

SECTION 4.000

APPLICATION AND SELECTION

4.001 **HIRING**

- A. The Appointing Authority for the Sheriff's Department is the Sheriff.
- B. Minimum Qualifications
 - 1. All applicants for deputy sheriff must be twenty-one (21) years of age at the time of application.
 - 2. All applicants must be a high school graduate or possess a certificate of equivalency.
 - 3. An Applicant may not have been convicted of a felony or have an indictment or information pending against him/her. Nor may an applicant be prohibited from carrying a firearm pursuant to an order of protection currently in effect. Any order of protection currently in effect against an applicant must be disclosed by the applicant.
 - 4. All applicants must be a resident of the City of St. Louis at the time of application or become a resident of the City of St. Louis within ninety days after date of hire.
- C. The Sheriff's Department is an equal opportunity employer. It does not discriminate on the basis of race, color, ancestry, national origin, sex, sexual orientation or disability.
- D. All employees of the Sheriff's Department are employees "at will" and can be discharged for any reason or for no reason, provided such discharge is not for an illegal reason.
- E. Prior to hiring, all applicants must:
 - 1. Complete an application for employment with the Sheriff's Department. Applications are available online and at the Sheriff's Office, Carnahan Courthouse, 1114 Market Street, Suite 112. Applications can be mailed, or delivered to, the Sheriff's Office.

2. Undergo testing, examination and/or evaluation in order to determine the applicant's qualifications for the position.
3. Undergo an oral interview with the Sheriff and/or his designee(s).
4. Undergo a background investigation, including a credit history check.
5. Undergo a physical abilities test. (NOT applicable for clerical or administrative staff and waivable at the discretion of the Sheriff)
6. Undergo a review by the Court.
7. Undergo a medical exam, including a drug screen once offered employment.

F. Probationary Period

All newly hired deputies must serve one year of probation within which they must successfully complete a training course prescribed by Missouri Law at a Police Academy that is POST certified, instruction by the Sheriff's Department that covers the Sheriff's Department's policies and procedures, and firearms training. Deputies will remain unarmed until successful completion of the firearms training. Once his/her probationary period is successfully completed, the deputy will be fully commissioned.

G. The above qualifications may be further reviewed, revised, or waived at the discretion of the Sheriff.

Dear Applicant:

When filling out the application make sure you have all the correct contact phone numbers, addresses and zip codes for your personal references and previous employers.

Be sure to list the dates you were employed from and to with an employer.

Any time of unemployment must be listed also.

A resume may be substituted for employment history but must contain all of the info as listed on the application.

In order to process your application in the most expedient manner we will need the following documents submitted along with your completed application.

1. Proof of City Residency. Preferably your voter registration card, if you are not a registered voter you will need to register.
2. Copy of your High School Diploma, GED or College Diploma
3. Copy of your Military Discharge DD-214 if applicable.
4. Copy of your Missouri Driver's License.
5. Proof of Automobile Insurance.
6. Copy of your Social Security Card, Passport, Birth Certificate, or any other acceptable documents by the Department of Homeland Security.

If you fail to provide any of the information as requested, your application will be rejected.

The application process is six parts in all. 1. Application 2. 65 Question Multiple Choice Test 3. Background check 4. Physical Ability Test if applying for a Deputy Sheriff's position 5. Oral Interview 6. Review by the Courts hiring committee.

If you have any questions about the process contact Deputy Timothy Hail at 314-622-4131.

Your Cooperation is greatly appreciated!

Vernon Betts

Sheriff City of St. Louis



**ST. LOUIS CITY SHERIFF'S DEPARTMENT
VERNON BETTS, SHERIFF**

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file for one year. Your application may be disqualified from further processing if you intentionally make a false statement of a material fact or any attempts to practice deception or fraud on this application. All entries, except signature, must be printed legibly with ink.

