

## MID-STATES ORGANIZED CRIME INFORMATION CENTER (MOCIC)

2255 W. Sunset Street  
Springfield, MO 65807  
application@mocic.riss.net



# APPLICATION FOR EMPLOYMENT Law Enforcement Coordinator II-Kansas

### PLEASE REVIEW THE FOLLOWING BEFORE COMPLETING THIS APPLICATION

You must save the fillable pdf as a new pdf document before you return it to MOCIC to make sure all your answers are visible.

**DO NOT** attach resume with this application. All applicants are rated only from the information contained in this application

**IMPORTANT NOTE:** MAKE SURE YOUR COMPLETE ANSWER IS VISIBLE ON THE APPLICATION. YOUR ANSWER MUST BE VISIBLE TO BE CONSIDERED. If you need additional room to provide a complete answer, you may submit the answer in a separate electronic document (in Word or PDF format) as necessary. If you are including a separate electronic document as part of this application, you must include a reference to the name of the attached document in the question to which it refers.

Completed applications should be returned to applications@mocic.riss.net and must be received by

**Monday, July 29, 4:00 p.m.**

**We consider applicants for all positions without regard to race, color, sex, religion, national origin, age marital or veteran status, the presence of a disability or any other legally protected status.**

**Last Name:**

**First Name:**

**Middle Name:**

**Street Address:**

**City:**

**State:**

**Zip:**

**Telephone - Business:**

**Home:**

**Cell:**

**E-mail:**

Are you over 17 years old?

**Yes**

**No**

Are you eligible to work in the United States either because you are a U.S. citizen or have U.S. government permission to do so?

**Yes**

**No**

*NOTE: If offered employment, you will be required to provide documentation to verify eligibility. Failure to provide the requested documentation may result in a determination the applicant is ineligible for employment in the United States.*

[For office use only – Tracking #:

Last Name:

First Name:

Have you ever worked for MOCIC before? **Yes** **No**

If yes, please provide dates and position(s) held:

Please provide the name and relationship of any relatives currently employed with MOCIC.

Have you had any past involvement with MOCIC? **Yes** **No**

If yes, please describe that involvement.

Most MOCIC positions require a valid driver's license. Do you have a valid driver's license? **Yes** **No**

**License #:** **Type:** **State:**

Are you a Veteran of Military Service? **Yes** **No**

If yes, please list branch and dates of service.

## **EDUCATION**

Did you graduate from high school? **Yes** **No**

If not, do you possess a GED or equivalent? **Yes** **No**

### **Post-Secondary/Graduate**

University/College/Trade School/Graduate School Name and Location	Course of Study	Units Completed		Diploma, Degree or Certificate Obtained	Dates Attended and/or Completed
		Semesters	Quarters		

Last Name:

First Name:

## **SKILLS AND SPECIALIZED TRAINING**

Explain why you believe you meet the qualifications for this position described in the job advertisement reproduced below. Use examples if possible.

*We are seeking a highly motivated, enthusiastic and outgoing individual with established and trusted relationships with criminal justice professionals... Applicants must have exceptional and demonstrated presentation and communications skills, as well as a personable and professional demeanor. Demonstrated skill in electronic communication (e-mail, video mail, webinars etc.) is required, as is a high level of computer proficiency. Law enforcement/criminal justice experience is beneficial and preferred.*

Last Name:

First Name:

Describe your computer skills and experience. Identify any operating systems and or software you have used. Specify your experience level for each identified item (B-Beginner, I-Intermediate, E-Expert.)

Describe any other specialized training, apprenticeship, skills, and extra-curricular activities that might benefit you in this position. Include any and all information that you feel may relate to the position for which you are applying.

Last Name:

First Name:

## Work History

List your COMPLETE work history, beginning with your current or most recent job and list each job separately. You may include military and volunteer experience. Use additional document if necessary. Failure to give your complete work history or complete information regarding each job held may result in your disqualification.

From (mm/yyyy)	To (mm/yyyy)	Company Name	
Hours per Week	Company Phone	Company Address, Including City, State and Zip	
Salary Earned		Position Held	Supervisor
\$	Per		

Describe your Duties:

Reason for Leaving:

From (mm/yyyy)	To (mm/yyyy)	Company Name	
Hours per Week	Company Phone	Company Address, Including City, State and Zip	
Salary Earned		Position Held	Supervisor
\$	Per		

Describe your Duties:

Reason for Leaving:

Last Name:

First Name:

From (mm/yyyy)	To (mm/yyyy)	Company Name	
Hours per Week	Company Phone	Company Address, Including City, State and Zip	
Salary Earned \$                      Per		Position Held	Supervisor

Describe your Duties:

Reason for Leaving:

From (mm/yyyy)	To (mm/yyyy)	Company Name	
Hours per Week	Company Phone	Company Address, Including City, State and Zip	
Salary Earned \$                      Per		Position Held	Supervisor

Describe your Duties:

Reason for Leaving:

From (mm/yyyy)	To (mm/yyyy)	Company Name	
Hours per Week	Company Phone	Company Address, Including City, State and Zip	
Salary Earned \$                      Per		Position Held	Supervisor

Describe your Duties:

Reason for Leaving:

Last Name:

First Name:

From (mm/yyyy)	To (mm/yyyy)	Company Name	
Hours per Week	Company Phone	Company Address, Including City, State and Zip	
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Hours per Week	Company Phone	Company Address, Including City, State and Zip	
Salary Earned \$                      Per		Position Held	Supervisor

Describe your Duties:

Reason for Leaving:



Last Name:

First Name:

Have you ever been disciplined, fired or asked to resign from any job?

**Yes**

**No**

If yes, please explain.

Explain why you believe you would be an excellent Law Enforcement Coordinator II?

Last Name:

First Name:

Give the names, addresses and telephone numbers of three (3) references who are not related to you and are not previous employers or co-workers.

REFERENCE 1

Name:

Phone:

Street Address:

City:

State:

Zip:

REFERENCE 2

Name:

Phone:

Street Address:

City:

State:

Zip:

REFERENCE 3

Name:

Phone:

Street Address:

City:

State:

Zip:

May we contact your present employer?

**Yes**

**No**

How did you find out about this job opening?

**INSTRUCTIONS FOR SIGNING THIS APPLICATION USING ACROBAT READER:**

After you have filled out the document, click the "Sign" link in the upper right hand corner.

In the "I Need to Sign" drop down list, click "Place Signature"

A box will pop up and ask you "How would you like to create your signature?" You can either choose "Type my Signature", then Enter Your Name in the appropriate box. Then click Accept and place it on the signature line.

OR

You can choose "Draw My Signature" and draw your signature using your mouse. Then click Accept and place it on the signature line.

**APPLICANT'S CERTIFICATION AND AGREEMENT  
AUTHORIZATION TO RELEASE INFORMATION  
CONDITIONS OF EMPLOYMENT**

I hereby declare the information provided by me in this application is true and complete, and I understand that misrepresentations, omissions of facts, or falsification of this information are grounds for refusal to hire, or if hired, terminated.

I authorize any persons or organizations to give Mid-States Organized Crime Information Center (MOCIC) or its representatives any and all information concerning my current and/or previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you. This release also covers the results of any tests or exams, written or oral, I may be requested to take.

I authorize MOCIC or its representatives to request, receive, and verify all information given in this application.

If I am employed by MOCIC, I agree to conform to the policies, rules, and regulations of the government set forth in the Mid-States Organized Crime Information Center Personnel Policy and Administrative Operating Guidelines and Standard Operating Procedures, and acknowledge that these policies, rules, and regulations may be changed, withdrawn, or added to by the employer at any time, at the employer's sole option.

I further acknowledge that if I am employed by MOCIC, my employment will be at will and may be terminated with or without cause at any time.

Signature: \_\_\_\_\_

Date: