

# City of Jennings - Job Applicant Sheet

As an applicant for a job with the City of Jennings, you are requested to complete this information sheet as well as the attached application. The information requested in items 1-2 below is for statistical and reporting purposes only, and will be kept separate from your application.

Name \_\_\_\_\_

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

1) Of the following, which racial/ethnic group do you consider yourself a member  
White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_  
American Indian/Alaskan Native \_\_\_\_\_ Other \_\_\_\_\_

2) How did you learn of this job opening?  
\_\_\_\_ City Hall bulletin board \_\_\_\_\_ Word of Mouth  
\_\_\_\_ Newspaper Ad (which paper?) \_\_\_\_\_  
Other \_\_\_\_\_

**\*\*PLEASE READ ALL INFORMATION BELOW CAREFULLY. IF YOU HAVE ANY QUESTIONS, PLEASE SEE SOMEONE IN THE CITY CLERK'S OFFICE.\*\***

Please follow the instructions to fill out the enclosed application as completely as possible, even if a resume is attached. Please print legibly. The information that you give us on your application will determine whether or not you are chosen to be interviewed for the job. Please give as much detail as you can about your experience or skills as they relate to the job for which you are applying, including such things as experience gained in the military, in volunteer work, or in jobs prior to your last four jobs. If you need more room to list this information, please attach an additional sheet of paper.

Your application is active only for the job opening for which you are currently applying. If interested in a future job opening, you will be required to re-apply.

The City of Jennings has established an Equal Opportunity Committee to oversee hiring practices. If you believe that you have been illegally discriminated against in hiring, and would like to file a complaint, please see the City Clerk.

\*\*\*\*\*

*\*  
By submitting this application, I certify that all statements made by me in the application are true. I also authorize the City of Jennings to check my references by contacting any person whom they deem to be an appropriate reference, to ask questions about my personal or educational background, work experience, or character. Former employers or references are authorized to furnish any such information concerning me, and are released from any and all liabilities or damages of any nature because of furnishing such information; they may rely on a copy of this release. In cases where it is job related, I also consent to a background investigation, which may include a check of my driving record or a police record check to disclose any disqualifying criminal history.*

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

# City of Jennings, Missouri Department of Corrections APPLICATION FOR EMPLOYMENT

The City of Jennings, MO resolves that subject to all applicable State and Federal statutory or judicial exceptions, all qualified applicants for employment shall be given equal opportunity for consideration, selection, appointment, and retention regardless of race, color, religion, sex, national origin, age, disability, or political affiliations.

## APPLICANT PERSONAL HISTORY QUESTIONNAIRE (Confidential Information/ Restricted Access)

### VERIFICATION OF INFORMATION

The information requested in this questionnaire will be used for reference by those who will be considering your application for employment with the Jennings Department of Corrections. An extensive background will be conducted into your personal history.

**Supplying any FALSE, MISLEADING, or INCOMPLETE information will be grounds to disqualify you from further consideration in the application process with the Jennings Corrections Department and if the FALSE, MISLEADING, or INCOMPLETE information is discovered after appointment, it may be grounds for termination of your employment with the City of Jennings, Missouri.**

I confirm that I have read and that I understand the above and that all statements and documents presented to the Jennings Department of Corrections are true, correct, complete, and made in good faith.

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

### Directions for Completing Application

1. BEFORE YOU BEGIN, read the entire set of directions and listing of documents required for submission. An application checklist is provided for your convenience. Applications may not be accepted, processed, or evaluated if not complete. All addresses and phone numbers must contain ZIP codes and applicable area codes.
2. **USE BLACK PEN INK ONLY.** Complete this application in your own handwriting or printing. If you need any special accommodation in completing this questionnaire, please contact the City Clerk's Office at (314) 388-1164.
3. Read each question carefully before answering. Be certain that your responses are legible.
4. Be certain that 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 the bottom right corner.
6. If a particular response requires a clarification, please attach additional sheets and identify your response by page and section number.
7. Pursuant to Public Law 98-579, the disclosure of your social security number is completely voluntary. Your refusal to reveal it will in no way affect 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.
8. Completed applications should be returned to the attention of the City Clerk, at Jennings City Hall, 2120 Hord Ave., Jennings, MO 63136 (314) 388-1164 prior to the published closing date in order to be accepted for consideration.

