

# Garden City Police Department

107 N 3<sup>rd</sup> Street PO Box 20 Garden City, MO 64747 (816) 773-8201

## **Applicant:**

**Thank you for your interest for employment with the Garden City, MO Police Department.**

**Enclosed you will find an employment application. The employment application must be completed in its entirety and submitted as soon as possible.**

**The Garden City Police Department selection procedure is a competitive process that involves a written examination, spelling test and an oral review board. The date(s) for these has not been established. Applicants will be notified of the date(s) and time(s) of the tests.**

**Oral boards will be scheduled for applicants successfully completing the written examinations on an individual basis. The successful candidate(s) from the oral boards will then be subjected to an extensive background investigation and subject to a polygraph examination and drug screening. If the candidate successfully completes each phase of the selection process, he or she may be eligible for an appointment as a probationary police officer, reserve police officer or public safety officer depending on qualifications and current openings.**

**If there are any questions regarding the selection process please feel free to contact Sgt. Robert Agan at (816) 773-8201 or email [RobertAgan@GardenCityPolice.com](mailto:RobertAgan@GardenCityPolice.com)**

# Garden City Police Department

107 N 3<sup>rd</sup> Street PO Box 20 Garden City, MO 64747 (816) 773-8201

## GARDEN CITY POLICE DEPARTMENT

Notice to applicants:

The following item(s) must be submitted with your completed application before your application can be completely processed:

Background Information Form

Bring only a copy of any required document(s). We are unable to produce copies for you.

**APPLICATION FOR EMPLOYMENT**

GARDEN CITY POLICE DEPARTMENT  
107 N. 3<sup>rd</sup> STREET P.O. BOX 20  
GARDEN CITY, MO 64747

NOTE: Complete this application carefully and completely in your own handwriting. The information will be used to determine your eligibility. **Please PRINT clearly and use only BLUE ink**, attach additional paper if necessary.

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Position applying for: \_\_\_\_\_

Print Name: \_\_\_\_\_  
(last) (first) (middle)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Alternate Number: (\_\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ State of birth: \_\_\_\_\_

email Address: \_\_\_\_\_

Have you ever served in the armed forces? ( ) Yes ( ) No

If Yes, Branch of service: \_\_\_\_\_

Dates served: From: \_\_\_\_\_ To: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Occupational specialty: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Any conditions: \_\_\_\_\_

Have you ever been employed by the city of Garden City, MO before? ( ) Yes ( ) No

If Yes, Give name of department worked for: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position held: \_\_\_\_\_

Do you have a valid drivers license? ( ) Yes ( ) No State issued by: \_\_\_\_\_

Have you been convicted of a crime, Including misdemeanors, misdemeanors that resulted from a felony charge and traffic violations?

( ) Yes ( ) No If Yes, Describe in full: (attach paper if needed) : \_\_\_\_\_

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

Did you graduate from high school? ( ) Yes ( ) No Year graduated: \_\_\_\_\_

If no, last grade completed: \_\_\_\_\_ Date you left school: \_\_\_\_\_

Name of high school: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have a Certificate of Equivalency or G.E.D.? ( ) Yes ( ) No Date received: \_\_\_\_\_

Name of Military, Technical, Trade, Correspondence or Business Schools attended:

Name: \_\_\_\_\_ Dates attended: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Subjects taken: \_\_\_\_\_

Name: \_\_\_\_\_ Dates attended: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Subjects taken: \_\_\_\_\_

Name of College or Graduate schools attended:

Name: \_\_\_\_\_ Dates attended: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Hours: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Name: \_\_\_\_\_ Dates attended: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Hours: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Did you attend a Police Academy or a Department of Public Safety Institute?

Name: \_\_\_\_\_ Dates attended: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Hours: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

WORK EXPERIENCE: List below a complete statement of your work history for the last 15 years and any other experience you feel is related to the position you are applying for. Please be accurate. Your experience evaluation will be based on this information. Begin with your last (most recent) or current employer. Attach additional sheets if needed to explain.

