER	CITY	STATE	ZIP	BUSINESS PHONE	

PERSONAL HISTORY QUESTIONNAIRE-UNIVERSITY CITY POLICE DEPARTMENT INITIALS _____

C. NAME AND PRESENT ADDRESS OF SPOUSE(S) IF DIVORCED OR SEPARATED:					
IF EVER SEPARATED, ANNULLED, OR DIVORCED, INDICATE BELOW THE FOLLOWING INFORMATION:					
SEPARATED, ANNULLED OR DIVORCED	DATE OF ORDER OR DECREE	BY WHOM	COURT AND STATE WHERE ISSUED	OFFENDING PARTY AS DECREED BY LAW	REASON
E. GIVE THE FOLLOWING INFORMATION ON ALL YOUR DEPENDENTS, INCLUDING CHILDREN, STEPCHILDREN, AND ADOPTED CHILDREN.					
FULL NAME	BIRTHDATE	BIRTHPLACE	ADDRESS-ZIP	LIVING WITH WHOM	SUPPORTED BY WHOM
F. OTHER DEPENDENTS. IF YOU CLAIM INCOME TAX EXEMPTIONS FOR SUPPORT OF DEPENDENTS OTHER THAN SPOUSE AND CHILDREN, PROVIDE THE FOLLOWING INFORMATION.					
NAME	ADDRESS	RELATIONSHIP	% SUPPORTED		
G. WHAT DOES YOUR SPOUSE OR FIANCE THINK OF YOU BECOMING AN EMPLOYEE OF THE POLICE DEPARTMENT? GIVE A DETAILED RESPONSE.					
H. BEGINNING WITH YOUR SPOUSE, LIST FULL NAME OF YOUR IMMEDIATE FAMILY SUCH AS FATHER, MOTHER (MAIDEN NAME), BROTHERS AND SISTERS:					
NAME	RELATIONSHIP	ADDRESS AND ZIP CODE	OCCUPATION	D.O.B.	

I. LIST FULL NAME OF YOUR SPOUSE'S IMMEDIATE FAMILY, SUCH AS FATHER, MOTHER, BROTHERS & SISTERS:				
NAME	RELATIONSHIP	ADDRESS & ZIP CODE	D.O.B.	OCCUPATION

3. REFERENCES

A. LIST THREE (3) CHARACTER REFERENCES (NOT RELATIVES OR IN-LAWS) WHO ARE RESPONSIBLE ADULTS AND WHO HAVE KNOWN YOU WELL DURING THE PAST THREE (3) YEARS OR MORE:

NAME	RESIDENCE ADDRESS AND ZIP CODE	PHONE
HOW LONG ACQUAINTED:	OCCUPATION AND BUSINESS ADDRESS	
NAME	RESIDENCE ADDRESS AND ZIP CODE	PHONE
HOW LONG ACQUAINTED:	OCCUPATION AND BUSINESS ADDRESS	
NAME	RESIDENCE ADDRESS AND ZIP CODE	PHONE
HOW LONG ACQUAINTED:	OCCUPATION AND BUSINESS ADDRESS	

4. EDUCATION

A. CHECK ALL YOU HAVE: GED CERTIFICATE HIGH SCHOOL DIPLOMA COLLEGE DEGREE

B. LIST ALL ELEMENTARY, HIGH SCHOOL, COLLEGES, AND UNIVERSITIES YOU HAVE ATTENDED:

NAME OF SCHOOL	DATES ATTENDED	ADDRESS AND ZIP CODE	YEARS COMPLETED	SEM. HRS. PASSED	DIPLOMA/DEGREE RECEIVED

C. IF YOU ATTENDED COLLEGE, WHAT WAS YOUR MAJOR AND YOUR MINOR?

D. HAVE YOU EVER BEEN SUSPENDED, EXPELLED, OR ASKED TO LEAVE ANY SCHOOL FOR DISCIPLINARY REASONS? YES NO IF YES, PLEASE EXPLAIN.

5. EMPLOYMENT HISTORY

A. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? YES NO
IF YES, EXPLAIN AND GIVE THE NAME OF THE COMPANY OR COMPANIES.

B. BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL OF THE PLACES YOU HAVE WORKED IN THE PAST TEN YEARS. LIST PERIODS OF SCHOOL, MILITARY SERVICE, AND UNEMPLOYMENT, KEEP IN PROPER SEQUENCE: INCLUDE PART-TIME, TEMPORARY, AND SEASONAL EMPLOYMENT.

MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER-ZIP	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
DESCRIBE YOUR DUTIES						
REASON FOR LEAVING						

MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER-ZIP	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
DESCRIBE YOUR DUTIES						
REASON FOR LEAVING						

MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER-ZIP	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
DESCRIBE YOUR DUTIES						
REASON FOR LEAVING						

MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
DESCRIBE YOUR DUTIES						
REASON FOR LEAVING						
MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
DESCRIBE YOUR DUTIES						
REASON FOR LEAVING						
MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
DESCRIBE YOUR DUTIES						
REASON FOR LEAVING						
MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
DESCRIBE YOUR DUTIES						
REASON FOR LEAVING						
MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	JOB TITLE	SUPERVISOR	SALARY	
FROM	TO				FROM	TO
DESCRIBE YOUR DUTIES						
REASON FOR LEAVING						
C. HAVE YOU EVER RECEIVED ANY POLICE TRAINING?			WHEN?	WHERE?		
TYPE OF TRAINING						
WHAT TYPE OF POLICE WORK INTERESTS YOU MOST, AND WHY?						

E. HAVE YOU EVER APPLIED FOR A POSITION WITH THIS POLICE DEPARTMENT OR OTHER POLICE DEPARTMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE ANSWER THE FOLLOWING:				
MONTH/DATE	POSITION	DEPARTMENT/AGENCY	WHAT WAS THE DISPOSITION?	
6. FINANCIAL STATUS				
A. LIST THE SOURCES OF ALL YOUR INCOME AT THE PRESENT TIME.				
TYPE OF INCOME	FIRM OR SOURCE	AMOUNT		
YOUR SALARY				
SPOUSE'S SALARY				
OTHER, PLEASE ITEMIZE				
B. IS YOUR SPOUSE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO FIRM NAME AND ADDRESS				
C. LIST ALL DEBTS AND OBLIGATIONS WHICH YOU NOW OWE, AND THE INDIVIDUALS OR FIRMS WITH WHOM YOU HAVE CREDIT DEALINGS: (USE PAGE 13, IF NEEDED)				
OBLIGATIONS	NAME AND ADDRESS OF CREDITOR	UNPAID BAL.	MO. PYMT.	PAST DUE
MORTGAGE/RENT				
AUTO PAYMENT				
	TOTAL			

PERSONAL HISTORY QUESTIONNAIRE-UNIVERSITY CITY POLICE DEPARTMENT INITIALS_____

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, WRITE THE DETAILS ON PAGE 13.

D. HAVE YOU EVER BEEN DELIQUENT IN ANY OF YOUR FINANCIAL OBLIGATIONS?
 ___ YES ___ NO

I. HAVE YOU OR YOUR SPOUSE EVER BEEN SUED IN COURT?
 ___ YES ___ NO

E. HAVE YOU EVER BEEN REFUSED CREDIT?
 ___ YES ___ NO

J. HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES, INJURY, LIBEL, ETC., EITHER WITH OR WITHOUT COURT ACTION?
 ___ YES ___ NO

