



The Town & Country, Missouri Police Department is accepting lateral applications for the position of **Probationary Police Officer**. We are looking to create an application pool of certified police officers who have been employed for the past 12 months as a full-time continuous law enforcement officer. If your law enforcement goal is to wear the badge of a progressive and modern law enforcement agency, **your application needs to be submitted no later than November 1st to be eligible.**

Starting salary is between \$62,000 - \$67,000 depending upon experience.

Current academy recruits are also welcome to apply. Recruits must include name of academy, academy session number and graduation date or projected graduation date.

To access the application, please visit the Town & Country website at www.town-and-country.org or pick one up in person at the Town & Country Municipal Center located at 1011 Municipal Center Dr.

Town and Country Police Department

Committed to



Integrity & Equity

Police Officer
Application

James Cavins
Chief of Police

Town and Country Police Department
1011 Municipal Center Drive
Town and Country, MO 63131-1101
314-432-4696

www.town-and-country.org

This page intentionally left blank.

TABLE OF CONTENTS

SECTION	PAGE
SUMMARY OF EMPLOYEE BENEFITS	4
VERIFICATION OF INFORMATION	7
AUTHORIZATION FOR RELEASE OF INFORMATION.....	9
LIST OF REQUIRED DOCUMENTATION	11
APPLICATION FOR POLICE OFFICER.....	15 through 26

SUMMARY OF TOWN AND COUNTRY EMPLOYEE BENEFITS

The following benefits are effective the first day of the month following the month of employment:

The City pays the dental & medical insurance premiums for the employee's coverage, dependent coverage is available as noted below. Details on all employee benefits are available from the Finance Director.

MEDICAL: The City pays 100% of the employee's medical coverage. Dependent coverage is available at a cost to the employee of 50% of the dependent premium. The City pays the remaining 50% of the cost of dependent coverage premium. Employees who have attained the age of 55 at the time of retirement and who have worked a minimum of ten years for the City preceding their retirement, may continue to participate in the medical plan until the retiree becomes Medicare eligible or until the retiree becomes eligible for other group medical insurance, provided the employee pays the monthly premium in advance of the first day of the month for which the premium is due. Coverage is effective on the first day of the month following the month of employment.

DENTAL: The City pays 100% of the employee's dental coverage. Dependent coverage is available at a cost to the employee of \$5.00 per month. The City pays the additional cost of the premium for dependent coverage. Coverage is effective on the first day of the month following the month of employment.

OTHER BENEFITS:

PENSION: Defined benefit plan through LAGERS, pension formula is equal to 2% of average salary (last 36 months of employment) X (years of credited service) to age 65, 1¾% of final average salary X (years of credited service) at age 65, 5 year vesting, normal retirement age 60 for general employees and 55 for police employees.

VACATION: 3.08 hrs/pay pd Hire date through Dec 31 of 2nd calendar year
80 hours/2 weeks - Jan 1st of 3rd calendar year of service - 5th yr service anniversary
120 hours/3 weeks - Jan 1st following 5th yr service anniversary - 15th yr service anniversary
160 hours/4 weeks - Jan 1st following 15th yr service anniversary and beyond

A pro-rated increase of 1.5 vacation hours per pay period for each full pay period between the service anniversary date and December 31st of that year is received in the fifth and fifteenth service years.

HOLIDAYS: 10 regularly scheduled paid holidays plus two paid discretionary holidays.

SICK LEAVE: Employee earns .04615 hours of sick leave for each straight time hour worked. Maximum accrual 520 hours. Sick leave will accrue but may not be used during first three months of employment.

DEFERRED COMPENSATION PLANS: Employees are eligible to participate in the City's 457 deferred compensation plan through ING or ICMA. Contributions to the plan are payroll deducted.

SUMMARY OF TOWN AND COUNTRY EMPLOYEE BENEFITS (cont.)

WORKERS COMPENSATION: Employees are covered as required by law.

SOCIAL SECURITY: Employees are covered by social security.

TUITION REIMBURSEMENT: All full-time employees, in good standing, with a minimum of 1 year of service are eligible for a maximum a tuition reimbursement of \$5,000 per calendar year for approved job related courses, according to the Tuition Reimbursement Policy of the City of Town and Country.

EMPLOYEE ASSISTANCE PROGRAM: The City provides an employee assistance program which provides confidential personal consulting as well as 24 hour phone consulting for employees in need of these services. Up to 6 (1 hour) counseling hours per employee per problem per year is provided for employees and their dependents.