PERSONAL INFORMATION

DATE OF APPLICATION

MONTH DAY YEAR

NAME _____
LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME AND/OR ALIAS _____

ADDRESS _____ **PHONE ()** _____

CITY/STATE/ZIP _____ **BUS. PHONE** _____

SOCIAL SECURITY # _____ **DATE OF BIRTH** _____

Height: _____ **Weight:** _____ **Position applying for: Deputy Sheriff or Clerical Office**

ARE YOU A CITIZEN OF THE UNITED STATES? YES _____ NO _____

ARE YOU A RESIDENT OF THE CITY OF ST. LOUIS? YES _____ NO _____

WILL YOU WORK ANY SHIFT? YES _____ NO _____

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? YES _____ NO _____

IF YES – APPROXIMATE DATES _____

ARE YOU PRESENTLY EMPLOYED WITH THE CITY OF ST. LOUIS? YES _____ NO _____

IF YES – WHERE? _____

EDUCATION HISTORY: (CIRCLE HIGHEST LEVEL COMPLETED)

HIGH SCHOOL 9 10 11 12

DID YOU GRADUATE? YES _____ NO _____

IF NO, DO YOU HAVE A GED YES _____ NO _____

COLLEGE 1 2 3 4 Masters Degree or above? YES _____ NO _____

OTHER: CERTIFICATIONS, SKILLS, ETC.

The St. Louis City Sheriff's Department is an equal opportunity employer. Federal Law prohibits discrimination in employment practices. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, sex, age, handicap or national origin.

EDUCATION HISTORY: (CONTINUED FROM PAGE ONE)

List all High Schools and Colleges in the Order attended.

FROM	TO	SCHOOL	ADDRESS	LAST TERM

WILL YOU BE ABLE TO FURNISH THE SHERIFF'S DEPARTMENT WITH A HIGH SCHOOL DIPLOMA OR A GED CERTIFICATE? YES _____ NO _____

REFERENCES:

Name 3 people, other than relatives, that have known you for the past five years.

#1 Name: _____	Address _____
	City _____ State _____ Zip _____
Occupation _____	Phone# _____

#2 Name: _____	Address _____
	City _____ State _____ Zip _____
Occupation _____	Phone # _____

#3 Name _____	Address _____
	City _____ State _____ Zip _____
Occupation _____	Phone # _____

Do you have any objections to the Sheriff's Department contacting any or all of the above references?

Yes () No ()

EMPLOYMENT APPLICATION

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EMPLOYMENT HISTORY:

List your complete work history for the past ten years. Begin with your current employer, Section A, and continue down thru Section E.

MONTH/DATE/YEAR	EMPLOYER
A. FROM: TO:	NAME _____ ADDRESS _____ ZIP _____ POSITION _____ SUPERVISOR _____ PHONE NUMBER _____ SALARY _____ REASON FOR LEAVING _____
B. FROM: TO:	NAME _____ ADDRESS _____ ZIP _____ POSITION _____ SUPERVISOR _____ PHONE NUMBER _____ SALARY _____ REASON FOR LEAVING _____
C. FROM: TO:	NAME _____ ADDRESS _____ ZIP _____ POSITION _____ SUPERVISOR _____ PHONE NUMBER _____ SALARY _____ REASON FOR LEAVING _____
D. FROM: TO:	NAME _____ ADDRESS _____ ZIP _____ POSITION _____ SUPERVISOR _____ PHONE NUMBER _____ SALARY _____ REASON FOR LEAVING _____
E. FROM: TO:	NAME _____ ADDRESS _____ ZIP _____ POSITION _____ SUPERVISOR _____ PHONE NUMBER _____ SALARY _____ REASON FOR LEAVING _____

Do you have any objections to the Sheriff's Department contacting your current employer or any previous employer?

Yes () No ()

MILITARY SERVICE INFORMATION:

ARE YOU REGISTERED WITH THE U.S. SELECTIVE SERVICE? YES () NO ()

If you served in the Armed forces of the United States complete the requested information listed below.

Branch	Serial #	From	To	Rank	Duty	Type of Discharge

Do you have an Honorable Discharge from the Service? Yes () No ()

If not an Honorable Discharge, please explain below.

EMPLOYMENT APPLICATION

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MILITARY SERVICE INFORMATION (CON'T):

IF YOU ARE NOW ACTIVE IN A RESERVE UNIT OR NATIONAL GUARD, AND ARE REQUIRED TO ATTEND MILITARY TRAINING MEETINGS PLEASE DESCRIBE CONDITIONS.

WEEKLY () MONTHLY () SEMI-MONTHLY () ANNUALLY ()

ARREST INFORMATION: YOU ARE TO ANSWER HONESTLY AND TO THE BEST OF YOUR KNOWLEDGE THE FOLLOWING INFORMATION. SECTION 610.120 RSMO. AUTHORIZES LAW ENFORCEMENT AGENCIES TO HAVE ACCESS TO THOSE RECORDS. Which includes Suspended Imposition of Sentence (SIS) probation. Failure to list any and all arrest could result in your application being rejected.

Indicate below all arrests, charges and court dispositions including SIS probation, etc.

