



St. Louis County Police Department

An Internationally Accredited Agency

“Serving Our Community Since 1955”

Colonel Jon M. Belmar
Chief of Police



PERSONAL HISTORY QUESTIONNAIRE

The Board of Police Commissioners 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 or political affiliation.

AN EQUAL OPPORTUNITY EMPLOYER

www.stlouisco.com/police

The mission of the St. Louis County Police Department
is to work cooperatively with the public
and within the framework of the constitution
to enforce the laws,
preserve the peace,
reduce fear
and provide a safe environment in our neighborhoods.

The St. Louis County Police Department
exists to serve the community
by protecting life and property,
by preventing crime,
by enforcing laws,
and by maintaining order for all people.

Central to our mission are the values
which guide our work and decisions.
These help us to contribute
to the high quality of life in St. Louis County.

The public trust and confidence
given to those in the police service
requires the adoption and compliance of the stated values
which are the foundation
upon which our policies, goals and operations are built.

The recognition and statement of values
by a police department is important.
Values are the foundation
of everything for which we stand and believe.
The leadership of the St. Louis County Police Department
has the expectation that members of the Department
will adhere to the highest ethical standards.

TO OUR APPLICANTS...

The St. Louis County Police Department was born from a bona fide need expressed by voters to create, develop and maintain a professional police agency. Established in 1955 to serve and protect the rights of all citizens within the borders of our county, we are unique in our origin and mission and remain to this date the only County Police Department within the State of Missouri. Our Department began with 95 commissioned officers and 18 civilian employees. We have grown to become the third largest local law enforcement agency in the State, having an authorized strength of over 750 commissioned officers as well as over 245 civilian members. This growth is a reflection of our commitment to Neighborhood Policing. Neighborhood Policing is a philosophy – one of a partnership between police and the law-abiding citizens we serve, to create permanent solutions to problems that lead to crime. We express these ideals for all to see as we display our motto, “TO SERVE AND PROTECT.” To ensure that the County Police remain responsive to our citizens, the organization is separated into divisions specifically designed to meet the growing needs and demands of those nearly one million men, women and children we have sworn to serve.

The Division of Patrol maintains a uniform presence 24 hours a day by providing our citizens with highly trained officers capable of responding to any emergency or crisis situation within minutes. Our officers incorporate into their daily activities the concepts and ideals of Neighborhood Policing. This increased interaction between our officers and the citizens serves to safeguard the community and communicates to would-be offenders a firm “no nonsense” approach to law and order. Our officers assigned to municipalities provide the same high quality of service to local city governments that have made the decision to use the St. Louis County Police as their agency responsible to serve and protect their constituents. Members in this division participate in a Countywide Resident Officer Program which allows the officers to utilize their patrol vehicles in St. Louis County during off-duty hours.

The Division of Special Operations complements the patrol officers and maintains the Bureau of Tactical Support, which is comprised of select officers trained to execute high risk search warrants and conduct hostage negotiations. Officers assigned to the Metro Air Support Unit of this bureau fly both our fixed wing and turbine-rotor aircraft. Other specialized areas include our Community Action Team, Highway Safety Unit and Police Canine Unit. Our MetroLink officers are assigned to ensure the safety of the passengers who are traveling via the area's established light rail transportation system.

The Division of Criminal Investigation serves as the formal investigative branch of our Department. Years of experience culminate in an assignment to the Bureau of Crimes Against Persons. These detectives are responsible for the successful prosecution of perpetrators who have committed murder, rape and robbery, as well as other violent acts against the family and society. Their counterpart in the division is the Bureau of Crimes Against Property. These detectives, along with securing the arrest of criminals, are also responsible for reuniting the victims of larcenies, burglaries and auto thefts with their property. The bureau also contains the Arson and Explosives Unit, which is manned with members trained by the FBI and the National Fire Academy, who safely dispose of explosive devices and work with local fire districts to solve these devastating offenses.

Detectives are also assigned to the Bureau of Drug Enforcement where members work locally as well as with the Drug Enforcement Administration, targeting drug dealers and capturing information for the Gang Intelligence and Narcotics Trafficking computer system to actively combat the influences of drug trafficking in our community. The Division is rounded out with the Bureau of Criminal Identification, which includes the Crime Scene Unit. This unit's mission is to develop, photograph, collect and package physical evidence from crime scenes that will forever link the perpetrator to the offense. To assist in identifying criminal suspects, the Department utilizes a highly advanced Automated Fingerprint Identification System which holds the fingerprint records of those arrested in both St. Louis County and the City of St. Louis. The system is designed not only to identify local offenders, but is also capable of searching, via a communications link, all the fingerprint records maintained by the State of Missouri. The Bureau's other technological advancements are shown in the full service Police Crime Laboratory, offering photographic processing, firearms examination and DNA/PCR and serology work, all of which are made available to requesting police agencies.

