

C. WORK HISTORY - Beginning with your present or most recent job, list all employment for the past 10 years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

1. FROM	TO	EMPLOYER
ADDRESS		
TELEPHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
2. FROM	TO	EMPLOYER
ADDRESS		
TELEPHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
3. FROM	TO	EMPLOYER
ADDRESS		
TELEPHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
4. FROM	TO	EMPLOYER
ADDRESS		
TELEPHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		

F. EDUCATIONAL HISTORY

1. HIGH SCHOOL(S) ATTENDED	CITY AND STATE	DATES ATTENDED		GRADUATE	
		FROM	TO	YES	NO
2. COLLEGE(S) OR UNIVERSITY(IES) ATTENDED				CITY AND STATE	
TOTAL CREDIT HOURS COMPLETED		DEGREE RECEIVED		DATE OF DEGREE	
COLLEGE(S) OR UNIVERSITY(IES) ATTENDED				CITY AND STATE	
TOTAL CREDIT HOURS COMPLETED		DEGREE RECEIVED		DATE OF DEGREE	
3. TRADE, VOCATIONAL, BUSINESS SCHOOL(S) ATTENDED				CITY AND STATE	
TOTAL CREDIT HOURS COMPLETED		CERTIFICATION RECEIVED		DATE OF CERTIFICATION	
TRADE, VOCATIONAL, BUSINESS SCHOOL(S) ATTENDED				CITY AND STATE	
TOTAL CREDIT HOURS COMPLETED		CERTIFICATION RECEIVED		DATE OF CERTIFICATION	

G. SPECIAL QUALIFICATIONS AND SKILLS

1. PEACE OFFICER STANDARDS TRAINING CERTIFICATION (Include the license class, certifying agency, agency you worked for including city and state, and dates of employment.) NOTE: This can be more than one.

2. LIST ANY SPECIAL LICENSES YOU HOLD (Such as paramedic, emt, pilot, radio operator, scuba, etc.) SHOWING LICENSING AUTHORITY, ORIGINAL DATE OF ISSUE, DATE OF EXPIRATION, AND HOURS OF TRAINING.

3. LIST SPECIAL SKILLS YOU POSSESS OR HOBBIES IN WHICH YOU ENGAGE (foreign language proficiencies, computer programming/skills, etc.)

4. LIST ANY VOLUNTEER WORK OR COMMUNITY INVOLVEMENT.

H. CRIMINAL HISTORY

1. HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF, OR PLED GUILTY TO A FELONY?
 (Including charges for which you received a suspended imposition of sentence, reduced sentence, or a military violation) YES IF YES, COMPLETE
 NO THE FOLLOWING.

DATE	ALLEGED CRIME	POLICE AGENCY, CITY & STATE	DISPOSITION OF CASE

2. HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF, OR PLED GUILTY TO A MISDEMEANOR?
 (Including charges for which you received a suspended imposition of sentence, reduced sentence, or a military violation) YES IF YES, COMPLETE
 NO THE FOLLOWING.

DATE	ALLEGED CRIME	POLICE AGENCY, CITY & STATE	DISPOSITION OF CASE

3. HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF, OR PLED GUILTY TO DOMESTIC VIOLENCE? YES NO

DATE	COUNTY	POLICE AGENCY, CITY & STATE	DISPOSITION OF CASE

4. ARE YOU PRESENTLY ON PROBATION FOR ANY CRIMINAL OFFENSE? YES NO IF YES, EXPLAIN.

5. HAVE YOU EVER USED ILLEGAL DRUGS, NARCOTICS, OR A PRESCRIPTION DRUG OF ANOTHER PERSON? YES NO IF YES, EXPLAIN IN DETAIL & INCLUDE DATES (MONTH / YEAR).

6. HAVE YOU EVER SOLD ILLEGAL DRUGS, NARCOTICS, OR A PRESCRIPTION DRUG TO ANYONE? YES NO IF YES, EXPLAIN IN DETAIL & INCLUDE DATES (MONTH / YEAR).

7. HAVE YOU EVER GIVEN OR FURNISHED ILLEGAL DRUGS, NARCOTICS, OR A PRESCRIPTION DRUG TO ANYONE? YES NO IF YES, EXPLAIN IN DETAIL & INCLUDE DATES (MONTH / YEAR).