F. HAVE YOU OR YOUR SPOUSE EVER HAD A GARNISHMENT OR WAGE ASSESSMENT PLACED AGAINST YOU?
 ___ YES ___ NO

K. HAVE YOU OR YOUR REPRESENTATIVE EVER FILED A LAWSUIT?
 ___ YES ___ NO

G. HAVE YOU, YOU SPOUSE, OR YOUR EX-SPOUSE EVER FILED BANKRUPTCY?
 ___ YES ___ NO

L. HAVE YOU EVER BEEN EVICTED FROM ANY DWELLING OR APARTMENT HOUSE?
 ___ YES ___ NO

H. HAVE YOU EVER HAD YOUR PROPERTY REPOSSESSED?
 ___ YES ___ NO

7. ARREST HISTORY

A. HAVE YOU EVER BEEN ARRESTED, CHARGED, QUESTIONED, ACCUSED, WARNED, OR DETAINED FOR ANY OFFENSE, OR ALLEGED VIOLATION OF ANY STATUTE, ORDINANCE, LAW, REGULATION BY ANY CIVIL OR MILITARY AUTHORITY, EITHER IN THIS COUNTRY OR ANY OTHER COUNTRY? ___ YES ___ NO IF YES, DESCRIBE THEM BELOW (INCLUDE DETENTION AS A JUVENILE OR MINOR):

DATE	CHARGE	CITY, COUNTY, STATE	DISPOSITION	POLICE AGENCY

B. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN TRAFFIC? IF YES, EXPLAIN IN DETAIL:

C. LIST ALL VEHICLES WHICH YOU AND/OR YOUR SPOUSE OWN, LEASE, OR HAVE FOR PERSONAL USE:

YEAR	MAKE	MODEL	LICENSE NUMBER	STATE

WHEN ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, WRITE THE DETAILS ON PAGE 13.

D. WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS (OTHER THAN FOR TRAFFIC)?

E. HAVE ANY RELATIVES OF YOU OR YOUR SPOUSE EVER BEEN ARRESTED, ACCUSED, CONVICTED, OR IMPRISONED?

8. DRIVING HISTORY

A. LIST ALL DRIVER'S OR CHAUFFEURS LICENSES YOU HOLD NOW, OR HAVE PREVIOUSLY HELD. INDICATE IF YOU HAVE EVER HAD YOUR LICENSE REVOKED OR SUSPENDED.

STATE	TYPE OF LICENSE	EXPIRATION DATE	LICENSE NUMBER	REVOKED OR SUSPENDED

B. HAVE YOU EVER BEEN SENTENCED TO A DRIVER'S IMPROVEMENT SCHOOL? ____ YES ____ NO

WHEN?

WHERE?

C. LIST ALL DRIVING CITATIONS OR SUMMONS YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, BEGINNING WITH THE MOST RECENT.

MONTH/YEAR	CHARGE	CITY AND STATE	DISPOSITION

D. LIST ALL TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED IN THE PAST FIVE YEARS.

DATE	LOCATION

E. GIVE THE NAME AND ADDRESS OF THE INSURANCE COMPANY WITH WHOM YOU NOW HAVE AUTOMOBILE INSURANCE.

F. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE OR HAD YOUR INSURANCE CANCELLED?

IF YES, PLEASE EXPLAIN:

9. GAMBLING

A. WHAT FORMS OF GAMBLING HAVE YOU PARTICIPATED DURING THE PAST FIVE YEARS?

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON PAGE 13.

B. DO YOU NOW, OR HAVE YOU EVER, HAD ANY GAMBLING DEBTS? ___YES ___NO

C. HAVE YOU EVER USED AN EMPLOYER'S MONEY TO GAMBLE WITH? ___YES ___NO

D. HAVE YOU EVER WORKED FOR A GAMBLING OPERATION, OR BOOKED ANY BETS? ___YES ___NO

10. LIQUOR AND NARCOTICS

A. DO YOU DRINK ALCOHOLIC BEVERAGES? ___YES ___NO

WHAT KIND?

HOW OFTEN?

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON PAGE 13.