The Division of Operational Support leads the Department in terms of developing technological innovations for contemporary law enforcement through the Office of Information and Technology. The design and use of our Computer Aided Dispatching and the nationally recognized award winning Computer Assisted Report Entry system have significantly reduced the time needed to locate and send the closest available police unit for an emergency dispatch and has organized and consolidated the report writing process, allowing the officer to dictate a report quickly and return to service. At the same time, the system allows the Department to collect data for crime analysis and efficient manpower deployment. Also recognized as a forerunner in the field is our St. Louis County and Municipal Police Academy. This Peace Officer Standards and Training (POST) certified academy exceeds the State requirement by providing over 800 hours of physically demanding, intense, basic police training to our employees and those of other departments, as well as those in the Open Enrollment Program. This program affords individuals a tuition-free opportunity to enter into the field of law enforcement as a trained, certified peace officer. There are several other units within this division. One is the Planning and Analysis Unit, which has the job of ensuring that the organization maintains the highest level of professionalism by coordinating efforts with both the written directive system as well as the Commission on Law Enforcement Accreditation (CALEA). Another unit within this Division is the Personnel Services Unit. Its mission is to provide an exemplary standard and selection process that not only welcomes but encourages the very best from all walks of life to join and grow with us as we continue to serve and protect our community.

We appreciate our employees and the citizens we serve. We also believe that the members of the St. Louis County Police family represent our community. For these reasons, we seek to attract applicants from the community, other law enforcement agencies, professions and disciplines to every position in our Department, “The Best Place for the Best People to Work.” We value the men and women of America's military. Everyone is equally welcome and encouraged to apply.



Saint Louis COUNTY POLICE

Colonel Jon M. Belmar
Chief of Police
7900 Forsyth Boulevard
St. Louis, Missouri 63105
Voice/TTY (314) 889-2341

CERTIFICATE OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
SSN	DATE OF BIRTH	APPLICANT # (completed by Personnel Services Unit)

I _____ (Print full name), hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material facts will cause forfeiture on my part of all rights to initial employment or continued employment by the St. Louis County Police Department.

The intent of this authorization is to make available a full and complete disclosure of any and all information pertaining to my person; therefore, I do hereby authorize all present or past employers, all law enforcement agencies, all military agencies, the Veterans Administration, the U.S. Army, U.S. Air Force, U.S. Coast Guard, all Federal, State or local government agencies, State and Federal tax bureaus, credit bureaus, schools, insurance companies and universities to furnish the Supervisor of the Personnel Services Unit of the St. Louis County Police Department, with any and all available information regarding my past or present performance, conduct or behavior. I further authorize the release of any punitive or disciplinary action, or memorandum, to the Supervisor in order that the information be evaluated to assist in the determination of my suitability for police work.

I understand the St. Louis County Police Department's acquisition, retention, and sharing of information related to my employment application is generally authorized under state and federal citations. The purpose for the Department requesting this information is to conduct a complete background investigation pertaining to my fitness to serve as a St. Louis County Police Department employee. This background investigation may include inquiries pertaining to my employment, education, medical history, credit history, criminal history, and any information relevant to my character and reputation. By signing this form, I am acknowledging that I have received notice and have provided consent for the St. Louis County Police Department to use this information to conduct such a background investigation, which may include the searching of N-DEx, criminal justice databases, private databases, and public databases.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal and business life for the specific purpose of conducting a pre-employment background investigation.

I authorize the St. Louis County Police Department to make an inquiry and gather any documents of my present and past employers regarding my character, integrity, reputation and performance.

I authorize the release of any and all of the aforementioned information regarding my person, employment, credit or any other aspect, whether personal or otherwise, that may or may not be in their written records.

I understand that all materials pertaining to this background investigation become the property of the St. Louis County Police Department and will not be made available or returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented, along with the company or organization therein from any and all claims, damages, losses and expenses, including reasonable attorney's fees arising out of complying with this request.

I understand that in the event my application is disapproved, the sources of information obtained are confidential and cannot be revealed to me.

A copy of this authorization will be considered as effective and valid as the original, even though the copy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Subscribed and sworn before me this _____ day of _____, 20_____.

My commission expires _____, 20_____.

Notary: _____

Signature (Applicant)



Address

City/State/Zip
Rev. 02/14



POLICE APPLICANT RECORD SEARCH

(THIS SECTION TO BE COMPLETED BY APPLICANT)

PLEASE PRINT

	DATE				
NAME				SEX	
RACE (VOLUNTARY)	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> HISPANIC OR LATINO		<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> ASIAN <input type="checkbox"/> TWO OR MORE RACES		
OTHER NAMES USED I.E., MAIDEN, ALIAS, ETC.					
ADDRESS					
CITY		STATE		ZIP CODE	
DATE OF BIRTH		PLACE OF BIRTH			
SOCIAL SECURITY NUMBER					
LICENSE PLATE NUMBER		STATE/YEAR			
DRIVER'S LICENSE NUMBER/STATE ISSUED					

(THIS SECTION TO BE COMPLETED BY PERSONNEL SERVICES UNIT PERSONNEL)

✓ CHECKLIST

- | | |
|---|--|
| <input type="checkbox"/> MOI
<input type="checkbox"/> ALERT
<input type="checkbox"/> HISTORY
<input type="checkbox"/> CORRECTIONS
<input type="checkbox"/> SUMMONS
<input type="checkbox"/> GANG MEMBER/ASSOCIATIONS | <input type="checkbox"/> MULES RECORD
<input type="checkbox"/> NCIC RECORD
<input type="checkbox"/> DOR
<input type="checkbox"/> SIL (COUNTY)
<input type="checkbox"/> LICENSE PLATE
<input type="checkbox"/> LMU STARS
<input type="checkbox"/> EMPLOYMENT SECURITY |
|---|--|

CLERK		DSN		DATE	
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APPLICANT PERSONAL HISTORY QUESTIONNAIRE

PRE-EMPLOYMENT HISTORY FILE ACCESS RESTRICTED BY GENERAL ORDERS

VERIFICATION OF INFORMATION

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment with the St. Louis County Police Department. An extensive background investigation will be conducted into your personal history. Applicants for the position of police officer will be required to take a polygraph (lie detector) examination to confirm the information in this questionnaire, and to determine other items of background information.

Any false, misleading or incomplete information substituted for accurate information will be grounds to disqualify you from further consideration in the application process with the St. Louis County Police Department or the St. Louis County and Municipal Police Academy.

I confirm that I have read and that I understand the above, and that all statements and documents presented to the St. Louis County Police Department are true, correct, complete and made in good faith.

Signature

Date

Please indicate position(s) for which you are applying: _____

DIRECTIONS

1. BEFORE YOU BEGIN, read the entire set of directions and listing of documents required for submission. An application checklist is provided on page 10 for your convenience. This is a competitive process, therefore, applications will not be accepted, processed or evaluated unless complete. All addresses and phone numbers must include zip codes and area codes.
2. USE BLACK INK PEN ONLY. Complete this form in your own handwriting. If you need any special accommodations in completing this questionnaire, contact a Personnel officer or the Director, Bureau of Staff Services at 314-615-4273.
3. Read each question carefully before answering. Be certain that your answers are legible.
4. Be certain that each question is answered COMPLETELY and CORRECTLY. Submit all documents as requested. If a question does not apply to you, write "N/A" (not applicable) in the space.
5. Initial EACH page on the bottom right corner.
6. Additional space is provided on Pages 11 and 12 for answers that require clarification or further explanation. All entries on Pages 11 and 12 will begin with page, section number (Roman numerals I-XIII) and question (letters A-L) you are explaining or clarifying.
7. Pursuant to Public Law 93-579, the disclosure of your Social Security Number is completely voluntary. Your refusal to reveal it will in no way affect applications for any job or consideration provided by this Department. The Social Security Number assists the Department in differentiating between applicants with similar or identical names.
8. Upon completion, the questionnaire must be returned to the St. Louis County Police Department Personnel Services Unit, 7900 Forsyth Boulevard, Room B-156, Clayton, Missouri 63105.

I. PERSONAL DATA

FULL NAME	LAST		FIRST		MIDDLE		HOME PHONE
ADDRESS	NUMBER	STREET		CITY	STATE	ZIP CODE	CELL/PAGER
PERMANENT ADDRESS	NUMBER	STREET		CITY	STATE	ZIP CODE	HOME PHONE
AGE	HEIGHT	WEIGHT	HAIR	EYES	DATE OF BIRTH	PLACE OF BIRTH	
E-MAIL ADDRESS		SOCIAL SECURITY NUMBER		OPERATOR'S LICENSE NUMBER		STATE ISSUED	

A. LIST ANY OTHER NAMES YOU HAVE EVER USED:

B. ARE YOU A CITIZEN OF THE UNITED STATES? Yes No

C. WERE YOU NATURALIZED? Yes No

D. LIST FIRST YOUR PRESENT ADDRESS, THEN LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST TEN (10) YEARS, INCLUDING YOUR ADDRESS(ES) IN THE MILITARY SERVICE OR WHILE ATTENDING COLLEGE.

FROM	TO	STREET ADDRESS	CITY/COUNTY	STATE	ZIP CODE

E. HAVE YOU EVER APPLIED FOR A POSITION WITH THIS DEPARTMENT BEFORE? Yes No

IF "YES," DATE OF APPLICATION:

F. HAVE YOU FILED AN EMPLOYMENT APPLICATION WITH ANY OTHER SOURCES WITHIN THE LAST SIX MONTHS?
IF "YES," LIST BELOW: Yes No

DATE	ORGANIZATION/FIRM NAME	ADDRESS/ZIP CODE	POSITION APPLIED FOR	STATUS OF APPLICATION

G. ARE YOU ACQUAINTED WITH ANY ST. LOUIS COUNTY POLICE DEPARTMENT EMPLOYEES?
IF "YES," LIST NAMES BELOW: Yes No

H. BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU APPLIED, DESCRIBED IN THE WRITTEN JOB DESCRIPTION THAT ACCOMPANIED THIS APPLICATION, ARE YOU ABLE TO PERFORM THESE FUNCTIONS? Yes No

II. REFERENCES

LIST FOUR (4) CHARACTER REFERENCES, TWO OF WHOM ARE NEAR YOUR SAME AGE AND ARE NOT RELATIVES, IN-LAWS OR PAST EMPLOYERS WHO HAVE KNOWN YOU WELL DURING THE PAST THREE YEARS OR MORE:

1. NAME	PHONE NUMBER	YEARS ACQUAINTED
RESIDENCE ADDRESS	CITY	STATE
BUSINESS NAME AND ADDRESS	OCCUPATION	
	ZIP CODE	

2. NAME		PHONE NUMBER	YEARS ACQUAINTED
RESIDENCE ADDRESS		CITY	STATE ZIP CODE
BUSINESS NAME AND ADDRESS		OCCUPATION	
3. NAME		PHONE NUMBER	YEARS ACQUAINTED
RESIDENCE ADDRESS		CITY	STATE ZIP CODE
BUSINESS NAME AND ADDRESS		OCCUPATION	
4. NAME		PHONE NUMBER	YEARS ACQUAINTED
RESIDENCE ADDRESS		CITY	STATE ZIP CODE
BUSINESS NAME AND ADDRESS		OCCUPATION	

III. ARREST HISTORY

A. OTHER THAN TRAFFIC CITATIONS, HAVE YOU, AS AN ADULT OR JUVENILE, BEEN ARRESTED, CONVICTED, CHARGED, QUESTIONED, ACCUSED OR DETAINED FOR ANY REASON BY ANY POLICE, SECURITY OFFICER OR MILITARY POLICE AUTHORITY, EITHER IN THE UNITED STATES OR IN ANY FOREIGN COUNTRY? IF "YES," DESCRIBE BELOW AND EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. Yes No

DATE	CHARGE	DEPARTMENT/AGENCY	LOCATION (CITY, COUNTY, STATE)	DISPOSITION

B. WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS OTHER THAN TRAFFIC? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. Yes No

C. HAVE THE POLICE EVER BEEN CALLED TO ANY OF YOUR FORMER OR CURRENT RESIDENCES FOR ANY REASON? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. Yes No

D. HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED CRIME? EXAMPLES OF AN UNDETECTED CRIME INCLUDE, BUT ARE NOT LIMITED TO, THE BUYING OR SELLING OF ILLICIT DRUGS, DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, THEFT, UNDERAGE CONSUMPTION/POSSESSION OF ALCOHOL, ETC. IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. Yes No

E. ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. Yes No

IV. EDUCATION AND SKILLS

A. DO YOU HAVE (CHECK APPROPRIATE BOXES):

GED/HIGH SCHOOL
 3-31 COLLEGE CREDIT HOURS
 32-63 COLLEGE CREDIT HOURS
 64-119 COLLEGE CREDITS
 BACHELOR'S DEGREE
 POST GRADUATE DEGREE

B. STARTING WITH THE MOST RECENT, LIST ALL ELEMENTARY, HIGH SCHOOL, COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED:

MONTH & YEAR ATTENDED		NAME AND LOCATION (STREET, CITY, STATE, ZIP)	# CREDITS COMPLETED	TYPE OF DEGREE	MAJOR	YEAR OF DEGREE
FROM	TO					

C. STUDENT ASSOCIATIONS/ACTIVITIES:

D. HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO LEAVE ANY SCHOOL FOR DISCIPLINARY REASONS? IF "YES," EXPLAIN IN FULL DETAIL ON Pages 11 and 12.

Yes No

E. HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION? IF "YES," EXPLAIN IN FULL DETAIL ON PAGE 4.

Yes No

F. ARE YOU A GRADUATE OF A CERTIFIED POLICE ACADEMY OR LAW ENFORCEMENT TRAINING PROGRAM? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.

Yes No

G. INDICATE LANGUAGES YOU SPEAK, READ AND/OR WRITE, OTHER THAN ENGLISH:

	FLUENT	ABOVE AVERAGE	FAIR
SPEAK			
READ			
WRITE			

H. SPECIAL SKILLS, QUALIFICATIONS AND AWARDS – SUMMARIZE SPECIAL SKILLS, QUALIFICATIONS AND ACCOMPLISHMENTS (INCLUDING CLERICAL SKILLS) THAT YOU WISH TO BE CONSIDERED:

V. EMPLOYMENT HISTORY

A. START WITH YOUR PRESENT OR LAST JOB AND LIST ALL OF THE PLACES YOU HAVE WORKED FOR THE PAST TEN YEARS. LIST ANY ADDITIONAL EMPLOYERS ON PAGES 11 AND 12. IF YOU ARE PRESENTLY EMPLOYED, MAY BE CONTACT YOUR EMPLOYER?

Yes Not at this time

1. EMPLOYER

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

DATES EMPLOYED

HOURLY OR ANNUAL SALARY

JOB TITLE

FROM: _____ TO: _____

START: _____ FINAL: _____

WORK PERFORMED

SUPERVISOR

CO-WORKER

REASON FOR LEAVING

2. EMPLOYER

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

DATES EMPLOYED

HOURLY OR ANNUAL SALARY

JOB TITLE

FROM: _____ TO: _____

START: _____ FINAL: _____

WORK PERFORMED

SUPERVISOR

CO-WORKER

REASON FOR LEAVING

3. EMPLOYER

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

DATES EMPLOYED

HOURLY OR ANNUAL SALARY

JOB TITLE

FROM: _____ TO: _____

START: _____ FINAL: _____

WORK PERFORMED

SUPERVISOR

CO-WORKER

REASON FOR LEAVING

4. EMPLOYER		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER
DATES EMPLOYED FROM: _____ TO: _____		HOURLY OR ANNUAL SALARY START: _____ FINAL: _____	JOB TITLE
WORK PERFORMED		SUPERVISOR	CO-WORKER
REASON FOR LEAVING			

B. HAVE YOU EVER BEEN DISMISSED, FIRED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. HAVE YOU EVER STOLEN ANY MONEY OR MERCHANDISE FROM ANY PLACE OF EMPLOYMENT? INCLUDE FINAL DISPOSITION OF ALL ITEMS (I.E., SOLD, RETAINED FOR PERSONAL USE, RETURNED, ETC.) IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. HAVE YOU EVER BEEN UNEMPLOYED FOR A PERIOD OF TIME IN EXCESS OF SIX MONTHS? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.	<input type="checkbox"/> Yes <input type="checkbox"/> No

VI. ORGANIZATIONAL MEMBERSHIP

A. LIST ALL CIVIC OR SOCIAL ORGANIZATIONS, FRATERNITIES, CLUBS, BROTHERHOODS, SOCIETIES OR GROUPS OF WHICH YOU ARE, OR HAVE BEEN, A MEMBER OR ASSOCIATE. ALSO FURNISH THEIR LOCATIONS.		
NAME OF ORGANIZATION	ADDRESS	OFFICE HELD
B. ARE YOU NOW, OR HAVE YOU BEEN, A MEMBER OF ANY FOREIGN OR DOMESTIC SUBVERSIVE ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR CLUB WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF MISSOURI, BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.		<input type="checkbox"/> Yes <input type="checkbox"/> No

VII. MILITARY STATUS

A. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	B. REGISTRATION NUMBER	C. LOCATION WHERE REGISTERED
D. DO YOU HAVE A CURRENT OBLIGATION WITH THE MILITARY SERVICE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	UNIT	ADDRESS/PHONE
E. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, ROTC, OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? (IF THERE IS MORE THAN ONE PERIOD, LIST THE SEPARATE PERIODS)			<input type="checkbox"/> Yes <input type="checkbox"/> No
MONTH/YEAR ENTERED	BRANCH/ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE
F. WERE YOU EVER REDUCED IN RANK IN THE MILITARY? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.	<input type="checkbox"/> Yes <input type="checkbox"/> No	REDUCED FROM	REDUCED TO
G. WERE YOU EVER COURT MARTIALED? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.			<input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF COURT MARTIAL:	<input type="checkbox"/> Summary <input type="checkbox"/> Special <input type="checkbox"/> General		
SENTENCE RECEIVED:			
HAVE YOU EVER RECEIVED A CAPTAIN'S MAST, COMPANY PUNISHMENT OR ARTICLE 15? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12.			<input type="checkbox"/> Yes <input type="checkbox"/> No

H. HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT? IF "YES," EXPLAIN:	<input type="checkbox"/> Yes <input type="checkbox"/> No

VIII. FINANCIAL STATUS

A. LIST THE SOURCES OF ALL YOUR INCOME AT THE PRESENT TIME:

TYPE OF INCOME	FIRM OR SOURCE NAME	MONTHLY AMOUNT
YOUR SALARY		
OTHER EMPLOYMENT		
DIVIDEND/INTEREST		
MILITARY		
OTHER (Specify)		
TOTAL		

B. IF YOUR SPOUSE IS EMPLOYED, PLEASE COMPLETE THE FOLLOWING:

BUSINESS NAME	BUSINESS ADDRESS	ZIP CODE
PHONE NUMBER	JOB TITLE	MONTHLY SALARY

C. LIST ALL DEBTS AND OBLIGATIONS WHICH YOU NOW OWE, AND THE INDIVIDUALS OR FIRMS WITH WHOM YOU HAVE CREDIT DEALINGS. USE PAGES 11 AND 12 IF ADDITIONAL SPACE IS NEEDED.

OBLIGATION	NAME, ADDRESS, ZIP CODE	ACCOUNT NO.	UNPAID BALANCE	MONTHLY PAYMENT	AMT. PAST DUE
<input type="checkbox"/> Mortgage					
<input type="checkbox"/> Rent					
Auto Payment					
Personal Loans					
School Loans					
Credit Card					
Credit Card					
Credit Card					
Other (Specify)					
Other (specify)					
TOTALS					

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," WRITE DETAILS ON PAGES 11 AND 12. MARK "YES" IF THE QUESTION INVOLVES YOU, YOUR SPOUSE OR ANY EX-SPOUSE.