TERM LIFE INSURANCE/AD&D: 1½ times annual salary, minimum \$30,000. Coverage is effective on the 31st day of employment. Line of Duty coverage is provided to qualifying public safety employees. The coverage pays an additional 1½ times annual salary, maximum \$100,000 if the officer is killed in the line of duty. The City pays the premiums for the above coverage. Employees may purchase additional term life insurance. (Cost Life: \$.25 per \$1,000 coverage, of which \$.01 per \$1,000 is for Line of Duty coverage; AD&D \$.08 per \$1,000 coverage;)

LONG TERM DISABILITY (LTD): City provides LTD equal to 60% of monthly base wage, following a 90 day elimination period, reduced by certain other sources of income i.e. Workers' Compensation. There is a minimum LTD benefit of \$50 or 15% of Maximum LTD benefit, whichever is greater. Coverage is effective on the 31st day of employment. The premiums are paid by the City.

MISSOURI SAVINGS FOR TUITION PROGRAM (MOST): City provides payroll deduction and remittance of contributions to Missouri Savings for Tuition accounts established by the employees through the state of Missouri for qualifying beneficiaries. MOST accounts are managed by TIAA-CREF. The minimum contribution amount through payroll deduction is \$15.00 per account per pay period and may accumulate up to a lifetime maximum of \$100,000 in all accounts for the same beneficiary. Account funds may be used to fund higher education costs for the designated beneficiary. (See additional information further explaining the plan)

VOLUNTARY INSURANCE: The City offers voluntary accident, cancer, and long-term care insurance coverage through AFLAC. The premiums are paid by the employee and may be payroll deducted.

This page intentionally left blank.

Town and Country Police Department
1011 Municipal Center Drive
Town and Country, MO 63131-1101
www.town-and-country.org



James Cavins
Chief of Police

Tele. (314) 432-4696
Fax (314) 432-4991
Disp. (314) 737-4600
Emergency 911

VERIFICATION OF INFORMATION

The information requested on this application will be used for reference by those who will be considering your application for employment with the Town and Country Police Department. Fill out this application completely and correctly! 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 application 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 Town and Country Police Department. In addition, disciplinary action up to termination may be imposed if the deceit is discovered after the hiring date.

All employees will serve a minimum of one-year probationary status from the date of employment.

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

Signature

Date

Please indicate the position for which you are applying: _____

This page intentionally left blank.

TOWN AND COUNTRY POLICE DEPARTMENT
1011 Municipal Center Drive
Town and Country, Missouri 63131
(314) 432-4696

Certificate of Applicant and
Authorization for Release of Information

I (*print full name*) _____, hereby certify that all statements made in connection with this application are true and complete to the best of my knowledge and belief, and I understand and agree any mis-statements or omission of material facts will cause forfeiture on my part of all right to initial employment by the Town and Country Police Department.

I also do 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, schools, and universities, to furnish the Chief of Police, Town and Country Police Department, with any and all available information regarding me and for the release of any medical, physical, psychiatric, psychological records in order that the Chief may determine my suitability for police work.

I authorize the Town and Country Police Department to make inquiry of my present and past employers regarding my character, integrity and reputation.

I authorize the release of any and all information regarding my employment, credit, or any other information, whether personal or otherwise, that may or may not be in their records, and release said company, agency, or person from all liability for any damage whatsoever that may issue from furnishing such information to the Town and Country Police Department.

A photo static or Xerox copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant

Date

Signature of Witness

Date

This page intentionally left blank.

TOWN AND COUNTRY POLICE DEPARTMENT

Copies of the following documents must be supplied to the Town and Country Police Department, or explain fully as to why they are not included.

REQUIRED DOCUMENTS:

	Birth Certificate (certified copy)
	High School Diploma and Transcripts
	Missouri State Equivalency Certificate (GED)
	College Diploma and Transcripts (if applicable)
	Military Discharge DD214 (if applicable)

IF APPLICABLE:

	Special awards (schools, military etc.)
	Documentation of U.S. Citizenship if Naturalized

ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE TOWN AND COUNTRY POLICE DEPARTMENT.

This page intentionally left blank.

APPLICATION FOR EMPLOYMENT

Directions for completing the application:

1. USE BLACK INK ONLY! Complete this form in your own handwriting or printing. If you need any special accommodation in completing this application, contact the Records Unit at 314-432-4696.
2. Be certain that you answers are legible.
3. Read each question carefully before answering.
4. Be certain than 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 spaces.
5. Initial each page on bottom right corner.
6. Additional space is provided on pages 25 and 26 for answers which require clarification of further explanation. All entries on pages 25 and 26 will being with page, section number (Roman Numerals I – XI), and question (letters A – J) you are explaining or clarifying.
7. Pursuant to Public Law 93-579 the disclosure of you Social Security Number is completely voluntary. Your refusal to reveal it will in no way effect 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.

INITIALS: _____

This page intentionally left blank.

I. PERSONAL DATA

FULL NAME: (LAST, FIRST, MIDDLE)			HOME PHONE
ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)			BUSINESS PHONE
PERMANENT ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)			MOBILE PHONE
EMAIL ADDRESS	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE

A. LIST ANY OTHER NAMES YOU HAVE EVER USED:	

B. ARE YOU A CITIZEN OF THE UNITED STATES	YES	NO	C. CITY & STATE OF BIRTH?	
--------------------------------------------------	-----	----	--------------------------------------	--

D. LIST FIRST YOUR PRESENT ADDRESS THEN ALL ADDRESSES YOU HAVE FOR THE PAST TEN (10) YEARS. INCLUDE YOUR ADDRESSES IN THE MILITARY SERVICE. USE PAGES 25 & 26 IF ADDITIONAL SPACE IS REQUIRED.		
FROM	TO	ADDRESS: (NUMBER, STREET, CITY, COUNTY, STATE & ZIP CODE)

E. HAVE YOU EVER APPLIED FOR A POSITION WITH THIS DEPARTMENT BEFORE?	YES	NO	IF "YES" DATE OF APPLICATION
-----------------------------------------------------------------------------	-----	----	------------------------------

F. HAVE YOU FILED AN APPLICATION FOR EMPLOYMENT WITH ANY OTHER SOURCES RECENTLY?				YES	NO	IF "YES" LIST BELOW
NAME OF ORGANIZATION OR FIRM	ADDRESS	POSITION APPLIED FOR	DATE APPLIED	DISPOSITION		

G. ARE YOU ACQUAINTED WITH ANY TOWN AND COUNTRY POLICE DEPARTMENT EMPLOYEES?			YES	NO	IF "YES" LIST NAMES BELOW

INITIALS: _____

II. REFERENCES

A. LIST FOUR (4) CHARACTER REFERENCES, NOT RELATIVES, IN-LAWS OR PAST EMPLOYERS, WHO HAVE KNOWN YOU WELL DURING THE PAST THREE (3) YEARS OR MORE.

NAME	PHONE NUMBERS: HOME MOBILE
HOME ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)	NO. YEARS ACQUAINTED
BUSINESS ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)	OCCUPATION
NAME	PHONE NUMBERS: HOME MOBILE
HOME ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)	NO. YEARS ACQUAINTED
BUSINESS ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)	OCCUPATION
NAME	PHONE NUMBERS: HOME MOBILE
HOME ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)	NO. YEARS ACQUAINTED
BUSINESS ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)	OCCUPATION
NAME	PHONE NUMBERS: HOME MOBILE
HOME ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)	NO. YEARS ACQUAINTED
BUSINESS ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)	OCCUPATION

III. ARREST HISTORY

A. OTHER THAN TRAFFIC CITATIONS, HAVE YOU EVER BEEN ARRESTED, CONVICTED, CHARGED, QUESTIONED, ACCUSED, OR DETAINED FOR ANY REASON BY ANY POLICE, SECURITY OFFICER (CAMPUS OR OTHER), TRANSPORTATION SECURITY ADMINISTRATION (TSA) AGENTS, MILITARY POLICE AUTHORITY, EITHER IN THE UNITED STATES OF AMERICA OR IN ANY FOREIGN COUNTRY?

YES	NO	IF "YES" LIST BELOW AND EXPLAIN IN FULL DETAIL ON PAGES 25 & 26		
DATE	CHARGE	DEPT. OR AGENCY	LOCATION (ADDRESS)	DISPOSITION

NOTE: IF YOU ANSWER "YES" TO <u>ANY</u> OF THE FOLLOWING QUESTIONS, EXPLAIN IN FULL DETAIL ON PAGES 25 & 26.	CIRCLE ONE	
B. WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS OTHER THAN FOR TRAFFIC?	YES	NO
C. HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR RESIDENCES (CURRENT OR FORMER) FOR ANY REASON?	YES	NO
D. HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED OR UNREPORTED CRIME?	YES	NO
E. ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW?	YES	NO

IV. EDUCATION AND SKILLS

A. DO YOU HAVE ANY OF THE FOLLOWING? (CHECK ALL THAT APPLY)

GED CERTIFICATE	COLLEGE DEGREE
HIGH SCHOOL DIPLOMA	POST GRADUATE DEGREE
VOCATION – TECHNICAL CERTIFICATE	OTHER (SPECIFY)

B. LIST ALL ELEMENTARY, HIGH SCHOOL, COLLEGES, AND UNIVERSITIES YOU HAVE ATTENDED.

MONTH & YEAR ATTENDED	NAME & ADDRESS OF INSTITUTION	# OF CREDITS COMPLETED	TYPE OF DEGREE	MAJOR	YEAR OF DEGREE
FROM TO					

C. NAME ANY STUDENT ASSOCIATIONS / ACTIVITIES YOU BELONGED TO.

NOTE: IF YOU ANSWER “YES” TO ANY OF THE FOLLOWING QUESTIONS, EXPLAIN IN FULL DETAIL ON PAGES 25 & 26.

CIRCLE ONE

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

YES NO

E. HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION?

YES NO

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

	FLUENT	ABOVE AVERAGE	FAIR
SPEAK			
READ			
WRITE			

G. SUMMARIZE ANY SPECIAL SKILLS, QUALIFICATIONS, AWARDS AND ACCOMPLISHMENTS INCLUDING CLERICAL SKILLS THAT YOU WISH TO BE CONSIDERED.

V. EMPLOYMENT HISTORY

A. START WITH YOUR PRESENT OR LAST JOB AND LIST ALL OF THE PLACES YOU HAVE WORKED FOR THE PAST TEN (10) YEARS.
LIST ANY ADDITIONAL EMPLOYERS ON PAGES 25 & 26.

1. EMPLOYER			PHONE NUMBER		JOB TITLE		
ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)			SUPERVISOR		START DATE		END DATE
HOURLY OR ANNUAL SALARY	STARTING		ENDING				
WORK PERFORMED:							
REASON FOR LEAVING:							
2. EMPLOYER			PHONE NUMBER		JOB TITLE		
ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)			SUPERVISOR		START DATE		END DATE
HOURLY OR ANNUAL SALARY	STARTING		ENDING				
WORK PERFORMED:							
REASON FOR LEAVING							
3. EMPLOYER			PHONE NUMBER		JOB TITLE		
ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)			SUPERVISOR		START DATE		END DATE
HOURLY OR ANNUAL SALARY	STARTING		ENDING				
WORK PERFORMED:							
REASON FOR LEAVING							
4. EMPLOYER			PHONE NUMBER		JOB TITLE		
ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)			SUPERVISOR		START DATE		END DATE
HOURLY OR ANNUAL SALARY	STARTING		ENDING				
WORK PERFORMED:							
REASON FOR LEAVING							

NOTE: IF YOU ANSWER "YES" TO <u>ANY</u> OF THE FOLLOWING QUESTIONS, EXPLAIN IN FULL DETAIL ON PAGES 25 & 26.	CIRCLE ONE	
B. HAVE YOU EVER BEEN DISMISSED, FIRED OR ASKED TO RESIGN FROM ANY EMPLOYMENT?	YES	NO
C. HAVE YOU EVER STOLEN ANY MONEY OR MERCHANDISE FROM ANY PLACE OF EMPLOYMENT? (IF YES PROVIDE FINAL DISPOSITION OF ALL ITEMS i.e., SOLD, RETAINED FOR PERSONAL USE, RETURN, ETC ON PAGE 25 & 26.)	YES	NO
D. HAVE YOU EVER BEEN UNEMPLOYED FOR A PERIOD OF TIME IN EXCESS OF SIX (6) MONTHS?	YES	NO
E. ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW?	YES	NO

INITIALS: _____

VI. ORGANIZATION MEMBERSHIP

A. LIST ALL TRADE OR PROFESSIONAL MEMBERSHIPS GROUPS OR WHICH YOU ARE, OR HAVE BEEN A MEMBER OR ASSOCIATE. PLEASE FURNISH ITS LOCATION AND THE POSITION HELD BY YOU.

