



Job Opening: Chief of Police

The City of Waynesville is seeking qualified, experienced, and community-focused candidates for the position of **Chief of Police**. This executive leadership role is responsible for directing all operations of the Waynesville Police Department, including law enforcement services, crime prevention, and community engagement.

Position Overview

The Chief of Police serves as the head of the Police Department and reports directly to the City Administrator. This position provides strategic leadership, ensures effective public safety services, and fosters positive relationships with the community, elected officials, and partner agencies.

Key Responsibilities

- Lead and manage all Police Department operations, personnel, and programs
- Develop and implement policies, procedures, and strategic initiatives
- Oversee hiring, training, supervision, and evaluation of staff
- Direct law enforcement operations, including patrol, investigations, and emergency response
- Prepare and manage the department budget and resources
- Promote community engagement and maintain strong public relations
- Ensure compliance with all applicable laws, regulations, and professional standards
- Represent the department in meetings with City leadership, community groups, and external agencies

Minimum Qualifications

Education:

- Bachelor's degree in Criminal Justice, Public Administration, or a related field required
- Master's degree preferred
- An equivalent combination of education and experience may be considered

Experience:

- Minimum of five (5) years of progressively responsible law enforcement supervisory experience
- Command-level experience (Deputy Chief, Commander, or equivalent) preferred
- Missouri law enforcement experience required

Certifications:

- Missouri POST certification (or ability to obtain) required
- POST Management Certificate required
- Advanced executive training (e.g., Command College or FBI National Academy) preferred



Application Process

Interested candidates should submit:

- Cover letter
- Resume
- Professional references
- Completed Application
- Completed Personal History Statement

Application Deadline: May 1, 2026*

Applications should be submitted to:

Waynesville City Hall
Attn: Human Resources
100 Tremont Center
Waynesville, Missouri 65583

Applications and/or resumes may be submitted electronically to:

humanresources@waynesvillemo.org

*Applicants will be interviewed as completed application packets are received. This position is considered open until filled.

Equal Opportunity Employer

The City of Waynesville is an Equal Opportunity Employer and encourages applications from all qualified individuals.



Waynesville Police Department
Applicant Checklist

601 Historic 66 West
Waynesville, MO. 65583
Phone: (573) 774-2414
Fax: (573) 774-2195

The following documents must be submitted at time of application and all documents must be an **Original or Certified Copy**.

1. Birth Certificate (hospital copy **not** acceptable)
2. High School Diploma or G.E.D. Certificate
3. College Degree or Certified Transcript
4. Photograph less than 1 year old (non returnable) (passport size)
5. DD214-Certificate of Release or Discharge from Active Duty (long form if possible)
6. Valid Identity Document (original driver license, state-issued ID card with photo, etc.) or Employment Eligibility Document (original of U.S. Passport, Certificate of Naturalization or Citizenship, Alien Registration Card with photo, or an unexpired Foreign passport with attached Employment Authorization)
7. Social Security Card

After an inspection of authenticity, copies of your documents will be made by Administration and returned to you.

I. BIRTH CERTIFICATE

- A. If you were born in Missouri, a certified copy can be obtained from:

Vital Records
2400 Troost
Kansas City, MO. 64108

Vital Records
Springfield-Greene County Health Department
227 East Chestnut Expressway
Springfield, MO 65802

- B. If you were born anywhere else in the U.S., a certified copy can be obtained from the Bureau of Vital Statistics in your native state's capitol.

II. EDUCATION

- A. High School Diploma or General Education Development Certificate (G.E.D.)
1. You may contact the local Board of Education in the city where your high school is located or where you obtained your G.E.D.
- B. College
1. If you are a college graduate, contact the Board of Education in the city where you attended college to obtain a copy of your certificate.

III. RESIDENCY REQUIREMENTS

Law Enforcement – Must establish residency within a 10-15 minutes response time from Waynesville, MO. by the completion of a six-month probationary period.

ANY CONVICTION OF A FELONY WILL DISQUALIFY FOR EMPLOYMENT



City of
Waynesville
Missouri



Waynesville Police Department
Employment Application

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Please inform us if you require assistance in filling out an application. Individuals with disabilities should request reasonable accommodations in accordance with the Americans with Disabilities Act prior to an appointment.

APPLICATION FOR EMPLOYMENT	
<p><u>Instructions to Applicant:</u> Please TYPE OR PRINT legibly and complete all pages of this application. Please sign the last page. Incomplete applications will not be given consideration. Resumes, training certificates and other materials may be attached.</p>	
Position Desired:	
Date Available:	Employment Desired: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Reserve <input type="checkbox"/>
Days/Hours Available for Work:	
PERSONAL INFORMATION	
NAME (Last, First, Middle Initial)	
ADDRESS (Street – City – State – Zip Code)	
TELEPHONE (Home)	TELEPHONE (Message/Cell)
Are you over 18 years of age?	Yes No
Are you legally permitted to work in the United States: (Proof of U.S. Citizenship or immigration status will be required upon employment)	Yes No
Do you have any relatives that work for the City of Waynesville? If yes, please fill in the following:	Yes No
Name: _____	Relationship: _____ Department: _____
Name: _____	Relationship: _____ Department: _____
Name: _____	Relationship: _____ Department: _____
Have you <u>ever</u> been convicted as an adult of <u>any</u> law violation? (This includes misdemeanors or felonies.)	Yes No
<p>If Yes, list complete conviction record. Use additional sheets if necessary. Please give full details, including dates, type of offense, location, disposition, etc.:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p><i>A conviction will not automatically disqualify you for consideration. We will consider the nature and gravity of the offense(s) in relation to the nature of the job for which you are applying.</i></p>	

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EMPLOYMENT EXPERIENCE

In the space below, list your complete record of employment for the last **TEN** years and any other relevant work/volunteer experience. Start with your present or most recent position and list each position in the order that you held them. List any periods of unemployment of one month or more. If more space is needed, attach separate sheet(s) to this application.

Employer:	Date of Employment	
	Start Date:	End Date:
May we contact the employer? Yes No If No, explain:	Starting Salary:	Final Salary:
Address		
Phone Number	Reason for Leaving	
Your Job Title	Supervisor's Name & Title	
Description of Duties		
Employer:	Date of Employment	
	Start Date:	End Date:
May we contact the employer? Yes No If No, explain:	Starting Salary:	Final Salary:
Address		
Phone Number	Reason for Leaving	
Your Job Title	Supervisor's Name & Title	
Description of Duties		
Employer:	Date of Employment	
	Start Date:	End Date:
May we contact the employer? Yes No If No, explain:	Starting Salary:	Final Salary:
Address		
Phone Number	Reason for Leaving	
Your Job Title	Supervisor's Name & Title	
Description of Duties		

EDUCATION AND TRAINING			
Please complete all appropriate items. To receive credit for college education, you must submit a copy of your transcript(s).			
Type of School	Name and Location of School	Type of Degree Received and/or Credit Hours Earned	Major/Minor Fields of Study
High School		Did you graduate or obtain equivalency Diploma (GED)?	Yes No
Vocational Education			
College or University			
Graduate School			
Other Training (Explain)			

CITIZENSHIP	
Are you a United States Citizen:	Yes No
Please attach the following information which is a requirement for Missouri POST Certification:	
<ul style="list-style-type: none"> • Proof of U.S. Citizenship • Missouri Peace Officer Certification 	

ADDITIONAL QUALIFICATIONS
Please list any other knowledge, special technical or computer skills, and/or individual capabilities not previously listed that would especially prepare you for the position for which you have applied.

PERSONAL REFERENCES		
Please list the names of three persons, who are not related to you and not previously listed as a current or former supervisor, that we may contact for a personal reference.		
Name & Address	Telephone	Years Known

CERTIFICATION OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION

Please read the statements below *carefully*. Your signature indicates that you fully understand and agree to the provision of each statement.

Name: _____

Social Security Number: _____

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false or inaccurate information could result in disqualification of this application and/or termination of employment if I have been employed.

I understand and agree that employment with the City of Waynesville Police Department is voluntarily entered into, and employees are free to resign at will at anytime, for any reason, with or without cause or notice. I further understand and agree that the City or Police Chief, may terminate the employment relationship at will at any time, for any reason, with or without cause or notice. This is not a contract for employment.

It is further understood and agreed that should my employment with the City of Waynesville Police Department be terminated for any reason, my final pay will not be received until I have submitted all necessary paperwork and returned any and all property assigned to me and during the course of my employment, including but not limited to all keys, uniforms, equipment and city-issued identification.

