

**CITY OF MOBERLY
QUALIFICATION FORM
FOR APPLICANTS FOR COMMISSIONED POLICE OFFICER**

Amendments to the federal Gun Control Act prohibit any person who has ever been convicted of a misdemeanor involving domestic violence from possessing any firearm or ammunition. The law defines a misdemeanor crime of domestic violence as an offense, under either state or federal law, where the crime has “as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with the victim as a spouse, parent or guardian, or by a person similarly situated to a spouse, parent or guardian of the victim.”

Have you ever been convicted of a misdemeanor crime of domestic violence?

Yes _____ **No** _____

You have a duty to complete this form and sign before a City of Moberly Personnel Department employee or a Notary Public. If you refuse to answer, your application will not be considered. If you answered yes, you are not eligible to be a commissioned Police Officer for the City of Moberly. The answer you give and information or evidence resulting therefrom may be used against you in a prosecution for knowingly and willfully providing false statements or information.

I hereby certify that the above information is true, correct and complete based on my personal knowledge and belief.

Name (print or type) _____

Date _____

Signature _____

Subscribed and sworn to before me the ____ day of _____, 20____.

Commissioned in _____ County, Missouri.

Notary Public _____

Or

Personnel Department Employee: _____

PEACE OFFICER CERTIFICATION ASSURANCES

I do attest that I am a Certified Peace Officer in the State of Missouri. I do meet the requirements set by Chapter 590 RSMo and by the Peace Officers Standards and Training Commission of the State of Missouri.

I hereby certify that the above information is true, correct and complete.

Name _____

DOB _____

Signature _____

SSN _____

Signed and Sworn before me this ____ day of _____, 20____.

Commissioned in _____ County, Missouri.

Notary Public _____

Or

Personnel Department Employee _____