



Raytown Police Department Employment Application Instructions

Thank you for your interest in becoming a member of the Raytown Police Department. The Department offers great pay and benefits, clothing allowance, overtime pay, vacation pay, sick leave, medical/dental coverage, retirement plans, and excellent training opportunities. The annual starting salary based on the hourly rate, including holiday pay is:

- Police Officer (MO Class A): \$41,382 (\$39,998 annual plus \$1384 holiday, \$19.23 per hour)
- Police Officer Academy Recruit: (Police Officer pay, minus 10%)
- Dispatcher: \$35,163 (\$33,987 annual plus \$1176 holiday, \$16.34 per hour)
- Detention Technician: \$32,280 (\$31,200 annual plus \$1,080 holiday, \$15.00 per hour)

This application and Phase one Questionnaire must be filled out completely and submitted together in order to continue in the hiring process. Failure to do so may be just cause for elimination from the process. Any obvious omissions of requested information, falsifications on the application, or failure to comply with any of the listed requests will disqualify you as a candidate. Upon returning the application, questionnaire and the required documents, they will be reviewed for completeness. You will be notified by mail when the next testing session is scheduled.

Here are some suggested areas you should recheck:

- Employer's company name and full address.
- Last supervisor/contact person and phone number.
- Your notarized signatures on the Application, Federal Gun control Act Qualification Form and Authority for Release of information form.
- **All addresses shall include city, state and zip code.**

If at any time during the process your application is no longer being considered for employment, you will be notified in writing.

Thank you for considering the Raytown Police Department for your future employment.

Sgt. Candice Schwarz
Supervisor
Professional Standards Unit
816-737-6113

Hiring Unit Officer
816-737-6128
jobs@raytownpolice.org

Please return or mail the completed documents to the Raytown Police Department, Professional Standards Unit, 10000 E. 59th Street, Raytown, Missouri 64133

Professional – Well trained – Competitive pay – Retirement plan

The Raytown Police Department pays a salary while sponsoring candidates through a Police Academy
Raytown is a culturally diverse community. All people of integrity are welcome and encouraged to join us.

The Raytown Police Department is an equal opportunity employer

RAYTOWN POLICE DEPARTMENT



EMPLOYMENT APPLICATION

Date of application: _____ Position applied for: _____

How did you learn of the position? _____

PERSONAL INFORMATION

Name: _____, _____, _____
Last First Middle

Date of birth: _____ Social Security # _____
(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that the proper records are obtained.)

Description: Height _____ Weight _____ Hair _____ Eyes _____

Scars, Marks, and/or Tattoos: _____

Current Address: _____

Phone #'s (Home) _____ (Cell) _____ (Work) _____

E-mail address: _____ U.S. Citizen: Yes () No ()

Have you applied with us before? Yes () No ()

If "Yes", Date: _____ Position: _____

Are you Missouri P.O.S.T. Class A Certified? Yes () No ()

Currently employed? Yes () No () Date available for hire: _____

EDUCATION

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

School/Year _____ City and State _____

College Name	Location	Degree/years
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional training, vocational schools, specialized job related skills, computer skills, or military training:

Name	Location (City-State)	Date (From-To)	References (Teachers, Counselors, etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXPERIENCE and EMPLOYMENT

List your employers for the last 10 years. Begin with most current: **(Attach additional sheets if needed)**

Employer: _____	Employer: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Job Title: _____	Job Title _____
Supervisor: _____	Supervisor: _____
Reason for Leaving: _____	Reason for Leaving _____
Dates Employed: _____	Dates Employed: _____

Employer: _____	Employer: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Job Title: _____	Job Title _____
Supervisor: _____	Supervisor: _____
Reason for Leaving: _____	Reason for Leaving _____
Dates Employed: _____	Dates Employed: _____

Employer: _____	Employer: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Job Title: _____	Job Title _____
Supervisor: _____	Supervisor: _____
Reason for Leaving: _____	Reason for Leaving _____
Dates Employed: _____	Dates Employed: _____

MILITARY SERVICE

Have you ever served in the Armed Forces, National Guard or Reserves? Yes () No ()

Branch	Service Number	Dates of Service (From-To)	Type of Discharge
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Are you currently enlisted in the Military Reserve or National Guard? Yes () No ()

Were you ever the subject of any U.C.M.J. disciplinary action? Yes () No ()

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

NCO's, officers or fellow unit members. Please list contact information:

Name/Rank	Address	Phone #	Dates (From-To)
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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.**

Household sources of income:

Monthly net amount

Monthly Total	\$

Household expenses:

Monthly Payments

Mortgage Co./Landlord-	
Electric Company-	
Gas Company-	
Water/Sewer-	
Phone Company-	
Cell Phone Company-	
Cable/Satellite-	
Car Insurance	
	Monthly Total
	\$

List your charge accounts, loans or other financial liabilities:

Name of Company

Current Balance

Monthly Payments

	Monthly Total	\$

MOTOR VEHICLE OPERATION

An investigation of your driving history will be conducted.