In consideration of my employment, I agree to conform to the policies, procedures and regulations of the City of Waynesville and its Police Department.

I, the undersigned, do hereby authorize the City of Waynesville Police Department to conduct an investigation in respect to my application and release the City, my former employers and personal reference from any liability for damage caused by giving and receiving information or opinions as to my employment or character. Any Information obtained through former employers and/or personal references will become the property of the City of Waynesville.

I, the undersigned, do hereby authorize the release of any information which pertains to records of convictions for law violations, including felony, misdemeanor and traffic violations and agree to hold the City of Waynesville and its Police Department harmless and in no event shall the City be liable to me for special, Indirect or consequential damages for the refusal of employment due to information obtained during my Police record check.

I further understand that any offer of employment is conditioned upon the results of reference checks and if a requirement of the position, police record checks, background checks, drug testing and post-offer physical exams.

Applicant Signature: _____

Date: _____



Waynesville Police Department
Chief Dan Cordova

601 Historic 66 West
 Waynesville, MO. 65583
 Phone: (573) 774-2414
 Fax: (573) 774-2195

AUTHORITY TO RELEASE INFORMATION

I hereby authorize any Waynesville Police Department Officer or other authorized representative of the City of Waynesville Police Department bearing this release to obtain any information in your files, whether public, private or confidential, pertaining to and including, but not limited to:

- My employment and pre-employment records (including background reports, evaluations,
- Complaints & grievances (filed by me or against me)
- Military records
- Financial & credit history (including records of loans, records of credit agencies, credit reports and/or ratings)
- Criminal history (including arrests & convictions)
- Educational records (including academic achievement, attendance, athletic, personal history & disciplinary records)
- Records of medical and psychiatric treatment and/or consultation (including hospitals, clinics, private practitioner sand the U.S. Veteran's Administration)
- Records and recollections of Attorneys at Law or other counsel (whether representing me or to release such Information upon request of the bearer)

This release is executed with full knowledge and understanding that the information is for the official use of the City of Waynesville and its Police Department. Consent is granted for the City of Waynesville Police Department to furnish such information as is described to third parties in the course of fulfilling its official responsibility. I hereby release you as custodian of such records and any school, college, university or other educations institution, police agency, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, retail business establishment, or police agency including its officers, employees or related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by Federal statute or regulation. I have been advised by the City of Waynesville that they will utilize this number only to facilitate the location of employment, military, credit and educational records concerning me in connection with this application. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Name (Please Print): _____ Date of Birth: _____

Address: _____ *Social Security Number: _____

STATE OF _____	AFFIDAVIT	COUNTY OF _____
Before me personally appeared _____ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.		
Sworn and subscribed in my presence this _____ day of _____, 20____. My commission expires on _____, 20____		
Personally Known _____	Produced Identification _____	Notary Public: _____
Type of identification produced: _____		

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Waynesville Police Department

Personal History Statement

601 Historic 66 West
Waynesville, MO. 65583
Phone: (573) 774-2414
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INSTRUCTIONS: PLEASE READ CAREFULLY BEFORE PROCEEDING

These instructions are provided to assist you in properly completing your **Personal History Statement**. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your **Personal History Statement** should be printed legibly in **black ink only**. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets (8 ½ x 11) to the Personal History Statement. Be sure to reference the relevant section and question number before continuing with your answer.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.
7. As you complete the questionnaire, you may be uncertain about how to answer a particular question. In that case, you should circle the question and the background investigator will discuss it with you at a later date.
8. Do not include information pertaining to injuries, medical issues or disabilities in any part of this form, regarding yourself or any family member.

A. APPLICANT IDENTIFICATION — Information provided in this section is used for identification purposes only

NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER	
STREET ADDRESS		CITY, STATE, ZIP CODE	
MAILING ADDRESS		CITY, STATE ZIP CODE	
HOME TELEPHONE NUMBER ()	BUSINESS TELEPHONE NUMBER ()	ALTERNATE PHONE ()	DATE OF BIRTH (MO/DAY/YR)
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO IF NO, DO YOU HAVE A WORK PERMIT? YES NO			
HAVE YOU EVER HAD YOUR NAME LEGALLY CHANGED? YES NO		IF YES, INDICATE PREVIOUS NAME(S)	
DATE OF CHANGE		REASON FOR CHANGE	
LIST ANY NICKNAMES YOU ARE KNOWN BY:			

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B. RESIDENCES – List all residences where you have lived for the past 10 years, not including your present address. List date by month and year. Attach additional pages if necessary.

FROM	TO	ADDRESS

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 additional 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		
5. FROM	TO	EMPLOYER
ADDRESS		
TELEPHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
6. FROM	TO	EMPLOYER
ADDRESS		
TELEPHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
7. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN FROM ANY JOB BECAUSE OF ALLEGATIONS OF MISCONDUCT OR UNSATISFACTORY SERVICE? YES NO IF YES, PLEASE EXPLAIN		
D. SELECTIVE SERVICE REGISTRATION (MALES ONLY)		
1. ARE YOU REGISTERED WITH THE U.S. SELECTIVE SERVICE SYSTEM? YES NO IF YES, LIST REGISTRATION NUMBER		REGISTRATION NUMBER

E. MILITARY RECORD							
1. HAVE YOU SERVED IN THE U.S. ARMED FORCES YES NO							
2. DATE OF SERVICE		BRANCH OF SERVICE		UNIT DESIGNATION			
FROM	TO	CURRENT / HIGHEST RANK HELD		MOS OR SPECIALITY			
3. TYPE OF DISCHARGE (If applicable)							
4. WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY? (Include court-martial, captains mast, company punishments, etc.) YES NO							
CHARGE	AGENCY	DATE	AGE	DISPOSITION			
F. EDUCATIONAL HISTORY							
1. HIGH SCHOOL(S) ATTENDED		CITY AND STATE		DATES ATTENDED		GRADUATE	
				FROM	TO	YES	NO
2. COLLEGE(S) OR UNIVERSITY(ES) ATTENDED		CITY AND STATE		DATES ATTENDED			
				FROM	TO		
TOTAL CREDIT HOUR COMPLETED		DEGREE RECEIVED		DATE OF DEGREE			
3. TRADE, VOCATIONAL, BUSINESS SCHOOL(S) ATTENDED		CITY AND STATE		DATES ATTENDED			
				FROM	TO		
TOTAL CREDIT HOURS COMPLETED		CERTIFICATION RECEIVED		DATE OF CERTIFICATION			
SPECIAL QUALIFICATIONS AND SKILLS							
1. PEACE OFFICER STANDARDS TRAINING CERTIFICATION (Include the license class, certifying 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 LICENSE AUTHORITY, ORIGINAL DATE OF ISSUE. DATE OF EXPIRATION, AND HOURS OF TRAINING.							

3. LIST SPECIAL SKILL 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? YES NO
(Including charges for which you received a suspended imposition of sentence, reduced sentence, or a military violation)

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? YES NO
(Including charges for which you received a suspended imposition of sentence, reduced sentence, or a military violation)

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

--

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)

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I. TRAFFIC RECORD

1. DO YOU POSSESS A VALID DRIVER LICENSE? YES NO	DRIVER LICENSE NUMBER	STATE OF ISSUE
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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 ALL DRIVING CITATIONS YOU HAVE RECEIVED, EXCLUDING PARKING TICKETS.

