

NORMANDY POLICE DEPARTMENT

SERVING THE CITY OF NORMANDY SINCE 1945



PERSONAL HISTORY QUESTIONNAIRE

THE CITY OF NORMANDY AND THE NORMANDY POLICE DEPARTMENT RESOLVE THAT ALL APPLICABLE STATE, FEDERAL, STATUTORY OR JUDICIAL EXEMPTIONS, ALL QUALIFIED APPLICANTS FOR EMPLOYMENT AND/OR ADVANCEMENT SHALL BE GIVEN EQUAL OPPORTUNITY FOR CONSIDERATION, SELECTION, APPOINTMENT AND RETENTION, REGARDLESS OF RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, AGE, DISABILITY, OR POLITICAL AFFILIATION.

AN EQUAL OPPORTUNITY EMPLOYER



ADMONISHMENTS

(Read thoroughly and sign)

All prospective police applicants of the City of Normandy should be aware that it is the policy of the Police Department to conduct a thorough and intensive background investigation on all applicants and information provided by applicants. The City of Normandy Police Department reserves the right to determine the truthfulness of any statement or information provided by the applicant via polygraph and/or Computer Voice Stress Analyzer (CVSA).

Any misrepresentation, willful or negligent omissions, or other falsehoods will disqualify the applicant and permanently remove any future considerations for employment with the City of Normandy.

Therefore, it is imperative that the applicant **COMPLETELY** and **TRUTHFULLY** provide all information as required on the application and during any and all phases of the application/employment pre-screening process.

By Order of:

Signature on File

Frank A. Mininni

Chief of Police

Effective Date: 12/27/2012

Revised: N/A

Expiration: Indefinite

“I have read the above admonishments and fully understand and can comply with each. I further understand that if I cannot comply with each, I am expected to withdraw from the employment process.”

Applicant Printed Name

Applicant Signature

Date



Normandy Police Department Employment Application

PERSONAL DATA

CONFIDENTIAL

FULL NAME					HOME PHONE	
LAST	FIRST	MIDDLE				
ADDRESS					BUSINESS PHONE/CELL	
NUMBER	STREET	CITY	STATE	ZIPCODE		
PERMANENT ADDRESS					HOME PHONE	
NUMBER	STREET	CITY	STATE	ZIPCODE		
AGE	HEIGHT	WEIGHT	HAIR	EYES	DATE OF BIRTH	PLACE OF BIRTH
SOCIAL SECURITY NUMBER			OPERATOR'S LICENSE NUMBER			STATE ISSUED
A. LIST ANY OTHER NAMES YOU HAVE EVER USED						

B. ARE YOU A CITIZEN OF THE UNITED STATES?				C. WERE YOU NATURALIZED?		
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO		
D. HAVE YOU EVER APPLIED FOR A POSITION WITH THIS DEPARTMENT BEFORE?						
<input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" DATE OF APPLICATION _____						
E. ARE YOU ACQUAINTED WITH ANY NORMANDY POLICE DEPARTMENT EMPLOYEES AND IF SO, HOW LONG?						
<input type="checkbox"/> YES <input type="checkbox"/> NO _____						
F. ARE YOU A GRADUATE OF A CERTIFIED POLICE ACADEMY OR LAW ENFORCEMENT TRAINING PROGRAM WITH THE PREREQUISITE HOURS OF TRAINING NEEDED TO HOLD A "CLASS A" LICENSE OR ARE CURRENTLY ATTENDING THE POLICE ACADEMY?						
<input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", PROVIDE ACADEMY NAME, DATES OF ATTENDANCE, LICENSE ISSUE DATE, OR ANTICIPATED GRADUATION DATE.						
IF "NO", WE CANNOT PROCESS YOUR APPLICATION FURTHER.						
H. SPECIAL SKILLS, QUALIFICATIONS AND AWARDS-SUMMARIZE SPECIAL SKILLS, QUALIFICATIONS AND ACCOMPLISHMENTS (INCLUDING CLERICAL SKILLS) THAT YOU WISH TO BE CONSIDERED:						