B. WAS THERE EVER A PERIOD IN YOUR LIFE WHEN YOU DRANK MORE THAN YOU DO NOW? ___YES ___NO

C. HAVE YOU EVER HAD DIFFICULTY WITH YOUR FAMILY DUE TO DRINKING? ___YES ___NO

D. HAVE YOU EVER RECEIVED TREATMENT FOR ALCOHOLISM OR A DRINKING PROBLEM? ___YES ___NO

E. DO YOU KNOW ANYONE WHO HAS USED NARCOTICS ILLEGALLY? ___YES ___NO

F. HAVE YOU EVER BEEN TREATED FOR DRUG USE OR NARCOTIC ADDICTION? ___YES ___NO

G. HAVE YOU EVER TRIED OR USED A NARCOTIC OR DANGEROUS DRUG WITHOUT A DOCTOR'S PRESCRIPTION? (INCLUDES MARIJUANA, LSD, PEYOTE, HEROIN, OPIUM, ETC.) ___YES ___NO

11. ORGANIZATION MEMBERSHIP

A. LIST ALL CIVIC OR SOCIAL ORGANIZATIONS, FRATERNITIES, CLUBS, BROTHERHOODS, SOCIETIES, OR GROUPS OF WHICH YOU ARE, OR HAVE EVER BEEN A MEMBER OR ASSOCIATE AND FURNISH LOCATION.

NAME OF ORGANIZATION	ADDRESS

B. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR CLUB (INCLUDING THE COMMUNIST PARTY, NAZI PARTY, KU KLUX KLAN, BLACK PANTHER PARTY, MINUTEMEN), OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST, OR SUBVERSIVE, OR WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE, OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OF THE STATE OF MISSOURI, BY AN UNLAWFUL MEANS OR UNCONSTITUTIONAL MEANS? ___YES ___NO

IF YES, EXPLAIN ON PAGE 13.

C. HAVE YOU EVER PARTICIPATED IN ANY PARADE, DEMONSTRATION, STRIKE, PICKET LINE, DELEGATION SPONSORED BY ANY GROUP OR ORGANIZATION? ____YES ____NO IF SO, PLEASE EXPLAIN ON PAGE 13.

12. MILITARY STATUS

A. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE?	SELECTIVE SERVICE #	DRAFT CLASSIFICATION	DATE CLASSIFIED
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LOCAL BOARD NUMBER	ADDRESS
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B. 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? ____YES ____NO. IF THERE WAS MORE THAN ONE PERIOD, LIST LIST THE SEPARATE PERIODS.

MONTH/YEAR	BRANCH OR ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK

C. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT? ____YES ____NO. IF YES, EXPLAIN ON PAGE 13.

D. LIST ALL MILITARY SERIAL NUMBERS:

IF EITHER OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON PAGE 13.

E. WERE YOU EVER REDUCED IN RANK IN THE MILITARY? ____YES ____NO	F. WERE YOU EVER COURT MARTIALED, TRIED ON CHARGES, SUBJECT TO A SUMMARY COURT, DECK COURT, CAPTAIN'S MAST, COMPANY PUNISHMENT, OR ANY OTHER DISCIPLINARY ACTION IN THE MILITARY? ____YES ____NO
--	--

13. PHYSICAL AND MENTAL CONDITION

A. DESCRIBE ANY PAST OR PRESENT PHYSICAL DEFECTS OR DISABILITIES (INCLUDE THE EXTENT OF DEFECTIVE VISION WITH OR WITHOUT GLASSES, IF ANY, AND DEFICIENCIES IN COLOR VISION OR HEARING).
WARNING: ANY OMISSION IS GROUNDS FOR DISQUALIFICATION.

B. HAVE YOU HAD ANY SERIOUS ILLNESSES OR OPERATIONS? ____YES ____NO IF SO, LIST THE DATES AND EXTENT OF EACH:

C. HOW MANY DAYS HAVE YOU LOST FROM WORK OR SCHOOL IN THE PAST TWELVE (12) MONTHS?
 WHY?

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE EXPLAIN ON PAGE 13.