NAME OF ORGANIZATION	ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)	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? (CIRCLE ONE) **YES** | **NO** (IF "YES" EXPLAIN ON PAGES 25 & 26.)

VII. MILITARY STATUS

A. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE?	YES NO		B. REGISTRATION NO.	C. LOCATION WHERE REGISTERED		
D. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, R.O.T.C. OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? (<u>CIRCLE ONE</u>) YES NO (IF "YES" LIST BELOW. IF THERE IS MORE THAN ONE PERIOD, LIST EACH PERIOD.)						
MONTH /YEAR ENTERED	BRANCH OR ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK	OCCUPATIONAL SPECIALTY	

NOTE: IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, EXPLAIN IN FULL DETAIL ON PAGES 25 & 26.

E. WERE YOU EVER REDUCED IN RANK IN THE MILITARY?	YES NO		IF "YES" RANK REDUCED:	FROM			
				TO			
F. WERE YOU EVER COURT MARTIALLED?	YES NO		IF "YES" TYPE OF COURT MARTIAL:	SUMMARY		GENERAL	
				SPECIAL		OTHER	
G. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT?						YES	
						NO	

INITIALS: _____

VIII. FINANCIAL STATUS

A. LIST THE SOURCES OF ALL YOUR INCOME AT THE PRESENT TIME.

TYPE OF INCOME	FIRM OR SOURCE NAME	ANNUAL AMOUNT
PRIMARY SALARY		
OTHER EMPLOYMENT		
DIVIDENDS/INTEREST		
MILITARY		
TOTAL ANNUAL INCOME		

B. LIST ALL DEBTS AND OBLIGATIONS WHICH YOU NOW OWE, AND THE INDIVIDUALS OR FIRMS WITH WHOM YOU HAVE CREDIT DEALINGS. USE PAGES 25 & 26 IF ADDITIONAL SPACE IS NEEDED.

OBLIGATION	NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER	UNPAID BALANCE	MONTHLY PAYMENT	AMOUNT PAST DUE
MORTGAGE/RENT (CIRCLE ONE)					
AUTO LOAN(S)					
PERSONAL LOAN(S)					
STUDENT/SCHOOL LOANS					
INSTALLMENT LOAN(S)					
CREDIT CARD					
CREDIT CARD					
CREDIT CARD					
OTHER (SPECIFY)					
OTHER (SPECIFY)					
TOTALS					

NOTE: MARK "YES" IF THE QUESTION(S) INVOLVES YOU, YOUR SPOUSE, OR ANY EX-SPOUSE. IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, EXPLAIN IN FULL DETAIL ON PAGES 25 & 26.

	CIRCLE ONE	
C. HAVE YOU EVER BEEN DELINQUENT IN ANY OF YOUR FINANCIAL OBLIGATIONS?	YES	NO
D. HAVE YOU EVER BEEN REFUSED CREDIT?	YES	NO
E. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED?	YES	NO
F. HAVE YOU EVER FILED BANKRUPTCY?	YES	NO
G. HAVE YOU EVER BEEN SUED IN COURT?	YES	NO
H. HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES, INJURY LIBEL, ETC?	YES	NO
I. HAVE YOU EVER FILED A LAWSUIT OR HAD A REPRESENTATIVE FILE A LAWSUIT ON YOUR BEHALF?	YES	NO
J. HAS YOUR TAX RETURN EVER BEEN AUDITED BY THE IRS FOR ANY REASON OTHER THAN A RANDOM AUDIT?	YES	NO

INITIALS: _____

IX. NARCOTIC AND ALCOHOL USE

NOTE: IF YOU ANSWER "YES" TO <u>ANY</u> OF THE FOLLOWING QUESTIONS, EXPLAIN IN FULL DETAIL ON PAGES 25 & 26.	CIRCLE ONE	
A. ARE YOU CURRENTLY ADDICTED TO ALCOHOL?	YES	NO
B. HAVE YOU ABUSED A CONTROLLED SUBSTANCE WITHIN THE LAST SIX (6) MONTHS	YES	NO
C. HAVE YOU EVER USED AN ILLEGAL CONTROLLED SUBSTANCE?	YES	NO

X. MARITAL STATUS / FAMILY MEMBERS

A. CURRENT MARITAL STATUS:	SINGLE	ENGAGED	MARRIED	
	SEPARATED	DIVORCE	WIDOWED	
IF ENGAGED OR MARRIED, PROVIDE FIANCÉ(E) NAME OR SPOUSE'S MAIDEN NAME BELOW.				
NAME	ADDRESS	PHONE	DATE OF BIRTH	MARRIAGE DATE OR ANTICIPATED DATE IF ENGAGED
IF SEPARATED OR DIVORCED, PROVIDE EX-SPOUSE'S MAIDEN NAME BELOW. IF YOU NEED ADDITIONAL SPACE USE PAGES 25 & 26.				
NAME	ADDRESS	PHONE	DATE OF BIRTH	DATE OF SEPARATION OR DIVORCE
IF SPOUSE IS DECEASED, PROVIDE FULL (MAIDEN) NAME OF DECEASED	NAME	DATE OF BIRTH	DATE DECEASED	

B. LIST ALL DEPENDANTS. IF YOU NEED ADDITIONAL SPACE USE PAGES 25 & 26.						
DEPENDANT'S FULL NAME	RELATIONSHIP	DATE OF BIRTH	BIRTH PLACE	CURRENT ADDRESS	RESIDES WITH WHOM	% OF SUPPORT

C. DO YOU NOW SUPPORT ALL THE CHILDREN BORN TO YOU? (CIRCLE ONE) YES NO (IF "NO" EXPLAIN BELOW)

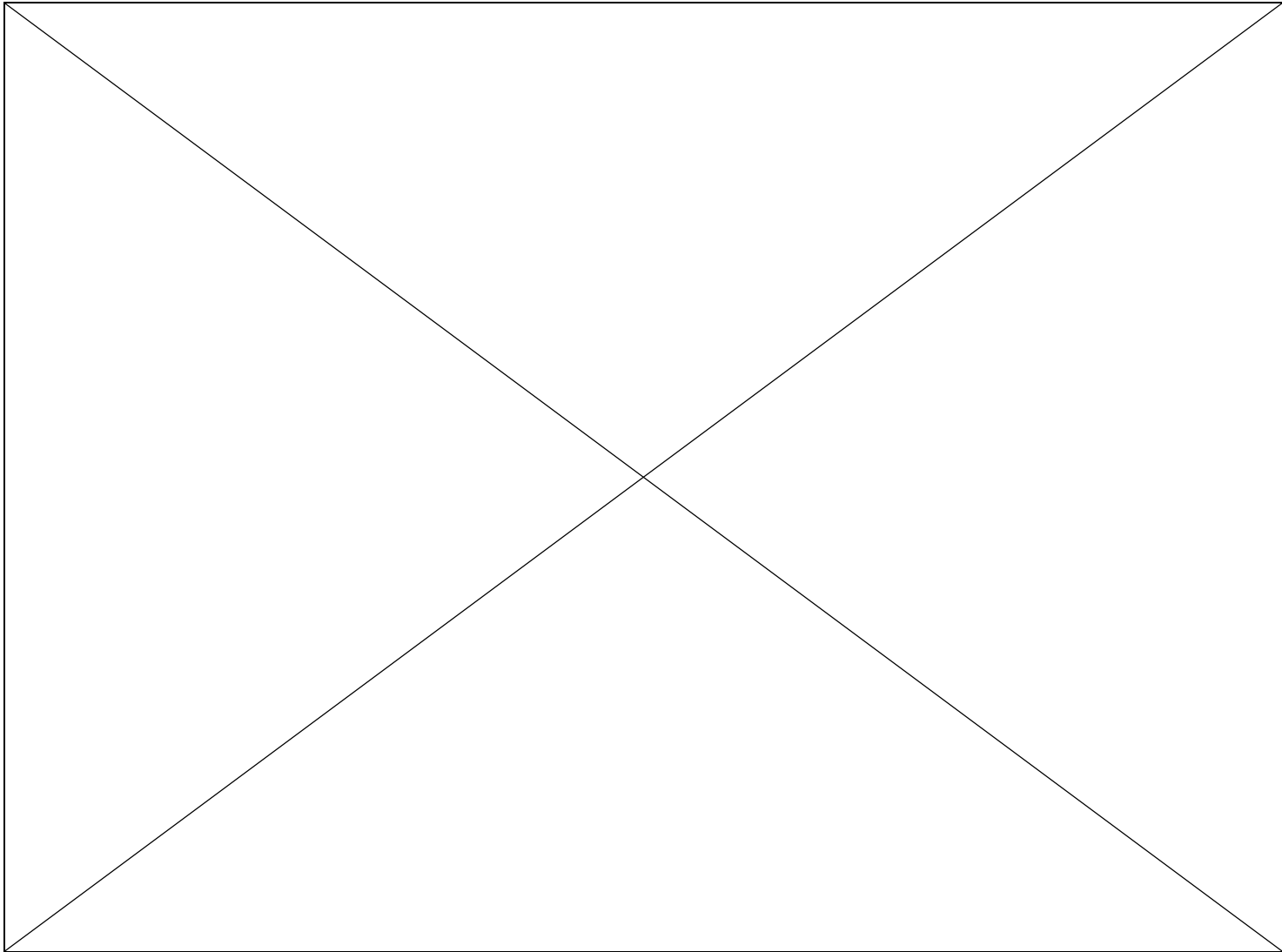
D. AN EMPLOYEE OF THIS DEPARTMENT WORKS A MINIMUM EIGHT(8) HOUR DAY, FIVE (5) DAYS A WEEK, 50 WEEKS PER YEAR. ARE YOU ABLE TO MEET THESE REQUIREMENTS WITHOUT EXCESSIVE ABSENCES? (IF "NO" EXPLAIN BELOW)	YES	
	NO	

