



St. Louis County Police Department

An Internationally Accredited Agency

“Serving Our Community Since 1955”

Colonel Tim Fitch
Chief of Police



“The Best Place for the Best People to Work”

PERSONAL HISTORY QUESTIONNAIRE

The Board of Police Commissioners resolved that 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.

AN EQUAL OPPORTUNITY EMPLOYER

www.stlouisco.com/police

TO OUR APPLICANTS

The St. Louis County Police Department was born from a bona fide need expressed by voters to create, develop and maintain a professional police agency. Established in 1955 to serve and protect the rights of all citizens within the borders of our county, we are unique in our origin and mission and remain to this date the only County Police Department within the State of Missouri. Our Department began with 95 commissioned officers and 18 civilian employees. We have grown to become the third largest local law enforcement agency in the State, having an authorized strength of over 750 commissioned officers as well as over 245 civilian members. This growth is a reflection of our commitment to Neighborhood Policing. Neighborhood Policing is a philosophy - one of a partnership between police and law-abiding citizens to create permanent solutions to problems that lead to crime. We express these ideals for all to see as we display our motto, "TO SERVE AND PROTECT." To assure that the County Police remain responsive to our citizens, the organization is separated into divisions specifically designed to meet the growing needs and demands of those nearly one million men, women and children we have sworn to serve.

The Division of Patrol maintains a uniform presence 24 hours a day by providing our citizens with highly trained officers capable of responding to any emergency or crisis situation within minutes. Our officers incorporate into their daily activities the concepts and ideals of Neighborhood Policing. This increased interaction between our officers and the citizens serves to safeguard the community and communicates to would-be offenders a firm "no nonsense" approach to law and order. Our officers assigned to municipalities provide the same high quality of service to local city governments that have made the decision to use the St. Louis County Police as their agency responsible to serve and protect their constituents. Members in this division participate in a Countywide Resident Officer Program which allows the officers to utilize their patrol vehicles in St. Louis County during off-duty hours.

The Division of Special Operations complements the patrol officers and maintains a Tactical Operations Unit which is comprised of select officers trained to execute high risk search warrants and conduct hostage negotiations. Officers assigned to Air Support fly both our fixed wing and turbine-rotor aircraft. Other specialized areas include our Community Action Team and Highway Safety Unit. Our MetroLink officers are assigned to ensure the safety of the passengers who are travelling via the area's established light rail transportation system.

The Division of Criminal Investigation serves as the formal investigative branch of our Department. Years of experience culminate in an assignment to the Bureau of Crimes Against Persons. These detectives are responsible for the successful prosecution of perpetrators who have committed murder, rape and robbery, as well as other violent acts against the family and society. Their counterpart in the division is the Bureau of Crimes Against Property. These detectives, along with securing the arrest of criminals, are also responsible for reuniting the victims of larcenies, burglaries and auto thefts with their property. The bureau also contains an Arson and Explosives Unit which is manned with members trained by the FBI and the National Fire Academy, who safely dispose of explosive devices and work with local fire districts to solve these devastating offenses. Detectives

are also assigned to the Bureau of Drug Enforcement where members work locally as well as with the Drug Enforcement Administration targeting drug dealers and capturing information for the Gang Intelligence and Narcotics Trafficking computer system to actively combat the influences of drug trafficking in our community. The Division is rounded out with the Bureau of Criminal Identification. Within this Bureau are housed the Crime Scene detectives whose sole mission is to develop, photograph, collect and package physical evidence from crime scenes that will forever link the perpetrator to the offense. To assist in identifying criminal suspects, the Department utilizes a highly advanced Automated Fingerprint Identification System which holds the fingerprint records of those arrested in both St. Louis County and the City of St. Louis. The system is designed not only to identify local offenders, but is also capable of searching, via a communications link, all the fingerprint records maintained by the State of Missouri. The bureau's other technological advancements are shown in the full service Crime Lab, offering photographic processing, firearms examination and DNA/PCR and serology work, all of which are made available to requesting police agencies.

The Division of Operational Support leads the Department in terms of developing technological innovations for contemporary law enforcement. The design and use of our Computer Aided Dispatching and the nationally recognized award winning Computer Assisted Report Entry system have significantly reduced the time needed to locate and send the closest available police unit for an emergency dispatch and has organized and consolidated the report writing process allowing the officer to dictate a report quickly and return to service. At the same time, the system allows the Department to collect data for crime analysis and efficient manpower deployment. Also recognized as a forerunner in the field is our St. Louis County and Municipal Police Academy. This Peace Officers Standards and Training (POST) certified academy exceeds the State requirement by providing 800 hours of physically demanding, intense, basic police training to not only our employees and those of other departments but also offers as well the Open Enrollment Program, which affords individuals a tuition-free opportunity to enter into the field of law enforcement as a trained, certified peace officer. There are several other units within this division. One is the Planning and Analysis Unit, which has the job of ensuring that the organization maintains the highest level of professionalism by coordinating efforts with both the written directive system as well as the Commission on Law Enforcement Accreditation (CALEA). Another unit within this division is the Personnel Services Unit. Its mission is to provide an exemplary standard and selection process that not only welcomes but encourages the very best from all walks of life to join and grow with us as we continue to serve and protect our community.

We appreciate our employees and the citizens we serve. We also believe that the members of the St. Louis County Police family represent our community. For these reasons, we seek to attract citizens from the community, other law enforcement agencies, professions and disciplines to every position in our Department. We value the men and women of America's military. Everyone is equally welcome and encouraged to apply. Visit our website at www.stlouisco.com/police.





Saint Louis COUNTY POLICE

Colonel Timothy E. Fitch
Chief of Police
7900 Forsyth Boulevard
St. Louis, Missouri 63105
Voice/TTY (314) 889-2341

CERTIFICATE OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
SSN	DATE OF BIRTH	APPLICANT #

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. 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 St. Louis County 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, the U.S. Army, U.S. Air Force, U.S. Coast Guard, all Federal, State or local government agencies, State and Federal tax bureaus, credit bureaus, schools and universities to furnish the Supervisor of the Personnel Services Unit of the St. Louis County 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 memorandum, to the Supervisor in order that the information be evaluated to assist in the determination of my suitability for police work.

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 and business life for the specific purpose of conducting a pre-employment background investigation.

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

I authorize the release of any and all of the aforelisted information regarding my person, employment, credit or any other aspect, whether personal or otherwise, that may or may not be in their written records.

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

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

I understand that in the event my application is disapproved, the sources of information obtained are confidential and cannot be revealed to me.

A photostatic or Xerox copy of this authorization will be considered as effective and valid as the original, even though the copy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

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

My commission expires _____, 20_____.

Notary: _____

Signature (Applicant)
102406



Address

City/State/Zip
Rev. 07/09

"Committed to Our Citizens Through Neighborhood Policing"

APPLICANT PERSONAL HISTORY QUESTIONNAIRE
PRE-EMPLOYMENT HISTORY FILE ACCESS RESTRICTED BY GENERAL ORDERS

VERIFICATION OF INFORMATION

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment or training with the St. Louis County Police Department. An extensive background investigation will be conducted into your personal history. Applicants for the position of police officer will be required to take a polygraph (lie detector) examination to confirm the information in this questionnaire, and to determine other items of background information.

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 ST. LOUIS COUNTY POLICE DEPARTMENT OR THE COUNTY AND MUNICIPAL POLICE ACADEMY.

I confirm that I have read and that I understand the above and that all statements and documents presented to the St. Louis County Police Department are true, correct, complete and made in good faith.

_____ Signature _____ Date

Please indicate position for which you are applying: _____

DIRECTIONS

1. BEFORE YOU BEGIN, read the entire set of directions and listing of documents required for submission. An application checklist is provided on page 13 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 a Personnel officer or the Commander, Bureau of Staff Services at (314) 615-4273.
3. Read each question carefully before answering. Be certain that your answers are legible.
4. Be certain that 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 space.
5. Initial EACH page on the bottom right corner.
6. Additional space is provided on pages 11 and 12 for answers which require clarification or further explanation. All entries on pages 11 and 12 will begin with page, section number (Roman numerals I-XIII), and question (letters A-L) you are explaining or clarifying.
7. Pursuant to Public Law 93-579, the disclosure of your Social Security Number is completely voluntary. Your refusal to reveal it will in no way affect applications for any job or consideration provided by this Department. The Social Security Number assists the Department in differentiating between applicants with similar or identical names.
8. Upon completion, the questionnaire must be returned to the St. Louis County Police Department Personnel Services Unit, 7900 Forsyth Boulevard, Room B-156, Clayton, Missouri 63105.

I. PERSONAL DATA

CONFIDENTIAL

FULL NAME	LAST	FIRST	MIDDLE	HOME PHONE		
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP CODE	BUSINESS PHONE/PAGER
PERMANENT ADDRESS	NUMBER	STREET	CITY	STATE	ZIP CODE	HOME PHONE
AGE	HEIGHT	WEIGHT	HAIR	EYES	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER			OPERATOR'S LICENSE NUMBER			STATE ISSUED
A. LIST ANY OTHER NAMES YOU HAVE EVER USED: _____						
B. ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO				C. WERE YOU NATURALIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
D. LIST FIRST YOUR PRESENT ADDRESS, THEN LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST TEN (10) YEARS, INCLUDING YOUR ADDRESS(ES) IN THE MILITARY SERVICE OR WHILE ATTENDING COLLEGE:						
FROM	TO	STREET ADDRESS	CITY/COUNTY	STATE	ZIP CODE	
E. HAVE YOU EVER APPLIED FOR A POSITION WITH THIS DEPARTMENT BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," DATE OF APPLICATION _____						
F. HAVE YOU FILED AN EMPLOYMENT APPLICATION WITH ANY OTHER SOURCES RECENTLY? IF "YES," LIST BELOW: <input type="checkbox"/> YES <input type="checkbox"/> NO						
DATE	ORGANIZATION/FIRM NAME	ADDRESS/ZIP CODE	POSITION APPLIED FOR	DISPOSITION		
G. ARE YOU ACQUAINTED WITH ANY ST. LOUIS COUNTY POLICE DEPARTMENT EMPLOYEES? IF "YES," PLEASE LIST: <input type="checkbox"/> YES <input type="checkbox"/> NO _____						
H. BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU APPLIED, DESCRIBED IN THE WRITTEN JOB DESCRIPTION THAT ACCOMPANIED THIS APPLICATION, ARE YOU ABLE TO PERFORM THESE FUNCTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO						

II. REFERENCES

CONFIDENTIAL

LIST FOUR (4) CHARACTER REFERENCES, TWO OF WHICH ARE NEAR YOUR SAME AGE AND ARE NOT RELATIVES, IN-LAWS OR PAST EMPLOYERS WHO HAVE KNOWN YOU WELL DURING THE PAST THREE YEARS OR MORE:

1	NAME	PHONE NUMBER	YEARS AQUAINTED
	RESIDENCE ADDRESS	CITY	STATE ZIP CODE
	BUSINESS NAME AND ADDRESS	OCCUPATION	
2	NAME	PHONE NUMBER	YEARS AQUAINTED
	RESIDENCE ADDRESS	CITY	STATE ZIP CODE
	BUSINESS NAME AND ADDRESS	OCCUPATION	
3	NAME	PHONE NUMBER	YEARS AQUAINTED
	RESIDENCE ADDRESS	CITY	STATE ZIP CODE
	BUSINESS NAME AND ADDRESS	OCCUPATION	
4	NAME	PHONE NUMBER	YEARS AQUAINTED
	RESIDENCE ADDRESS	CITY	STATE ZIP CODE
	BUSINESS NAME AND ADDRESS	OCCUPATION	

III. ARREST HISTORY

A. OTHER THAN TRAFFIC CITATIONS, HAVE YOU, AS AN ADULT OR JUVENILE, BEEN ARRESTED, CONVICTED, CHARGED, QUESTIONED, ACCUSED OR DETAINED FOR ANY REASON BY ANY POLICE, SECURITY OFFICER OR MILITARY POLICE AUTHORITY, EITHER IN THE UNITED STATES OF AMERICA OR IN ANY FOREIGN COUNTRY?

YES NO IF "YES," DESCRIBE BELOW AND EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

DATE	CHARGE	DEPARTMENT/AGENCY	LOCATION (CITY, COUNTY, STATE)	DISPOSITION

B. WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS OTHER THAN TRAFFIC?

YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

C. HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR FORMER OR CURRENT RESIDENCES FOR ANY REASON?

YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

D. HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED CRIME, INCLUDING THE BUYING OR SELLING OF ILLICIT DRUGS?

YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

E. ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW?

YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

IV. EDUCATION AND SKILLS

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A. DO YOU HAVE: (CHECK APPROPRIATE BOXES)

- GED/HIGH SCHOOL 3-31 COLLEGE CREDIT HOURS 32-63 COLLEGE CREDIT HOURS
 64-119 COLLEGE CREDITS BACHELOR'S DEGREE POST GRADUATE DEGREE

B. STARTING WITH THE MOST RECENT, LIST ALL ELEMENTARY, HIGH SCHOOL, COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED:

MONTH & YEAR ATTENDED FROM	TO	NAME AND LOCATION (STREET, CITY, STATE, ZIP)	# CREDITS COMPLETED	TYPE OF DEGREE	MAJOR	YEAR OF DEGREE

C. STUDENT ASSOCIATIONS/ACTIVITIES:

D. HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO LEAVE ANY SCHOOL FOR DISCIPLINARY REASONS?

- YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

E. HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION?

- YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

F. ARE YOU A GRADUATE OF A CERTIFIED POLICE ACADEMY OR LAW ENFORCEMENT TRAINING PROGRAM?

- YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

G. INDICATE LANGUAGES YOU SPEAK, READ AND/OR WRITE OTHER THAN ENGLISH:

	FLUENT	ABOVE AVERAGE	FAIR
SPEAK			
READ			
WRITE			

H. SPECIAL SKILLS, QUALIFICATIONS AND AWARDS - SUMMARIZE SPECIAL SKILLS, QUALIFICATIONS AND ACCOMPLISHMENTS (INCLUDING CLERICAL SKILLS) THAT YOU WISH TO BE CONSIDERED:

V. EMPLOYMENT HISTORY

CONFIDENTIAL

A. START WITH YOUR PRESENT OR LAST JOB AND LIST ALL OF THE PLACES YOU HAVE WORKED FOR THE PAST TEN YEARS. LIST ANY ADDITIONAL EMPLOYERS ON PAGES 11 AND 12. IF YOU ARE PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER? YES NO

1		EMPLOYER		ADDRESS	
CITY		STATE		ZIP CODE	
PHONE NUMBER		DATES EMPLOYED		HOURLY OR ANNUAL SALARY	
FROM		TO		START	
				FINAL	
WORK PERFORMED		SUPERVISOR		CO-WORKER	
REASON FOR LEAVING					

2		EMPLOYER		ADDRESS	
CITY		STATE		ZIP CODE	
PHONE NUMBER		DATES EMPLOYED		HOURLY OR ANNUAL SALARY	
FROM		TO		START	
				FINAL	
WORK PERFORMED		SUPERVISOR		CO-WORKER	
REASON FOR LEAVING					

3		EMPLOYER		ADDRESS	
CITY		STATE		ZIP CODE	
PHONE NUMBER		DATES EMPLOYED		HOURLY OR ANNUAL SALARY	
FROM		TO		START	
				FINAL	
WORK PERFORMED		SUPERVISOR		CO-WORKER	
REASON FOR LEAVING					

4		EMPLOYER		ADDRESS	
CITY		STATE		ZIP CODE	
PHONE NUMBER		DATES EMPLOYED		HOURLY OR ANNUAL SALARY	
FROM		TO		START	
				FINAL	
WORK PERFORMED		SUPERVISOR		CO-WORKER	
REASON FOR LEAVING					

B. HAVE YOU EVER BEEN DISMISSED, FIRED OR ASKED TO RESIGN FROM ANY EMPLOYMENT?
 YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

C. HAVE YOU EVER STOLEN ANY MONEY OR MERCHANDISE FROM ANY PLACE OF EMPLOYMENT? INCLUDE FINAL DISPOSITION OF ALL ITEMS (I.E., SOLD, RETAINED FOR PERSONAL USE, RETURNED, ETC.)
 YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

D. HAVE YOU EVER BEEN UNEMPLOYED FOR A PERIOD OF TIME IN EXCESS OF SIX MONTHS?
 YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

VI. ORGANIZATIONAL MEMBERSHIP

CONFIDENTIAL

A. LIST ALL CIVIC OR SOCIAL ORGANIZATIONS, FRATERNITIES, CLUBS, BROTHERHOODS, SOCIETIES OR GROUPS OF WHICH YOU ARE, OR HAVE BEEN, A MEMBER OR ASSOCIATE. ALSO FURNISH THEIR LOCATIONS.

NAME OF ORGANIZATION	ADDRESS	OFFICE HELD

B. ARE YOU NOW, OR HAVE YOU BEEN, A MEMBER OF ANY FOREIGN OR DOMESTIC SUBVERSIVE ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR CLUB 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 OR THE STATE OF MISSOURI, BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS?
 YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

VII. MILITARY STATUS

A. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	B. REGISTRATION NUMBER	C. LOCATION WHERE REGISTERED	
D. DO YOU HAVE A CURRENT OBLIGATION WITH THE MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	UNIT	ADDRESS/PHONE	COMMANDER

E. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, ROTC, OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? (IF THERE IS MORE THAN ONE PERIOD, LIST THE SEPARATE PERIODS)
 YES NO

MONTH/YEAR ENTERED	BRANCH/ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK	OCCUPATIONAL SPECIALTY

F. WERE YOU EVER REDUCED IN RANK IN THE MILITARY?
 YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.
 REDUCED FROM _____ TO _____

G. WERE YOU EVER COURT MARTIALED?
 YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.
 TYPE OF COURT MARTIAL: SUMMARY SPECIAL GENERAL
 SENTENCE RECEIVED: _____
 HAVE YOU EVER RECEIVED A CAPTAIN'S MAST, COMPANY PUNISHMENT OR ARTICLE 15?
 YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

H. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT?
 YES NO IF "YES," EXPLAIN:

VIII. FINANCIAL STATUS

CONFIDENTIAL

A. LIST THE SOURCES OF ALL YOUR INCOME AT THE PRESENT TIME.		
TYPE OF INCOME	FIRM OR SOURCE NAME	MONTHLY AMOUNT
YOUR SALARY		
OTHER EMPLOYMENT		
DIVIDENDS/INTEREST		
MILITARY		
OTHER (specify)		
TOTAL		

B. IF YOUR SPOUSE IS EMPLOYED, PLEASE COMPLETE THE FOLLOWING:		
BUSINESS NAME	BUSINESS ADDRESS	ZIP CODE
TELEPHONE NUMBER	JOB TITLE	MONTHLY AMOUNT

C. LIST ALL DEBTS AND OBLIGATIONS WHICH YOU NOW OWE, AND THE INDIVIDUALS OR FIRMS WITH WHOM YOU HAVE CREDIT DEALINGS. USE PAGES 11 AND 12 IF ADDITIONAL SPACE IS NEEDED.					
OBLIGATION	NAME, ADDRESS, ZIP CODE	ACCOUNT NUMBER	UNPAID BALANCE	MONTHLY PAYMENT	AMT PAST DUE
<input type="checkbox"/> MORTGAGE <input type="checkbox"/> RENT					
AUTO PAYMENT					
PERSONAL LOANS					
SCHOOL LOANS					
CREDIT CARD					
CREDIT CARD					
CREDIT CARD					
OTHER (specify)					
OTHER (specify)					
TOTALS					

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," WRITE DETAILS ON PAGES 11 AND 12. MARK "YES" IF THE QUESTION INVOLVES YOU, YOUR SPOUSE OR ANY EX-SPOUSE.

D. HAVE YOU EVER BEEN DELINQUENT IN ANY OF YOUR FINANCIAL OBLIGATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	J. HAVE YOU EVER FILED A LAWSUIT OR HAD A REPRESENTATIVE FILE A LAWSUIT ON YOUR BEHALF? <input type="checkbox"/> YES <input type="checkbox"/> NO
E. HAVE YOU EVER BEEN REFUSED CREDIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
F. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO	K. HAS YOUR TAX RETURN EVER BEEN AUDITED BY THE IRS FOR ANY REASON OTHER THAN A RANDOM AUDIT? <input type="checkbox"/> YES <input type="checkbox"/> NO
G. HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
H. HAVE YOU EVER BEEN SUED IN COURT ? <input type="checkbox"/> YES <input type="checkbox"/> NO	L. HAVE YOU EVER FAILED TO FILE OR BEEN DELINQUENT IN FILING YOUR TAX RETURN? <input type="checkbox"/> YES <input type="checkbox"/> NO
I. HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES, INJURY, LIBEL, ETC. EITHER WITH OR WITHOUT COURT ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	

IX. NARCOTIC AND LIQUOR USAGE

CONFIDENTIAL

A. WITHIN THE LAST SIX MONTHS, HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGES BECAUSE OF AN ADDICTION TO ALCOHOL?
 YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

B. WITHIN THE LAST SIX MONTHS, HAVE YOU USED A CONTROLLED SUBSTANCE WITHOUT A PRESCRIPTION?
 YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

X. MARITAL STATUS/FAMILY MEMBERS

A. CHECK YOUR CURRENT MARITAL STATUS. USE ADDITIONAL SPACE ON PAGES 11 AND 12 IF EXPLANATION IS NECESSARY.
 SINGLE ENGAGED MARRIED SEPARATED DIVORCED WIDOWED

IF ENGAGED OR MARRIED, INDICATE THE FOLLOWING INFORMATION RELATIVE TO FIANCE(E) OR SPOUSE:

NAME (include maiden name)		DATE OF BIRTH		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER	ANTICIPATED DATE OF MARRIAGE	

IF SEPARATED OR DIVORCED, INDICATE THE FOLLOWING INFORMATION RELATIVE TO EX-SPOUSE:

NAME (MAIDEN)		DATE OF BIRTH		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER	DATE OF SEPARATION/DIVORCE CAUSE #	

IF SPOUSE IS DECEASED, INDICATE THE FOLLOWING INFORMATION:

NAME (MAIDEN)	DATE DECEASED
---------------	---------------

B. LIST ALL CHILDREN AND/OR DEPENDENTS. USE ADDITIONAL SPACE ON PAGES 11 AND 12 IF NECESSARY.

NAME	DATE OF BIRTH	PLACE OF BIRTH	RELATIONSHIP	ADDRESS	WITH WHOM RESIDING	% SUPPORT PROVIDED

C. DO YOU NOW SUPPORT ALL CHILDREN BORN TO YOU?
 YES NO IF "NO," EXPLAIN:

D. ALL EMPLOYEES OF THIS DEPARTMENT WORK A MINIMUM EIGHT-HOUR DAY, FIVE DAYS PER WEEK, 49 WEEKS PER YEAR. ARE YOU ABLE TO MEET THESE REQUIREMENTS WITHOUT EXCESSIVE ABSENCES?
 YES NO

X. MARITAL STATUS/FAMILY MEMBERS (cont)

CONFIDENTIAL

E. ARE YOU PRESENTLY LIVING WITH ANYONE ELSE (FRIEND OR RELATIVE)?
 YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

F. HAVE YOU HAD ANY SERIOUS PROBLEMS WITH YOUR RELATIVES OR IN-LAWS?
 YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

G. LIST FULL NAME(S) OF YOUR IMMEDIATE FAMILY, SUCH AS FATHER, MOTHER (MAIDEN NAME) BROTHERS AND SISTERS.

NAME	DATE OF BIRTH	RELATIONSHIP	ADDRESS	ZIP CODE	PHONE NUMBER	OCCUPATION

SECTIONS XI, XII AND XIII ARE TO BE COMPLETED BY POLICE OFFICER, RESERVE OFFICER AND SECURITY OFFICER APPLICANTS ONLY.

XI. USE OF FORCE

A. 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," EXPLAIN IN DETAIL:

B. HAVE YOU EVER USED A WEAPON TO DEFEND YOURSELF OR OTHERS? IF "YES," EXPLAIN IN DETAIL:
 YES NO

C. 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

XII. NARRATIVE

IN 25 TO 50 WORDS, EXPLAIN WHY YOU WISH TO BE A POLICE OFFICER, RESERVE OFFICER OR SECURITY OFFICER.

XIII. DRIVING HISTORY

CONFIDENTIAL

A. LIST ALL DRIVER'S OR CHAUFFEUR'S LICENSES YOU NOW HOLD OR HAVE PREVIOUSLY HELD, EITHER IN MISSOURI OR ANY OTHER STATE OR COUNTY.					
STATE	TYPE OF LICENSE	LICENSE NUMBER	EXPIRATION DATE		
B. HAVE ANY OF THE ABOVE LICENSES EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," EXPLAIN: _____ _____					
C. LIST ALL DRIVING CITATIONS/TICKETS OR SUMMONSES YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, BEGINNING WITH THE MOST RECENT. IF YOU CANNOT REMEMBER EXACT DATES OR LOCATIONS, GIVE APPROXIMATE DATES AND LOCATIONS.					
MONTH/YEAR	CHARGE	CITY/STATE	ISSUING AGENCY/DEPARTMENT	DISPOSITION	
D. LIST ALL VEHICLES WHICH YOU OWN, LEASE OR HAVE FOR YOUR PERSONAL USE (INCLUDE MOTORCYCLES).					
YEAR	MAKE	MODEL	LICENSE NUMBER	STATE	
E. HOW MANY TRAFFIC ACCIDENTS HAVE YOU BEEN INVOLVED IN DURING THE PAST FIVE YEARS? EXPLAIN CIRCUMSTANCES OF EACH. _____ _____					
F. LIST ALL INFORMATION RELATIVE TO YOUR CURRENT AUTOMOBILE INSURANCE:					
NAME OF COMPANY		ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	NAME OF AGENT		POLICY NUMBER	EXPIRATION DATE	
G. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE OR HAD INSURANCE CANCELLED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," EXPLAIN IN DETAIL: _____ _____					
H. HAVE YOU RECENTLY CHANGED AUTOMOBILE INSURANCE COMPANIES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," INDICATE THE FOLLOWING INFORMATION RELATIVE TO YOUR PREVIOUS INSURANCE COMPANY.					
NAME OF COMPANY		ADDRESS	ZIP CODE	PHONE NUMBER	DATE DISCONTINUED