Missouri Driver's License number: _____ Expiration Date: _____

List other states where you have been licensed to operate a motor vehicle: _____

Name(s) under which the license was granted: _____

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: **(Attach additional sheets if needed)**

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 () No ()

Date	Location	Investigating Police Agency	Injury/Non-injury

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

Signature in Full

Date Completed

Subscribed and sworn to before me the _____ day of _____, _____

Commissioned in County _____ State _____

Notary Public _____ Stamp:

CHECK OFF LIST

A copy of the following must be included if applicable: It is **REQUIRED THAT YOU INITIAL ALL INCLUDED FORMS**. Write **N/A** for those that don't apply, and mark **ORD** if the form is missing, but ordered.

- DRIVERS LICENSE: (required)
- SOCIAL SECURITY CARD: (required)
- BIRTH CERTIFICATE: (required)
- HIGH SCHOOL DIPLOMA: (required)
- VEHICLE INSURANCE CARD(S): (required)
- COLLEGE TRANSCRIPTS:
- COLLEGE DIPLOMAS:
- POLICE OFFICER POST LICENSE:
- TRAINING CERTIFICATES
- MILITARY FORM DD214 OR ACTIVE DUTY ID:
- WORK VISA/GREEN CARD
- DOCUMENTATION OF NATURALIZATION

Federal Gun Control Act Qualification Form

Amendments to the Federal Gun Control Act prohibit any person who has ever been convicted of a misdemeanor involving domestic violence from possessing any firearm or ammunition. The law defines a misdemeanor crime of domestic violence as an offense, under state or federal law, where the crime has as an element, the use or attempted use of physical force or the threatened use of a deadly weapon, committed by a current or former spouse, parent or guardian of the victim, by a person with who the victim shares a child in common, by a person who is cohabiting with the victim as a spouse, parent or guardian, or by a person similarly situated to a spouse, parent or guardian of the victim.

Have you ever been convicted of a misdemeanor crime of domestic violence? Yes () No ()

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

Court / Jurisdiction _____ Statute / Charge _____

Docket / Case Number _____ Date of Judgment _____

You have a duty to complete this form and sign before a notary. Internal disciplinary action, including dismissal, may be undertaken if you refuse to answer or if you fail to reply fully and truthfully. Neither your answers nor any information or evidence gained by reason of your answers can be used against you in any criminal prosecution for a violation of this law, however, the answers you give and information or evidence resulting there from may be used against you in a prosecution for knowingly and willfully providing false statements or information, and / or in the course of internal disciplinary proceedings.

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

Name (Print or type) _____

Date _____ Signature _____

Subscribed and sworn to before me the _____ day of _____, _____

Commissioned in County _____ State _____

Notary Public _____

Stamp:

AUTHORITY FOR RELEASE OF INFORMATION

Last Name

First Name

Middle Name

Social Security #

Date of Birth (MM/DD/YYYY)

Place of Birth (City, State, County)

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 Raytown Police Department, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, include records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and / or ratings), public utility companies, employment and pre-employment records (including background reports, efficiency ratings, any discipline or disciplinary action, complaints or grievances filed by or against me and salary records), real and personal property tax statements and records and other financial statements and records wherever filed: records of complaint, arrest, trial and / or convictions for alleged or actual violations of law, including criminal, civil and / or traffic records, the results of any polygraph or Computer Voice Stress Analysis (C.V.S.A) examinations; records of complaint of a civil nature made by or against me.

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, which may provide pertinent data for the Raytown Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by the personal history background investigation which is developed directly or indirectly in whole or part; upon this release authorization will be considered in determining my suitability for employment by the Raytown Police Department and will not be returned to me.

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

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY BEFORE SUBMISSION

Signature _____

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

County _____ State _____

Notary Signature _____ My commission expires _____

Stamp: