



Rick Tonini
Mayor

St. Matthews Police Department
3940 Grandview Ave. St. Matthews KY 40207
502-893-9000 Fax 502-899-2521
www.stmatthewsky.gov



Barry Wilkerson
Chief of Police

Date and Time Received: (Office Use Only) _____

**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 the questions carefully and answer all of them 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.

St. Matthews is an **Equal Employment Opportunity Employer**. The employment philosophy of St. Matthews stresses the need to employ and promote the best qualified person to do a job. The city provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, age, sex, sexual orientation, gender identity, pregnancy, childbirth, pregnancy/childbirth-related medical conditions, genetic makeup, national origin, disability, veteran or family status, an individual's status as a smoker or nonsmoker, genetic makeup or any other status or condition protected by applicable local, state or federal laws, except where a bona fide occupational qualification applies. In addition to federal law requirements, the city complies with applicable state and local laws governing nondiscrimination in employment. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training. It is the policy of the City to comply with the provisions of the Americans with Disabilities Act of 1990, as amended (ADA). The city will offer equal employment opportunities for qualified individuals who may have a physical or mental disability, including medical conditions related to pregnancy, but who can still perform the essential job functions with or without reasonable accommodations. The city will provide reasonable accommodations to individuals qualifying under ADA only when that accommodation does not create an "undue hardship" to the city. The Immigration Reform and Control Act of 1988 makes it illegal to knowingly hire any alien not authorized to work in the United States. Therefore, all employees must complete INS form I-9 and produce evidence of identity and authority to work in the United States.

This packet contains the following forms:

- Police Officer Employment Application
- Waiver of Liability Release Form
- Domestic Violence Form
- Pre-Employment Drug Screen Consent Form

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

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

Indicate which you position you are applying Full Time Part Time Both

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**St. Matthews Police Department
Hiring Process Checklist**

| Full Time (New Hire) | Full Time (Lateral/Rehire) | Part Time |
|---|--|--|
| Meet Requirements* | Meet Requirements* | Meet Requirements* |
| Application/Review | Application/Review | Application/Review |
| Written Examination | Background Check | Background Check |
| Physical Fitness Test | Executive Oral Interview | Executive Oral Interview |
| Background Check | Police Committee Interview | Police Committee Interview |
| Executive Oral Interview | Medical/Drug Screen** Polygraph Examination** | Medical/Drug Screen** Polygraph Examination** |
| Police Committee Interview | Field Training | Field Training |
| Medical/Drug Screen** Psychological Examination** Polygraph Examination** | | |
| DOCJT/Certified Basic Course | | |
| Field Training | | |

* Must meet minimum requirements:

- Must be 21 years of age
- Must be a US Citizen
- Must possess a valid operator's license
- Must have a minimum of a GED
- Must have POPS certification (Lateral/Rehire/Part Time)

** Order of examinations may vary.

Applicants must provide documentation of:

- Operator's License
- Social Security Card
- High School/ College Diplomas
- DD214
- Proof of Citizenship
- Credit History



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POLICE OFFICER EMPLOYMENT APPLICATION

Instructions:

You must complete this application yourself. It may be printed in ink or typed. Your ability to complete this application fully and honestly is part of the process to determine your suitability for employment. Once submitted, this application becomes the property of the City of St. Matthews. When entering dates, use this format (00/00/0000).

Basic Personal Information

Name: _____
Last First Middle

Please list any other names you have used: _____

Home Address: _____
Street City State Zip

Telephone: _____
Home Cell Daytime

Date of Birth: _____ Social Security #: _____

Driver's License #: _____ State: _____

Place of Birth: _____
City State Country

Eligibility

Are you at least 21 years of age? Yes No

Do you have a legal right to work in the United States? (Check one) US Citizen
 Permanent Resident Status Other (Please Specify) _____

Are you a licensed Peace Officer in the State of Kentucky? Yes No

If yes, where and when did you obtain your license?
State Certified Training Academy or Department

Address City State Zip Date

Has your Kentucky Peace Officer's license ever been suspended? Yes No
(If yes, please explain on a separate sheet of paper).

