Raytown Police Department

Please complete the form below to apply for a position with us.

To complete this application you will be required to upload the following documents:

1.Driver's License

2. Social Security Card

3. Birth Certificate

4. High School Diploma

5. Vehicle Insurance Cards

6. Federal Gun Control Act Form

7. Authorization for Release of Information Form

Other Documents that might be needed but are not required: DD214, POST License, Visa.

Full Name

First Name Middle Name Last Name

Current Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

0
United States
Country

Email Address

Phone Number

Area Code Phone Number

Social Security Number

Date of Birth

Height

Weight

Hair Color

-
Brown

Eye Color

-
Brown

Identifying marks or tattoos. List location and design.

Are you a US Citizen?

-
Yes

Applying for Position

-
Police Officer

Are you Missouri P.O.S.T. Class A Certified?

-
Yes

Are you currently employed?

-
Yes

Available date to start

How did you hear about the open position?

Education

The Raytown Police Department requires all employees to possess a high school diploma or G.E.D.

High School and year graduated

Address of school

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

College Name

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Degree earned or years attended

List any additional training, vocational schools, specialized job related skills, computer skills, or military training:

Experience and Employment

List your employers for the last 10 years. Begin with most current. Include the name of employer, address, phone number, job title, supervisor's name, your reason for leaving, and the start and end dates of employment. Start with most recent.

Employer 1

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number

Area Code Phone Number

Title

Supervisor

Reason for leaving and was proper notice given?

Start date

Month Day Year

End date

Month Day Year

Employer 2

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number

Area Code Phone Number

Title

Supervisor

Reason for leaving and was proper notice given?

Start date

Month Day Year

End date

Month Day Year

Employer 3

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number

Area Code Phone Number

Title

Supervisor

Reason for leaving and was proper notice given?

Start date

Month Day Year

End date

Month Day Year

Employer 4

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number

Area Code Phone Number

Title

Supervisor

Reason for leaving and was proper notice given?

Start date

Month Day Year

End date

Month Day Year

Employer 5

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number

Area Code Phone Number

Title

Supervisor

Reason for leaving and was proper notice given?

Start date

Month Day Year

End date

Month Day Year

Employer 6

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number

Area Code Phone Number

Title

Supervisor

Reason for leaving and was proper notice given?

Start date

Month Day Year

End date

Month Day Year

Military Service

Have you ever served in the Armed Forces, National Guard or Reserves?

-
Yes

If "Yes" what Branch, Dates of Service, and Type of Discharge?

Are you currently enlisted in the Military Reserve or National Guard?

-
Yes

Were you ever the subject of any U.C.M.J. disciplinary action?

-
Yes

If "Yes", please provide details to include: branch of service, when, where, circumstances, and penalty:

Please list your NCO's, officers or fellow unit members. Please list contact information to include Name/Rank Address Phone # Dates (From-To)

Financial

The management of personal finances is relevant to an individual's qualifications for the position. The amount of indebtedness will not be used to evaluate your qualifications, but rather the behavior exhibited in meeting your financial obligations. Be complete and accurate.

List household sources of income

	Source	Amount
Income source 1		
Income source 2		
Income source 3		
Income source 4		
Monthly total		

List household expenses

	Company	Amount
Mortgage		
Electric Company		
Gas Company		
Water Company		
Phone Company		
Cell Phone Company		
Cable/Satellite Company		
Car Insurance Company		
Monthly Total		

List your charge accounts, loans or other financial liabilities:

	Company Name	Current Balance	Monthly Payment
Debt 1			
Debt 2			
Debt 3			
Debt 4			
Debt 5			
Monthly Total			

Motor Vehicle Operation

An investigation of your driving history will be conducted.

Please list you Missouri Driver's License Number and expiration date.

List any other state where you have been licensed to operate a motor vehicle and the name they were granted under.

List all traffic citations you have received within the last 5 years, regardless of the disposition. This includes citations that are not on your driving record. To include Nature of Violation, Location (City and State), Conviction (Mo/Yr), Penalty

Were you the driver during a motor vehicle accident within the last 5 years?

-
Yes

If "Yes" please list the following information: Date, Location, Investigating Police Agency, Injury/Non-injury

If you wish to make comments about your driving record, please use the space below:

Needed Documents

By selecting the option below you are advising that you are unable to upload the following documents and will be submitting them at a later time. Understand that your application is not complete and will not be reviewed until all the documents have been received.

❍ I will submit my required documents at a later time.

By signing the box below I hereby certify that all statements made in this application are true and complete. I understand that any misstatements of material facts will subject me to disqualification or dismissal.