THE CITY OF JENNINGS, MISSOURI IS AN EQUAL OPPORTUNITY EMPLOYER

INITIALS:

DEPARTMENT OF CORRECTIONS  
JENNINGS. MISSOURI

CERTIFICATE OF APPLICANT AND AUTHORIZATION  
FOR RELEASE OF INFORMATION

|                     |               |             |
|---------------------|---------------|-------------|
| LAST NAME           | FIRST NAME    | MIDDLE NAME |
| SOCIAL SECURITY NO. | DATE OF BIRTH |             |

I \_\_\_\_\_ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material facts will cause forfeiture on my part of all rights to initial or continued employment by the Jennings Department of Corrections.

The intent of this authorization is to make available full and complete disclosure of any and all information pertaining to my person; therefore, I do authorize all present or past employers, all law enforcement agencies, all military agencies, the Veteran's Administration, the US Army, US Air Force, US Coast Guard, US Navy, US Marines, all federal, state, or local government agencies, state and federal tax bureaus, credit bureaus, schools and universities, to furnish the Jennings Corrections Department with any and all available information regarding my past or present performance, conduct, attendance, or behavior. I further authorize the release of any punitive or disciplinary action or memorandum in order that the information may be evaluated to assist in the determination of my suitability for law enforcement employment

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal and business life for the specific purpose of conducting a pre-employment background investigation.

I authorize the Jennings Corrections Department to make any inquiry and gather any documents of my present and past employers regarding my character, integrity, reputation, attendance, and performance.

I authorize the release of any and all of the aforementioned information regarding my person, employment, credit, driving, or arrest record, or any other aspect, whether personal or otherwise, that may or may not be in their written records.

I understand that all material pertaining to this background investigation become the property of the Jennings Corrections Department and will not be returned to me. I understand that in the event that my application is disapproved, the sources and information obtained will not be revealed to me unless required by law.

I agree to indemnify and hold harmless the person to whom this request is presented, along with the company or organization therein from any and all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of compliance with this request.

I agree that a photostatic or Xerox copy of this authorization will be considered as effective and valid as the original, even though the copy does not contain an original writing of my signature.

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY:**

Applicant Signature: \_\_\_\_\_

Subscribed and sworn before me, this \_\_\_\_ day of \_\_\_\_\_, 20

My commission expires: \_\_\_\_\_

Notary Public:

## APPLICANT PERSONAL HISTORY QUESTIONNAIRE

### A. APPLICANT IDENTIFICATION - Information provided in this section is used for identification purposes only

|  |                           |   |                             |
|--|---------------------------|---|-----------------------------|
| Full Legal Name (Last, First, Middle):   |                           | Social Security Number:                 |                             |
| Home Street Address: (No PO Boxes)   |                           | City, ST, ZIP Code:                     |                             |
| Home Telephone Number:   | Business Telephone Number | Alternate Telephone Number              | Date of Birth (Mo/Day/Year) |
| Are you legally authorized to work in the United States?<br><input type="checkbox"/> YES <input type="checkbox"/> NO    If "NO", do you have a valid work permit? <input type="checkbox"/> YES <input type="checkbox"/> NO |                           |   |                             |
| Have you ever had your name legally changed?   |                           | If "YES", indicated previous name(s):   |                             |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   |                           |   |                             |
| Date of change:  |                           | Reason for change:                      |                             |
|  |                           |   |                             |
| Have you ever used any other name?   |                           | If "YES", list all names you have used: |                             |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   |                           |   |                             |

### B. RESIDENCES - List all addresses for previous 10 years beginning with present address List by month/year Attach extra pages if necessary

| FROM | TO | ADDRESS |
|------|----|---------|
|      |    |         |
|      |    |         |
|      |    |         |
|      |    |         |
|      |    |         |
|      |    |         |

### C. WORK HISTORY - beginning with your most recent or present employment. list all employment from the last ten years, including part-time, temporary, or seasonal employment ( include all periods of unemployment. Attach extra pages if necessary.

|                    |       |                    |           |
|--------------------|-------|--------------------|-----------|
| <b>1.</b>          | From: | To:                | Employer: |
| Address:           |       |                    |           |
| Telephone Number:  |       | Job Title:         |           |
| Duties Performed:  |       |                    |           |
| Supervisor:        |       | Name of Co-Worker: |           |
| Reason for Leaving |       |                    |           |
| <b>2.</b>          | From: | To:                | Employer: |
| Address:           |       |                    |           |
| Telephone Number:  |       | Job Title:         |           |

|                    |     |                    |
|--------------------|-----|--------------------|
| Duties Performed:  |     |                    |
| Supervisor:        |     | Name of Co-Worker: |
| Reason for Leaving |     |                    |
| From:              | To: | Employer:          |
| Address:           |     |                    |
| Telephone Number:  |     | Job Title:         |
| Duties Performed:  |     |                    |
| Supervisor:        |     | Name of Co-Worker: |
| Reason for Leaving |     |                    |
| From:              | To: | Employer:          |
| Address:           |     |                    |
| Telephone Number:  |     | Job Title:         |
| Duties Performed:  |     |                    |
| Supervisor:        |     | Name of Co-Worker: |
| Reason for Leaving |     |                    |
| From:              | To: | Employer:          |
| Address:           |     |                    |
| Telephone Number:  |     | Job Title:         |
| Duties Performed:  |     |                    |
| Supervisor:        |     | Name of Co-Worker: |
| Reason for Leaving |     |                    |
| From:              | To: | Employer:          |
| Address:           |     |                    |
| Telephone Number:  |     | Job Title:         |
| Duties Performed:  |     |                    |
| Supervisor:        |     | Name of Co-Worker: |

Reason for Leaving

Were you ever discharged or forced to resign from any employment because of allegations of misconduct or unsatisfactory service?

YES NO If "YES", please explain:

**D. MILITARY SERVICE**

Have you ever served in the U.S. Armed Forces? YES NO

Dates of service: From: To: Branch of service: Unit Designation

Current / Highest Rank Held: Type of Discharge (If applicable)

Were you ever disciplined while in the military service? YES NO

Table with 5 columns: Charge, Agency, Date, Age, Disposition

**E. EDUCATIONAL HISTORY**

Table for High Schools Attended with columns for City and State, Dates Attended (From, To), and Graduate (YES, NO)

Table for College or University Attended with columns for City and State, Dates Attended (From, To)

Table for Degree Received with columns for Degree Received, Date of Degree, City and State, Dates Attended (From, To)

Table for Degree Received with columns for Degree Received, Date of Degree, City and State, Dates Attended (From, To)

Table for Degree Received with columns for Degree Received, Date of Degree, City and State, Dates Attended (From, To)

Degree Received: Date of Degree:

**G. SPECIAL QUALIFICATIONS AND SKILLS**

1. POST Certification / Academy Training: (Include the license class, certifying agency, training academy attended, date of graduation/certification, including any training received from outside of the State of MO.)

Blank lines for providing special qualifications and skills.

2. List any special licenses that you hold: (Such as EMT, pilot, radio operator, scuba, etc.) Proof may be required.

3. List any special skills you may possess: (foreign language, computer skills, etc.)

**H. CRIMINAL HISTORY**

1. Have you ever been arrested for, convicted of, or plead guilty to a FELONY offense?  
(Including charges for which you received a suspended imposition of sentence, reduced sentence, etc.)

YES  
 NO

If YES, complete the following.

| Date | Alleged Crime | Agency, City & State | Disposition of Case |
|------|---------------|----------------------|---------------------|
|      |               |                      |                     |
|      |               |                      |                     |
|      |               |                      |                     |

2. Have you ever been arrested for, convicted of, or plead guilty to a MISDEMEANOR offense?  
(Including charges for which you received a suspended imposition of sentence, reduced sentence, etc.)

YES  
 NO

If YES, complete the following.

| Date | Alleged Crime | Agency, City & State | Disposition of Case |
|------|---------------|----------------------|---------------------|
|      |               |                      |                     |
|      |               |                      |                     |
|      |               |                      |                     |

3. Have you ever been arrested for, convicted of, or plead guilty to a domestic violence offense?  YES  NO

| Date | County of Arrest | Agency, City & State | Disposition of Case |
|------|------------------|----------------------|---------------------|
|      |                  |                      |                     |
|      |                  |                      |                     |

4. Are you presently on probation for any criminal offense? YES NO If YES, please explain:

5. Have you ever illegally used, sold, or furnished drugs or narcotics to anyone? YES NO if YES, please explain with dates/details:

**I. TRAFFIC RECORD**

| 1. Do you possess a valid driver license?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | Driver License Number | State of Issue | License Class |
|---|-----------------------|----------------|---------------|
|   |                       |                |               |

2. List all states where you were issued a driver license. (Include license number.)

3. List current automobile insurance company name, address, policy number, agent name, and agent telephone number:

4. Have you recently changed automobile insurance companies? YES NO If YES, state name, address, phone of previous company.

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5. Have you ever been denied automobile insurance or had your insurance policy cancelled? YES  NO If YES, explain in detail:

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|--|
|  |
|  |
|  |

6. Has your driver's license ever been suspended or revoked? YES  NO If YES, give date(s) and explain reason(s):

|  |
|--|
|  |
|--|

7. List motor vehicle(s), crafts, trailers, etc. currently registered or titles in your name:

| Year | Make | Model | License/Title No. | State | Year of Expiration |
|------|------|-------|-------------------|-------|--------------------|
|      |      |       |                   |       |                    |
|      |      |       |                   |       |                    |
|      |      |       |                   |       |                    |

8. List all driving citations that you have received, excluding parking tickets:

| Date | Charges | Police Agency, City & State | Disposition of Case |
|------|---------|-----------------------------|---------------------|
|      |         |                             |                     |
|      |         |                             |                     |
|      |         |                             |                     |
|      |         |                             |                     |

9. Are you presently on probation for any traffic related offense?  YES  NO If YES, please explain:

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10. Have you ever been arrested for, convicted of, or plead guilty to any alcohol related traffic offense, or had charges reduced in relation to an alcohol related offense? (Include charges for which you received a suspended imposition of sentence)

|           |                                   |
|-----------|-----------------------------------|
| YES<br>NO | If YES, please explain in detail: |
|-----------|-----------------------------------|

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11. Describe in a brief narrative, any traffic accidents in which you were involved, giving approximate dates and locations. Attach extra sheets if necessary.

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**J. FINANCIAL STATUS** (Attach additional pages if necessary.)

1. CHECKING and SAVINGS accounts. (Enter a "C" for Checking or a "S" for savings in the column titled "C / S".)

| Account# | C / S | Name of Financial Institution | City & State |
|----------|-------|-------------------------------|--------------|
|          |       |                               |              |
|          |       |                               |              |
|          |       |                               |              |
|          |       |                               |              |

2. LOANS (Include loans previously paid in full or defaulted on within the last 10 years.)

| Account# | Name of Lender / Institution | City & State | Original Balance | Monthly Balance | Present Balance |
|----------|------------------------------|--------------|------------------|-----------------|-----------------|
|          |                              |              |                  |                 |                 |
|          |                              |              |                  |                 |                 |
|          |                              |              |                  |                 |                 |
|          |                              |              |                  |                 |                 |
|          |                              |              |                  |                 |                 |
|          |                              |              |                  |                 |                 |
|          |                              |              |                  |                 |                 |
|          |                              |              |                  |                 |                 |
|          |                              |              |                  |                 |                 |
|          |                              |              |                  |                 |                 |

3. CREDIT CARDS

| Name of Credit Card | Monthly Payment | Present Balance |
|---------------------|-----------------|-----------------|
|                     |                 |                 |
|                     |                 |                 |
|                     |                 |                 |
|                     |                 |                 |
|                     |                 |                 |
|                     |                 |                 |
|                     |                 |                 |
|                     |                 |                 |
|                     |                 |                 |
|                     |                 |                 |

4. Have you ever knowingly written a "No Account" check?     YES     NO If yes, number written and please explain:

|  |
|--|
|  |
|  |
|  |

5. Have you ever written an "Insufficient Funds Check"?     YES     NO If yes, number written and please explain:

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|--|
|  |
|  |
|  |

6. Have you ever petitioned for bankruptcy?     YES     NO If yes, list dates, where filed, and disposition:

|  |
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|  |
|  |
|  |

**K. REFERENCES (List five persons whom you know well enough to provide information about you DO NOT list relatives or co-workers/employers )**

|    |              |  |                |                  |             |
|----|--------------|--|----------------|------------------|-------------|
|    | Name         | Street Address, City, State, ZIP Code  |                |                  |             |
| 1. | Relationship | Home Phone                             | Business Phone | Business Address | Years Known |
|    | Name         | Street Address, City, State, ZIP Code  |                |                  |             |
| 2. | Relationship | Home Phone                             | Business Phone | Business Address | Years Known |
|    | Name         | Street Address , City, State, ZIP Code |                |                  |             |
| 3. | Relationship | Home Phone                             | Business Phone | Business Address | Years Known |
|    | Name         | Street Address, City, State, ZIP Code  |                |                  |             |
| 4. | Relationship | Home Phone                             | Business Phone | Business Address | Years Known |
|    | Name         | Street Address, City, State, ZIP Code  |                |                  |             |
| 5. | Relationship | Home Phone                             | Business Phone | Business Address | Years Known |

