

City of Rock Hill
Department of Police



827 N ROCKHILL ROAD, ROCK HILL, MISSOURI 63119
PHONE: 314-962-6600
FAX: 314-962-6603

APPLICATION FOR POLICE OFFICER
Applicant Personal History Questionnaire

AN EQUAL OPPORTUNITY EMPLOYER: Subject to all applicable state and federal statutory or judicial exemptions, all qualified applicants for employment and/or advancement, whether commissioned or civilian, shall be given equal opportunity for consideration, selection, appointment and retention regardless of race, color, religion, sex, national origin, age, disability or political affiliation.

VERIFICATION OF INFORMATION

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment with the Rock Hill Police Department. An extensive background investigation will be conducted into your personal history. Applicants will be required to complete a psychological evaluation, physical examination, drug screening and polygraph.

Any **false, misleading or incomplete** information substituted for accurate information will be grounds to disqualify you from further consideration in the application process with the Rock Hill Police Department.

I confirm that I have read and understand the above and that all information and documents presented to the Rock Hill Police Department are true, correct, and complete and made in good faith. I also confirm that I have received the Police Officer Selection Process information sheet, as well as the Essential Job Functions for the position of Police Officer.

Signature

Date

Directions:

1. **Use Black Ink.** Print or type answers.
2. Read each question carefully before answering.
3. Be certain the answers are legible.
4. **Must** be completed by applicant
5. Entire application must be completed

CITY OF ROCK HILL

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION

Position Applied For	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

How did you learn about us?

Advertisement ☐ Friend ☐ Walk In ☐ Employment Agency ☐ Relative ☐ Other _____

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? ☐ Yes ☐ No

If no, list the highest grade completed

College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupational License, Certificate or Registration	Number	Where Issued		Expiration Date		
Occupational License, Certificate or Registration	Number	Where Issued		Expiration Date		
Occupational License, Certificate or Registration	Number	Where Issued		Expiration Date		
Languages Read, Written or Spoken Fluently Other Than English						

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number () -	From (Month/Year)
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Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving

REFERENCES

1. _____
Name _____ Phone # _____

Address _____

2. _____
Name _____ Phone # _____

Address _____

3. _____
Name _____ Phone # _____

Address _____

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes ☐ No ☐ Employed Yes ☐ No ☐ Remarks _____

By _____
Job Title _____ Hourly/Salary Rate _____ Department _____ How Long _____

NOTES

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POLICE OFFICER SELECTION PROCESS

Thank you for your interest in the position of police officer with the Rock Hill Police Department. The application process for this important position is a key component in ensuring that we meet your expectations as an employer, and that your personality, skills, and work ethic meet our expectations of community police service and protection.

The Process for Police Officers

- Job Posting
- Application Received by Applicant
- Submission of Formal Application to include a Resume
- Application / Resume Reviewed by staff
- Job Related Test (Discretionary)
- Oral Interview Board
- Background Investigation
- Polygraph
- City Administrator/Police Chief Interview
- Conditional Offer of Employment
- Psychological Test
- Medical Exam, to include Drug Screen
- Status Notification to all Applicants

Expected Duration

Dependent upon testing schedules, if applicable, and your response time to the background investigator's requests for information, the application process will last from two to three months.

Re-Application and Re-Employment

An unsuccessful candidate may reapply following the normal procedures anytime an opening exists, unless the candidate is expressly prohibited from reapplying by the chief of police.

Former employees shall be required to apply and compete for a position with all other qualified applicants unless approved for re-employment by the Chief of Police with the approval of the City Administrator.

Notification

Those applicants determined to be ineligible or who are otherwise not selected for employment shall be notified in writing by the department within 30 days of the conclusion of the selection process.

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**CERTIFICATE OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION
(Read Carefully Before Signing)**

I, _____, am an applicant for a position with the Rock Hill
(Print Full Name)

Police Department. I 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 misstatements or omission of material facts will cause forfeiture on my part of all rights to employment by the Rock Hill Police Department.

The Rock Hill Police 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 Rock Hill Department of Police.

I hereby authorize any representative of the Rock Hill 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 Rock Hill Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that 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 a background investigation that may provide pertinent data for the Rock Hill Police Department to consider in determining my suitability for employment in the Rock Hill Department of Police. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I hereby authorize all law enforcement agencies, the Veterans Administration, U.S. Army, U.S. Navy, U.S. Air Force, all military agencies, all federal, state or local government agencies, state and federal tax bureaus, credit bureaus, schools and universities, to furnish the Rock Hill Department of Police with any and all available information regarding me in order to determine my suitability for police work.

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 of this organization, including its 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 Rock Hill 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 Rock Hill Police Department's acceptance and processing of my application for employment, I agree to hold this organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Rock Hill 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 Rock Hill Police Department in conjunction with employment procedures.

I agree to pay any and all charges or fees concerning this request.

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.

I hereby agree to take any medical examination, psychological examination or test to determine the presence of drugs or narcotics which the police department may require to determine my qualifications for employment. I further authorize the results of said tests to be furnished to the Rock Hill Department of Police and that same shall become part of my application for employment.

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.

Signature of Applicant

Date

Signature of Witness

Date

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E-VERIFICATION NOTIFICATION

Notice to Applicant

The City of Rock Hill Participates in the E-Verify Program

Pursuant to Missouri state law, and in accordance with Federal requirements, the City of Rock Hill participates in the E-Verify Program to verify the eligibility of every newly hired employee to work in the United States. Missouri state law requires that government employers verify the identity and validate the ability of all persons hired to work in the United States.

The City of Rock Hill will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization. If the Government cannot confirm that you are authorized to work, the City of Rock Hill is required to provide you written instructions and an opportunity to contact the SSA and/or DHS before taking adverse action against you, including terminating your employment. Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use with the Form I-9.

I confirm that I have read and understand the above as it pertains to the E-Verify Program and further affirm that I have been notified by the City of Rock Hill of its participation in the E-Verification Program.

Signature: _____

Print Name: _____

Date: _____