INITIALS: _____

NOTE: IF YOU ANSWER "YES" TO <u>ANY</u> OF THE FOLLOWING QUESTIONS, EXPLAIN IN FULL DETAIL ON PAGES 25 & 26.	CIRCLE ONE	
E. ARE YOU PRESENTLY LIVING WITH ANYONE BESIDES A SPOUSE (I.E. FRIEND OR RELATIVE)?	YES	NO
F. DO YOU HAVE ANY SERIOUS PROBLEMS WITH YOUR RELATIVE OR IN-LAWS	YES	NO

G. LIST FULL NAME OF YOUR IMMEDIATE FAMILY SUCH AS YOUR FATHER, MOTHER, (INCLUDE MAIDEN NAME), BROTHER(S), AND SISTER(S).

FULL NAME	RELATIONSHIP	CURRENT ADDRESS	PHONE NO.	OCCUPATION	DATE OF BIRTH



XI. DRIVING HISTORY

A. LIST ALL DRIVER'S OR CHAUFFEUR'S LICENSES YOU NOW HOLD OR HAVE HELD IN MISSOURI OR IN ANY OTHER STATE OR COUNTRY.

STATE OF ISSUANCE	TYPE OF LICENSE	LICENSE NUMBER	EXPIRATION DATE

B. HAVE ANY OF THE ABOVE LICENSES EVER BEEN SUSPENDED OR REVOKED? (IF YES EXPLAIN BELOW.)

YES

NO

C. LIST ALL DRIVING CITATIONS, TICKETS, OR SUMMONSES YOU HAVE EVER RECEIVED BEGINNING WITH THE MOST RECENT. IF YOU CANNOT REMEMBER EXACT DATES OR LOCATIONS, PROVIDE AN APPROXIMATION.

CHARGE	DATE	CITY / STATE	ISSUING DEPARTMENT	DISPOSITION

D. LIST ALL VEHICLES, INCLUDING MOTORCYCLES, WHICH YOU OWN, LEASE OR HAVE FOR YOUR PERSONAL USE.

YEAR	MAKE	MODEL	LICENSE PLATE NO.	STATE

E. HOW MANY TRAFFIC CRASHES HAVE YOU BEEN INVOLVED IN DURING THE PAST FIVE (5) YEARS?

NUMBER

(LIST ALL TRAFFIC CRASHES BELOW INCLUDING REPORT NUMBER(S) IF AVAILABLE. FOR ADDITIONAL SPACE USE PAGES 25 & 26)