D. HAVE YOU EVER BEEN DELINQUENT IN ANY OF YOUR FINANCIAL	<input type="checkbox"/> Yes <input type="checkbox"/> No	J. HAVE YOU EVER FILED A LAWSUIT OR HAD A REPRESENTATIVE FILE A LAWSUIT ON YOUR BEHALF?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. HAVE YOU EVER BEEN REFUSED CREDIT?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
F. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	K. HAS YOUR TAX RETURN EVER BEEN AUDITED BY THE IRS FOR ANY REASON OTHER THAN A RANDOM AUDIT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. HAVE YOU EVER FILED BANKRUPTCY?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
H. HAVE YOU EVER BEEN SUED IN COURT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	L. HAVE YOU EVER FAILED TO FILE OR BEEN DELINQUENT IN FILING YOUR TAX RETURN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES, INJURY, LIBEL, ETC., EITHER WITH OR WITHOUT COURT ACTION?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

IX. NARCOTIC AND LIQUOR USAGE

- A. WITHIN THE LAST SIX MONTHS, HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGES BECAUSE OF AN ADDICTION TO ALCOHOL? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. Yes No
- B. WITHIN THE LAST SIX MONTHS, HAVE YOU USED A CONTROLLED SUBSTANCE WITHOUT A PRESCRIPTION? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. Yes No

X. MARITAL STATUS/FAMILY MEMBERS

- A. CHECK YOUR CURRENT MARITAL STATUS. USE ADDITIONAL SPACE ON PAGES 11 AND 12 IF EXPLANATION IS NECESSARY.
 Single Engaged Married Separated Divorced Widowed

IF ENGAGED OR MARRIED, INDICATE THE FOLLOWING INFORMATION RELATIVE TO FINACE(E) OR SPOUSE:

NAME (include maiden name)		DATE OF BIRTH		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER	ANTICIPATED DATE OF MARRIAGE	

IF SEPARATED OR DIVORCED, INDICATE THE FOLLOWING INFORMATION RELATIVE TO EX-SPOUSE:

NAME (include maiden name)		DATE OF BIRTH		ADDRESS	
CITY	STATE	ZIP CODE	PHONE NUMBER	DATE OF SEPARATION/DIVORCE CAUSE #	

IF SPOUSE IS DECEASED, INDICATE THE FOLLOWING INFORMATION:

NAME (include maiden name)				DATE DECEASED	
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- B. LIST ALL CHILDREN AND/OR DEPENDENTS. USE ADDITIONAL SPACE ON PAGES 11 AND 12 IF NECESSARY.

NAME	DATE OF BIRTH	PLACE OF BIRTH	RELATIONSHIP	ADDRESS	WITH WHOM RESIDING	% SUPPORT PROVIDED

- C. DO YOU NOW SUPPORT ALL CHILDREN BORN TO YOU? IF "NO," EXPLAIN. Yes No

- D. ALL EMPLOYEES OF THIS DEPARTMENT WORK A MINIMUM EIGHT-HOUR DAY, FIVE DAYS PER WEEK, 49 WEEKS PER YEAR. ARE YOU ABLE TO MEET THESE REQUIREMENTS WITHOUT EXCESSIVE ABSENCES? Yes No

- E. ARE YOU PRESENTLY LIVING WITH ANYONE ELSE (FRIEND OR RELATIVE)? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. Yes No

- F. HAVE YOU HAD ANY SERIOUS PROBLEMS WITH YOUR RELATIVES OR IN-LAWS? IF "YES," EXPLAIN IN FULL DETAIL ON PAGES 11 AND 12. Yes No

- G. LIST FULL NAME(S) OF YOUR IMMEDIATE FAMILY, SUCH AS FATHER, MOTHER (MAIDEN NAME) BROTHERS AND SISTERS:

NAME	DATE OF BIRTH	RELATIONSHIP	ADDRESS	ZIP CODE	PHONE NUMBER	OCCUPATION

**SECTIONS XI, XII AND XIII ARE TO BE COMPLETED BY POLICE OFFICER, RESERVE OFFICER,
POLICE RECRUIT AND SECURITY OFFICER APPLICANTS ONLY.**

XI. USE OF FORCE

A. IF THE NECESSITY AROSE FOR YOU TO SHOOT A PERSON IN THE COURSE OF YOUR DUTIES AS AN OFFICER, WOULD YOU HAVE ANY RELUCTANCE TO DO SO? IF "YES," EXPLAIN IN DETAIL: Yes No

B. HAVE YOU EVER USED A WEAPON TO DEFEND YOURSELF OR OTHERS? IF "YES," EXPLAIN IN DETAIL: Yes No

C. AS THE NEED TO DO SO MAY ARISE AT ANY TIME, ARE YOU PHYSICALLY CAPABLE OF MAKING A FORCEFUL ARREST REQUIRING PHYSICAL STRENGTH AND EXERTION? Yes No

XII. NARRATIVE

IN 25 TO 50 WORDS, EXPLAIN WHY YOU WISH TO BE A POLICE OFFICER, RESERVE OFFICER OR SECURITY OFFICER:

XIII. DRIVING HISTORY

A. LIST ALL DRIVER'S OR CHAUFFEUR'S LICENSES YOU NOW HOLD OR HAVE PREVIOUSLY HELD, EITHER IN MISSOURI OR ANY OTHER STATE OR COUNTY.

