

ST. LOUIS COUNTY AND MUNICIPAL POLICE ACADEMY
POLICE BASIC TRAINING APPLICATION

All information must be completed by the Department.

APPLICANT'S

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street No. & Name) (City) (State) (Zip)

PHONE: (____)-____-____ SOCIAL SECURITY _____ - _____ - _____

DATE OF BIRTH: ____/____/____ AGE: ____ SEX: Female Male

STATE OPERATORS LICENSE : _____ EXP. DATE : ____/____/____
(Applicant must possess a valid Drivers License)

DATE OF APPOINTMENT TO DEPARTMENT : ____/____/____

MEDICAL INSURANCE - TYPE PROVIDED : _____

TRIPLE I

N.C.I.C.

M.U.L.E.S.

R.E.J.I.S.

MISSOURI DIRECTOR OF REVENUE

(DRIVER'S HISTORY)

MISSOURI STATE HIGHWAY PATROL

(Copy MSHP Clearance must be attached.)

FEDERAL BUREAU OF INVESTIGATION

(Copy of FBI Clearance must be attached.)

(Person Conducting Record Check)

A COPY OF THE HIGH SCHOOL DIPLOMA, G.E.D. OR STATE EQUIVALENCY CERTIFICATE, BIRTH CERTIFICATE, DRIVERS LICENSE, HIGHWAY PATROL & FBI CLEARANCE, AND THE PHYSICIAN'S LETTER OF CERTIFICATION MUST BE ENCLOSED WITH THIS APPLICATION. THE APPLICANT MUST UNDERGO A PHYSICAL EXAMINATION NOT MORE THAN 90 DAYS PRIOR THE START OF CLASS.

CERTIFICATE OF ELIGIBILITY - I certify that the above statements are true, and that the applicant is a full time, salaried law enforcement officer on duty with this agency, and is being paid for a minimum of 32 hours per week. I further certify that he/she shall not be required to work more than eight (8) hours above and beyond the forty (40) hour per week Academy program.

SIGNATURE of CHIEF or PERSONNEL DIRECTOR : _____ DATE : _____

DEPARTMENT : _____

(SEAL) _____ NOTARY

in and for the County/City of: _____

My commission expires : _____

RETURN TO: CAPTAIN JERRY KELLY, DIRECTOR
CMPA
1266 SUTTER
WELLSTON, MO 63133-1934