



**City of St. John, Missouri**  
**Police Officer Preliminary Job Application**  
*An Equal Opportunity Employer*

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**Applicant Information**

**Full Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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**Position Desired**

**Position Applying For:** ☐ Police Officer ☐ Reserve Officer

**Available Start Date:** \_\_\_\_\_

**Are you a U.S. Citizen?** ☐ Yes ☐ No

**Are you at least 21 years of age?** ☐ Yes ☐ No

**Do you have a valid Missouri Driver's License?** ☐ Yes ☐ No

**Driver's License Number:** \_\_\_\_\_

**Have you ever been convicted of a felony?** ☐ Yes ☐ No

**(If yes, explain):** \_\_\_\_\_

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**Education**

**School Name**

High School \_\_\_\_\_

College/University \_\_\_\_\_

**Graduated**

☐ Yes ☐ No

☐ Yes ☐ No

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## Law Enforcement Certification

Are you Missouri POST Class A Certified? ☐ Yes ☐ No

POST License Number (if applicable): \_\_\_\_\_

Academy Attended: \_\_\_\_\_

Date Completed: \_\_\_\_\_

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## Employment History *(List your last three employers. Attach resume if available.)*

### Employer 1:

Company: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### Employer 2:

Company: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### Employer 3:

Company: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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## Military Service

Branch: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

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**References** *(List three professional references not related to you.)*

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|----------------|---------------------|--------------|
| 1. Name: _____ | Relationship: _____ | Phone: _____ |
| 2. Name: _____ | Relationship: _____ | Phone: _____ |
| 3. Name: _____ | Relationship: _____ | Phone: _____ |
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**Authorization and Signature**

I certify that my answers are true and complete to the best of my knowledge. I understand that any false, omitted or misleading information may result in disqualification or termination. I authorize investigation of all statements contained in this application.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Submit Applications To:**

**City of St. John Police Department**

8944 St. Charles Rock Rd.

St. John, MO 63114

Phone: (314) 427-8700

Website: [www.cityofstjohn.org](http://www.cityofstjohn.org)