**Relatives / Acquaintances Employed by the Jennings Correction Department**

| Name | Relationship | Name | Relationship |
|------|--------------|------|--------------|
|      |              |      |              |
|      |              |      |              |

**III. Personal Declarations**

1. Have you made application with this or any other law enforcement agency?  Yes  No

| Name of Departmen/Agency | Date Applied | Accepted   | State reason for rejection or declining the appointment |
|--------------------------|--------------|--|---|
|                          |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
|                          |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
|                          |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
|                          |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |

2. Are there any incidents in your life or details (positive or negative) not mentioned herein which may influence this Department's evaluation of your suitability for employment with the Jennings Correction Department?

3. Are you able to perform the essential job functions as indicated with or without a reasonable accommodation?  Yes  No

4. If the need arose for you to you use deadly force in the course of your duties, would you have any reluctance to do so?  Yes  No  
If YES, please explain:

5. Have you ever used a weapon to defend yourself or others?  Yes  No If YES, explain in detail:

**PERSONAL BIOGRAPHY**

In the space provided, please indicate why you wish to be an officer for the Jennings Police Department. Also include any informaton about yourself that you feel should be considered. *DO NOT* attach additional sheets and use only the space provided.

**APPLICANT CERTIFICATION**

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

I fully realize that withholding information or making false or incomplete statements during the pre-employment testing will be a basis for dismissal and permanent disqualification from the City of Jennings and the City of Jennings Correction Department.

SIGNATURE OF APPLICANT:

DATE:

## APPLICATION CHECKLIST

A copy of the following documents must be included with this application, explain fully as to why they are not included. All documents submitted become the property of the City of Jennings, MO and will not be returned.

- |    |  |  |
|----|--|--|
| 1. | Copy of Birth Certificate  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Copy of High School Diploma and transcript or GED                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | College Diploma and certified transcripts (if applicable)                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Military discharge DD214 and/or DD215 indicating type of discharge (if applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Two (2) recent facial photographs  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | Any special awards (school, military, etc. if applicable)                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | Naturalization papers (if applicable)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | City, County Record Check  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | Copy of any licenses held (drivers, professional, etc.)                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please list the document number and reason why it was not included below:

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**POST-OFFER MEDICAL TESTING**

I understand that, as part of the City of Jennings employment process, I may be required to undergo a post-offer, pre-employment medical examination conducted by a health care provider designated by the City of Jennings. I agree that any offer of employment that I receive is contingent upon, among other things, satisfactory completion of this examination and a determination by the City of Jennings that I am capable of performing the essential functions of the position that has been offered, with or without a reasonable accommodation. I understand that the cost of such examination will be paid by the City of Jennings.

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Print Full Name

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Signature

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Date

**NOTICE OF DRUG TESTING**

I understand that I may be required to undergo testing for illegal drugs as part of the employment application process and, if hired, I may be required to submit to drug testing during the course of my employment. I agree to such drug testing. I will fully cooperate with the drug testing process and understand that my failure to cooperate regarding pre-employment drug testing will result in rejection of my application for employment. I recognize and agree that, if I am hired, failure to cooperate regarding drug testing may result in discipline, up to and including discharge.

\_\_\_\_\_

Print Full Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## **ESSENTIAL FUNCTIONS, CORRECTIONAL OFFICER POSITION**

Books, searches and releases prisoners

Prepares a variety of reports and keeps appropriate records

Maintains safety and security in all areas of the correctional and holding facility

Administers and supervises meal time feeding, visitation, recreation, and work assigned to prisoners

Answers telephone calls and monitors jail access and egress

Performs security patrols

Works on assigned shift using judgment in deciding course of action, being expected to handle difficult and emergency situations

Reports on-duty incidents to supervisor

Works a rotating 12-hour shift, subject to 24 hour emergency call

Transports prisoners to and from courthouse and hospital

Promptly report to assigned post, with professional appearance and required equipment

Physical demands (Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions)

While performing the duties of this job, the employee is frequently required to stand, walk, sit, and talk or hear. The employee is required to use hands to finger, handle or feel objects, tools or controls; reach with hands and arms; climb or balance, stoop, kneel, crouch, crawl or drag. The employee must occasionally lift and/or move more than 100 pounds. Specific vision abilities include close vision, distance vision, color vision, peripheral vision, depth perception and the ability to adjust focus.