



**UNIVERSITY CITY POLICE DEPARTMENT**  
**OFFICE OF THE CHIEF OF POLICE**  
 6801 DELMAR BLVD.  
 UNIVERSITY CITY, MISSOURI 63130



PERSONAL INFORMATION:					
Last Name	First Name	Middle Initial	Age	Social Security #	Date of Birth
Home Address:		City	Zip	Place of Birth	
Home Phone:		Business Phone:		Other names used:	
E-Mail Address:					
Previous Address(s): Last Five Years					
_____					
_____					
CRIMINAL HISTORY AND DRIVING RECORD:					
Missouri Driver's License Number		Has your license ever been suspended or revoked:			
		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please explain:					
_____					
_____					
Traffic citations and accidents for the past two years:					
_____					
REFERENCES:					
References: <b>DO NOT USE FAMILY MEMBERS OR RELATIVES AS REFERENCES.</b> List four (4) individuals you have known for at least 5 years. (Please list name, complete address with zip code and telephone number.)					
Name	Address		Zip Code	Phone #	
1.	_____		_____	_____	
2.	_____		_____	_____	
3.	_____		_____	_____	
4.	_____		_____	_____	

**EDUCATION BACKGROUND AND MILITARY EXPERIENCE**

(Please circle highest grade completed)

High School 1 2 3 4      College 1 2 3 4 5 6 7 8

High School Attended:	College Attended:
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Military Service Branch:	Rank:	Time Served:	Date Discharged:
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**EMPLOYMENT HISTORY: (Please fill out completely) If you're retired, note: " N/A"**

Current Employer:	Occupation:	From Date:	To Date:
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Business Address: (Including City, State, and Zip Code)	Phone Number:
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Employment for past five years (Please include firm name, address, supervisor, dates):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**TELL US A LITTLE ABOUT YOU:**

What are your hobbies and Interests?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any volunteer experience, community activities, training workshops, special areas of study or research and internships:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you prefer an office setting or a more active role?

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Please briefly state why you wish to volunteer your time to the University City Police Department. (Use another sheet if necessary) *This question must be answered.*

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**AVAILABILITY:**

When are you available to work?

Days Available: \_\_\_\_\_

Times Available: \_\_\_\_\_

Number of Hours per Week \_\_\_\_\_

**EMERGENCY INFORMATION:**

In case of an emergency, please notify:

**Name:**

**Address:**

Relationship:

Day Phone Number:

Night Phone Number:

**TERMS AND SIGNATURE:**

As a volunteer with the University City Police Department, I am willing to furnish information for use in determining my qualifications.

I understand that for security reasons, a background/clearance/reference check will be conducted and I will be fingerprinted.

I understand that falsifying statements on this application or during the interview process is cause for my immediate dismissal from the Volunteers in Police Service program.

I understand that the University City Police Department will not disclose any of my information to any outside entity without my written consent.

I understand that the University City Police Department will not have to disclose the reason, if any, for not being selected to the program.

In signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. I further authorize the University City Police Department to verify criminal history and driving records, as well as, personal references, and employment history, as part of the background process. If accepted to perform volunteer duties for the University City Police Department, I understand I may be privy to confidential information and promise to respect and maintain that confidentiality whenever presented with it.

**Signature:**

**Date:**