



Jefferson County Missouri Security Officer Application

For Full-Time Commissioned Police Officers



Instructions:

Please print legibly

One form is required for each secondary employer

Fill in the information below with requesting officer's information

This application must be submitted with the security employer's letter of request for licensing.

Date: _____

Missouri P.O.S.T. Number: _____

Last Name: _____ First Name: _____ MI: _____

D.O.B.: _____ Gender: _____ Ethnicity: _____ DSN: _____

Height: _____ Weight: _____ Eye: _____ Hair: _____

Social Security Number: ____ - ____ - _____ Home Phone: (____) ____ - _____

Present address: _____ Apt. #: _____

Street Number- No Post Office Box

City State Zip

Police Department: _____ Department Phone: (____) ____ - _____

Firearm Make: _____ Model: _____ SN#: _____

Employment Performed For: _____

A random drug testing program is in effect for the Officer's Department? Yes ____ No ____

(If "No", the Officer must submit to the required test) Date of Drug Test: _____

By signing below you attest that you (Officer) are a full-time, POST Certified commissioned Police Officer in good standing (Turn Key / Jailer DOES NOT QUALIFY). See Professional Licensing Manual Chapter 1, Section V for qualifications and provisions.

Officer's Signature

Date

(Print Name) Chief of Police

Approval: Chief of Police

Date

**Please attach a letter from each secondary security employer indicating the intention to employ. Proof of department firearm qualification and / or academy training certification may be requested. No faxed copies of Security Officer Application for Police Officers are accepted.*



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AUTHORITY FOR RELEASE OF INFORMATION

To Whom It May Concern:

I request and authorize you to furnish the Private Security Licensing Unit with any and all information that you may have concerning my commissioned status as recorded with the Missouri Department of Public Safety P.O.S.T. Program. The information is to be used to assist this office in determining my qualification for the position I am seeking.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested.

Applicant's Name (please print)

Date

Address

Agency or Police Department

Signature