Are you a commissioned/licensed Peace Officer in another state of the U.S.? Yes No

If yes, give details of your commission/license: _____
State Certified Training Academy or Department

Address City State Zip Date

Have you ever applied for a position with the City of St. Matthews before? Yes No
If yes, when? _____ What position? _____



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Military Service

Please make copies of all applicable service records including any discharge papers and attach to this application.

Branch(es): _____

Date of Service: _____ to _____ Reserve Status: _____

Type of Discharge (last DD-214): _____ If not honorable, explain why below:

Grade and duty assignment at discharge/separation: _____

Are you registered for the Selective Service? Yes No

Selective Service Number: _____ Classification: _____

Are you a member of the Reserves or National Guard? Yes No

If yes, give unit, location, grade, and duty assignment: _____
Unit

| Location | Grade | Duty Assignment |
|----------|-------|-----------------|
| | | |

Education

Please complete the information that applies and attach copies of your diploma(s) and/or copies of your transcript(s) to this application.

If you did not complete High School, do you have a GED? Yes No

School Name: Full name of school
Type: (High School – HS) (College or University – C/U) (Graduate – G) (Specialized – S)
Address: List City and State only
Graduate: Yes/No (Year of graduation only)
Course of Study: Major and/or minor

| School Name | Type | Address | Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No Year: | Course of Study Major: Minor: |
|-------------|------|---------|---|-------------------------------------|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No Year: | Major: Minor: |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No Year: | Major: Minor: |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No Year: | Major: Minor: |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No Year: | Major: Minor: |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No Year: | Major: Minor: |



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Specialized Skills

Do you speak another language other than English? Yes No Fluent? Yes No

If Yes, what language(s): _____

Briefly list any training or skills (computer, firearms, self-defense, etc.) that would be of assistance in the job you are applying for. If you have any copies of certificates for any training, please attach them to the application:

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

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. Please complete fully!

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.

| | <i>Type of case</i> | <i>Jurisdiction</i> | <i>City, State</i> |
|----|---------------------|---------------------|--------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |



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Financial Status

List all major 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 |
|------|---------|---------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Have you ever declared bankruptcy? Yes No

If Yes, give date(s) and circumstances:

Employment History

NOTICE: Start with your current job, if employed, and list your 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.

Dates from: _____ to _____

Company _____ Position _____ FT

Address: _____ City _____ St: _____ Zip: _____

Supervisor's _____ Telephone _____

Job _____

Reason for Leaving: _____

Dates from: _____ to _____

Company _____ Position _____ FT

Address: _____ City _____ St: _____ Zip: _____

Supervisor's _____ Telephone _____

Job _____

Reason for Leaving: _____

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Dates from: _____ to _____

Company _____ Position _____ FT

Address: _____ City _____ St: _____ Zip: _____

Supervisor's _____ Telephone _____

Job _____

Reason for Leaving: _____

Dates from: _____ to _____

Company _____ Position _____ FT

Address: _____ City _____ St: _____ Zip: _____

Supervisor's _____ Telephone _____

Job _____

Reason for Leaving: _____

Dates from: _____ to _____

Company _____ Position _____ FT

Address: _____ City _____ St: _____ Zip: _____

Supervisor's _____ Telephone _____

Job _____

Reason for Leaving: _____

Dates from: _____ to _____

Company _____ Position _____ FT

Address: _____ City _____ St: _____ Zip: _____

Supervisor's _____ Telephone _____

Job _____

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 | ST | ZIP | DATES |
|---------|------|----|-----|-------|
| | | | | to |
| | | | | to |
| | | | | to |
| | | | | to |

Personal References

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

| Name | Address | City | ST | Zip |
|-----------------------|---------|------|----------------|-----|
| | | | | |
| Email Address: | | | Contact | |

| Name | Address | City | ST | Zip |
|-----------------------|---------|------|----------------|-----|
| | | | | |
| Email Address: | | | Contact | |

| Name | Address | City | ST | Zip |
|-----------------------|---------|------|----------------|-----|
| | | | | |
| Email Address: | | | Contact | |

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.

