

CERTIFICATE OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
SSN	DATE OF BIRTH	APPLICANT #

I _____ (Print full name), 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 employment or continued employment by the Village of Riverview.

The intent of this authorization is to make available a full and complete disclosure of any and all information pertaining to my person; therefore, I do hereby authorize all present or past employers, all law enforcement agencies, all military agencies, the Veterans Administration, the U.S. Army, U.S. Air Force, U.S. Coast Guard, all Federal, State or local government agencies, State and Federal tax bureaus, credit bureaus, schools and universities to furnish the Village of Riverview with any and all available information regarding my past or present performance, conduct or behavior.

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 Village of Riverview to make an inquiry and gather any documents of my present and past employers regarding my character, integrity, reputation and performance.

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

I understand that all materials pertaining to this background investigation become the property of the Village of Riverview and will not be made available or returned to me.

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 complying with this request.

I understand that in the event my application is disapproved, the sources of information obtained are confidential and cannot be revealed to me.

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.

Applicant Signature _____

Date _____

NOTARY PUBLIC EMBOSSEER BLACK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

APPLICANT PERSONAL HISTORY QUESTIONNAIRE
PRE-EMPLOYMENT HISTORY FILE ACCESS RESTRICTED BY GENERAL ORDERS

VERIFICATION OF INFORMATION

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment with the Village of Riverview. An extensive background investigation will be conducted into your personal history.

ANY FALSE, MISLEADING, OR INCOMPLETE INFORMATION SUBSTITUTED FOR ACCURATE INFORMATION WILL BE GROUNDS TO DISQUALIFY YOU FROM FURTHER CONSIDERATION IN THE APPLICATION PROCESS WITH THE Village of Riverview.

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

Signature

Date

Please indicate position for which you are applying: _____

DIRECTIONS

1. USE BLACK INK PEN ONLY. Complete this form in your own handwriting or printing.
2. Read each question carefully before answering. Be certain that your answers are legible.
3. 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 space.
4. Initial EACH page on the bottom right corner.
5. Additional space is provided on pages 11 and 12 for answers which require clarification or further explanation. All entries on pages 11 and 12 will begin with page, section number (Roman numerals I-XIII), and question (letters A-L) you are explaining or clarifying.
6. Pursuant to Public Law 93-579, 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.
7. Upon completion, the questionnaire must be returned to the Village of Riverview
9699 Lilac, Riverview, Missouri 63137

I. PERSONAL DATA

CONFIDENTIAL

FULL NAME		LAST			FIRST			MIDDLE			HOME PHONE		
ADDRESS		NUMBER		STREET			CITY		STATE		ZIP CODE		BUSINESS PHONE/PAGER
PERMANENT ADDRESS		NUMBER		STREET			CITY		STATE		ZIP CODE		HOME PHONE
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? <input type="checkbox"/> YES <input type="checkbox"/> NO													
C. LIST FIRST YOUR PRESENT ADDRESS, THEN LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST TEN (10) YEARS, INCLUDING YOUR ADDRESS(ES) IN THE MILITARY SERVICE OR WHILE ATTENDING COLLEGE:													
FROM	TO	STREET ADDRESS					CITY/COUNTY		STATE		ZIP CODE		
D. HAVE YOU EVER APPLIED FOR A POSITION WITH THE VILLAGE OF RIVERVIEW BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," DATE OF APPLICATION _____													
E. HAVE YOU FILED AN EMPLOYMENT APPLICATION WITH ANY OTHER SOURCES RECENTLY? IF "YES," LIST BELOW: <input type="checkbox"/> YES <input type="checkbox"/> NO													
DATE	ORGANIZATION/FIRM NAME			ADDRESS/ZIP CODE			POSITION APPLIED FOR			DISPOSITION			
F. ARE YOU ACQUAINTED WITH ANY VILLAGE OF RIVERVIEW EMPLOYEES? IF "YES," PLEASE LIST: <input type="checkbox"/> YES <input type="checkbox"/> NO _____													
G. BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU APPLIED, DESCRIBED IN THE WRITTEN JOB DESCRIPTION THAT ACCOMPANIED THIS APPLICATION, ARE YOU ABLE TO PERFORM THESE FUNCTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO													

II. REFERENCES

CONFIDENTIAL

LIST FOUR (4) CHARACTER REFERENCES, TWO OF WHICH ARE NEAR YOUR SAME AGE AND ARE NOT RELATIVES, IN-LAWS OR PAST EMPLOYERS WHO HAVE KNOWN YOU WELL DURING THE PAST THREE YEARS OR MORE:

