



# Herculaneum Police Department

## BACKGROUND INVESTIGATION Information Packet

**City of Herculaneum  
1 Parkwood Court  
Herculaneum, Missouri 63048**

**Telephone: 636-479-4791**

*The City of Herculaneum is an Equal Opportunity Employer and does not discriminate against any employee or applicant for employment because of race, color, religion, national origin, age, disability or any other reason provided under Federal, State, or local laws. We base all hiring decisions on merit alone. Additionally, the City of Herculaneum is a Drug-Free Workplace.*

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

# HERCULANEUM POLICE DEPARTMENT

DATE:  
\_\_\_\_\_

## CONFIDENTIAL PERSONAL INFORMATION

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

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

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

Date of Birth \_\_\_\_\_  Male  Female

Driver's License Number \_\_\_\_\_

VEHICLE REGISTRATION NUMBER \_\_\_\_\_ State/ Expiration Date \_\_\_\_\_

Nationality \_\_\_\_\_

Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight \_\_\_\_\_

Married   Single  Separated  Divorced  Widowed

Full name of spouse \_\_\_\_\_ Occupation \_\_\_\_\_

Name of company \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

## PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

## FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS

NAME	RELATIONSHIP	BIRTH DATE	SSN

**HERCULANEUM POLICE DEPARTMENT CERTIFICATE OF APPLICANT  
AND AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, understand that a thorough investigation will be conducted  
(Print Full Legal Name)

to determine my qualifications for the position of Police Officer with the City of Herculaneum. I hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material facts will cause forfeiture on my part of all rights to initial employment or continued employment by the Herculaneum Police Department.

The intent of this authorization is to make available a full and complete disclosure of any and all information pertaining to my person; therefore, I do hereby authorize all present or past employers, all law enforcement agencies, all military agencies, the Veterans Administration, all Branches of the Military, 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 Herculaneum Police Department with any and all available information regarding my past or present performance, conduct or behavior. I further authorize the release of any punitive or disciplinary action or memorandums to the Chief of Police in order that the information may be evaluated to assist in the determination of my suitability for police work.

I Authorize the Herculaneum Police Department to make an inquiry and gather any documents of my present and past employers regarding my character, integrity, reputation and performance.

I understand that all materials pertaining to this background investigation becomes the property of the Herculaneum Police Department and will not be made available or returned to me.

I agree to indemnify and hold harmless the person(s) to whom this request is presented, along with the company or organization therein from any and all claims, damages, and losses arising out of complying with this request.

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

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me the undersigned notary public,

personally appeared \_\_\_\_\_ known to me to be the person(s) whose name is subscribed to the within instrument and acknowledgement that he/she/they executed the same for the purposed therein contained. In witness whereof, I here unto set my hand and official seal.

**(Notary Seal)**

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
My Commission Expires:



# **HERCULANEUM POLICE DEPARTMENT**

## **Application For Law Enforcement Employment**

**City of Herculaneum  
1 Parkwood Court  
Herculaneum, Missouri 63048**

**Telephone: 636-479-4791**

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## **DIRECTIONS**

1. BEFORE YOU BEGIN read the entire set of directions and listing of documents required for submission. An application checklist is provided on the last page of the application for your convenience. This is a competitive process, therefore, applications will not be accepted, processed or evaluated unless complete. All addresses and phone numbers **MUST** include ZIP codes and area codes.
2. USE BLACK INK PEN ONLY. Complete this form in your own handwriting or printing. If you need any special accommodation in completing this questionnaire, contact the Herculaneum Police Department Chief of Police at 636-479-4791.
3. Read each question carefully before answering. Be certain your answers are legible.
4. Be certain 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. Complete the Background Investigation Information (Separate Form)
7. Upon completion, the Application packet must be returned to the Herculaneum Police Department, 1 Parkwood Court, Herculaneum, Missouri 63048. A Notary Public is available free of charge when returning your application in person.

## PERSONAL DATA

Date of Application: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street, Apt. #, or PO Box Number*

\_\_\_\_\_ *City State Zip Code*

Home Phone Number: \_\_\_\_\_ ( ) \_\_\_\_\_

List any additional names that you have used: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Starting with your present address, list all of the addresses that you have lived at for the last ten (10) years, including military posts. In the column listed "FROM/TO", please use *Month and Year*.

From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ *Address City County State ZIP*

From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ *Address City County State ZIP*

From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ *Address City County State ZIP*

From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ *Address City County State ZIP*

3 | Initials \_\_\_\_\_

**PERSONAL DATA Continued**

Have you ever applied to the City of Herculaneum?  Yes  No

If so, when? \_\_\_\_\_

Position applied for: \_\_\_\_\_

Have you ever been employed by the City of Herculaneum?  Yes  No

If so, when? \_\_\_\_\_

Position held: \_\_\_\_\_

## POLICE TRAINING AND EXPERIENCE

Are you a graduate of a Police Academy?     Yes     No

Name of the Academy: \_\_\_\_\_

Address of the Academy: \_\_\_\_\_  
*Street*                      *City*                      *State*                      *ZIP*

Dates attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Number of Training Hours: \_\_\_\_\_

### **MISSOURI PEACE OFFICERS STANDARDS AND TRAINING CERTIFICATION**

Are you currently P.O.S.T. licensed or eligible for P.O.S.T. licensing? Please check one:

\_\_\_\_\_ YES, I am currently licensed. \_\_\_\_\_  
*License Number*                      *Expiration Date*

If Licensed, is License Class A or Class B (circle one)

\_\_\_\_\_ YES, I am eligible for P.O.S.T. licensing with a test date of \_\_\_\_\_ with  
the Missouri P.O.S.T. Board

List other Law Enforcement Training and Seminars that you have attended. Please include dates and locations. Attach additional pages if necessary.

