



MISSOURI CAPITOL POLICE  
 DEPARTMENT  
**APPLICATION FOR EMPLOYMENT**  
 "AN EQUAL OPPORTUNITY EMPLOYER"  
 www.mcp.dps.mo.gov

Are you POST certified?

POST License #:

**IDENTIFICATION AND PERSONAL INFORMATION**

NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER	
<input type="text"/>		<input type="text"/>	
PRESENT MAILING ADDRESS (STREET AND NUMBER OR RFP)	CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TELEPHONE NUMBERS WHERE YOU CAN BE CONTACTED REGARDING EMPLOYMENT		HOME TELEPHONE NUMBER	
<input type="text"/>		<input type="text"/>	
OTHER NAMES IN WHICH EMPLOYMENT, MILITARY OR EDUCATION RECORDS MAY BE FOUND		COUNTY AND STATE OF LEGAL RESIDENCE	
<input type="text"/>		<input type="text"/>	

**POSITIONS AND AVAILABILITY**

TITLE OF POSITION(S) APPLIED FOR	DATE AVAILABLE	MINIMUM ANNUAL SALARY REQUIRED	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
ARE YOU WILLING TO TRAVEL IF POSITION REQUIRES IT?	DO YOU POSSESS A VALID DRIVERS LICENSE?	STATE	DRIVER'S LICENSE #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**EDUCATION**

HIGH SCHOOL OR GENERAL EDUCATION (GED) TEST PASSED?	HIGHEST GRADE COMPLETED
<input type="text"/>	<input type="text"/>
SCHOOL	LOCATION (CITY AND STATE)
<input type="text"/>	<input type="text"/>

**POST HIGH SCHOOL TRAINING (COLLEGE, BUSINESS SCHOOL, ETC.) IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS OF PAPER**

NAME AND LOCATION	CREDITS EARNED		DEGREE TYPE	MAJOR/MINOR (ATTACH YOUR TRANSCRIPTS)
	QUARTER HOURS	SEMESTER HOURS		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**INDICATE SEMESTER HOURS COLLEGE CREDIT IN THESE AREAS: COPY OF TRANSCRIPT MUST BE ATTACHED**

<input type="checkbox"/> Accounting	<input type="checkbox"/> Business Admin.	<input type="checkbox"/> Computer Science	<input type="checkbox"/> History	<input type="checkbox"/> Political Science	<input type="checkbox"/> Social Work
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Chemistry	<input type="checkbox"/> Economics	<input type="checkbox"/> Journalism	<input type="checkbox"/> Psychology	<input type="checkbox"/> Sociology
<input type="checkbox"/> Biological Sciences	<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Education	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Recreation	<input type="checkbox"/> Statistics

**MILITARY SERVICE**

BRANCH OF SERVICE

TYPE OF DISCHARGE

DATE ENTERED

DATE DISCHARGED

RANK AT DISCHARGE

TYPE OF DISCHARGE

ARE YOU A MEMBER OF THE MO NATIONAL GUARD?

IF YES, UNIT NAME

RANK

 MOS AFSC**CERTIFICATES/LICENSES**

If you are currently certified, registered, or licensed to practice a profession or occupation (ie POST), give the following:

LICENSE/CERTIFICATE ISSUED BY	FIELD/TRADE/SPECIALIZATION	LICENSE/CERTIFICATE #	DATE OF ISSUE	EXPIRATION DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**COPY OF CERTIFICATE/LICENSE MUST BE ATTACHED****SKILLS**

WHAT OFFICE EQUIPMENT CAN YOU OPERATE EFFICIENTLY?

LIST SOFTWARE AT WHICH YOU ARE PROFICIENT

TYPING SPEED (NET WPM)

DATE OF LAST TEST

NAME OF ADMINISTERING ORGANIZATION

**EXPERIENCE RECORD (PAID AND VOLUNTEER)**

\* List your work experience, starting with the most recent. If you have recent. If you have more than one job with the same organization, list each separately. The information you give in the "Duties" section is used to determine your qualifications.

\* To describe additional experience or add more detail to the "Duties" section, complete a blank sheet of paper using the same format as used here and identify the job to which it relates. **A RESUME MAY NOT BE SUBSTITUTED FOR INFORMATION REQUESTED BELOW.**

EMPLOYER'S NAME		DUTIES	
		SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
EMPLOYER'S ADDRESS (STREET/PO BOX, CITY, STATE, ZIP CODE)		<input type="checkbox"/>	<input type="text"/>
		<input type="checkbox"/>	<input type="text"/>
		<input type="checkbox"/>	<input type="text"/>
KIND OF BUSINESS	YOUR JOB TITLE	<input type="checkbox"/>	<input type="text"/>
		<input type="checkbox"/>	<input type="text"/>
FROM: MO/YR	TO: MO/YR	<input type="checkbox"/>	<input type="text"/>
		<input type="checkbox"/>	<input type="text"/>
HOURS PER WEEK	LAST MONTHLY SALARY	<input type="checkbox"/>	<input type="text"/>
		<input type="checkbox"/>	<input type="text"/>
SUPERVISORS NAME AND TITLE		TELEPHONE	<input type="checkbox"/>
			<input type="checkbox"/>
MAY WE CONTACT YOUR SUPERVISOR?		<input type="checkbox"/>	<input type="text"/>
REASON FOR LEAVING			