1	NAME		PHONE NUMBER	YEARS AQUAINTED
	RESIDENCE ADDRESS		CITY	STATE
	BUSINESS NAME AND ADDRESS		OCCUPATION	
2	NAME		PHONE NUMBER	YEARS AQUAINTED
	RESIDENCE ADDRESS		CITY	STATE
	BUSINESS NAME AND ADDRESS		OCCUPATION	
3	NAME		PHONE NUMBER	YEARS AQUAINTED
	RESIDENCE ADDRESS		CITY	STATE
	BUSINESS NAME AND ADDRESS		OCCUPATION	
4	NAME		PHONE NUMBER	YEARS AQUAINTED
	RESIDENCE ADDRESS		CITY	STATE
	BUSINESS NAME AND ADDRESS		OCCUPATION	

III. ARREST HISTORY

A. OTHER THAN TRAFFIC CITATIONS, HAVE YOU, AS AN ADULT, BEEN ARRESTED, CONVICTED, CHARGED, QUESTIONED, ACCUSED OR DETAINED FOR ANY REASON BY ANY POLICE, SECURITY OFFICER OR MILITARY POLICE AUTHORITY, EITHER IN THE UNITED STATES OF AMERICA OR IN ANY FOREIGN COUNTRY?

YES NO IF "YES," DESCRIBE BELOW AND EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

DATE	CHARGE	DEPARTMENT/AGENCY	LOCATION (CITY, COUNTY, STATE)	DISPOSITION

B. WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS OTHER THAN TRAFFIC?

YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

C. HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR FORMER OR CURRENT RESIDENCES FOR ANY REASON?

YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

D. HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED CRIME, INCLUDING THE BUYING OR SELLING OF ILLICIT DRUGS?

YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

E. ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW?

YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

IV. EDUCATION AND SKILLS

CONFIDENTIAL

A. DO YOU HAVE: (CHECK APPROPRIATE BOXES)

GED/HIGH SCHOOL

3-31 COLLEGE CREDIT HOURS

32-63 COLLEGE CREDIT HOURS

64-119 COLLEGE CREDITS

BACHELOR'S DEGREE

POST GRADUATE DEGREE

B. STARTING WITH THE MOST RECENT, LIST ALL ELEMENTARY, HIGH SCHOOL, COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED:

MONTH & YEAR ATTENDED FROM	TO	NAME AND LOCATION (STREET, CITY, STATE, ZIP)	# CREDITS COMPLETED	TYPE OF DEGREE	MAJOR	YEAR OF DEGREE

C. STUDENT ASSOCIATIONS/ACTIVITIES:

D. HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO LEAVE ANY SCHOOL FOR DISCIPLINARY REASONS?

YES

NO

IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

E. HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION?

YES

NO

IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

F. ARE YOU A GRADUATE OF A CERTIFIED POLICE ACADEMY OR LAW ENFORCEMENT TRAINING PROGRAM?

YES

NO

IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

G. INDICATE LANGUAGES YOU SPEAK, READ AND/OR WRITE OTHER THAN ENGLISH:

	FLUENT	ABOVE AVERAGE	FAIR
SPEAK			
READ			
WRITE			

H. SPECIAL SKILLS, QUALIFICATIONS AND AWARDS - SUMMARIZE SPECIAL SKILLS, QUALIFICATIONS AND ACCOMPLISHMENTS (INCLUDING CLERICAL SKILLS) THAT YOU WISH TO BE CONSIDERED:

V. EMPLOYMENT HISTORY

CONFIDENTIAL

A. START WITH YOUR PRESENT OR LAST JOB AND LIST ALL OF THE PLACES YOU HAVE WORKED FOR THE PAST TEN YEARS. LIST ANY ADDITIONAL EMPLOYERS ON PAGES 11 AND 12. IF YOU ARE PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER? YES NO

1		EMPLOYER		ADDRESS	
CITY		STATE		ZIP CODE	PHONE NUMBER
DATES EMPLOYED		HOURLY OR ANNUAL SALARY		JOB TITLE	
FROM	TO	START	FINAL		
WORK PERFORMED			SUPERVISOR	CO-WORKER	
REASON FOR LEAVING					

2		EMPLOYER		ADDRESS	
CITY		STATE		ZIP CODE	PHONE NUMBER
DATES EMPLOYED		HOURLY OR ANNUAL SALARY		JOB TITLE	
FROM	TO	START	FINAL		
WORK PERFORMED			SUPERVISOR	CO-WORKER	
REASON FOR LEAVING					

3		EMPLOYER		ADDRESS	
CITY		STATE		ZIP CODE	PHONE NUMBER
DATES EMPLOYED		HOURLY OR ANNUAL SALARY		JOB TITLE	
FROM	TO	START	FINAL		
WORK PERFORMED			SUPERVISOR	CO-WORKER	
REASON FOR LEAVING					

4		EMPLOYER		ADDRESS	
CITY		STATE		ZIP CODE	PHONE NUMBER
DATES EMPLOYED		HOURLY OR ANNUAL SALARY		JOB TITLE	
FROM	TO	START	FINAL		
WORK PERFORMED			SUPERVISOR	CO-WORKER	
REASON FOR LEAVING					

