CITY OF JOPLIN AGREEMENT FOR LATERAL POLICE OFFICER FOR PAYMENT OF RECRUITMENT INCENTIVE

EMPLOYEE'S NAME:	nt: (FIRST MI. LAST)
Pri	nt: (FIRST MI. LAST)
	RECRUITMENT INCENTIVE:
Ι,	, understand that I am being employed by the City of
Joplin Police Department as a Po	lice Officer and I meet the following guidelines to be considered as a
lateral police officer:	
1) Have successfully passed	the Missouri Peace Officer License Exam and have received my
Missouri Peace Officer I	cicense and/or,
2) Have previously worked in	in the position of Police Officer for a law enforcement agency in the last
5 years and meet the Mis	souri eligibility requirements to undergo the Missouri Police Officer
Licensing Exam and/or,	
3) Currently enrolled and att	ending a Missouri P.O.S.T. approved law enforcement academy
And that upon being hired by the	e City of Joplin, I am eligible to participate in the City of Joplin's Lateral
Police Officer Recruitment Incen	tive Program. The recruitment incentive program offers a \$10,000
payment to eligible lateral police	officers for being hired by the City of Joplin. I understand that to
receive the \$10,000 payment, I m	nust meet the following requirements:
1. Complete a City of Joplin application for employment, and	
2. Complete all stages of the LATERAL police officer hiring process, and	
3. Complete all In-House Ad	cademy training, and
4. Complete all required pha	ases of the Field Training Officer (FTO) program.
And, as a condition of receiving	the recruitment incentive payment, I will commit to two (2) years of full-
time employment for the City of	Joplin as a Police Officer. If I do not fulfill my commitment of two (2)

years of full-time employment, I will be required to forfeit any accrued leave balances to offset any		
financial obligations based upon a pro-rated	amount of the remaining commitment.	
I have read this agreement in full and understand the requirements, terms and conditions set forth herein.		
I hereby elect to: (check one)		
the completion of all terms and or	the \$10,000 recruitment incentive program payment following conditions.	
Employee's Signature	Date	
	, 20 before me, a notary public, personally appeared to me known to be the person described in and who executed	
the above contract, and acknowledged that	the person executed the same as a free act and deed.	
	Notary Public Signature Date	