DATE	CHARGES	POLICE AGENCY, CITY & STATE	DISPOSITION OF CASE

5. ARE YOU PRESENTLY ON PROBATION FOR ANY TRAFFIC OFFENSE? YES NO IF YES, EXPLAIN					
6. HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF OR PLED GUILTY TO ANY ALCOHOL RELATED TRAFFIC OFFENSE OR CHARGES REDUCED IN RELATION TO ALCOHOL RELATED TRAFFIC OFFENSES? YES NO IF YES, EXPLAIN (Include charges for which you received a suspended imposition of sentence.)					
7. DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATIONS. (Attach additional pages if necessary)					
J. REFERENCES – List five persons whom you know well enough to provide current information about you. Do not list relatives or former employers.					
NAME		STREET ADDRESS, CITY, STATE, ZIP CODE			
1.					
RELATIONSHIP	HOME PHONE	BUSINESS PHONE	BUSINESS ADDRESS	YEARS KNOWN	
NAME		STREET ADDRESS, CITY, STATE, ZIP CODE			
2.					
RELATIONSHIP	HOME PHONE	BUSINESS PHONE	BUSINESS ADDRESS	YEARS KNOWN	
NAME		STREET ADDRESS, CITY, STATE, ZIP CODE			
3.					
RELATIONSHIP	HOME PHONE	BUSINESS PHONE	BUSINESS ADDRESS	YEARS KNOWN	
NAME		STREET ADDRESS, CITY, STATE, ZIP CODE			
4.					
RELATIONSHIP	HOME PHONE	BUSINESS PHONE	BUSINESS ADDRESS	YEARS KNOWN	
NAME		STREET ADDRESS, CITY, STATE, ZIP CODE			
4.					
RELATIONSHIP	HOME PHONE	BUSINESS PHONE	BUSINESS ADDRESS	YEARS KNOWN	
K. RELATIVES AND ASSOCIATES					
1. LIST NAME OF RELATIVE WORKING FOR THE CITY OF WAYNESVILLE (Whether by blood or marriage)					
NAME	RELATIONSHIP	DEPARTMENT	NAME	RELATIONSHIP	DEPARTMENT
2. RELATIVES – Inquires will be confined to job-relevant matters. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write N/A.					
IF LIVING, NAME OF YOUR:		ADDRESS, CITY, STATE, ZIP CODE		HOME PHONE	CELL PHONE
FATHER					
MOTHER					
FATHER-IN-LAW					

MOTHER-IN-LAW			
SPOUSE			
FORMER SPOUSE(S)			
BROTHER(S) AND/OR SISTER(S)			
3. OTHER RELATIVES WITH WHOM YOU HAVE A CLOSE PERSONAL RELATIONSHIP WITH.			
NAME/RELATIONSHIP		PRIMARY PHONE	SECONDARY PHONE
4. PLEASE LIST THOSE INDIVIDUALS WITH WHOM YOU HAVE RESIDED DURING THE LAST 10 YEARS (LIST NO INFORMATION PRIOR TO YOUR 15 TH BIRTHDAY) EXCLUDE FAMILY MEMBERS.			
NAME	ADDRESS WHERE YOU RESIDED	PRIMARY PHONE	SECONDARY PHONE

L. PERSONAL DECLARATIONS			
1. HAVE YOU MADE APPLICATION FOR EMPLOYEMENT WITH THIS AGENCY OR ANY OTHER LAW ENFORCEMENT OR RELATED AGENCY? YES NO			
NAME OF DEPARTMENT / AGENCY	DATE APPLIED	ACCEPTED	GIVE REASON FOR REJECTION OR DECLING THE APPOINTMENT
		YES NO	
		YES NO	
		YES NO	
2. ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS (POSITIVE OR NEGATIVE) NOT MENTIONED HEREIN WHICH MAY INFLUENCE THIS DEPARTMENTS EVALUATION OF YOUR SUITABILITY FOR EMPLOYEMENT AS A POLICE OFFICER? YES NO IF YES, EXPLAIN			
3. ARE YOU NOW, OR HAVE YOU EVER BEEN ASSOCIATED WITH AN ORGANIZATION, MOVEMENT GROUP OR COMBINATION OF PERSONS WHICH ARE SUBVERSIVE OR HAVE SHOWN POLICY ADVOCATING FORCE OR VIOLENCE, LEGALIZATION OF DRUGS OR OPPOSITION TO THE DEATH PENALTY? YES NO IF YES, EXPLAIN			

M. 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.

N. APPLICANT CERIFICATION

IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DUTIES AS A POLICE OFFICER, COULD YOU DO SO? YES NO IF NO, EXPLAIN:

DO YOU LIVE WITHIN THE CITY LIMITS OF WAYNESVILLE OR WITHIN 15 MINUTES OF WAYNESVILLE? YES NO

IF YOU DO NOT, WOULD YOU OR COULD YOU MOVE TO WITHIN A 15 MINTUES RESPONSE TIME TO WAYNESVILLE? YES NO

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 screening will be a basis for dismissal
And permanent disqualification from the Waynesville Police Department and that all information may be verified by a polygraph examination.

SIGNATURE OF APPLICANT

DATE

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City of
Waynesville
Missouri