Date Mo/Yr	Name & Address of Employer Supervisors Name / Phone	Salary	Position Duties	Reason for leaving
From: _____				
To: _____				
From: _____				
To: _____				
From: _____				
To: _____				
From: _____				
To: _____				
From: _____				
To: _____				
From: _____				
To: _____				
From: _____				
To: _____				

May your present employer be contacted? ( ) Yes ( ) No

What is the minimum salary you will accept if appointed? \_\_\_\_\_

Are you interested in: ( ) Full Time ( ) Part-Time ( ) Reserve/Volunteer ( ) Temporary

**PLEASE READ AND SIGN**

**CERTIFICATE OF APPLICANT: I certify that all answers and statements herein contained are true and complete, and I understand that any misstatement or omission of fact on this application or in any part of the selection process will be sufficient cause for dismissal or disqualification. I hereby authorize the verification of the above information on this application.**

Further, I agree to conform to the rules and regulations of the Garden City Police Department and the employing City of Garden City. If I am hired, my employment shall be "at-will" and that I may be terminated with our without notice, and with or without cause, at any time at my option or at the sole option if the City. I understand, and agree, that only a written agreement expressly to the contrary executed by me and the duly authorized representative of the City can alter this employment at-will policy and agreement.

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

# CITY OF GARDEN CITY POLICE DEPARTMENT

## APPLICANT PERSONAL BACKGROUND SCREENING QUESTIONNAIRE

Name: \_\_\_\_\_  
(last) (first) (middle)

Date of Application: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

### **FOLLOW DIRECTIONS CAREFULLY**

1. Use **BLUE** Ink to complete the questionnaire
2. Complete the form in your own handwriting (Do Not Type)
3. Print legibly
4. Read each question carefully
5. Answer each question completely and accurately
6. Answer all questions
7. If a question does not apply to you, write N/A in the box
8. If you need additional space, use the back of the page
9. Before returning questionnaire, read, date and sign all copies of the records release form.
10. Have the liability form notarized.

### **SPECIAL NOTICE TO POLICE DEPARTMENT APPLICANTS**

Please be advised that the following specific past problems and/or indiscretions will cause automatic disqualification of your application.

1. Involvement in depriving anyone's human and/or constitutional rights, individually, or in concert with others.
2. Selling any drug or narcotic, which, by Missouri State Statutes, is deemed illegal.
3. Any use of illegal drugs or narcotics within 36 months of date of application; recreational abuse (defined as going beyond experimentation) or any drug or narcotic obtained illegally or with fraudulent prescriptions, prior to application.
4. Commission of or participation in any **FELONY** crime, whether detected or not.
5. On-going or repetitious history of committing or participating in **MISDEMEANOR** crimes, whether detected or not.
6. Poor driving history, especially if license is currently revoked or suspended, due to excessive traffic citations, DWI or traffic accidents in which you were principally at fault.

**IF YOU ARE UNWILLING TO ANSWER QUESTIONS RELATED TO THESE AREAS, YOU MAY WANT TO RECONSIDER APPLYING FOR THIS POSITION.**

## PERSONAL DATA

Last Name	First Name	Middle Name	Date of Birth
Social Security #	Home Phone (    )	Business Phone (    )	
Current Address	City	State	ZIP
List any other names you have ever used, including maiden names:			

Starting with your present address, list all addresses you have lived for the past ten years. Include your address in the military service. Do not forget ZIP codes. If additional space is needed, use back of page.

Dates From	To	Street Address	City	State	ZIP

## REFERENCES

List three references (not relatives) who are responsible adults,  
And who have known you well during the past five years.

