

Name _____

Date of Application _____

THE CITY OF

**The City of
EDWARDSVILLE
KANSAS**

690 South 4th Street
Edwardsville, Kansas 66113

EMPLOYMENT APPLICATION

Police Department

EDWARDSVILLE, KANSAS

THE CITY OF EDWARDSVILLE, KANSAS, IS AN EQUAL OPPORTUNITY EMPLOYER AND WILL ENSURE THAT ALL APPLICANTS ARE CONSIDERED FOR HIRE WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, DISABILITY, OR VETERAN STATUS.

NOTICE TO APPLICANT:

We appreciate your interest in the city of Edwardsville and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in evaluating your qualifications and may assist us in future promotions. It is to your advantage to give complete and detailed answers to the questions in this application.

NAME (Last, First, M.E.) _____ Social Security # _____

For checking prior records, provide names, if any, under which your records exist: _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

Position(s) Desired:

1. _____ 2. _____

Employment Desired: Full-time Part-time Temporary Date available for work _____

List relatives currently employed by the City of Edwardsville.

If you have been employed by the City of Edwardsville previously, complete the following:

Date(s) of Employment	Position(s) Held	Reason for Leaving
_____	_____	_____

Are you a citizen of the United States? Yes No

Do you have permanent resident status in the United States? Yes No

If you are not a citizen, are you prevented from becoming lawfully employed because of visa or immigration status? Yes No

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

Disclosure of a criminal record will not necessarily disqualify you from employment consideration. Each conviction will be evaluated on its own merit with respect to time, circumstances, and seriousness, in relation to the job for which you are applying. However, failure to disclose such information may result in disqualifying you from employment consideration or termination of employment.

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

Position Held Name and 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:								
Telephone								

Position Held Name and 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:								
Telephone								

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Briefly describe the work you did:								
Telephone								

Position Held Name and 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:								
Telephone								

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

Have you ever supervised employees? Yes No If yes, indicate number and type of employees: _____

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

Do you authorize inquiry about you from your previous employers? Yes No All but _____

RELEASE AND WAIVER

To Whom It May Concern:

I hereby authorize you to furnish and authorized representative of the Edwardsville Police Department bearing this release, within one year of its date, any and all personal recollections and/or information in your files concerning me, my character, general reputation, personal characteristics, and personal history, including but not limited to documents concerning my military service, employment, credit history (including consumer reports, and/or credit ratings), financial status, education and academic achievement, attendance, work performance, complaints or grievances filed by or against me, background investigations and discipline, to include any files that are deemed to be of a private or confidential nature.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Edwardsville Police Department, and will be considered as part of their preemployment background investigation in determining my qualifications and fitness for the position which I seek.

Consent is granted for the Edwardsville Police Department to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any information provided to the Edwardsville Police Department pursuant this request, as well as any information contained in the background investigation report prepared by the Edwardsville Police Department.

I hereby release you, your organization, and all related agents and representatives, both individually and collectively, from any and all liability for damage of whatever kind, which may at anytime result to me, my heirs, or my assigns because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

A photocopy of this form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature. You may retain this form in your files.

Date: _____

Applicants's Full Name (Sign and Print) : _____

Current Address: _____

Phone Number: _____
(Day) (Evening)

Date of Birth: _____ S.S.#: _____

List any and all law enforcement agencies that you have applied with in the last three years.

Have you ever been terminated or asked to resign from any employer? Yes No If yes, please explain.

Have you ever been charged with domestic violence, regardless if you were convicted. Yes No If yes, please explain.

Have you ever filed for bankruptcy? Yes No If yes, please provide dates and explanation.

Have you ever been involved in litigation (civil or criminal)? Yes No If yes, please provide dates and explanation.

Educational Background

	Name of School	Location	Dates Attended	Major Studies	List Diploma Or Degree Received
High					
College					
Graduate School					
Trade or Vocational School					

Please list those skills you have acquired, as well as types of machines whose operations you are familiar with relevant to the job(s) for which you're applying. _____

Do you have any hobbies or interests that have a direct bearing on the job(s) you are seeking? _____

List professional as well as volunteer organizations or societies that have a direct bearing upon your qualifications for the job(s) which you are seeking. _____

Do you have a current Driver's License? Yes No

If yes, please give license number, state of issuance and class identification. _____

List three personal acquaintances who can give reference of your character, ability, etc. Do not include relatives or former employers.

Name	Address (street, city, state)	Telephone	Occupation	Years Acquainted

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION.

In filling out this application, I understand that the City of Edwardsville is in no way obligated to provide employment nor am I obligated to accept employment. I understand my application will remain on file for consideration for six months. I also understand that past employment records, police records, references and other facts stated by me may be subject to inquiry. I hereby grant the City permission to check any of this information except where my written statement upon this application form specifically requests that no investigation be made. I understand that if an offer of employment is extended to me by the City, the City will require that I submit to a physical examination and drug screen and that such offer is conditioned by the results of the examination. I further understand that any misrepresentation or omission of facts upon this application will be sufficient cause for cancellation and/or separation from City service if I have been employed.

SIGNATURE

DATE