EMPLOYER'S NAME		DUTIES	
		SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
EMPLOYER'S ADDRESS (STREET/PO BOX, CITY, STATE, ZIP CODE)		<input type="checkbox"/>	<input type="text"/>
		<input type="checkbox"/>	<input type="text"/>
		<input type="checkbox"/>	<input type="text"/>
KIND OF BUSINESS	YOUR JOB TITLE	<input type="checkbox"/>	<input type="text"/>
		<input type="checkbox"/>	<input type="text"/>
FROM: MO/YR	TO: MO/YR	<input type="checkbox"/>	<input type="text"/>
		<input type="checkbox"/>	<input type="text"/>
HOURS PER WEEK	LAST MONTHLY SALARY	<input type="checkbox"/>	<input type="text"/>
		<input type="checkbox"/>	<input type="text"/>
SUPERVISORS NAME AND TITLE		TELEPHONE	<input type="checkbox"/>
			<input type="checkbox"/>
MAY WE CONTACT YOUR SUPERVISOR?		<input type="checkbox"/>	<input type="text"/>
REASON FOR LEAVING			

EMPLOYER'S NAME		<b>DUTIES</b>	
		SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
EMPLOYER'S ADDRESS (STREET/PO BOX, CITY, STATE, ZIP CODE)		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
KIND OF BUSINESS	YOUR JOB TITLE	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
FROM: MO/YR	TO: MO/YR	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
HOURS PER WEEK	LAST MONTHLY SALARY	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISORS NAME AND TITLE	TELEPHONE	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
MAY WE CONTACT YOUR SUPERVISOR?		<input type="checkbox"/>	<input type="checkbox"/>
REASON FOR LEAVING			

EMPLOYER'S NAME		<b>DUTIES</b>	
		SHOW % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT	
EMPLOYER'S ADDRESS (STREET/PO BOX, CITY, STATE, ZIP CODE)		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
KIND OF BUSINESS	YOUR JOB TITLE	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
FROM: MO/YR	TO: MO/YR	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
HOURS PER WEEK	LAST MONTHLY SALARY	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISORS NAME AND TITLE	TELEPHONE	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
MAY WE CONTACT YOUR SUPERVISOR?		<input type="checkbox"/>	<input type="checkbox"/>
REASON FOR LEAVING			

**ADDITIONAL SPACE FOR YOUR EXPERIENCE IS AVAILABLE ON THE BACK OF THIS FORM**

**PERSONAL REFERENCES**

LIST THREE INDIVIDUALS OTHER THAN RELATIVES OR EMPLOYERS

NAME	OCCUPATION	ADDRESS (STREET/PO BOX, CITY, STATE, ZIP CODE)	DAYTIME PHONE NUMBER

**GENERAL APPLICATION AUTHORIZATION - SIGNATURE REQUIRED****READ CAREFULLY BEFORE SIGNING. YOUR BELOW SIGNATURE INDICATES THAT YOU CERTIFY, AUTHORIZE, UNDERSTAND AND/OR AGREE TO EACH STATEMENT:**

I hereby certify that information given by me is true and complete to the best of my knowledge and belief. I understand that should investigation at any time disclose any misrepresentation, falsification, or concealment as to a material fact, it will be sufficient grounds for rejection of my application and or removal from employment.

I authorize the Missouri Capitol Police Department to investigate any information it determines necessary to arrive at an employment decision. I authorize the Missouri Capitol Police Department to investigate, obtain and compile information, including information of a confidential or privileged nature, concerning my employment history; academic records, military records; driving record; character; and/or general reputation. I release the Missouri Capitol Police Department from an legal liability that may result from these investigations and i agree to hold harmless any individual , partnership, corporation, educational institution or agency, its officers, agents and employees from any liability for an damage whatsoever for releasing such information.

I authorize the Missouri Capitol Police Department to conduct a criminal history pre-employment background check through the Missouri State Highway Patrol and/or Federal Bureau of Investigation as deemed appropriate for the position(s) sought. Information obtained from the check(s) will be used in making employment decisions. I hereby waive any rights to review any information obtained by the Missouri Capitol Police Department as a result of the background check(s). I understand that any offer of employment is conditional upon results of background check(s).

I understand that, if employed, I will provide proof of identity and employment eligibility in accordance with the Immigration Reform and Control Act of 1986, within three business days from the initial date of employment.

I understand that, if employed by the Missouri Capitol Police Department, I will be required to participate in the State of Missouri direct deposit program or receive a paycard in lieu of a paper check.

I authorize the Missouri Capitol Police Department to and acknowledge it will confirm with the Missouri Department of Revenue that I (and my spouse, if married and filing jointly) am not delinquent on the filing of any Missouri income tax returns nor the payment of any income taxes owed to the state of Missouri. If the Missouri Department of Revenue indicates a delinquency with regard to the filing of income tax returns or the payment of income taxes owed, I understand that such delinquency will make me ineligible for initial employment and will result in dismissal from employment if such non-compliance occurs during the course of employment.

I understand, if I am employed by the Missouri Capitol Police Department and a male of age 18 through 26, that in support of the U.S. Military Selective Service Act, I am required to be registered with the Selective Sevice Administration, if employed by the Missouri Capitol Police Department.

Signature

DATE