(1) Name	Occupation	How long known?
Residence Address (number & street)	City                      State              ZIP	Telephone Number
Business Address (number & street)	City                      State              ZIP	Business Phone Number

(2) Name	Occupation	How long known?
Residence Address (number & street)	City                      State              ZIP	Telephone Number
Business Address (number & street)	City                      State              ZIP	Business Phone Number

(3) Name	Occupation	How long known?
Residence Address (number & street)	City                      State              ZIP	Telephone Number
Business Address (number & street)	City                      State              ZIP	Business Phone Number



## MARITAL INFORMATION

Marital Status: <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	Spouse's Name:	Maiden Name:	
Date Married:	Spouse's Date of Birth	Age:	Phone Number
Address (if different)	Place of employment	Work Phone Number:	

***If divorced previously, give dates of marriages and divorce and name of each spouse***

Dates From and To	Name of Spouse	Mailing Address

## EMPLOYMENT HISTORY

**IF YOU DO NOT WANT YOUR PRESENT EMPLOYER CONTACTED, CHECK HERE \_\_\_\_\_**  
**EXPLAIN ON THE BACK OF THIS PAGE**

Beginning with your present or most recent employer, list all of the places you have worked during the last ten year period. In proper order, list periods of school, military service and periods of unemployment. List everything during the last ten year period. Keep in proper sequence. Omit None! Include ZIP codes. If additional space is needed continue on the next page.

Month & Year From    To	Name & Address of Employer	Job Title	Supervisor	Telephone#

Describe your duties:

Reason for leaving:

Month & Year From    To	Name & Address of Employer	Job Title	Supervisor	Telephone#

Describe your duties:

Reason for leaving:

Month & Year From    To	Name & Address of Employer	Job Title	Supervisor	Telephone#

Describe your duties:

Reason for leaving:

**...Employment history - continued**

Month & Year From To	Name & Address of Employer	Job Title	Supervisor	Telephone#

Describe your duties:

Reason for leaving:

Month & Year From To	Name & Address of Employer	Job Title	Supervisor	Telephone#

Describe your duties:

Reason for leaving:

Month & Year From To	Name & Address of Employer	Job Title	Supervisor	Telephone#

Describe your duties:

Reason for leaving:

**Note: attach additional paper if needed**

## MILITARY STATUS

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? ( ) Yes ( ) No If Yes, List below. If there was more than one period, list each one

Month/Year Entered	Branch or Organization	Discharge Date	Type of Discharge	Rank

List all military service numbers:


## EDUCATION

Check each of the following that you possess. High School Diploma: [ ] G.E.D: [ ] College Degree: [ ]

List all schools, colleges, and universities you have attended in chronological order.

Dates	Name	Address/City/State/ZIP	Diploma/Degree/ Credentials

## ARREST HISTORY

The following questions pertain to your experiences other than in reference to traffic violations.

Have you ever been convicted of any crime(s)    ( ) Yes    ( ) No

If you have answered to the question above, list the incident(s) in the section below and make certain that you have explained each in detail on the back.

Date	Charge	Agency/City/State	Disposition/Sentence

## DRIVING HISTORY

Has your driver's license ever been revoked or suspended?    ( ) Yes    ( ) No

List all drivers, chauffeurs, or commercial licenses you now hold or have previously held. List dates and reasons for any suspensions or revocations on the back.

State	Type of license	Expiration Date	License Number

List each and every traffic citation or summons that you have been convicted of. List in chronological order, beginning with the most recent. If you need more space, use the back of this page.

Month/Year	Charge	City or State	Disposition

Have you ever attended a court ordered driver improvement school?    ( ) Yes    ( ) No

