

APPLICATION FOR VIPS PROGRAM

(Volunteers In Police Service, Rolla Police Department)

Please complete and return form to:
Sgt. Tony Lauth
Rolla Police Department, 1007 N. Elm St., Rolla, MO 65401
(573) 308-1213 Fax: 364-6346

PLEASE PRINT Date: _____

PERSONAL

Last Name: _____ First: _____ Middle: _____ Preferred: _____

Mailing Address: _____
Street/P.O. Box City State Zip

Physical Address: _____
(If Different) Street City State Zip

Phone #: _____ E-Mail: _____ SSN: _____
Home Alternate Optional

Area Applied For: Investigations Public Relations Patrol Administration _____

DISQUALIFIERS

Place a check mark beside any item for which your answer is "yes."

Automatic Disqualifiers - A "yes" answer WILL disqualify you

- Been convicted of a felony or any offense that would be a felony if committed in the State of Missouri
- Sold marijuana
- Used (tried) any illegal or dangerous drugs or narcotics, including inhalants, hallucinogenic, mind-altering substances, etc.
- Sold narcotics or dangerous drugs
- Been dishonorably discharged from any branch of the United States Armed Forces
- Have or had a pattern of abusing prescription medication
- Had excessive traffic violations within the past three years
- Been previously employed as a law enforcement agent and since committed or violated federal, state or municipal laws pertaining to criminal activity
- Lied during any part of the volunteer process
- Falsified my application

Discretionary Disqualifiers - A "yes" answer MAY disqualify you

- Have a physical or mental disability that would substantially impair my ability to perform my duties
- Alcohol misuse or abuse
- Unlawful sexual conduct
- Used (tried) marijuana in the past three years
- Excessive traffic violations
- Any discharge from the US military other than an honorable discharge
- Debts - demonstrated unwillingness to honor fiscal responsibilities
- Any other conduct or pattern of conduct that would jeopardize public trusts in the law enforcement profession

GENERAL

How often are you available to work? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Do you have prior military experience? Yes No If yes, state branch and rank: _____

Are you presently a member of the National Guard or Reserves? Yes No

Are you 18 years or older (21 for Police Officer Applicants Only)? Yes No

Are you P.O.S.T. certified (Police Officer Applicants Only)? Yes No

If not, are you enrolled in a police academy OR eligible for licensing as defined in Chapter 590 of RSMo? Yes No

REFERENCES

Give the names of three persons whom you have known at least one year. Do not include family members.

Name	Address and Phone Number	Occupation	Years Acquainted

EDUCATION	Name and Location of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/ Professional				
Vocational Training/ Other (Specify)				

List any special interests, training or skills you have acquired that would be of benefit in the job for which you are applying:

WORK EXPERIENCE

Start with your present job and continue with most recent first. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Address		
Phone Number	Job Title	Hourly Rate/Salary	Dates Employed	
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer		Address		
Phone Number	Job Title	Hourly Rate/Salary	Dates Employed	
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer		Address		
Phone Number	Job Title	Hourly Rate/Salary	Dates Employed	
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In consideration of my employment, I agree to conform to the City's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the City. I understand that no City representative, other than the City Administrator or Chief of Police, and then only when in writing and signed by the City Administrator, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature of Applicant: _____