

POLICE OFFICER EMPLOYMENT APPLICATION PACKET

Completion of the Police Officer Employment Application Packet is the first step in the employment process. The information in these forms will be used to judge your qualifications for the position of Police Officer. Read all of the questions carefully and answer all questions completely and honestly.

You must complete this application packet yourself. Type or print the forms using a ball point pen. Do not leave any blank spaces. If a question does not apply, write "DNA" in the answer space. All information in this application is subject to verification. Any false, misleading, or incomplete information will result in your application being eliminated from consideration.

This packet contains the following forms:

- Police Officer Employment Application
- Waiver of Liability Release Form
- Credit Information Release Form
- Pre-Employment Drug Screen Consent Form
- Police Officer Position Description

Return the entire packet along with a resume (no longer than 2 pages, please) to the address below:

St. Matthews Police Department 3940 Grandview Ave St. Matthews, KY 40207

| Office Use Only: | Date received | |
|------------------|---------------|--|
|------------------|---------------|--|





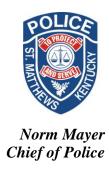
POLICE OFFICER EMPLOYMENT APPLICATION

Instructions:

You must complete this application yourself. It may be printed in ink or typed. Your ability to completely and honestly complete this application is part of the process to determine your suitability for employment. If you intentionally leave out any information that might be detrimental to obtaining a job, it will automatically eliminate you from consideration from employment. Once submitted, this application becomes the property of the City of St. Matthews.

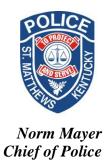
| | Basic Personal Informatio | n |
|----------------------------|---|-----------|
| Name: | | |
| Last | First | Middle |
| Please list any other name | es that you have used: | |
| Home Address: | | |
| Stre | et City | State Zip |
| Telephone: | | |
| Home | Cell | Daytime |
| Date of Birth: | Social Security Number: | |
| Driver's License: | | |
| | Number | State |
| Place of Birth: | | |
| Cit | ty State | Country |
| | Eligibility | |
| Are you at least 21 years | • | Yes No |
| | to work in the United States? (Check of the StatusO | |
| | Officer in the State of Kentucky? | |





| If yes, where and who | en did you obtain your | license? State Certi | fied Training A | cademy or E |)epartm | ent |
|----------------------------|--|-------------------------|-----------------------|-------------|-------------|------|
| Address | City | State | Zip | | Date |) |
| | eace Officer's license on on a separate sheet of | | led? | _ Yes | r | No |
| Are you a commissio | ned / licensed Peace C | Officer in another st | ate of the U | .S.? | Yes _ | No |
| If yes, where, when a | and in which state did y | ou receive your co | mmission / li | icense? | | |
| State Certified Training o | r Academy Address | City | State | Zip | | Date |
| Have you ever applie | d for a position with the | e City of St. Matthe | ews before? | If yes, wh | en? | |
| to this application. | Milit of all applicable service | _ | any dischar umber: | | | |
| Date of Service: | to | Reserve | Status: | | | |
| Type of discharge: | e of discharge: If not honorable, explain: | | | | | |
| Grade and duty assig | nment at discharge / s | eparation: | | | | |
| Are you registered fo | r the Selective Service | ? | | ` | Yes | _ No |
| Selective Service Nu | mber: | Classifica | ation: | | | |
| • | the Reserves or Natio ion, grade, and duty as | | | | _Yes _ | No |
| | | | Unit | | | |
| Location | Grade | | Juty Assiann | nent | | |

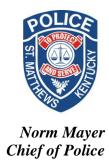




Education

| Please complete the inf of your transcript(s) to the | ormation that applies and a | attach copies of your dip | loma(s) and/or copies |
|--|--|----------------------------------|----------------------------|
| If you did not complete | High School, do you have | a GED? | YesNo |
| School Name: | Address (including City & Zip) Phone Number | Graduate (Yes/No Dates Enrolled) | Course of Study (Major) |
| High School: | | | |
| College / University | | | |
| Graduate School | | | |
| Other | | | |
| | Specialized Skills | s and Training | |
| Do you speak another la | anguage other than Englis | h? Yes No Fluer | t? YesNo |
| If yes, please list: | | | |
| | r skills you have. If you ha red, please attach them to | | • |





| active or past account with: | t you nave an | <u> </u> |
|---|----------------|----------|
| Briefly list any training or skills, including firearms that would be of assistance applying for. If you have any copies of certificates for any training, please atta application: | ach them to th | he |
| | | |
| Personal History | | |
| Do you know of any reason that you could not pass a background check? | Yes | No |
| Have you ever been fired or asked to resign from a job? | Yes | No |
| Have you ever received disciplinary action from an employer? | Yes | _ No |
| Have you ever stolen from an employer? | Yes | _ No |
| Have you ever committed a crime for which you were not arrested? | Yes | _ No |
| Have you ever assisted someone in committing a crime? | Yes | No |
| Have you ever falsified a police report? | Yes | No |
| Have you ever accepted money not to report a crime? | Yes | No |
| Has any driver's license issued to you ever been suspended or revoked? | Yes | No |
| Have you ever used, sold, or otherwise handled any controlled substance(s) in an illegal manner? | Yes | No |





Chief of Police

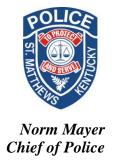
If you answered 'Yes' to any of the questions listed above, please write a brief explanation for that question on a separate sheet of paper. List the question by number. If you are interviewed, you will be asked about any 'Yes' answers. Any 'Yes' answers will be closely examined during a background check. A 'Yes' answer does not automatically eliminate you from consideration for employment. Your omission of these facts will automatically eliminate you from consideration.

Traffic, Civil Court, and Criminal Record

Please list your history of any traffic citations, any civil court actions in which you were or are a defendant, any arrests, convictions, and court actions. If additional space is needed, list on a separate sheet of paper.

| | Type of case | Jurisdiction | City, State |
|---|--------------|--------------|-------------|
| 1 | | | |
| 2 | | | |
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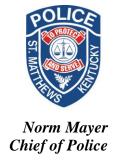


Financial Status

List all creditors or persons to whom you are financially obligated. If additional space is needed, list on a separate sheet of paper.

| NAME | ADDRESS | BALANCE | MONTHLY PAYMENT |
|----------------------------|----------------|---------|-----------------|
| | | | |
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| | | | |
| Have you ever declared | bankruptcy? | | YesNo |
| If yes, give date(s) and o | circumstances: | | |
| | | | |
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Employment History

NOTICE: Start with your current job, if employed, and list you past employment in reverse order. Include all employment from high school to the present. Account for any time that you were unemployed by stating the nature of your activities. If additional space is needed, list on a separate sheet of paper.

| 1.Company: | | Position: | | | FT PT |
|---------------------|------|-----------|------------------|--------|-------|
| Address: | | City: | State: | Zip: _ | |
| Dates from | _ to | _ | | | |
| Supervisor's Name: | | | Telephone No.: _ | | |
| Job Duties: | | | | | |
| Reason for leaving: | | | | | |
| 2. Company: | | | | | |
| Address: | | City: | State: | Zip: _ | |
| Dates from | _ to | _ | | | |
| Supervisor's Name: | | | Telephone No.: _ | | |
| Job Duties: | | | | | |
| Reason for leaving: | | | | | |

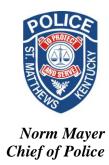




Chief of Police

| 3. Company: Position: | | | FI P | | | |
|-----------------------|------|---------|-------------|-------------|--------|------|
| Address: | | City: | | _ State: | Zip: _ | |
| Dates from | _ to | | | | | |
| Supervisor's Name: | | | Telep | hone No.: _ | | |
| Job Duties: | | | | | | |
| Reason for leaving: | | | | | | |
| 4. Company: | | | _ Position: | | | FT P |
| Address: | | City: | | _ State: | Zip: _ | |
| Dates from | _ to | | | | | |
| Supervisor's Name: | | | Telep | hone No.: _ | | |
| Job Duties: | | | | | | |
| Reason for leaving: | | | | | | |
| 5. Company: | | | _ Position: | | | FT P |
| Address: | | City: _ | | _ State: | Zip: _ | |
| Dates from | _ to | | | | | |
| Supervisor's Name: | | | Telep | hone No.: _ | | |
| Job Duties: | | | | | | |
| | | | | | | |





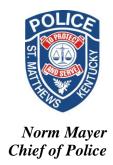
| Reason for leaving: _ | | |
|-----------------------|--|--|
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Residences

List all residences where you have lived during the past 5 years. Begin with your present address and work backwards. List the complete address including street number, street name, city, state, and zip code. If additional space is needed, list on a separate sheet of paper.

| ADDRESS | CITY | STATE | ZIP CODE | DATES |
|---------|------|-------|----------|-------|
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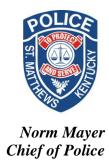


Personal References

List three personal references that are NOT related to you. Do not use former or current employers. Be sure to include all of the information requested.

