



LINN CREEK POLICE DEPARTMENT

"Rising to Endless Horizons"

David Lobaugh, Chief of Police
 P.O. Box 1177 / 102 E. Valley Dr.
 Linn Creek, MO. 65052
chief@lc-cg.org

Emergency: 9 – 1 – 1
 Office: (573) 346-6200
 Dispatch: (573) 873-7100
 Fax: (573) 346-5867

Application for Employment / Personal History Statement

Note: (PLEASE READ, ACKNOWLEDGE, AND SIGN THIS STATEMENT)

I fully realize that willfully withholding information or making false or incomplete statements during the pre-employment testing will be a basis for dismissal and permanent disqualification from the Linn Creek Police Department and that all information may be verified by a polygraph examination.

SIGNATURE OF APPLICANT

INSTRUCTIONS (READ CAREFULLY BEFORE PROCEEDING)

These instructions will assist you in properly completing your Personnel History Statement. It is essential that the information be accurate in all respects, as it will be used as a basis for a background investigation to determine your eligibility for employment.

1. Your Personal History Statement should be printed legibly in ink. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before marking any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory services or copies of local phone directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite the investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.

APPLICANT IDENTIFICATION – Information provided in this section is used for identification purposes only.

NAME – LAST, FIRST, MIDDLE		SOCIAL SECURITY NUMBER	
STREET ADDRESS		CITY, STATE, ZIP CODE	
HOME TELEPHONE NUMBER () ()	BUSINESS TELEPHONE NUMBER () ()	ALTERNATE TELEPHONE NUMBER () ()	DATE OF BIRTH (MO/DY/YR)
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVER'S LICENSE NUMBER	STATE OF ISSUE
HAVE YOU EVER HAD YOUR NAME LEGALLY CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, INDICATE PREVIOUS NAME	
NAME AND LOCATION OF CHANGE		REASON OF CHANGE	

OFFICIAL USE ONLY

NAME, LAST, FIRST MI

SELECTION PROCESS

RESIDENCE – list all addresses where you have lived in the past 10 years, beginning with present address. List date by month and year. Attach extra page if necessary.

FROM	TO	ADDRESS

EMPLOYMENT HISTORY

BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT, LIST ALL EMPLOYMENT, SELF-EMPLOYMENT, MILITARY OR SEASONAL EMPLOYMENT (INCLUDE ALL PERIODS OF UNEMPLOYMENT). ATTACH EXTRA PAGES IF NECESSARY.

1. FROM	TO	EMPLOYER
ADDRESS		
PHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		
2. FROM	TO	EMPLOYER
ADDRESS		
PHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		
3. FROM	TO	EMPLOYER
ADDRESS		
PHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		
4. FROM	TO	EMPLOYER
ADDRESS		
PHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		

5. FROM	TO	EMPLOYER
ADDRESS		
PHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		

6. FROM	TO	EMPLOYER
ADDRESS		
PHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY JOB BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE?
 YES NO
 IF YES PLEASE EXPLAIN:

MILITARY RECORD

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? YES NO

DATE OF SERVICE FROM TO	BRANCH OF SERVICE	UNIT DESIGNATION
	MILITARY SERVICE NUMBER	HIGHEST RANK HELD

WERE YOU EVER DISCIPLINED WHILE IN MILITARY SERVICE (INCLUDE COURT MARTIAL, CAPTAINS MAST, COMPANY PUNISHMENT)?