STATE	TYPE OF LICENSE	LICENSE NUMBER	EXPIRATION DATE

B. HAVE ANY OF THE ABOVE LICENSES EVER BEEN SUSPENDED OR REVOKED? IF "YES," EXPLAIN: Yes No

C. LIST ALL DRIVING CITATIONS/TICKETS OR SUMMONSES YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, BEGINNING WITH THE MOST RECENT. IF YOU CANNOT REMEMBER EXACT DATES OR LOCATIONS, GIVE APPROXIMATE DATES AND LOCATIONS.

MONTH/YEAR	CHARGE	CITY/STATE	ISSUING AGENCY/DEPARTMENT	DISPOSITION

D. LIST ALL VEHICLES WHICH YOU OWN, LEASE OR HAVE FOR YOUR PERSONAL USE (INCLUDE MOTORCYCLES).

YEAR	MAKE	MODEL	VEHICLE LICENSE NUMBER	STATE

E. HOW MANY TRAFFIC ACCIDENTS HAVE YOU BEEN INVOLVED IN DURING THE PAST THREE YEARS? GIVE DATES AND EXPLAIN CIRCUMSTANCES OF EACH. USE ADDITIONAL SPACE ON PAGES 11 AND 12 IF NECESSARY.

DATE	CIRCUMSTANCES
DATE	CIRCUMSTANCES

F. LIST ALL INFORMATION RELATIVE TO YOUR CURRENT AUTOMOBILE INSURANCE.

NAME OF COMPANY	ADDRESS	CITY	STATE	ZIP CODE
PHONE #	NAME OF AGENT	POLICY #		EXPIRATION DATE

G. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE OR HAD INSURANCE CANCELLED? IF "YES," EXPLAIN. Yes No

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H. IN THE PAST YEAR, HAVE YOU CHANGED AUTOMOBILE INSURANCE COMPANIES? IF "YES," INDICATE THE FOLLOWING INFORMATION RELATIVE TO YOUR PREVIOUS INSURANCE COMPANY: Yes No

NAME OF COMPANY	ADDRESS	ZIP CODE	PHONE NUMBER	DATE DISCONTINUED
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PERSONAL HISTORY QUESTIONNAIRE (06/06)

APPLICATION CHECKLIST

THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THIS APPLICATION OR EXPLAIN FULLY WHY THEY ARE NOT INCLUDED. ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE ST. LOUIS COUNTY POLICE DEPARTMENT AND WILL NOT BE RETURNED.

1. Completed Certificate of Applicant and Authorization for Release of Information.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Waiver for experienced officers. All applicants currently employed as police officers and who are applying for a police officer position must submit this completed and signed form at the time their application is submitted.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Tax information Authorization (Form 4506-T).	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Certified copy of birth certificate (state issued with raised impression, certified or notarized copy). If you are applying for a civilian position, a photo copy is acceptable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Copies of all educational transcripts. High school and college must have a raised seal affixed. If you are applying for a civilian position, a student copy is acceptable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Copy of military discharge papers – DD Form 214.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Two recent photos of yourself. Polaroid, Photo booth pictures are acceptable. <i>Please do not submit group photos or copies of ID's</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Special awards.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Naturalization papers (if applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Copy of your Social Security card.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Copy of any licenses including valid state issued motor vehicle operator's , pilot's license, radio operator's license.	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF YOU ARE UNABLE TO FURNISH ANY OF THESE DOCUMENTS, PLEASE EXPLAIN:

DOCUMENT NUMBER	REASON FOR EXCLUSION

USE THIS PAGE FOR ANY ADDITIONAL INFORMATION. LIST QUESTION NUMBER TO WHICH THE ADDITIONAL INFORMATION APPLIES. PUT YOUR INITIALS AT THE END OF EACH ITEM AND AT THE BOTTOM OF THIS PAGE.

QUESTION NUMBER			ADDITIONAL INFORMATION
PAGE (1-9)	SECTION (I-XIII)	LETTER (A-L)	

Request for Transcript of Tax Return

▶ Request may be rejected if the form is incomplete or illegible.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Return or Account Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.
St. Louis County Police Department – 7900 Forsyth Blvd., St. Louis, MO 63105 – Attn: Personnel Unit – (314) 615-4273

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ **1040**

- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days
- c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Phone number of taxpayer on line 1a or 2a

▶ Signature (see instructions)	Date	
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)		
▶ Spouse's signature	Date	

Sign Here

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

CAUTION. Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note. If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Return or Account Transcript" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	512-460-2272
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	559-456-5876
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	816-292-6102

Chart for all other transcripts

If you lived in or your business was in:

Mail or fax to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P. O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party—Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

