

**Employment Application**

Equal Opportunity Employer



# Duquesne Police Department

“Serving the Community With Pride”

1501 S Duquesne Rd.  
Joplin, MO 64801  
Office 417-781-9494  
Fax 417-781-4570  
www.duquesnemo.org

**Personal Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List Addresses for the past 5 years: (if more space is needed attach to back of application)

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**Person to contact in case of emergency:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Criminal History**

Have you EVER been Arrested or Convicted of a Misdemeanor? (Yes or No) \_\_\_\_\_ If yes, explain.

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Have you EVER been Arrested or Convicted of a Felony? (Yes or No) \_\_\_\_\_  
If yes, explain. (A Felony conviction is an automatic disqualification.)

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Place of Birth: \_\_\_\_\_ Are you a U.S. citizen? (Yes or No) \_\_\_\_\_  
If no, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Military Background**

Have you ever served with the Armed Forces? (Yes or No) \_\_\_\_\_  
If yes, which Branch? \_\_\_\_\_  
Enlistment date: \_\_\_\_\_ Discharge date: \_\_\_\_\_  
Rank attained: \_\_\_\_\_ Type of discharge: \_\_\_\_\_  
Are you a member of the active reserve or National Guard? (Yes or No) \_\_\_\_\_

**Employment Desired**

Position: \_\_\_\_\_ Date available: \_\_\_\_\_  
Are you currently Employed? (Yes or No) \_\_\_\_\_  
May we contact present Employer? (Yes or No) \_\_\_\_\_

**Driver's License information**

Driver's license Number: \_\_\_\_\_ State: \_\_\_\_\_  
List any other state licenses in the past 5 years (use additional page if necessary)  
License number: \_\_\_\_\_ State: \_\_\_\_\_  
License number: \_\_\_\_\_ State: \_\_\_\_\_  
License number: \_\_\_\_\_ State: \_\_\_\_\_  
How many traffic tickets have you received in the past 5 years? \_\_\_\_\_  
If you have, please list what the violation was for and what agency issued the citation.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had ANY alcohol related citations? (Yes or No) \_\_\_\_\_ If yes, Explain  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been in an "At Fault" accident? (Yes or No) \_\_\_\_\_ If yes, Explain  
\_\_\_\_\_  
\_\_\_\_\_

Has your driver's license EVER been revoked or suspended? (Yes or No) \_\_\_\_\_ If yes, Explain

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**Education**

School Level	Name and Location	Years attended	Graduated (Yes or No)
Grammar School			
High School			
College			

**General Information**

List any special training or skills you possess: (Use additional page if necessary)

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In your own words, what are your future plans and goals? (Use additional page if necessary)

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If you are not hired as a full-time Officer, would you consider a reserve position? (Yes or No) \_\_\_\_\_

If currently employed at another Law Enforcement Agency, do they allow you to carry a dual commission? (Yes or No) \_\_\_\_\_

This section intentionally left blank

**Employment History**

List all employers for the past 10 year, starting with the most recent. (Use additional page if necessary)

Name of present or last Employer: \_\_\_\_\_

Address of present or last Employer: \_\_\_\_\_

Start date: \_\_\_\_\_ Start Salary: \_\_\_\_\_ Hourly or Annual? \_\_\_\_\_

End Date: \_\_\_\_\_ End Salary: \_\_\_\_\_ Hourly or Annual? \_\_\_\_\_

Job Title: \_\_\_\_\_ May we contact your Supervisor? (Yes or No) \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_

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

Your job description and responsibilities: (Use additional page if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: (Use additional page if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of present or past Employer: \_\_\_\_\_

Address of present or past Employer: \_\_\_\_\_

Start date: \_\_\_\_\_ Start Salary: \_\_\_\_\_ Hourly or Annual? \_\_\_\_\_

End Date: \_\_\_\_\_ End Salary: \_\_\_\_\_ Hourly or Annual? \_\_\_\_\_

Job Title: \_\_\_\_\_ May we contact your Supervisor? (Yes or No) \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_

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

Your job description and responsibilities: (Use additional page if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: (Use additional page if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History Continued**

Name of present or past Employer: \_\_\_\_\_

Address of present or past Employer: \_\_\_\_\_

Start date: \_\_\_\_\_ Start Salary: \_\_\_\_\_ Hourly or Annual? \_\_\_\_\_

End Date: \_\_\_\_\_ End Salary: \_\_\_\_\_ Hourly or Annual? \_\_\_\_\_

Job Title: \_\_\_\_\_ May we contact your Supervisor? (Yes or No) \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_

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

Your job description and responsibilities: (Use additional page if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: (Use additional page if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of present or past Employer: \_\_\_\_\_

Address of present or past Employer: \_\_\_\_\_

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

Your job description and responsibilities: (Use additional page if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: (Use additional page if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History Continued**

Name of present or past Employer: \_\_\_\_\_

Address of present or past Employer: \_\_\_\_\_

Start date: \_\_\_\_\_ Start Salary: \_\_\_\_\_ Hourly or Annual? \_\_\_\_\_

End Date: \_\_\_\_\_ End Salary: \_\_\_\_\_ Hourly or Annual? \_\_\_\_\_

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Name and title of supervisor: \_\_\_\_\_

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

Your job description and responsibilities: (Use additional page if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: (Use additional page if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of present or past Employer: \_\_\_\_\_

Address of present or past Employer: \_\_\_\_\_

Start date: \_\_\_\_\_ Start Salary: \_\_\_\_\_ Hourly or Annual? \_\_\_\_\_

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Name and title of supervisor: \_\_\_\_\_

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

Your job description and responsibilities: (Use additional page if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: (Use additional page if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

List the names, addresses and phone number of five persons not related to you, whom you have known at least one year. Any additional references please use additional page.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Certification**

I hereby certify the above information is true, correct and complete to the best of my knowledge and belief. I understand that providing false or fraudulent information may be grounds for adverse action, up to and including termination of employment

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Qualification form

**Amendments to the Federal Gun Control Act** prohibits any person who has ever been convicted of a

1) Have you ever been convicted of a misdemeanor crime of domestic violence?

Yes or No \_\_\_\_\_

2) If "Yes," provide the following information with respect to the conviction(s):

Court/Jurisdiction \_\_\_\_\_

State/Charge \_\_\_\_\_

**You have a duty** to complete and sign before a notary. Internal disciplinary action,

I hereby certify that the above information is true, correct and complete based on my

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, 20

Commission in \_\_\_\_\_ County \_\_\_\_\_





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By signing this form you are allowing the Duquesne Police Department and it’s authorized agent(s) to conduct, investigate, or request any and all information regarding your background up to and including, but not limited to a criminal history, credit history, and all other information deemed necessary by this department.

By signing this form you are releasing the City of Duquesne and all parties providing information to the City of Duquesne from any and all liability resulting from such inquires.

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Signature

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Date

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Witness