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 will NOT be 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.

Applicant Signature: _____ Date: _____



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WAIVER OF LIABILITY AND RELEASE FORM
(Employment, Military, Medical, Psychological, Credit, Education, & Criminal History)

In consideration of the St. Matthews Police Department and the City of St. Matthews, Kentucky, hereinafter referred to as the Agency, processing my application for employment, I recognize that two essential characteristics for anyone entering the law enforcement profession are honor and integrity. I further recognize the need for the St. Matthews Police Department to conduct an extensive background check on every applicant. With this recognition in mind, 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 and 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 in possession of this release, or a copy thereof, within one year of its date, **to obtain any information in your files pertaining to current or past employment, military, psychological, medical, credit, education, & criminal history including sealed and juvenile records.**
- 3) I authorize any person or entity contacted by the Agency's Officers, Agents, or Employees during 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.
- 4) 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.
- 5) 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.
- 6) I hereby direct you to release such information upon request of the St. Matthews Police Department. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties while fulfilling its official responsibilities. **I hereby release you, as custodian of such records, and any law enforcement agency, governmental agency, court, school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending**

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WAIVER OF LIABILITY AND RELEASE FORM
(Employment, Military, Medical, Psychological, Credit, Education, & Criminal History)
Continued

institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information or attempt to comply with it.

- 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 out of necessity remain confidential.
- 8) I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, court, law enforcement, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

DO NOT SIGN BEFORE READING:

This release from liability given by me to the City of St. Matthews, 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 of Applicant: _____

Date of Birth: _____ Social Security #: _____

Driver's License number and State: _____

Subscribed and sworn to before me this

_____ day of _____

Signature

Notary Public, State of _____

My Commission expires _____



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PRE-EMPLOYMENT DRUG SCREEN CONSENT

I, _____, as an applicant with the City of St. Matthews,

Kentucky consent to allow my blood, breath and/or urine to be tested for drugs. I further consent to allow the results of such testing to be released to the City of St. Matthews, Kentucky, or its authorized agents to representatives.

I hereby release the City of St. Matthews and its employees from any action that may arise out of results of such tests or information being released to the City of St. Matthews.

I understand that if I fail to sign and return this consent to the City of St. Matthews, Kentucky, my application will no longer be considered. I understand that if I test positive for any illegal substance, any offer of employment I have received will be withdrawn.

Signature

Subscribed and sworn to before me this

_____ day of _____

Signature

Notary Public, State of _____

My Commission expires _____



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AFFIDAVIT
Domestic Violence & Social Networking Affidavit

STATE OF _____, being first duly sworn on oath, states as follows:

I, _____ am applying for an employment position with the St. Matthews Police Department. As part of my background investigation, I have been asked to provide this sworn affidavit to attest to whether I have ever been the subject of a domestic violence investigation; a protective order related to domestic violence, or an arrest based on a domestic violence charge. I understand that as a condition of employment, this background investigation requires that I provide this information. This is necessary to ensure that I meet the criteria for employment with the St. Matthews Police Department. I understand that this information is necessary due to federal statutes which disqualify certain individuals from possessing firearms.

Yes Explain on a separate sheet of paper. No

Also, as part of my background investigation, I have been asked to provide this sworn affidavit to attest to whether I have any social network accounts. I understand that as a condition of employment, this background investigation requires that I voluntarily provide access to any such social network accounts I may have. This is necessary to ensure that I meet the criteria for employment with the St. Matthews Police Department. I understand that this information in itself will not disqualify me from employment but will provide the agency with additional information that will assist in a reasonable employment background investigation. I am aware access does not include providing my private password for purposes of this access.

| Social Media Accounts | Username |
|-----------------------|----------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

If more, list on a separate sheet of paper.

Signature

Subscribed and sworn to before me this

_____ day of _____

Signature

Notary Public, State of _____

My Commission expires _____