DATE	CITY AND STATE	CHARGES	DISPOSITION

Is there any additional arrest information you choose to voluntarily disclose. Please do so below.

Additional information:

OTHER PERSONAL DATA

Driver's License Information

Operator's License# _____ State issued _____

Chauffeurs License# _____ Expires _____

Have you ever had your Operators or Chauffeurs License Suspended? Yes () No ()

If you answered yes to the last question, explain in detail.

Do you now use any narcotics, marijuana, barbiturates or any prescription drugs that would impair your duties, if appointed to the St. Louis City Sheriff's Department? Yes () No ()

Do you use intoxicating liquor? Never () Occasionally () Regularly ()

EMPLOYMENT APPLICATION

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RESIDENCY POLICY: St. Louis City Sheriff's Department Manual – Section 4.000 – Subsection 4.001-B-4

I the undersigned fully understand that it is the established policy of the the St. Louis City Sheriff's Department that employees must be a resident of the City of St. Louis, and that I will continue to reside within the City of St. Louis during the tenure of my employment. I further understand that employees who are not City residents during the entire time of their employment are subject to termination.

RELEASE OF PERSONAL INFORMATION: St. Louis City Sheriff's Department Manual – Section 4.001-E-4

I further agree to furnish the St. Louis City Sheriff's Department any information necessary concerning myself, including, but not limited to all records of my Employment, School Transcripts, Police, Military and Medical Records. This includes all information of a confidential or privileged nature if it is requested. This information can be used to assist this Department in determining my qualifications and fitness for employment. I further agree to release the St. Louis City Sheriff's Department from any liability or damage that may result from furnishing the information requested.

OVERTIME COMPENSATION: St. Louis Sheriff's Department Manual - Benefits Section -Compensatory Time.

I further understand that is the established policy of the St. Louis City Sheriff's department to provide Compensatory time off in lieu of cash compensation as permitted by the 1985 amendments to the Fair Labor Standard Act. I have been made aware of this overtime compensation policy prior to performing work and voluntarily agree to it as a condition of my employment.

DRUG TESTING: St. Louis City Sheriff's Department Manual – Section 6.000 – Subsection 6.007.

I further acknowledge that if appointed to the Sheriff's Department I will be subject to Mandatory and Random drug testing.

Physical Abilities Test: St. Louis City Sheriff's Department Manual – Section 4.000 – Subsection 4.001-E-5. I must meet all of the requirements for and successfully complete the (PAT) test conducted at the St. Louis Police Academy. Only Clerical positions are Exempt from this requirement.

I have read all the above and have been given a copy of Section 4 of the Sheriff's manual which lists all of the Qualifications for the Application and Selection Process and I fully understand such to be the requirements for consideration of employment with the St. Louis City Sheriff's Department and agree to be bound thereby.

Signature

Month

Date

Year



St. Louis City Sheriff's Department

Vernon Betts Sheriff

Carnahan Courthouse

1114 Market St. Suite 112

St. Louis, Mo 63101-2040

PHYSICAL ABILITIES TEST REQUIREMENTS

I, _____, hereby acknowledge that I have been advised that I must be in good physical condition at the time my application for the position of Probationary Deputy Sheriff is submitted. I acknowledge that I have been further advised that, if I am not in good physical condition, I may be at risk of physical injury and/or medical difficulties when participating in the Physical Ability Test and on the job and, therefore I must seek the advice of my physician and have them complete the Medical Release Form before proceeding in the examination process.

I understand that, for purposes of my employment application, "good physical condition" means:

1. I have no medical condition or risk factor that would be aggravated by exercise or pose an immediate risk when coupled with exercise, have answered "NO" to all seven questions on the PAR-Q questionnaire presented on Page 3 and have none of the major signs or symptoms of underlying risk factors identified on Page 3.
2. I have been evaluated with respect to any known medical condition or risk factor, have received certification from a physician specifying that participation in the Physical Abilities Test poses no significant risk, and have provided notification of my condition/risk factor and physician's certification to the St Louis City Sheriff's Department.
3. I am taking any prescribed medical or health precautions I am required to take to safely participate in the Physical Ability Test.
4. My weight is within an acceptable range for a person of my height and body structure based on the height-weight scales and or body fat percentage standards adopted by the St. Louis Sheriff's Department and presented in the height-weight/body fat chart.

