

Position : \_\_\_\_\_

Application #: \_\_\_\_\_

# Bellefontaine Neighbors Police Department

## INITIAL INFORMATION FOR EMPLOYMENT SCREENING



*"Powered by Partnership, Driven by Community"*

The City of Bellefontaine Neighbors resolved that subject to all applicable State and Federal statutory or judicial exemptions, all qualified applicants for employment and/or advancement, whether commissioned or civilian, shall be given equal opportunity for consideration, selection, appointment, and retention, regardless of race, color, religion, sex, national origin, age, disability, political affiliation, or other non-merit factors.

**AN EQUAL OPPORTUNITY EMPLOYER**

[www.cityofbn.com](http://www.cityofbn.com)



## Mission, Vision, & Values

### Mission

The mission of the Bellefontaine Neighbors Police Department is to act in concert with the community to safeguard peoples' lives and property, enforce laws, preserve peace, reduce the incidence and fear of crime, and provide a safe and peaceful environment in which to live, raise families, and retire. We use best police practices and standards for professionalism that support human rights and civil liberties. The Department strives to increase the quality of life for our diverse community by enhancing public safety through effective collaboration with our citizenry and other stakeholders. We work toward serving our constituents with integrity and the promise of continuous improvement in building trust and confidence between the police and the public while doing so with honor, integrity, and the highest ethical standards.

### Vision

It is the vision of the Bellefontaine Neighbors Police Department to provide within the City of Bellefontaine Neighbors a lawful environment where all persons can perform their daily routine at any time, free from the fear of any type of harassment, injury, or victimization from the criminal activities of any person or entity.

### Values

To demonstrate our commitment to our profession and to the public, the members of the Bellefontaine Neighbors Police Department subscribe to the following values:

**Excellence.** We are devoted to delivering quality police service by recognizing the importance of training, personal effort, teamwork, effective modern equipment, dedication to duty, and strong professional standards.

**Fairness.** Impartial decisions and policies are the foundation of our interactions. We are consistent in our treatment of all persons. Our actions are tempered with reason and equity.

**Integrity.** We are dedicated to maintaining the highest moral standards by embracing the principles of honesty, trust and courage. We strive to be examples of honesty and integrity in both our professional and personal lives, thereby earning the public trust. We work to retain these standards in all our interactions with the community. Officers are required to be completely honest and forthcoming in all their interactions with fellow officers, their superiors, and the citizenry.

**Respect.** We recognize and embrace the value of cultural diversity and treat people with kindness, acceptance, and dignity. We protect the rights, liberties, and freedoms as guaranteed by the Constitution of the United States.

By Order of the Chief of Police.

  
Colonel Jeremy Ihler  
Chief of Police

January 1, 2023  
Date

A Missouri certified law enforcement agency.  
“Powered by partnership, driven by community.”

## Police Officer

### City of Bellefontaine Neighbors – Bellefontaine Neighbors, MO



The Bellefontaine Neighbors Police Department is seeking highly motivated individuals for the position of police officer. The starting salary with law enforcement experience is up to \$66,784.58\*. Salary is accompanied by an employee fringe benefits package, which include:

- MO LAGERS L-6 pension plan (100% City Funded)
- 457 plan & 401a City matching plan
- Medical / Vision / Dental / Life (No Wait Period)
- Tuition reimbursement
- 12 paid holidays\*
- Paid vacation & paid sick leave
- 12 hour shifts with 2 month rotations, every other weekend off
- 1 Kelly day off every 28 day period
- New vehicles & equipment
- Uniforms & accessories all paid for by the PD
  - Covert, ripstop, water resistant uniforms, new load-bearing vests & nylon gear
- Paid training opportunities
- Secondary work can be approved after hire
- Streamlined hiring process with no written test or P.T. exam
- Police academy sponsorship available

In compliance with police department policy, for an individual to be considered for employment, interested persons must make written application, to include a cover letter and résumé, and meet the following basic qualifications:

- Citizen of the United States at the time of application and Missouri resident within one year of the date of appointment;
- No felony record or serious misdemeanor record;
- 21 years of age. Applicant must have reached the 21st birthday at the time of appointment;
- Proof of successful completion of basic police training from any Missouri P.O.S.T. approved training facility;
- High school diploma or GED;
- Must hold a valid driver's license from any state at time of application and possess a valid driver's license on date of appointment;
- Must have had an honorable discharge from the military, if applicable;
- May not have participated in a Bellefontaine Neighbors Police Department hiring process within the past six (6) months.

After the written application, candidates must successfully complete each stage of the competitive screening and employment process. The expectations are as follows:

- Oral panel interviews;
- Background investigation;
- Chief of Police and Mayor interviews;
- Psychological testing;
- Medical examination and drug screening;
- Twelve (12) month probationary period from date of appointment.

**Applications can be obtained from the police department's website:**

<http://www.cityofbn.com/departments/police/police-officer-job-opportunities/>

**The written screening application can be submitted in-person, mailed, or emailed. Please read the submission instructions included with the application.**

#### **Contact information and availability:**

Bellefontaine Neighbors Police Department  
9641 Bellefontaine Road, Bellefontaine Neighbors, MO 63137-1818.  
Office hours: Monday-Friday, 8:00 AM – 5:00 PM.  
Phone: (314) 867-0080, ext. 250.  
Email: [bnpdapplicant@cityofbn.com](mailto:bnpdapplicant@cityofbn.com).

## Bellefontaine Neighbors Police Department

### Job Description

#### Police Officer – Bureau of Field Operations, Patrol

1. **Purpose.** Assigned to the Bureau of Field Operations (BFO) and serves as the Shift Supervisor over a BFO platoon. Performs a variety of line-level tasks, patrol, protection and enforcement, and community engagement. Reports to the Lieutenant assigned as the BFO platoon Shift Commander.
2. **Essential Functions and Responsibilities.** Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.
  - a. Shall be constantly aware that his basic function is patrol of his assigned area, to accomplish the prevention and suppression of crime, to arrest law violators, the protection of life and property, and the preservation of the peace.
  - b. Shall confine his patrol within the limits of his assigned area, except in the arrest of a prisoner or other necessary absence, until the time fixed for the expiration of his tour of duty and he is properly relieved. He shall give assistance in the protection of persons and property near his beat if called upon, but shall return as soon as possible to his/her assigned area.
  - c. Shall constantly and systematically patrol his/her beat, except when on special assignment, and shall not lounge, loaf or gather with others at any place.
  - d. Shall report to the police station at the time appointed and attend roll call, being alert and attentive to the orders and instructions given and records all necessary and pertinent information disseminated.
  - e. Maintains equipment and uniforms in a neat and orderly fashion and is properly groomed in compliance with department policy.
  - f. Shall routinely check all public and licensed places within his area, enforcing the laws, ordinances and regulations concerning their operation.
  - g. Shall devote the maximum possible time to the performance of his basic duty of patrol, remaining in the police station only when necessary. Patrol shall include foot patrol, business visits and interaction with citizens of his/her assigned area.
  - h. Shall examine and inspect the vehicle at the beginning of his/her tour of duty ensuring all equipment is in proper working order. During the tour of duty he/she shall operate the vehicle and equipment in a safe and prudent manner, avoiding hazardous or careless situations.
  - i. Shall prepare police reports in a timely manner, in conformity with established procedures, on all matters that come to his attention which require such.
  - j. Shall provide service, assistance, and information to citizens when requested, as is possible and consistent with his duties.
  - k. Shall insure the civil treatment and the observance of rights of all persons that he/she has contact.
  - l. Shall be accountable for the immediate securing, receipting, and proper transporting of all evidence and property coming into his/her custody so that proper chain-of-custody is maintained.

- m. Shall be alert in their efforts to discover and suppress violations of law and city ordinances.
- n. Shall enforce equally all traffic laws and ordinances.
- o. Shall, through systematic inspection, physically check the security of each business place in his/her assigned area after their normal business hours or when business are closed.
- p. Shall familiarize himself/herself with conditions and persons within his/her area, reporting all potential trouble spots to his superiors and make recommendations for action or correction.
- q. Responds to emergency radio calls and provide prompt assistance to all sick, injured or destitute persons.
- r. Ensures fair treatment and the protection and rights of all people coming within the scope of their police authority.
- s. Interrogates suspects, witnesses and drivers. Preserves evidence. Arrests violators. Investigates and renders assistance at scene of vehicular accidents. Summons ambulances and other law enforcement resources as needed. Takes measurements and draws diagrams of scene when required or directed to do so.
- t. Conducts follow-up investigations of crimes committed during assigned shift. Seeks out and questions victim, witnesses and suspects. Develops leads and tips. Searches scene of crimes for clues. Analyzes and evaluates evidence and arrests offenders. Prepares cases for giving testimony and testifies in court proceedings. Forward all information on open cases to the Bureau of Investigation.
- u. Assists other patrol officers with investigations or backup, as may be required.
- v. Processes and transports prisoners.
- w. Performs community oriented police functions, (i.e., visits C.O.P.S sites, does foot patrols in residential and business areas, identification of neighborhood problems, and coordinates police and community resources to solve problems).
- x. Maintains normal availability by radio, or telephone.
- y. Attends in service training as required and is mandated by Missouri Law.
- z. Maintains substantive knowledge of pertinent City, State and Federal law and ordinances.
- aa. Maintains substantive knowledge and adheres to all department policies and procedures.
- bb. May be assigned as a Field Training Officer with responsibility for the training and evaluation of recruits assigned to them by using the Field Training Officer's Manual in fulfilling the training objectives.
- cc. Makes timely communications to the Shift Commander, or Shift Supervisor in the absence of the Shift Commander, about the occurrence of critical incidents, serious crimes, special circumstances, and other notable matters that can have a significant impact on the City government and community interests and when awareness of these types of issues are pertinent and necessary to convey without delay.
- dd. Performs all other reasonably related duties as assigned by supervisors or instructed by written directive.

# Voluntary Self-Identification Form

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## INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

**Anti-Discrimination Notice.** It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only **one** of the boxes presented below.

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## INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** a person having origins in any of the black racial groups of Africa.
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.

**SECTION 1: PERSONAL**

**CONFIDENTIAL**

|  |                                    |   |  |
|--|------------------------------------|---|--|
| <b>1.1 YOUR FULL NAME</b>  |                                    |   |  |
| LAST   | FIRST                              | MIDDLE  |  |
| <b>1.2 OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)</b>  |                                    |   | <input type="checkbox"/> N/A                                     |
| <b>1.3 ADDRESS WHERE YOU LIVE</b>  |                                    |   |  |
| NUMBER / STREET  |                                    | APT / UNIT  |  |
| CITY   |                                    | STATE   | ZIP  |
| <b>1.4 MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)</b>                  |                                    |   |  |
| <b>1.5 CONTACT NUMBERS</b>   |                                    |   |  |
| HOME   | WORK                               | EXT   | OTHER <input type="checkbox"/> CELL <input type="checkbox"/> FAX |
| <b>1.6 CONTACT EMAIL</b>   |                                    | <b>1.7 LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)</b> |  |
| <b>1.8 CITIZENSHIP</b>   |                                    |   |  |
| Are you a U.S. citizen?.....   |                                    |   | <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship?..... |                                    |   | <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| <b>1.9 BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)</b>                                   |                                    |   |  |
| <b>1.10 BIRTHDATE (MM/DD/YYYY)</b>   | <b>1.11 SOCIAL SECURITY NUMBER</b> | <b>1.12 DRIVER'S LICENSE</b>                                    |  |
|  |                                    | NUMBER:   | STATE:      EXPIRES:   |
| <b>1.13 PHYSICAL DESCRIPTION</b>   |                                    |   |  |
| HEIGHT:  | WEIGHT:                            | HAIR COLOR:   | EYE COLOR:   |

**SECTION 2: EDUCATION**

**CONFIDENTIAL**

|  |   |  |                |   |  |  |
|--|---|--|----------------|---|--|--|
| <b>2.1 Do you have: (check all that apply)</b>         |   |  |                |   |  |  |
| <input type="checkbox"/> GED/HIGH SCHOOL               |   | <input type="checkbox"/> 3-31 College Credit Hours |                | <input type="checkbox"/> 32-63 College Credit Hours |  |  |
| <input type="checkbox"/> 64-119 College Credit Hours   |   | <input type="checkbox"/> Bachelor's Degree         |                | <input type="checkbox"/> Post Graduate Degree       |  |  |
| <b>2.2 LIST ALL COLLEGES AND UNIVERSITIES ATTENDED</b> |   |  |                |   | <input type="checkbox"/> N/A                                       |  |
| <b>2.3</b>   | NAME OF HIGH SCHOOL   |  | FROM (MM/YYYY) | TO (MM/YYYY)  |  |  |
|  | ADDRESS (NUMBER / STREET)                                       |  |                |   |  |  |
|  | CITY  |  | STATE          | ZIP   |  |  |
| <b>2.4</b>   | NAME OF COLLEGE/UNIVERSITY                                      |  | FROM (MM/YYYY) | TO (MM/YYYY)  | TOTAL UNITS COMPLETED  |  |
|  |   |  |                |   | <input type="checkbox"/> QUARTER <input type="checkbox"/> SEMESTER |  |
|  | ADDRESS (NUMBER / STREET)                                       |  |                |   | TYPE OF DEGREE EARNED  |  |
| CITY   |   | STATE  | ZIP            | MAJOR / AREA OF STUDY                               |  |  |
| <b>2.5</b>   | NAME OF NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE |  | FROM (MM/YYYY) | TO (MM/YYYY)  | DID YOU COMPLETE THE COURSE?                                       |  |
|  |   |  |                |   | <input type="checkbox"/> YES <input type="checkbox"/> NO           |  |
|  | ADDRESS (NUMBER / STREET)                                       |  |                |   |  |  |
| CITY   |   | STATE  | ZIP            | TYPE OF SCHOOL OR TRAINING                          |  |  |

**SECTION 2: EDUCATION** *continued*

**CONFIDENTIAL**

2.6 Have you ever attended a **POST** Basic Course/Academy: Regular, Specialized Investigators', Reserve, or Dispatcher? .....  Yes  No  
 IF YES, provide the following information:

|     |                        |  |              |  |
|-----|------------------------|--|--------------|--|
| 2.7 | NAME OF ACADEMY        | FROM (MM/YYYY)                                 | TO (MM/YYYY) | DID YOU PASS/GRADUATE?                                   |
|     |                        |  |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|     | LOCATION (CITY, STATE) | NAME OF TRAINING OFFICER / ACADEMY COORDINATOR |              | CONTACT NUMBER   |
|     |                        |  |              |  |
| 2.8 | NAME OF ACADEMY        | FROM (MM/YYYY)                                 | TO (MM/YYYY) | DID YOU PASS/GRADUATE?                                   |
|     |                        |  |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|     | LOCATION (CITY, STATE) | NAME OF TRAINING OFFICER / ACADEMY COORDINATOR |              | CONTACT NUMBER   |
|     |                        |  |              |  |

2.9 Have you ever been subject to any disciplinary action, including academic probation, civil fine, suspension, or expulsion from any high school(s), college/university, business, trade school, or **POST** basic course/academy? .....  Yes  No  
 IF YES, please describe below. Include the date, the name of the institution, explanation of circumstances, and the type of disciplinary action.

**SECTION 3: EXPERIENCE, EMPLOYMENT & MILITARY**

**CONFIDENTIAL**

|   |  |       |     |   |              |
|---|--|-------|-----|---|--------------|
| 3.1   | NAME OF CURRENT EMPLOYER, IF APPLICABLE. |       |     | FROM (MM/YYYY)  | TO (MM/YYYY) |
|   | ADDRESS (NUMBER / STREET / SUITE)        |       |     | SUPERVISOR  |              |
|   | CITY                                     | STATE | ZIP | CONTACT NUMBER  | EXT          |
|   | JOB TITLE / RANK                         |       |     | EMAIL   |              |
|   | DUTIES / ASSIGNMENTS                     |       |     | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)   |              |
|   |  |       |     | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer |              |
|   | NAMES OF CO-WORKERS                      |       |     | REASON FOR WANTING TO LEAVE   |              |
| 1)   2)   |  |       |     |   |              |
| Would there be a problem if we contact your current employer?..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>IF YES, explain: |  |       |     |   |              |

|         |   |       |     |   |              |
|---------|---|-------|-----|---|--------------|
| 3.2     | NAME OF MILITARY UNIT, IF APPLICABLE        |       |     | FROM (MM/YYYY)  | TO (MM/YYYY) |
|         | ADDRESS (NUMBER / STREET / SUITE / OR BASE) |       |     | SUPERVISOR  |              |
|         | CITY  | STATE | ZIP | CONTACT NUMBER  | EXT          |
|         | JOB TITLE / RANK                            |       |     | EMAIL   |              |
|         | DUTIES / ASSIGNMENTS                        |       |     | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)   |              |
|         |   |       |     | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer |              |
|         | NAMES OF CO-WORKERS                         |       |     | REASON FOR WANTING TO LEAVE   |              |
| 1)   2) |   |       |     |   |              |



3.3 Have you **ever** applied for **any** position at another law enforcement agency (city, county, state, or federal)?.....  Yes  No

|     |                                |       |     |   |     |
|-----|--------------------------------|-------|-----|---|-----|
| 3.4 | NAME OF LAW ENFORCEMENT AGENCY |       |     | DATE APPLIED (MM/YYYY)                    |     |
|     | ADDRESS (NUMBER / STREET)      |       |     | BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) |     |
|     | CITY                           | STATE | ZIP | CONTACT NUMBER                            | EXT |
|     | POSITION APPLIED FOR           |       |     | EMAIL                                     |     |

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP:  Application  Written  Physical Ability  Oral  Polygraph/CVSA  Background  Chief's Oral  Conditional Offer

STATUS:  Hired  On Eligibility List  Withdrawn  Disqualified  List Expired

**SECTION 4: MILITARY EXPERIENCE** **CONFIDENTIAL**

4.1 Are you required to register for the Selective Service?.....  Yes  No  
 IF YES, have you registered? .....  Yes  No  
 IF NO, explain:

4.2 Have you ever served in the military? .....  Yes  No

4.3 If you answered "YES" to Question 43, include the following service information:

|  |                |              |
|--|----------------|--------------|
| BRANCH OF SERVICE  | FROM (MM/YYYY) | TO (MM/YYYY) |
| TYPE OF DISCHARGE  |                |              |
| <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable<br>Re-entry Code (1-4) if applicable – refer to your DD-214: |                |              |

4.4 Are you currently participating in one of the following?  
 Military Reserve  National Guard IF CHECKED, date obligation ends (MM/DD/YY):

4.5 Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? .....  Yes  No

4.6 Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? .....  Yes  No

4.7 Have you ever taken military property without permission for personal use, to sell, or to give away?.....  Yes  No

If you answered "YES" to any of **Questions in Section 4: 5, 6, or 7**, explain (include dates and circumstances).

**SECTION 5: LEGAL** **CONFIDENTIAL**

5.1 Have you **EVER** been detained by law enforcement for *investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony* offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? .....  Yes  No  
 IF YES, explain each incident:

**SECTION 6: ACKNOWLEDGEMENT & CERTIFICATION**

6.1 I have received information on basic employment salary and benefits, basic job qualifications needed to be eligible for employment consideration, and the employment process expectations for the job in which I am applying.

I have received the job description concerning the job for which I am applying.

I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature in Full: ► \_\_\_\_\_ Date: \_\_\_\_\_