NARCOTICS AND ALCOHOL USAGE

A. WITHIN THE LAST SIX MONTHS, HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGES BECAUSE OF AN ADDICTION TO ALCOHOL?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

B. WITHIN THE LAST SIX MONTHS, HAVE YOU EVER USED A CONTROLLED SUBSTANCE WITHOUT A PRESCRIPTION?

YES NO

C. HAVE YOU EVER USED ANY OF THE FOLLOWING NARCOTICS: COCAINE (OR ANY OF ITS DERIVATIVES), HEROIN (OR ANY OF ITS DERIVATIVES) METHAMPHETAMINE, PCP, MARIJUANA, ECSTASY, OR ANY OTHER CONTROLLED SUBSTANCE (TO INCLUDE ANABOLIC STEROIDS) THAT IF IN YOUR POSSESSION, WOULD CONSTITUTE A CRIMINAL OFFENSE?

YES NO

D. IF YOU HAVE USED MARIJUANA IN THE PAST, INDICATE HOW MANY TIMES, FREQUENCY OF USE, AND LAST TIME INGESTED?

HOW MANY TIMES USED? _____ FREQUENCY OF USE (DAILY, WEEKLY, ETC) _____ DATE LAST INGESTED _____

D. ARE YOU ABLE TO MEET THIS DEPARTMENT'S SCHEDULING REQUIREMENTS, REGARDLESS OF ASSIGNMENT, WITHOUT INCURRING EXCESSIVE ABSENCES?

YES NO

USE OF FORCE

A. IF NECESSITY AROSE FOR YOU TO SHOOT A PERSON IN THE COURSE OF YOUR DUTIES AS AN OFFICER, WOULD YOU HAVE ANY RELUCTANCE TO DO SO?

YES, NO IF "YES", EXPLAIN IN FULL DETAIL: _____

B. HAVE YOU EVER USED A WEAPON TO DEFEND YOURSELF OR OTHERS?

YES NO IF "YES", EXPLAIN IN FULL DETAIL: _____

C. AS THE NEED TO DO SO MAY ARISE AT ANY TIME, ARE YOU PHYSICALLY CAPABLE OF MAKING A FORCEFUL ARREST REQUIRING PHYSICAL STRENGTH AND EXERTION?

YES NO

NARRATIVE

A. IN THE SPACE PROVIDED, EXPLAIN WHY YOU WISH TO BE A POLICE OFFICER WITH THE CITY OF NORMANDY?

SOCIAL MEDIA AND NETWORKING

A. DO YOU HAVE ANY OF THE FOLLOWING SOCIAL NETWORKING/MEDIA RESOURCES? FACEBOOK, MYSPACE, YOUTUBE ACCOUNT, TWITTER, OR ANY OTHER SOCIAL MEDIA RESOURCE?

YES NO

B. IS THERE ANYTHING ON YOUR SOCIAL MEDIA THAT WOULD BE POTENTIALLY EMBARRASING TO YOU, ANY POLICE DEPARTMENT, THE LAW ENFORCEMENT FIELD AS A WHOLE OR COULD BE A VIOLATION OF OPERATIONAL SECURITY?

YES NO

TATTOO POLICY

A. THE CITY OF NORMANDY POLICE DEPARTMENT HAS A "NO VISIBLE" TATTOO POLICY. CAN YOU COMPLY WITH THIS, EVEN IF IT MEANS WEARING LONG SLEEVE SHIRTS DURING TEMPERATE TIMES OF THE YEAR?

YES NO



After completion of this employment application, return it to Normandy City Hall addressed care of Sgt. Tameika Sanders.

If you wish, you mail it to:

Normandy Police Department c/o Sgt. T. Sanders

7700 Natural Bridge

Normandy, Missouri 63121

Sergeant Tameika Sanders

tsanders@cityofnormandy.gov

314-385-3300 ext. 3167