<u>Training/Seminar</u>	<u>Location</u>	<u>Dates</u>



**POLICE TRAINING AND EXPERIENCE Continued**

Have you ever worked as a Police Officer, Police Reserve, Dispatcher, or in any other capacity related to Law Enforcement?  Yes  No

If YES, please explain your positions, responsibilities and assignments. Please include dates and locations. Attach additional pages if necessary.

Dates

Location

Responsibilities

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Were you ever disciplined as a Law Enforcement employee?  Yes  No

If YES, please explain, including the nature of the alleged offense and the disposition, reprimand, suspension, etc. Attach additional pages if necessary.

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List any Awards and/or Commendations that you have received:

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**POLICE TRAINING AND EXPERIENCE Continued**

***USE OF FORCE:***

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, please explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever used a weapon to defend yourself or others?       Yes       No

If YES, please explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Do you have any "Special Skills" that you feel would aid you as a Herculeum Police Officer? If so, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ARREST HISTORY

\*\*Have you ever been convicted of a crime?  Yes  No

If YES, please explain. Include dates, charges, arresting agency and disposition of charges to include; convictions, SIS (Suspended Imposition of Sentence), SES (Suspended Execution of Sentence) or Criminal Summons, attach additional pages if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been served with an *Order of Protection*?  Yes  No

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all Traffic Citations that you have received:

<u>Date</u>	<u>Offense</u>	<u>Disposition</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you now under charges for any violations of the law?  Yes  No

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***\*\*Criminal convictions are not an absolute bar to employment but will be considered only with respect to the specific requirements of the job for which you are applying***

**MILITARY SERVICE**

Are you registered with the Selective Service?  Yes  No

Have you ever served in the Armed Forces?  Yes  No

Type of Discharge: \_\_\_\_\_

Describe your Military Service:

<u>Date</u>	<u>Branch</u>	<u>Discharge Date</u>	<u>Discharge Type</u>	<u>Rank</u>
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Have you ever been denied entry into a military organization?  Yes  No

If YES, please explain: \_\_\_\_\_

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Were you ever Court Marshaled, disciplined, taken to Summary Court, Deck Court, Captain's Mast, Company Punishment or subject to any other type of disciplinary action while in the military?  Yes  No

If YES, please explain: \_\_\_\_\_

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List your Duty Stations, using approximate dates:

<u>From</u>	<u>To</u>	<u>Location</u>
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*\*\*A less than honorable discharge is not an absolute bar to employment.*

## EDUCATION

Check your education level:

- |  |   |
|--|---|
| <input type="checkbox"/> GED Certificate     | <input type="checkbox"/> Associate of Arts Degree |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Bachelors Degree         |
| <input type="checkbox"/> Technical School    | <input type="checkbox"/> Other                    |

List all of the schools that you have attended. Use month and year, and attach copies of Transcripts.

<u>FROM</u>	<u>TO</u>	<u>SCHOOL</u>	<u>ADDRESS</u>	DIPLOMA and/or <u>CERTIFICATE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been dropped from the rolls, expelled, suspended, or asked to leave any school for any reason?     Yes     No

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

List your Employment History, beginning with the most recent:

1. Employer \_\_\_\_\_

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

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Your Job Title, description or rank: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

2. Employer \_\_\_\_\_

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

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Your Job Title, description or rank: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

3. Employer \_\_\_\_\_

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

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Your Job Title, description or rank: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

4. Employer \_\_\_\_\_

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

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Your Job Title, description or rank: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**EMPLOYMENT HISTORY Continued**

May we contact your present employer?  Yes  No

If NO, please explain why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

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

1. Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Residence Address \_\_\_\_\_  
*Street City State ZIP*  
Business Name \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Business Address \_\_\_\_\_  
*Street City State ZIP*  
Years Acquainted: \_\_\_\_\_
  
2. Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Residence Address \_\_\_\_\_  
*Street City State ZIP*  
Business Name \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Business Address \_\_\_\_\_  
*Street City State ZIP*  
Years Acquainted: \_\_\_\_\_
  
3. Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Residence Address \_\_\_\_\_  
*Street City State ZIP*  
Business Name \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Business Address \_\_\_\_\_  
*Street City State ZIP*  
Years Acquainted: \_\_\_\_\_
  
4. Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Residence Address \_\_\_\_\_  
*Street City State ZIP*  
Business Name \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Business Address \_\_\_\_\_  
*Street City State ZIP*  
Years Acquainted: \_\_\_\_\_