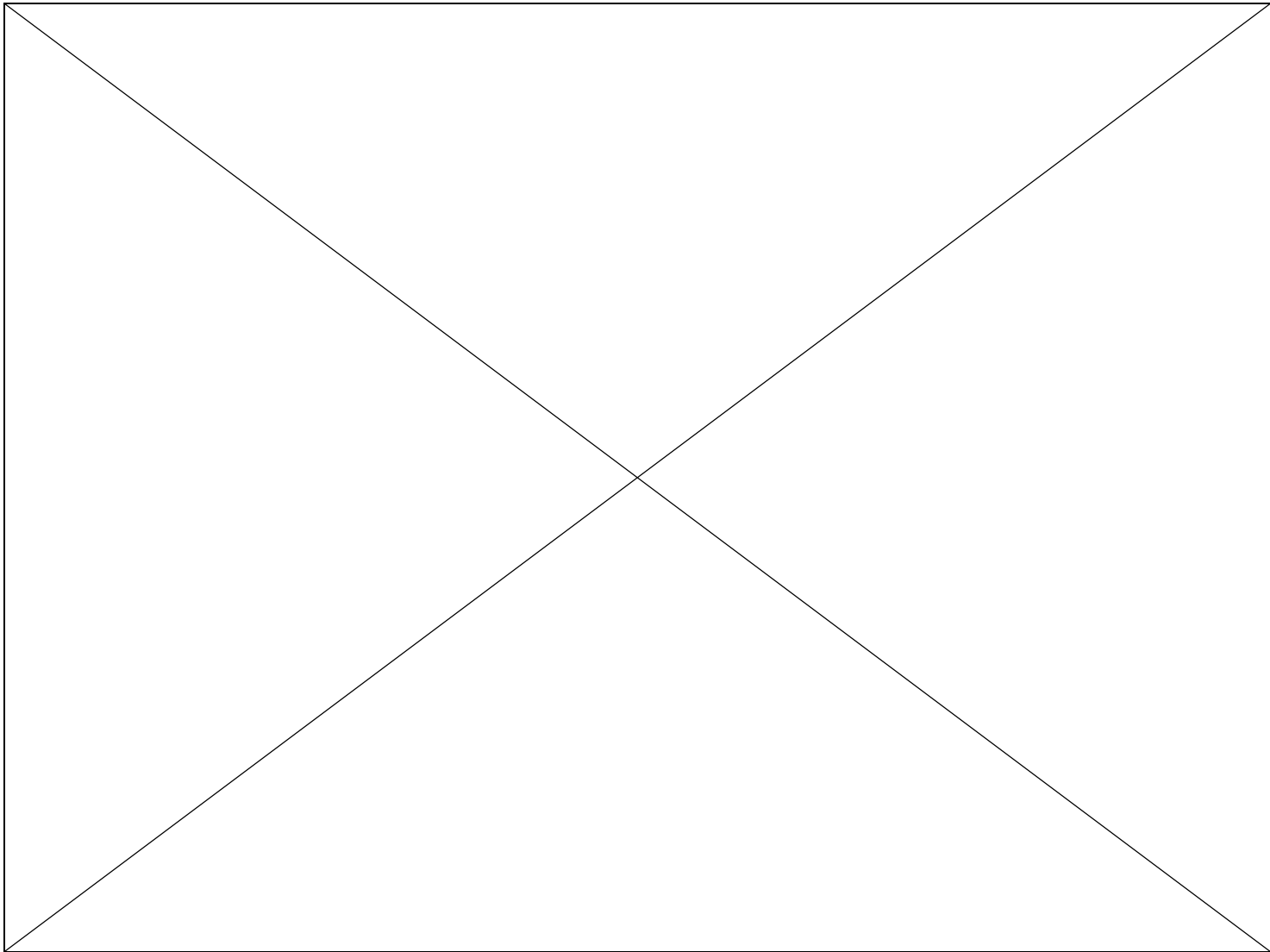
DATE	LOCATION	EXPLANATION / DISPOSITION

INITIALS: _____

F. HAVE YOU RECENTLY CHANGED AUTOMOBILE INSURANCE COMPANIES? (CIRCLE ONE) YES NO (IF "YES" ANSWER BELOW)				
DATE CHANGED	PREVIOUS INSURANCE COMPANY	AGENT'S NAME	PHONE NO.	ADDRESS

G. PROVIDE YOUR CURRENT AUTOMOBILE INSURANCE INFORMATION BELOW			
CURRENT INSURANCE COMPANY	AGENT'S NAME	PHONE NO.	ADDRESS
AUTOMOBILE POLICY NUMBER :			

H. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE OR HAD INSURANCE CANCELLED? IF "YES" EXPLAIN BELOW.	YES	NO



This page intentionally left blank.