I further acknowledge that, in addition to the requirement that I must be in "good physical condition," I will also be required to successfully complete the St. Louis City Sheriff's Department Physical Abilities Test whenever required to do so during the period in which my application is being processed. I understand that failure to pass the Physical Abilities Test may result in disqualification from the employment process, or in my application being placed in an "inactive" status until such time as I can meet the St. Louis City Sheriff's Department fitness requirements.

**St Louis City Sheriff's Department
PHYSICAL ABILITIES TEST REQUIREMENT**

(Continued)

(Initial each line below)

_____ I am in good physical condition as defined above and wish to proceed with the Physical Abilities Test at this time. I acknowledge that I have read and understand the factors that can pose a medical/health risk when taking the Physical Abilities Test and the requirements for being in "good physical condition". I do understand that the Physical Abilities Test is physically demanding and, as with any exercise, poses potential health risks which I accept. If my participation in the Physical Abilities Test (PAT) results in any physical injury or negative consequence to myself, I agree to release and hold harmless the St. Louis City Sheriff's Department and the St. Louis Metropolitan Police Department, their employees, agents, or representatives from all liability, claims, lawsuits, cost, and expenses which could be claimed as a result from my participation in the PAT, with the exception of any workers compensation benefits to which the undersigned would otherwise be legally entitled.

_____ I must first secure a Physician's certification indicating that I am medically cleared for participation in the Physical Abilities Test (e.g. height-weight/body fat) before any time will be set to take the (PAT).

_____ If I do not wish to participate in the Physical Abilities Test. I understand that this decision may disqualify me from further consideration in the St. Louis Sheriff's Department selection process.

Applicant's Signature

Date

Witness Name (Please Print)

Date

Witness Signature

PHYSICAL ABILITIES TEST REQUIREMENT
(Continued)

Physical Activity Readiness Questionnaire (PAR-Q)¹

	Circle one	
1. Has a doctor ever said you have a heart condition and recommended only medically supervised physical activity?	YES	NO
2. Do you have chest pain brought on by physical activity?	YES	NO
3. Have you developed chest pain within the last month?	YES	NO
4. Do you tend to lose consciousness or fall as a result of dizziness?	YES	NO
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?	YES	NO
6. Has a doctor ever recommended medication for your blood pressure or a heart condition?	YES	NO
7. Are you aware, through your own experience or a doctor's advice, of any other physical reason why you should avoid exercising without medical supervision?	YES	NO

If you answered YES to any of these seven questions, vigorous exercise and physical testing should be postponed until medical clearance is obtained.

Question #7 of the PAR-Q is an open-ended question which covers medical and physical problems which make further medical screening necessary. Many individuals may question whether certain conditions are important enough or severe enough to warrant seeing their doctor. The table on the next page provides additional information, including an indication of signs and symptoms suggestive of underlying diseases, risk factors for heart disease which in combination, suggest the need for medical screening, and a list of conditions which may increase the risk of complications during exercise.

¹From: Thomas, S., J. Reading, and R.J. Shephard. *Revision of the Physical Activity Readiness Questionnaire (PAR-Q)*. Canadian Journal of Sport Science 17:338-345, 1992.

**PHYSICAL ABILITIES TEST REQUIREMENT
(Continued)**

Height and Weight

The first part of this section identified medical conditions that would pose a risk to candidates while participating in physical activity. In addition to the medical conditions, there are a number of general health factors which can be used to assess your current level of fitness and help determine whether you are ready to participate in the PAT and perform the physical activities required of Deputy Sheriff's on the job. One such factor is to review the height and accompanying weight chart presented below. Falling outside of the weight ranges or the body fat percentage, may not prevent you from participating in the PAT but it may be an indicator of potential risks when participating in the fitness program provided in this guide and during the PAT. If you are concerned about your current weight or amount of body fat or exhibit high levels beyond the guidelines suggested, you should seriously consider consulting a physician and or engaging in a weight control program (see next section) prior to initiating a rigorous fitness program and taking the PAT. In addition, if you have numerous warning signs or fall well outside the desired levels, you may need to reconsider whether you are capable of completing a fitness program and the PAT in the near future, and handling the physical demands of serving as a Deputy Sheriff on a daily basis.