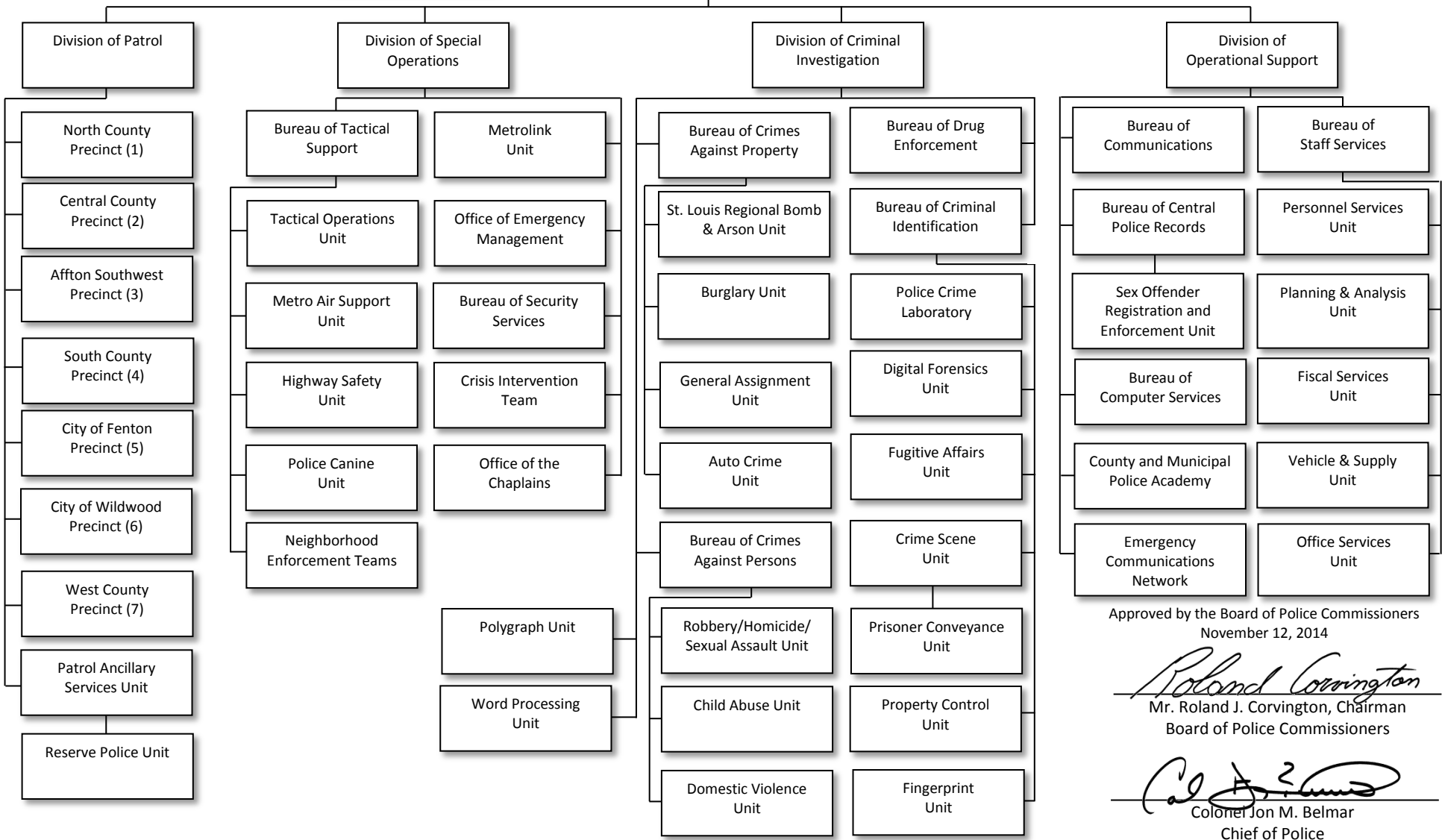
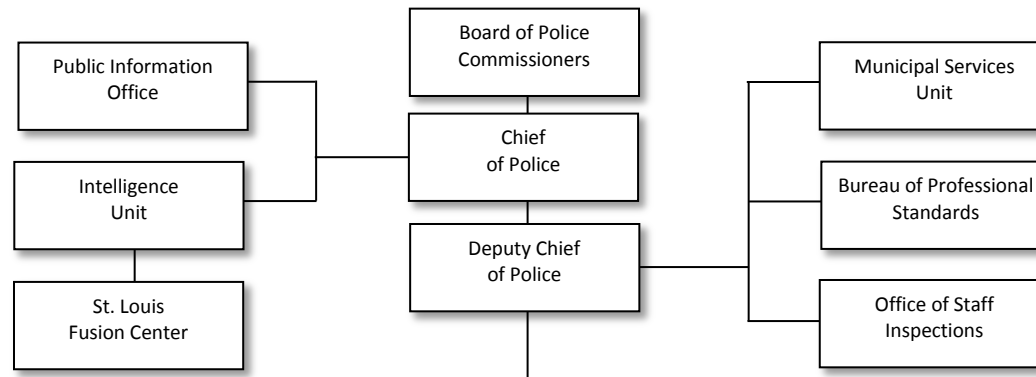
You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.



Approved by the Board of Police Commissioners
November 12, 2014


Mr. Roland J. Corvington, Chairman
Board of Police Commissioners


Colonel Jon M. Belmar
Chief of Police