YES NO

CHARGE	AGENCY	DATE	AGE	DISPOSTION

SELECTIVE SERVICE CLASSIFICATION	SELECTIVE SERVICE BOARD NUMBER
SELECTIVE SERVICE BOARD ADDRESS	SELECTIVE SERVICE NUMBER

EDUCATION

HIGH SCHOOL ATTENDED	CITY AND STATE	DATES ATTENDED		DEGREE	
		FROM	TO	YES	NO

COLLEGE / UNIVERSITY ATTENDED	CITY AND STATE	DATES ATTENDED	
		FROM	TO

DEGREE (S) RECEIVED	DATE OF DEGREE (S)
---------------------	--------------------

COLLEGE / UNIVERSITY ATTENDED	CITY AND STATE	DATES ATTENDED	
		FROM	TO

DEGREE (S) RECEIVED	DATE OF DEGREE (S)
---------------------	--------------------

COLLEGE / UNIVERSITY ATTENDED	CITY AND STATE	DATES ATTENDED	
		FROM	TO

DEGREE (S) RECEIVED	DATE OF DEGREE (S)
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LIST OTHER SCHOOLS ATTENDED (TRADE, VOCATIONAL, BUSINESS, ETC.) GIVE NAME AND ADDRESS OF SCHOOL, DATES ATTENDED, COURSE OF STUDY, CERTIFICATES AND ANY OTHER PERTINENT INFORMATION.

SPECIAL QUALIFICATIONS AND SKILLS

LIST ANY SPECIAL LICENSE YOU HOLD (SUCH AS PILOT, RADIO OPERATOR, SCUBA ETC.) SHOWING LICENSING AUTHORITY, ORIGINAL DATE OF ISSUE AND DATE OF EXPIRATION.

LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT WHICH YOU CAN OPERATE.

LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS.

REFERENCES

LIST NAMES OF FIVE PERSONS (NOT RELATIVES OR FORMER EMPLOYERS) WHO HAVE KNOWN YOU FOR THE PAST FIVE YEARS

1. NAME		STREET ADDRESS, CITY, STATE, ZIP CODE		
RESIDENCE PHONE ()	BUSINESS PHONE ()	BUSINESS ADDRESS	YEARS KNOWN	
2. NAME		STREET ADDRESS, CITY, STATE, ZIP CODE		
RESIDENCE PHONE ()	BUSINESS PHONE ()	BUSINESS ADDRESS	YEARS KNOWN	
3. NAME		STREET ADDRESS, CITY, STATE, ZIP CODE		
RESIDENCE PHONE ()	BUSINESS PHONE ()	BUSINESS ADDRESS	YEARS KNOWN	
4. NAME		STREET ADDRESS, CITY, STATE, ZIP CODE		
RESIDENCE PHONE ()	BUSINESS PHONE ()	BUSINESS ADDRESS	YEARS KNOWN	
5. NAME		STREET ADDRESS, CITY, STATE, ZIP CODE		
RESIDENCE PHONE ()	BUSINESS PHONE ()	BUSINESS ADDRESS	YEARS KNOWN	

LIST THE NAMES OF ANY RELATIVES NOW EMPLOYED OR WORKING FOR THE CITY OF LINN CREEK.

NAME	RELATIONSHIP	NAME	RELATIONSHIP

PERSONAL DECLARATION

HAVE YOU EVER SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE?

YES NO IF YES, EXPLAIN IN DETAIL

IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DUTIES AS A POLICE OFFICER, COULD YOU DO SO?

YES NO IF NO, EXPLAIN IN DETAIL.

HAVE YOU EVER MADE APPLICATION FOR EMPLOYMENT WITH THIS OR ANY OTHER LAW ENFORCEMENT RELATED AGENCY?

YES NO

NAME OF DEPARTMENT/AGENCY	DATE APPLIED	ACCEPTED	IF NO, GIVE REASON FOR REJECTION OR DECLINING THE APPOINTMENT
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS NOT MENTIONED HEREIN WHICH MAY INFLUENCE THIS DEPARTMENTS EVALUATION OF YOUR SUITABILITY FOR EMPLOYMENT AS A POLICE OFFICER OR NON-CERTIFIED EMPLOYEE OF THE LINN CREEK POLICE DEPARTMENT? YES NO IF YES, EXPLAIN IN DETAIL.

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the forgoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions or falsifications will be grounds for immediate rejection or termination of employment.