HEIGHT AND ACCOMPANYING WEIGHT RANGES*

MALES		FEMALES	
Height	Weight	Height	Weight
5'0"	106 - 146	5'0"	96 - 138
5'1"	109 - 151	5'1"	99 - 141
5'2"	111 - 155	5'2"	102 - 144
5'3"	114 - 159	5'3"	105 - 149
5'4"	117 - 163	5'4"	108 - 152
5'5"	120 - 167	5'5"	111 - 156
5'6"	124 - 173	5'6"	114 - 160
5'7"	128 - 178	5'7"	118 - 165
5'8"	132 - 183	5'8"	122 - 169
5'9"	136 - 187	5'9"	126 - 174
5'10"	140 - 193	5'10"	130 - 179
5'11"	144 - 198	5'11"	134 - 185
6'0"	148 - 204	6'0"	138 - 190
6'1"	152 - 209	6'1"	142 - 195
6'2"	156 - 215	6'2"	146 - 200
6'3"	160 - 220	6'3"	150 - 205
6'4"	169 - 231	6'4"	154 - 210
6'5"	174 - 238		
6'6"	179 - 247		
6'7"	184 - 256		

*If the desirable weight range is not achieved, you may also want to consider your percentage of body fat. The acceptable percentage of body fat is up to 19% for men and up to 23% for women.

**PHYSICAL ABILITIES TEST REQUIREMENT
(COMPONENTS)**

Run the perimeter of the Police Academy Gymnasium (approximately 230 yards), then negotiate the following obstacles:

Jump over a one (1) foot hurdle,
Jump over a two (2) feet hurdle,
Negotiate around a cone,
Jump a four (4) feet long jump,
Negotiate around cone,
Walk down a six (6) inch by six (6) inch by eight (8) feet beam,
Negotiate around a cone,
Approach a mat, drop down and touch chest to the floor, stand up and touch shoulder blades to the floor, stand up,
Negotiate around cone,
Jump or climb over a four (4) feet wall,
Negotiate around a cone,
Go up stairs (6 up and 6 down),
Repeat stairs,
Advance to power training machine, push 75 pounds, walk in a semi-circle, pull 75 pounds, walk in a semi-circle,
Drag 150 lb. dummy 50 feet,
Sprint 50 feet, and
Dry fire weapon five (5) times with each hand.

The test is approximately 444 yards or $\frac{1}{4}$ of a mile in length. Performing all portions of the test properly and finishing in four (4) minutes and eight (8) seconds or less will be considered a passing score.

Although the test may appear relatively easy, you are encouraged to thoroughly condition yourself before attempting to take the test. Cardiovascular fitness, strength and endurance would be of particular benefit to you.

St. Louis City Sheriff's Department

Pre-employment

Medical Release Form

Applicant's Name: _____
(Please Print)

Date of Birth: _____ Today's Date: _____

I deem the above Applicant of the St. Louis City Sheriff's Department to be in good physical health and without physical limitations or restrictions. Therefore, after reviewing the outline of the test listed below, I am releasing the above listed Applicant to take the Pre-employment St. Louis City Sheriff's Department Physical Abilities Test with-in the next 3 months.

Releasing Physician's Signature: _____

Releasing Physician's Full Name (Print): _____

Releasing Physician's Office Address: _____

Releasing Physician's Office Phone Number: _____

A blood pressure reading is taken immediately before the test. Your patient will not be allowed to take the test if their blood pressure is at or above 140/90.

If they take medication for hypertension please indicate in the space below the highest acceptable blood pressure reading with a maximum of 160/100, considered safe for your patient to take the test.

The applicant can perform the test if the blood pressure reading immediately prior to the test is at or below _____/_____. (Required for participation in the test if the applicant is hypertensive.)

Test Components

In less than four minutes and eight seconds run around the perimeter of the Police Academy Gymnasium two times (approximately 230 yards) and then negotiate the following obstacles:

1. Jump over a one foot hurdle:
2. Jump over a two foot hurdle:
3. Negotiate around two cones:
4. Jump a four foot long jump:
5. Negotiate around a cone:
6. Walk across a six inch wide beam eight feet long:
7. Negotiate around two cones:
8. Approach a mat, drop down, touch chest to floor, stand up:
Drop down on back, touch shoulder blades to floor, stand up:
9. Negotiate around a cone:
10. Jump or climb over a four foot wall:
11. Negotiate around a cone:
12. Go up six stairs then down six stairs:
Repeat the stairs:
13. Advance to power training machine, push 75 pounds, walk in a semi-circle
pull 75 pounds, walk in a semi-circle:
14. Drag 150 lb. dummy 50 feet:
15. Sprint 50 feet: and
16. Dry fire a weapon five times with each hand.

This form must be faxed to the Sheriff's office by the Physician signing off.

Fax #314-622-4839 Attn: PAT. TEST

St. Louis City Sheriff's Department

Physical Abilities Test

