

LAW ENFORCEMENT OFFICER EMPLOYMENT APPLICATION

GIRARD POLICE DEPARTMENT CITY OF GIRARD, KANSAS

INSTRUCTIONS TO THE APPLICANT

To be eligible for employment as a police officer with the Girard Police Department, you must at the time of employment meet the following criteria:

1. You must be at least twenty-one (21) years of age.
2. You must be a United States citizen.
3. You must have no felony conviction(s), including any felony conviction(s) that have been expunged.
4. You must not have any felony behavior involving use, production, transportation or sale of illegal drugs or narcotics.
5. You must have a high school diploma or its equivalence.
6. You must currently have, or be able to obtain, a Kansas Driver's License.
7. You must be able to qualify for vehicle insurance in the use of motor vehicles.
8. You may be required to meet certain job related sight and hearing standards required to meet essential job functions.
9. As a condition of employment, you may be required to pass the following job related:
 - A. Physical Agility Test
 - B. Background Investigation
 - C. Psychological Examination
 - D. Polygraph Examination
 - E. Drug Screen
 - F. Medical Examination

If you need assistance in completing this application or any other accommodations, please contact the personnel office.

In accordance with the Privacy Act of 1974, disclosure of your social security number is voluntary, The social security number will be used for identification purposes to ensure that proper records are obtained.

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Name

Date

If you have met the aforementioned qualifications and understand the requirements for obtaining employment and wish to continue, answer the following questions.

PERSONAL INFORMATION:

Name _____
Last First Middle

Address _____ CSZ _____

Residence Telephone (_____) - _____ Other Telephone Number (_____) - _____

Are you a United States Citizen? Yes No Social Security Number _____ - _____ - _____

This position requires that the person qualify and obtain a Kansas Driver's License, as well as qualify for automobile insurance. Please answer the following questions:

Current Driver's License Number _____ State _____

Have you been convicted of any criminal offenses other than minor traffic violations? Yes No

If yes, Explain, _____

EDUCATION:

A position as a Kansas certified law enforcement officer requires you to have a high school education or its equivalence. Please complete the table shown below.

	NAME OF SCHOOL	LOCATION	DATES ATTENDED	MAJOR STUDIES	HOURS OBTAINED	LIST DIPLOMAS OR DEGREES RECEIVED
HIGH SCHOOL OR EQUIVALENT						
COLLEGE						
GRADUATE SCHOOL						
TRADE OR VOCATIONAL SCHOOL						

Please list those skills you have acquired that are relevant to the job(s) for which you are applying:

EMPLOYMENT:

List below present and all past employment, beginning with your most recent.

Position Held Name & Address of Company and Type of Business	FROM		TO		STARTING SALARY MONTHLY	LAST SALARY MONTHLY	REASON FOR LEAVING	NAME OF SUPERVISOR
	MO.	YR.	MO.	YR.				
	Briefly describe the work you did:							
TELEPHON								

Position Held Name & Address of Company and Type of Business	FROM		TO		STARTING SALARY MONTHLY	LAST SALARY MONTHL Y	REASON FOR LEAVING	NAME OF SUPERVISOR
	MO.	YR.	MO	YR.				
	Briefly describe the work you did:							
TELEPHON								

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	MO.	YR.	MO	YR.				
	Briefly describe the work you did:							
TELEPHON								

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	MO.	YR.	MO	YR.				
	Briefly describe the work you did:							
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	MO.	YR.	MO	YR.				
	Briefly describe the work you did:							
TELEPHONE								

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	MO.	YR.	MO	YR.				
	Briefly describe the work you did:							
TELEPHONE								

Account for any time that you were unemployed by stating the date and nature of your activities:

Do you authorize inquiry about you from your present employer? Yes No

I certify that I have made no misrepresentation in this application and I have not withheld information in my statements and answers to questions. I hereby give my full permission for any and all information in this application to be investigated. I am aware that any misrepresentations may cause my application to be rejected or may cause dismissal if I am hired before such misrepresentations are discovered. I understand that any material matter contained in this application which is false or misrepresents the true facts with the intent to induce official action is False Writing, a Class D Felony, in violation of K.S.A. 21-3711.

Signature of Applicant

Date

**Girard Police Department
Authorization of Release Information**

I hereby authorize any sworn officer, or authorized representative of the Girard Police Department bearing this release, or a photo static copy thereof, within 6 months of its date, to obtain information from your files pertaining to my employment, credit, or educational records, including but not limited to academics, achievements, attendance, athletics, personal (non-medical) history and disciplinary records. I hereby direct you to release such information upon request of bearer.

This release is executed with full knowledge and understanding that the information is for the official use of the Girard Police Department. Consent is granted for the Girard Police Department to furnish such information as is described above, as third parties in the course of fulfilling its official responsibilities.

I hereby release you as the custodian of such records and any school, college, university or other educational institution, credit bureau, lending institutions, consumer reporting agency or retail business establishment including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with the authorization and request to release information or any attempt to comply with it.

I hereby acknowledge that information obtained in the background investigation is confidential and will not be released to me. I acknowledge that this is important in order to obtain objective and unbiased information. I also will not attempt to obtain from the City a copy of any background information.

A copy of this authority to release information will be as valid as the original. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name (Typed or Printed):

Current Address

Email Address:

Social Security Number:

Maiden Name or Alias Name

Applicant Signature

Home/Cell Number

Drivers License Number and State

Date of Birth

Date

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

(Seal)

NOTARY