If Yes, When \_\_\_\_\_ Where \_\_\_\_\_

## LIQUOR AND NARCOTICS

Do you drink alcoholic beverages? ( ) Yes ( ) No	What Kind?	How often?
Have you ever had difficulty with your family or employment due to drinking? ( ) Yes ( ) No		
Have you ever tried any narcotic or dangerous drug without a doctor's prescription? ( ) Yes ( ) No		
If you answered Yes to any of the above two questions, explain on back.		
If you have tried or used any of the drugs listed below in the last five years, check the "yes" box next to each.		
Hash (hashish, ganga, etc.) ( ) Yes ( ) No	Cocaine (snow, blow, toot, crack) ( ) Yes ( ) No	
Thai sticks ( ) Yes ( ) No	Heroin (smack, horse, H, etc) ( ) Yes ( ) No	
Barbiturates ( ) Yes ( ) No	Opium ( ) Yes ( ) No	
Amphetamines (speed, meth) ( ) Yes ( ) No	Hallucinogenic ( LSD, acid, dust) ( ) Yes ( ) No	
Other (explain on back) ( ) Yes ( ) No	Inhalants (glue, solvents, paint) ( ) Yes ( ) No	
Have you ever tried or used marijuana in the past 12 months? ( ) Yes ( ) No		
If you have tried or used any of the drugs listed above, or if you have tried or used any other drug without a doctor's prescription, prescribed to you, explain in detail below. If additional space is needed, use the back of this page. Include dates of usage and amounts.		
Have you ever illegally sold or furnished drugs or narcotics to anyone? ( ) Yes ( ) No If yes, explain below.		
Are there any incidents in your life or details not mentioned herein which may reflect upon your suitability to perform police duties? ( ) Yes ( ) No If yes, explain below.		

# Garden City Police Department

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

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

Position applied for: \_\_\_\_\_

Please use the space below to **print**, in your own words and handwriting, not less than 50 words, nor more than 250 words, why you desire to be a Police Officer, Reserve Police Officer for the City of Garden City, MO. You may include any information, which you feel is pertinent. Be sure to use **blue** ink.

Please use good narrative style writing, including complete sentences. At the conclusion of the document, describe the traits or qualities you possess which will make you a good Police Officer. Attach additional paper if necessary.

...

If you speak or write any foreign languages, list below

List any special skills or licenses presently held in the space below. Attach copies.

Are you a citizen of the United States? ( ) Yes ( ) No If naturalized, attach copies of naturalization papers.

Have you ever made application for employment with this or any other law enforcement, governmental, or related agency in the past 12 months? ( ) Yes ( ) No If yes, list agency, date, and current status of application in space below.

I do hereby certify that this application contains no willful misrepresentations, omissions, or falsifications and that the information given by me is true and complete to the best of my knowledge. I am fully aware that any such willful misrepresentation will be grounds for immediate rejection of my application or the termination of my employment with the Garden City Police Department. I am aware that I will be subject to a polygraph examination concerning the truthfulness of my answers on this application form.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# Garden City Police Department

107 N. 3<sup>rd</sup> Street P.O. Box 20  
Garden City, Missouri 64747  
Office: 816-773-8201 Fax: 816-862-7139

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## Garden City Police Department Applicant's Waiver of Liability and Release Form

### READ CAREFULLY BEFORE SIGNING:

In order to permit the Garden City Police Department to make a thorough investigation of my background, health, family, personal habits and reputation for the purpose of determining my fitness and suitability for employment with the department, I, \_\_\_\_\_, hereby release from liability and promise to hold harmless from any liability under any and all possible causes of legal action all persons who shall furnish information or opinions regarding my background, health, family, personal habits, or reputation and I waive all legal privileges I may have to maintain such information as confidential, including but not limited to the following privileges: attorney-client, physician-patient, psychotherapist-patient, clergyman-penitent, husband-wife and accountant-client.

The undersigned further agrees to hold harmless and release from liability under and all possible causes of legal action, the Garden City Police Department, it's officers, it's agents and it's employees, for any statements, acts or omissions in the course of it's investigation into my background, health, family, personal habits and reputation.

I further realize that it is necessary for the Garden City Police Department to thoroughly investigate all aspects of my personal background and qualifications, and by applying for employment with the department, I expressly waive all of my legal rights and causes of action to the extent that the Garden City Police Department's investigation (for purposes of evaluating my suitability or application for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

This release from liability given by me to the Garden City Police Department, it's officers, employees, agents and all others as heretofore provided, shall apply to any right of action that might accrue to myself, my heirs, and my personal representatives.

STATE OF MISSOURI)

SS

COUNTY OF \_\_\_\_\_)

\_\_\_\_\_ being duly sworn on oath depose and state that the answers to the attached  
(Applicant)  
Background-screening questionnaire are true and correct to the best of my knowledge,  
information and belief.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before a notary public, this \_\_\_\_ day, \_\_\_\_\_ of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