SIGNATURE OF APPLICANT

DATE



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102 East Valley Drive- Linn Creek, Mo 65052-(573)346-6200 Phone (573)346-5867 Fax

Email: linncreek@lc-cg.org

Qualifications

All applicants for the position of Linn Creek Police Officer must meet the below qualifications:

- Must be a citizen of the United States.
- Must be a high school graduate or possess a G.E.D.
- Must be at least 21 years old
- Have a valid driver's license.
- Basic law enforcement course academy, Post certified peace officer {class b minimum}
- Current on all required continuing educations
- Capable of wearing a police uniform, duty belt, proficient with a firearm, capable of sitting or standing for long periods of time. Must be capable of wearing a body camera
- Eye sight no worse than 20/100 vision rating in each eye, correctable to 20/20.
- Must be certified by a physician to be medically fit {post conditional offer} in accordance with state law.
- Must be certified by department psychologist to be mentally fit {post conditional offer} in accordance with state law.
- Must pass the physical fitness test.
- Must be of good moral character.
- Follow and work the assigned schedule, be willing to work rotating shifts including early mid and late shifts, holidays, and weekends.
- You must provide an accurate e-mail address, phone number, and home/ mailing address.
- Must successfully complete a field training program along with a 90 day probation period.
- You must notify the Linn Creek Police Department of any changes to your contact information during the recruitment process.
- Should you have any questions during the application, backgrounds check, or hiring process contact your Background Investigator.



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DISQUALIFYING FACTORS

- Must not have been convicted, plead guilty or placed on probation or deferred adjudication for any felony (civilian or military).
- Must not have been convicted of a family violence offense.
- Must not have been convicted of public lewdness, indecent exposure or prostitution.
- Must not have been convicted of a DWI (Class B Misdemeanor) within 5 years preceding the date of application.
- Must not have been discharged from military service under less than honorable conditions.
- Must not be under criminal investigation or have criminal charges pending (civilian or military).
- Must not have any outstanding traffic warrants or pending citations.
- Must not have been convicted of three (3) or more hazardous traffic violations with twenty four (24) months preceding the date of application (does not include deferred adjudication or driver's safety course).
- Tattoo Policy. Applicants must not have tattoos, brands, or body art that may be considered offensive or obscene. Tattoos must be covered by a long sleeve uniform shirt, unless authorized by the Chief of police. Applicants must not have tattoos on their head, scalp, face, neck, hands, or fingers, unless authorized by the Chief of Police
- Illegal drug use is determined on a case by case basis. Factors considered are: types of drugs used, recidivism of drug usage, total number of usages, and applicant's age of last drug usage.
- Unstable employment history. Applicants must not have been dismissed or resigned in lieu of dismissal from employment for inefficiency or misconduct. This is determined on a case by case basis.



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Required Documents

1. City of Linn Creek application and it's required documents
2. Valid driver's license {Copies to be made}
3. Original social security card {copies to be made}
4. Original birth certificate { copies to be made}
5. Original POST Peace Officer License & all continuing education certificates {copies to be made}
6. Official U.S. high school transcript, Diploma or GED {copies to be made}
7. One college transcript from every university/college attended (sealed original in envelope)
8. Original marriage license { copies to be made}
9. Copy of divorce decree {copies to be made}
10. Original naturalization document {copies to be made}
11. Original DD Form 214 (member-4) {copies to be made}
 - o If the applicant is an active military member, a statement of service letter from the applicant's Commanding Officer stating the applicant is in good standing, date of enlistment, date of end of active service, and projected honorable discharge.
12. Final dispositions on all arrests (from court of jurisdiction)
13. Final dispositions of all citations received within the previous 1 year (from court of jurisdiction)
14. Original Passport { copies to be made}
15. **Completed Personal History Statement**



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POSITION- POLICE OFFICER RESERVE POLICE OFFICER

NAME: _____
(LAST) (FIRST) (MIDDLE)