| NAME | ADDRESS, CITY, STATE, ZIP CODE | AREA CODE & PHONE NUMBER |
|--|--|---|
| | | |
| | | |
| | | |
| | | |
| | Remarks | |
| Please tell us about yourself. Increceived. What are your hobbie any answers to any questions or | clude any awards, honors, license s or interests? You can also use n this application: | es or certificates that you have this section to expound upon |
| | | |
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Please Read Carefully Before Signing This Application

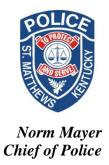
I declare that the foregoing statements are true and correct to the best of my knowledge and belief. I realize that falsification of any information on this application is grounds for disqualification. I further understand that any misrepresentation or omission of facts upon this application will be sufficient cause for cancellation and/or separation from City service if I have been employed.

| Applicant Signature: | Date: | |
|----------------------|-------------|--|
| | | |

The St. Matthews Police Department accepts applications once a year or as needed to fill vacancies. This is what will happen with your application:

- 1) Your application is reviewed to ensure you meet the minimum qualifications for a Police Officer position and for accuracy, legibility, and completeness.
- 2) If the application is accepted, you will receive a letter notifying you of your acceptance. Letters are NOT sent for rejected applications.
- 3) Your application will be placed on file until a list is established
- 4) All accepted applicants on file will be notified by mail of their interview date.
- 5) Failure to appear on the scheduled interview date disqualifies the applicant and their application will be discarded. You will be required to submit another application for the next available posted opening.





WAIVER OF LIABILITY AND RELEASE FORM

| In consideration of the St. Matthews Police | ce Department and the City of St. Matthews, Kentucky |
|---|--|
| hereinafter referred to as the Agency, pro | ocessing my application for employment, I |
| | hereby irrevocably agree to the following |
| Full Name (typed or printed) | |
| terms and conditions: | |

- 1) The term "background investigation" as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.
- 2) I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any Officer, Agent, or Employee of the Agency who conduct my background investigation.
- 3) I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all person and entities who shall furnish any information or opinions to the Officers, Agents, or Employees of the Agency who conduct my background investigation.
- 4) I authorize any person or entity contacted by the Agency's Officers, Agents, or Employees during the course of my background investigation, to furnish such Officers, Agents, or Employees any information opinions they may have, and hereby expressly waive any and all legal privilege, the clergyman pertinent privilege, the husband-wife privilege, and the accountant client privilege.
- 5) I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency, or any of its Officers, Agents, or Employees for any statements, acts or omissions in the course of my background check.
- 6) I expressly waive all of my legal rights and causes of actions to the extent that the Agency background check may violate or infringe upon these legal rights and causes of actions.





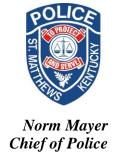
7) I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing such information must of necessity remain confidential.

DO NOT SIGN BEFORE READING:

This release from liability given by me to the political division, the Agency, its Officers, Agents, and Employees, and all others as mentioned above, shall apply to my right of action of any nature whatsoever that might accrue to me, my heirs, or my personal representative.

| Date:Signature o | f Applicant: |
|------------------------------------|---------------------------------|
| Date of Birth: | Social Security Number: |
| Driver's License number and State: | |
| Date: Witnessed by | : Printed Name and Signature |





CREDIT INFORMATION RELEASE FORM Credit Report Disclosure

By this document, the City of St. Matthews discloses to you that a credit report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Please sign below to signify receipt of the foregoing disclosure.

Applicant Full Name (typed or printed)

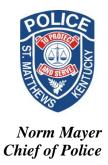
| Applicant Signature | |
|-------------------------------|--------|
| Date | |
| Witness Printed Name and Sign | nature |
| Date | |

Credit Report Authorization

This document shall authorize the procurement of a credit report by the City of St. Matthews as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the City of St. Matthews to procure consumer reports at any time during my employment period.

| Applicant Full Name (typed or printed) |
|--|
| |
| Applicant Signature |
| |
| Date |
| |
| Witness Printed Name and Signature |
| |
| Date |





PRE-EMPLOYMENT DRUG SCREEN CONSENT

| 1) | l, | , as an applicant with the City of St. Matthews, |
|---------|-------------------------------|--|
| | • | y blood, breath and/or urine to be tested for drugs. I further of such testing to be released to the City of St. Matthews, |
| 2) | • | St. Matthews and its employees from any action that may ests or information being released to the City of St. Matthews |
| 3) | Kentucky, my application wil | gn and return this consent to the City of St. Matthews, I no longer be considered. I understand that if I test positive y offer of employment I have received will be withdrawn. |
| Applica | ant Signature | |
| Date | | |
| Witnes | ss Printed Name and Signature | |
| Date | | |