<p>D. HAVE YOU EVER SUFFERED FROM OR BEEN TREATED FOR A NERVOUS BREAKDOWN OR MENTAL CONDITION? ___ YES ___ NO</p> <p>E. HAVE YOU EVER ATTEMPTED SUICIDE? ___ YES ___ NO</p> <p>F. WERE YOU EVER DISCHARGED OR RELEASED FROM ANY EMPLOYMENT FOR POOR HEALTH OR A PHYSICAL OR MENTAL DISABILITY? ___ YES ___ NO</p>	<p>G. DO YOU OR ANY MEMBERS OF YOUR FAMILY HAVE ANY SERIOUS HEALTH PROBLEMS? ___ YES ___ NO</p> <p>H. HAVE YOU EVER BEEN HOSPITALIZED (INCLUDE TIME IN MENTAL INSTITUTIONS)? IF SO, PLEASE LIST BELOW. ___ YES ___ NO</p>
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LIST THE PLACES, DATES, AND ILLNESSES BELOW:

MONTH/YEAR	HOSPITAL, INJURY/ILLNESS, LOCATION

I. DO YOU HAVE ANY DEFORMITY OR DISABILITY WHICH IS NOT READILY VISIBLE OR NOTICEABLE? ___ YES ___ NO
 IF YES, GIVE DETAILS.

UNIVERSITY CITY POLICE DEPARTMENT
6801 DELMAR BOULEVARD
UNIVERSITY CITY, MO. 63130

CERTIFICATE OF APPLICANT
AUTHORIZATION FOR RELEASE OF INFORMATION

(READ CAREFULLY BEFORE SIGNING)

I, (PRINT FULL NAME) _____, HEREBY CERTIFY THAT ALL STATEMENTS MADE ON OR IN CONNECTION WITH THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE THAT ANY MIS-STATEMENTS OR OMISSION OF MATERIAL FACTS WILL CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO EMPLOYMENT AS A POLICE OFFICER IN THE CITY OF UNIVERSITY CITY.

I HEREBY AUTHORIZE ALL LAW ENFORCEMENT AGENCIES, THE VETERANS ADMINISTRATION, U.S. ARMY, U.S. NAVY, U.S. AIR FORCE, U.S. MARINE CORPS, ALL MILITARY AGENCIES, ALL FEDERAL, STATE, OR LOCAL GOVERNMENT AGENCIES, STATE AND FEDERAL TAX BUREAUS, CREDIT BUREAUS, SCHOOLS AND UNIVERSITIES, TO FURNISH THE HOLDER OF THIS RELEASE WITH ALL AND ANY AVAILABLE INFORMATION REGARDING ME IN ORDER THAT HE/SHE MAY DETERMINE MY SUITABILITY FOR POLICE WORK.

I AUTHORIZE THE HOLDER OF THIS RELEASE 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, MEDICAL HISTORY, OR ANY OTHER INFORMATION, WHETHER PERSONAL OR OTHERWISE, THAT MAY OR MAY NOT BE ON THEIR RECORDS, AND RELEASE SAID COMPANY OR PERSON FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER THAT MAY ISSUE FROM FURNISHING SUCH INFORMATION TO THE HOLDER OF THIS RELEASE.

A PHOTOSTATIC OR XEROX COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

SIGNATURE OF APPLICANT

DATE

*THIS QUESTIONNAIRE, YOUR APPLICATION, AND ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE CITY OF UNIVERSITY CITY POLICE DEPARTMENT AND WILL NOT BE RETURNED.

REPORT OF MEDICAL HISTORY					OFFICIAL USE ONLY: MEDICAL EXAM APPOINTMENT				
PLEASE COMPLETE THIS FORM CAREFULLY AND NEATLY. IT MAY BE USED AS PART OF A PHYSICAL EXAMINATION.					DATE: _____ TIME _____				
THIS HISTORY IS FOR OFFICIAL USE AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS.					PLACE: _____				
1. MR. LAST NAME FIRST MIDDLE (MAIDEN) MISS MRS.					2. HOME ADDRESS (STREET, STATE, ZIP)				
3. D.O.B.		4. AGE		5. OCCUPATION		6. WHAT IS THE MOST YOU HAVE EVER WEIGHED (STRIPPED)? WHEN?			
7. HAVE YOU EVER HAD OR HAVE NOW (CHECK YES OR NO)?									
	Y	N		Y	N		Y	N	
TUBERCULOSIS			HIGH BLOOD PRESSURE			RUPTURE			CHEST PAIN
MALARIA			LOW BLOOD PRESSURE			VENEREAL DISEASE			PALPITATION
DYSENTERY			ABNORMAL BLEEDING			EPILEPSY			LEG CRAMPS
FREQUENT COLDS			ABNORMAL BRUISING			CANCER			JAUNDICE
ASTHMA			DIABETES			CYST/TUMOR			BOILS
CHRONIC COUGH			ALCOHOLISM			FLAT FEET			ARTHRITIS
SINUS TROUBLE			CONVULSIONS			VARICOSE VEINS			LAMENESS
HAY FEVER			HEADACHES			APPENDICITIS			NEURITIS
ALLERGIES			DIZZINESS			FAINING			MUMPS
RHEUMATISM			KIDNEY TROUBLE			PARALYSIS			SCARLET FEVER
STOMACH/ INTESTINAL TROUBLE			PROSTRATE TROUBLE			DRUG OR NARCOTIC HABIT			GALL BLADDER TROUBLE
CONSTIPATION			DRAINING EARS			RHEUMATIC FEVER			PNEUMONIA
BLOOD IN STOOL			DEAFNESS			BROKEN BONES			AMNESIA
HEMORRHOIDS			EYE INFECTION			JOINT TROUBLE			BACK TROUBLE
HEART TROUBLE			IMPAIRED VISION			GOITER			NERVOUSNESS
BEDWETTING AFTER SIX YEARS OF AGE						FEMALE DISORDERS			MENINGITIS
FREQUENT OR PAINFUL URINATION						RECENT LOSS OR GAIN OF WEIGHT			
SUGAR OR ALBUMIN IN URINE						SEVERE EYE, EAR, NOSE, OR THROAT TROUBLE			

ANSWER QUESTIONS BELOW YES OR NO. IF ANSWER IS YES, DESCRIBE AND GIVE AGE AT WHICH OCCURRED ON BACK OF THIS FORM.

8. HAVE YOU HAD ILLNESS OR INJURY, ACCIDENTS OTHER THAN THOSE LISTED ABOVE?
9. HAVE YOU EVER BEEN ADVISED TO HAVE AN OPERATION?
10. HAVE YOU EVER BEEN A PATIENT IN A HOSPITAL OR SANITARIUM?
11. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH?
12. HAVE YOU EVER BEEN DISQUALIFIED FOR DUTY IN OR DISCHARGED FROM THE ARMED FORCES FOR PHYSICAL, MENTAL, OR ANY REASON?
13. HAVE YOU EVER RECEIVED, APPLIED FOR, IS THERE PENDING, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR ANY PAST DISABILITY?

14. SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE

15. SUMMARY OF HISTORY AND ADDITIONAL HISTORY, (TO BE SUPPLIED BY PHYSICIAN OR EXAMINER)

APPLICANT SURVEY

CITY OF UNIVERSITY CITY

TO ALL APPLICANTS:

The following information in no way affects you as an individual applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in the validation of our selection methods.

INSTRUCTIONS: Please circle your answer to each question.

A. What sex are you?

1. Male
2. Female

B. Of what ethnic group do you consider yourself a member?

1. White
2. African American
3. American Indian or Alaskan Native
4. Hispanic
5. Asian or Pacific Islander
6. Other

C. Do you have a mental or physical handicap or disability that prevents you from performing certain kinds of work?

1. Yes
2. No

D. Are you a disabled or Vietnam Era veteran?

1. Yes
2. No

E. How did you learn about the job(s) at University City?

1. Walk in - no referral
2. Referral from one of our employees
3. Referral from Missouri State Employment Service
4. Responding to newspaper ad
5. Other

Position(s) for which you are now applying

Date