B. HAVE YOU EVER BEEN DISMISSED, FIRED OR ASKED TO RESIGN FROM ANY EMPLOYMENT?
 YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

C. HAVE YOU EVER STOLEN ANY MONEY OR MERCHANDISE FROM ANY PLACE OF EMPLOYMENT? INCLUDE FINAL DISPOSITION OF ALL ITEMS (I.E., SOLD, RETAINED FOR PERSONAL USE, RETURNED, ETC.)
 YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

D. HAVE YOU EVER BEEN UNEMPLOYED FOR A PERIOD OF TIME IN EXCESS OF SIX MONTHS?
 YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

VI. ORGANIZATIONAL MEMBERSHIP

CONFIDENTIAL

A. LIST ALL CIVIC OR SOCIAL ORGANIZATIONS, FRATERNITIES, CLUBS, BROTHERHOODS, SOCIETIES OR GROUPS OF WHICH YOU ARE, OR HAVE BEEN, A MEMBER OR ASSOCIATE. ALSO FURNISH THEIR LOCATIONS.

NAME OF ORGANIZATION	ADDRESS	OFFICE HELD

B. ARE YOU NOW, OR HAVE YOU BEEN, A MEMBER OF ANY FOREIGN OR DOMESTIC SUBVERSIVE ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR CLUB WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF MISSOURI, BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS?

YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

VII. MILITARY STATUS

A. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		B. REGISTRATION NUMBER		C. LOCATION WHERE REGISTERED	
D. DO YOU HAVE A CURRENT OBLIGATION WITH THE MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		UNIT		ADDRESS/PHONE	COMMANDER
E. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, ROTC, OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? (IF THERE IS MORE THAN ONE PERIOD, LIST THE SEPARATE PERIODS) <input type="checkbox"/> YES <input type="checkbox"/> NO					
MONTH/YEAR ENTERED	BRANCH/ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK	OCCUPATIONAL SPECIALTY
F. WERE YOU EVER REDUCED IN RANK IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. REDUCED FROM _____ TO _____					
G. WERE YOU EVER COURT MARTIALED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. TYPE OF COURT MARTIAL: <input type="checkbox"/> SUMMARY <input type="checkbox"/> SPECIAL <input type="checkbox"/> GENERAL SENTENCE RECEIVED: _____ HAVE YOU EVER RECEIVED A CAPTAIN'S MAST, COMPANY PUNISHMENT OR ARTICLE 15? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.					
H. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," EXPLAIN: _____ _____ _____					

VIII. NARCOTIC AND LIQUOR USAGE CONFIDENTIAL

A. WITHIN THE LAST SIX MONTHS, HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGES BECAUSE OF AN ADDICTION TO ALCOHOL?
 YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

B. WITHIN THE LAST SIX MONTHS, HAVE YOU USED A CONTROLLED SUBSTANCE WITHOUT A PRESCRIPTION?
 YES NO IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

IX. MARITAL STATUS/FAMILY MEMBERS

A. CHECK YOUR CURRENT MARITAL STATUS. USE ADDITIONAL SPACE ON PAGES 11 AND 12 IF EXPLANATION IS NECESSARY.

SINGLE ENGAGED MARRIED SEPARATED DIVORCED WIDOWED

IF ENGAGED OR MARRIED, INDICATE THE FOLLOWING INFORMATION RELATIVE TO FIANCE' OR SPOUSE:

NAME (include maiden name)		DATE OF BIRTH		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER	ANTICIPATED DATE OF MARRIAGE	

IF SEPARATED OR DIVORCED, INDICATE THE FOLLOWING INFORMATION RELATIVE TO EX-SPOUSE:

NAME (MAIDEN)		DATE OF BIRTH		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER	DATE OF SEPARATION/DIVORCE CAUSE #	

IF SPOUSE IS DECEASED, INDICATE THE FOLLOWING INFORMATION:

NAME (MAIDEN)	DATE DECEASED
---------------	---------------

F. LIST FULL NAME(S) OF YOUR IMMEDIATE FAMILY, SUCH AS FATHER, MOTHER (MAIDEN NAME) BROTHERS AND SISTERS.

Name	Date of Birth	Relationship	Address	Zip Code	Phone Number	Occupation

USE THIS PAGE FOR ANY ADDITIONAL INFORMATION. LIST QUESTION NUMBER TO WHICH THE ADDITIONAL INFORMATION APPLIES. PUT YOUR INITIALS AT THE END OF EACH ITEM AND AT THE BOTTOM OF THIS PAGE.

QUESTION NUMBER			ADDITIONAL INFORMATION
PAGE (1-11)	SECTION (I-XIII)	LETTER (A-L)	