

Girard Police Department

120 N. Ozark St., Girard, Kansas 66743 • (620) 724-6219 • Fax (620) 724-6878



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Employment Application

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LAW ENFORCEMENT OFFICER EMPLOYMENT APPLICATION INSTRUCTIONS.

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 and 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 have or be able to obtain a Kansas Drivers' 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 to meet essential job functions.
- 9) As a condition of employment, you may be required to pass the following job-related examinations:
 - a.) *Physical Agility Test(s)*
 - b.) *Polygraph Examination*
 - c.) *Background Investigation*
 - d.) *Drug Screen*
 - e.) *Psychological Examination*
 - 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 the proper records are obtained.



GIRARD POLICE DEPARTMENT

Employment Application

Date of Application _____

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Drivers' License # _____ Drivers' License State.: _____ Social Security #: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for the City of Girard? YES NO If yes, when? _____

Have you ever been convicted of a criminal offence other than a minor traffic violation? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three references who are not related.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____
Address: _____ Phone: _____

Full Name: _____ Relationship: _____
Address: _____ Phone: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that I have made no misrepresentation in this application, and I have not withheld information in my statements and/or answers to the questions within. I hereby give my full permission for any and all information in the 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: _____ 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 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

Home/Cell Number

Email Address

Driver's License Number and State

Social Security Number

Date of Birth

Maiden Name or Alias Name

Applicant Signature

Date

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

(Seal)

NOTARY