RESIDENCE: _____
(NUMBER AND STREET) (CITY) (STATE) (ZIP)

MAILING ADDRESS: _____
(NO. & STREET OR P.O. BOX) (CITY) (STATE) (ZIP)

TELEPHONE:
(HOME) _____ (BUSINESS) _____ (CELL) _____

E-MAIL: _____

ARE YOU A UNITED STATES CITIZEN ____ YES ____ NO SOCIAL SECURITY # _____
(CHECK ONE)

DATE OF BIRTH _____

DRIVER'S LICENSE NUMBER: _____ STATE ISSUED: _____ +

EDUCATION:
(CIRCLE HIGHEST GRADE COMPLETED) 1 2 3 4 5 6 7 8 9 10 11 12

CIRCLE FULL YEARS OF COLLEGE COMPLETED:
1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6



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Dear applicant:

The Linn Creek Police Department is an equal opportunity employer. Qualified applicants are considered for employment without regard to race, color, religion, gender, national origin, age, disability or veteran status, or any other legally protected status.

The ADA applies to **a person who has** a physical or mental impairment that substantially limits one or more major life activities (like sitting, standing, or sleeping).

- The ADA covers more than just people who are deaf, people who are blind, or people who use wheelchairs.
- People who have physical conditions such as epilepsy, diabetes, HIV infection or severe forms of arthritis, hypertension, or carpal tunnel syndrome may be individuals with disabilities.
- People with mental impairments such as major depression, bipolar (manic-depressive) disorder, and mental retardation may also be covered.

The ADA also protects **a person with a record** of a substantially limiting impairment.

Example: A person with a history of cancer that is now in remission may be covered.

And the ADA protects **a person who is regarded** (or treated by an employer) as if s/he has a substantially limiting impairment.

- Sometimes, a person may be covered even if s/he has no impairment or has a minor impairment, particularly if the employer acts based on myths, fears, or stereotypes about a person's medical condition.

Example: An employer may not deny a job to someone who has a history of cancer because of a fear that the condition will recur and cause the employee to miss a lot of work.

The ADA only protects **a person who is qualified** for the job s/he has or wants.

- The individual with a disability must meet job-related requirements (for example, education, training, or skills requirements).
- S/he must be able to perform the job's essential functions (i.e., its fundamental duties) with or without a reasonable accommodation.

Practice tip: Employers do not have to hire someone with a disability over a more qualified person without a disability. The goal of the ADA is to provide equal access and opportunities to individuals with disabilities, not to give them an unfair advantage.



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AUTHORIZATION RELEASE OF INFORMATION

Last Name _____	First Name _____	Middle _____
Sex _____	Race _____	Date of Birth _____
Drivers License # _____	Cell phone # _____	

This release, when presented by a duly authorized representative of the Linn Creek Police Dept. constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Linn Creek Police Dept. Employment, Educational, Medical, Psychological, Selective Service, Police and Criminal, Motor Vehicle and driving, Disciplinary Documents, Social Media Finding, Finacial and Credit, Polygraph examinations, and the undeleted copy of the separation documents and medical records of the National Personnel Records and Military Personnel records center.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Linn Creek Police Department. 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 of pursuing and investigation, which may provide pertinent data for the Linn Creek Police Department to consider my suitability for employment.

I understand that any information obtained by a personal history statement or background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization will be considered in determining my suitability for employment by the Linn Creek



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Police Department. I understand that all materials pertaining to this background investigation become the property of the Linn Creek Police Department and will not be returned to me.

I further understand that any current criminal conduct discovered during the background investigation may be forwarded to my employer, and or the appropriate investigating agency.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her 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. I further understand that in the event my application is disapproved, the confidential information or source{s} of information will not be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Signature_____
Street Address_____
City, State, Zip Code_____

State of _____

County/City of _____

Subscribed and sworn before me this _____ day of _____, 20_____

My commission expires _____ {Signature Notary} _____