APPLICATION CHECKLIST

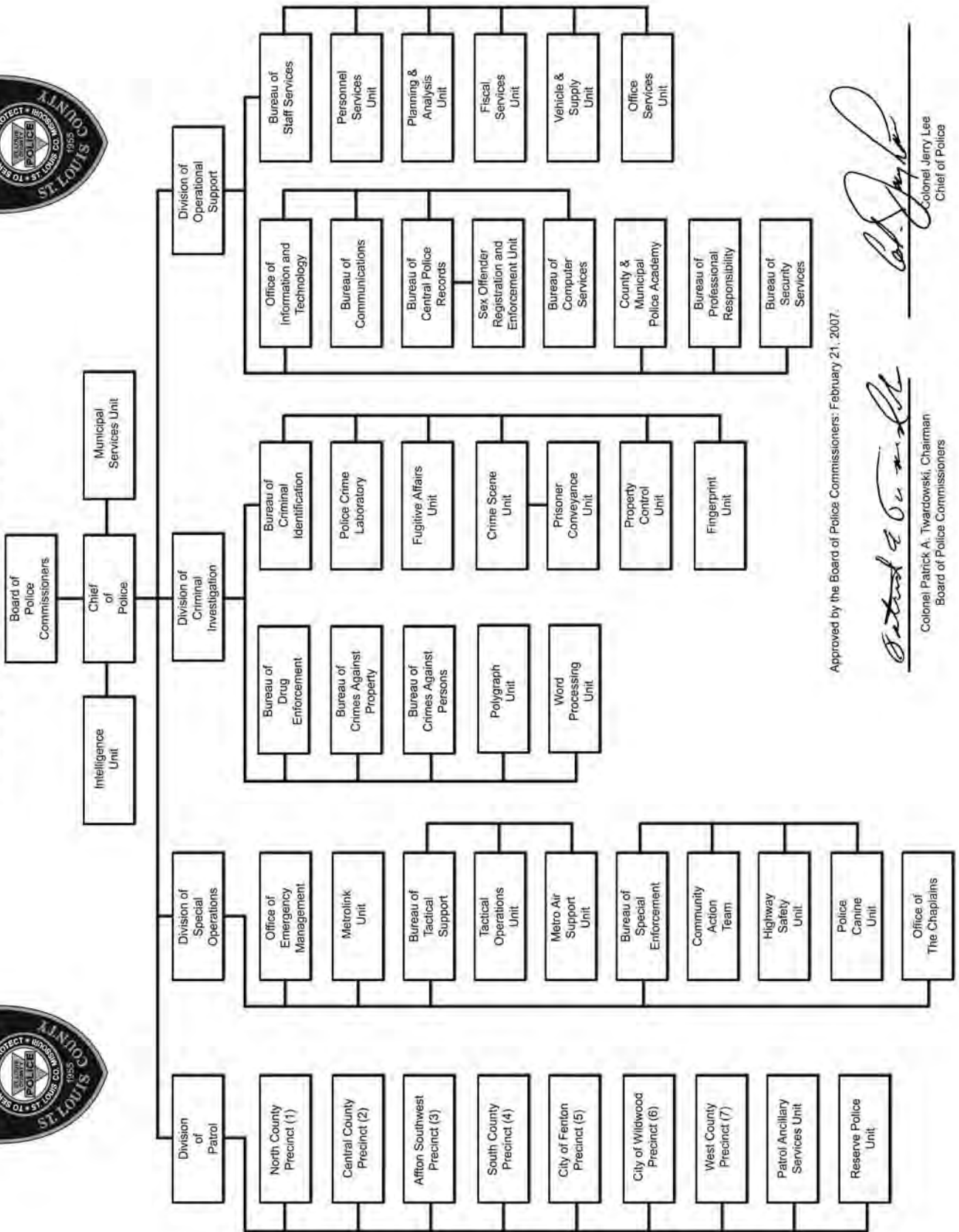
THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THIS APPLICATION, OR EXPLAIN FULLY WHY THEY ARE NOT INCLUDED. ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE ST. LOUIS COUNTY POLICE DEPARTMENT AND WILL NOT BE RETURNED.

1. Completed Certificate of Applicant and Authorization for Release of Information.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Waiver for experienced officers. All applicants currently employed as police officers and who are applying for a police officer position must submit this completed and signed form at the time their application is submitted.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Tax Information Authorization (Form 4506-T).	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Police Applicant Record Search.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certified copy of birth certificate (state issued with raised impression, certified or notarized copy). If you are applying for a civilian position, a photo copy is acceptable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Copies of all educational transcripts. High school and college must have a raised seal affixed. If you are applying for a civilian position, a photo copy is acceptable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Copy of military discharge papers – DD Form 214.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Two recent facial photographs. Polaroid, passport or photo booth photographs are acceptable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Special awards.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Naturalization papers (if applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Copy of your Social Security card.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Copy of any license, including state issued motor vehicle operator's license, pilot's license, radio operator's license. If you are applying for a civilian position, you need not submit this item.	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF YOU ARE UNABLE TO FURNISH ANY OF THESE DOCUMENTS, PLEASE EXPLAIN:

DOCUMENT NUMBER	REASON FOR EXCLUSION

DEPARTMENT OF POLICE ST. LOUIS COUNTY, MISSOURI



Approved by the Board of Police Commissioners: February 21, 2007.

Colonel Patrick A. Twardowski, Chairman
 Board of Police Commissioners

Colonel Jerry Lee
 Chief of Police

The mission of the St. Louis County Police Department
is to work cooperatively with the public
and within the framework of the constitution
to enforce the laws,
preserve the peace,
reduce fear
and provide a safe environment in our neighborhoods.

The St. Louis County Police Department
exists to serve the community
by protecting life and property,
by preventing crime,
by enforcing laws
and by maintaining order for all people.

Central to our mission are the values
which guide our work and decisions.
These help us to contribute
to the high quality of life in St. Louis County.

The public trust and confidence
given to those in the police service
requires the adoption and compliance of the stated values
which are the foundation
upon which our policies, goals and operations are built.

The recognition and statement of values
by a police department is important.
Values are the foundation
of everything for which we stand and believe.
The leadership of the St. Louis County Police Department
has the expectation that members of the Department
will adhere to the highest ethical standards.

Request for Transcript of Tax Return

(Rev. July 2005)

Department of the Treasury
Internal Revenue Service

- ▶ Do not sign this form unless all applicable lines have been completed.
Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

Caution: If a third party requires you to complete Form 4506-T, **do not** sign Form 4506-T if lines 6 and 9 are blank.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 20 business days

c Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 20 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

_____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Sign Here	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a ()
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

Note. If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the Internal Revenue Service at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team 310 Lowell St. Stop 679 Andover, MA 01810 978-691-6859
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team 4800 Buford Hwy. Stop 91 Chamblee, GA 30341 678-530-5326
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team 3651 South Interregional Hwy. Stop 6716 Austin, TX 78741 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888 559-253-4992
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team Stop B41-6700 Kansas City, MO 64999 816-823-7667
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP SE 135 Philadelphia, PA 19255-0695 215-516-2931

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the Internal Revenue Service at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800F Cincinnati, OH 45250 859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 11 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.





POLICE APPLICANT RECORD SEARCH

(THIS SECTION TO BE COMPLETED BY APPLICANT)

PLEASE PRINT

		DATE			
NAME					SEX
RACE (VOLUNTARY)		<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> HISPANIC OR LATINO		<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> ASIAN <input type="checkbox"/> TWO OR MORE RACES	
OTHER NAMES USED I.E., MAIDEN, ALIAS, ETC.					
ADDRESS					
CITY		STATE		ZIP CODE	
DATE OF BIRTH		PLACE OF BIRTH			
SOCIAL SECURITY NUMBER					
LICENSE PLATE NUMBER		STATE/YEAR			
DRIVER'S LICENSE NUMBER/STATE ISSUED					

(THIS SECTION TO BE COMPLETED BY PERSONNEL SERVICES UNIT PERSONNEL)

✓ CHECKLIST

- | | |
|---|--|
| <input type="checkbox"/> MOI | <input type="checkbox"/> MULES RECORD |
| <input type="checkbox"/> ALERT | <input type="checkbox"/> NCIC RECORD |
| <input type="checkbox"/> HISTORY | <input type="checkbox"/> DOR |
| <input type="checkbox"/> CORRECTIONS | <input type="checkbox"/> SIL (COUNTY) |
| <input type="checkbox"/> SUMMONS | <input type="checkbox"/> LICENSE PLATE |
| <input type="checkbox"/> GANG MEMBER/ASSOCIATIONS | <input type="checkbox"/> LMU STARS |
| | <input type="checkbox"/> EMPLOYMENT SECURITY |

CLERK		DSN		DATE	
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