I. TRAFFIC RECORD

1. DO YOU POSSESS A VALID DRIVER LICENSE? YES NO DRIVER LICENSE NUMBER STATE OF ISSUE

2. LIST ALL STATES WHERE YOU WERE ISSUED A DRIVER LICENSE (Include driver license number)

3. HAS YOUR DRIVER LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO IF YES, GIVE DATE, STATE, & REASON.

4. LIST MOTOR VEHICLE(S), CRAFTS, TRAILERS, ETC. CURRENTLY REGISTERED OR TITLED IN YOUR NAME (Your name listed on the title / lien)

MAKE	MODEL	YEAR	LICENSE/TITLE NUMBER	STATE	YEAR LICENSE EXPIRES

5. LIST ALL DRIVING CITATIONS YOU HAVE RECEIVED, EXCLUDING PARKING TICKETS.

DATE	CHARGES	POLICE AGENCY, CITY & STATE	DISPOSITION OF CASE

6. ARE YOU PRESENTLY ON PROBATION FOR ANY TRAFFIC OFFENSE? YES NO IF YES, EXPLAIN.

1. HAVE YOU EVER KNOWINGLY WRITTEN A "NO ACCOUNT" CHECK? YES NO IF YES, NUMBER WRITTEN _____ EXPLAIN:

2. HAVE YOU EVER KNOWINGLY WRITTEN AN "INSUFFICIENT FUNDS CHECK"? YES NO IF YES, NUMBER WRITTEN _____ EXPLAIN:

3. HAVE YOU EVER PETITIONED FOR BANKRUPTCY? YES NO IF SO, WHEN AND WHERE?

K. REFERENCES - List five persons whom you know well enough to provide current information about you. Do not list relatives or former employers.

NAME 1.		STREET ADDRESS, CITY, STATE, ZIP CODE			
RELATIONSHIP	RESIDENCE PHONE	BUSINESS PHONE	BUSINESS ADDRESS	YEARS KNOWN	
NAME 2.		STREET ADDRESS, CITY, STATE, ZIP CODE			
RELATIONSHIP	RESIDENCE PHONE	BUSINESS PHONE	BUSINESS ADDRESS	YEARS KNOWN	
NAME 3.		STREET ADDRESS, CITY, STATE, ZIP CODE			
RELATIONSHIP	RESIDENCE PHONE	BUSINESS PHONE	BUSINESS ADDRESS	YEARS KNOWN	
NAME 4.		STREET ADDRESS, CITY, STATE, ZIP CODE			
RELATIONSHIP	RESIDENCE PHONE	BUSINESS PHONE	BUSINESS ADDRESS	YEARS KNOWN	
NAME 5.		STREET ADDRESS, CITY, STATE, ZIP CODE			
RELATIONSHIP	RESIDENCE PHONE	BUSINESS PHONE	BUSINESS ADDRESS	YEARS KNOWN	

L. LIST NAMES OF RELATIVES WORKING FOR THE MISSOURI STATE HIGHWAY PATROL. (Whether by blood or marriage)

NAME	RELATIONSHIP	NAME	RELATIONSHIP

M. PERSONAL DECLARATIONS

1. HAVE YOU MADE APPLICATION FOR EMPLOYMENT WITH THIS OR ANY OTHER LAW ENFORCEMENT OR RELATED AGENCY? YES NO

NAME OF DEPARTMENT / AGENCY	DATE APPLIED	ACCEPTED	GIVE 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 PATROL'S EVALUATION OF YOUR SUITABILITY FOR EMPLOYMENT AS A POLICE OFFICER? YES NO IF SO, EXPLAIN

3. ARE YOU NOW OR HAVE EVER BEEN ASSOCIATED WITH AN INDIVIDUAL KNOWN TO PARTICIPATE IN ACTIVITY THAT IS IN VIOLATION OF LOCAL, STATE, OR FEDERAL LAWS?
 YES NO IF YES, EXPLAIN

N. PERSONAL BIOGRAPHY - Include information from birth to present. (Use only the space provided. Do not attach additional sheet(s) for this section.)

Do NOT include information regarding injuries, medical issues, or disabilities, regarding yourself or any family member.

O. APPLICANT CERTIFICATION

IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DUTIES AS A TROOPER, COULD YOU DO SO?

YES NO
IF NO, EXPLAIN

ARE YOU WILLING TO RELOCATE ANYWHERE IN THE STATE OF MISSOURI?

YES NO

DO YOU HAVE A TROOP PREFERENCE?

YES NO IF YES, LIST TROOP(S)

The Missouri State Highway Patrol reserves the right to assign members to any location within the State of Missouri.

I hereby certify that there are no willful 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 willfully withholding information or making false or incomplete statements during the pre-employment testing will be a basis for dismissal and permanent disqualification from the Missouri State Highway Patrol and that all information may be verified by a polygraph examination.

SIGNATURE OF APPLICANT

DATE