



440 E. Main, Gardner, Kansas 66030 (913) 856-7312 Fax 856-5733

POLICE DEPARTMENT

EMPLOYMENT APPLICATION

This is to advise you that the information solicited in the enclosed application for employment is necessary to complete the background investigation required by official policy to determine your eligibility for employment with the City of Gardner Police Department. The disclosure of this information is voluntary, however, in order that the department will have adequate information to complete its investigation, it is necessary that you complete the application in its entirety and submit any and all documents requested. The information solicited, and the results of the investigation that follows, will be used to determine your eligibility for employment

Please sign this form and return same with the application. You should be aware that willfully making a false statement or concealing a material fact on your application or subsequent interview could be the basis for rejection as a candidate for employment.

Signature of Applicant

Date Submitted

Received By

Gardner Police Department
EMPLOYMENT APPLICATION

Please print with black ink or type. All questions require specific answers. Applications not completed in their entirety will not be accepted. Read through the application once before beginning.

Position Applied for: _____ Date: _____

Full Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Business Telephone: _____

Driver's License #: _____ State of Issuance: _____

Expiration date of Driver's License: _____ Height: _____ Weight: _____

Highest Education Level Reached: _____

Name of High School and Location: _____

Year of Graduation: _____ Attended College: Yes No Hours Received: _____

Major Subjects: _____

Trade Schools or Military Specialist Schools: (List Below:

List any activities that occurred during school attendance or Military Attendance, which you feel would be beneficial to you in your Public Safety career:

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EMPLOYMENT:

Last or present Employer: _____ Address: _____

Telephone #: _____ Supervisor: _____

Duties/responsibilities: _____

Date Started: _____ Date Left: _____

Reason for leaving: _____

Past Employer: _____ Address: _____

Telephone #: _____ Supervisor: _____

Duties/responsibilities: _____

Date Started: _____ Date Left: _____

Reason for leaving: _____

Past Employer: _____ Address: _____

Telephone #: _____ Supervisor: _____

Duties/responsibilities: _____

Date Started: _____ Date Left: _____

Reason for leaving: _____

May we contact the above employers to ask questions about your working skills? Yes No

Explain: _____

Have you been in the Military Service? Yes No If so, what branch: _____

Date of Entry: _____ Date of Discharge: _____

Type of Discharge: _____ Highest Rank Attained: _____

Please attach a copy of Form DD #214 if you have military service.

REFERENCES:

Name: _____ Address: _____ Telephone #: _____

Name: _____ Address: _____ Telephone #: _____

Name: _____ Address: _____ Telephone #: _____

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PERSONAL INFORMATION:

Marital Status: _____ Name of Spouse: _____ DOB of Spouse: _____

Employment of Spouse: _____

Please list names and ages of children: _____

Father's Name: _____ Address: _____

Mother's Name: _____ Address: _____

Please list names and ages of Sisters and Brothers: _____

Have you ever been divorced? Yes No If so, list the court of record and the name of ex-spouse:

Has any member of your family ever been convicted of a crime or engaged in activities, which could compromise your position as an employee of this agency? Yes NO Please explain: _____

Addresses for the past 10 years:

How long at the Present Address? _____

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PERSONAL INFORMATION:

Social Security #: _____

Creditors: _____ Amount Owed: _____

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Creditors: _____ Amount Owed: _____

Creditors: _____ Amount Owed: _____

Have you ever been involved in the following actions?

Items repossessed: Yes No Garnished Wages: Yes No Bankruptcy Yes No

If the answer is yes to any of the questions, please describe what the results were, when and where: _____

Please describe your credit rating: _____

Please list bank accounts below:

Checking account #: _____ Name of Bank: _____ Address: _____

Savings account #: _____ Name of Bank: _____ Address: _____

Have you ever been arrested, convicted, charged or involved in any criminal court or traffic situations: Yes No

If Yes, please explain: _____

Is this application truthful and answered to the best of your knowledge? _____

Signature

Date

POLICE DEPARTMENT
440 E. Main
Gardner, Kansas 66030

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any Police Officer or other authorized representative of the Gardner Police Department bearing this release, or copy thereof, within one year of its date, to obtain information in your files pertaining to my employment, military, credit or educational records, including but not limited to academic achievement, attendance, athletic, personal history and disciplinary records, medical records and credit records. I hereby direct you to release such information upon request of the bearer of this release. This release is executed with full understanding that the information is for the official use of the Gardner Police Department, Gardner, Kansas.

Consent is granted for the Gardner Police Department to furnish such information as directed above, to 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, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting personnel, both individually or collectively, from any and all liability for damages of whatever kind, which may at the time result to me, my heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with. Should there be any question as to the validity of this release, you may contact me as indicated below.

Consent is also granted for any individual indicated on the application form as a reference to give, in writing, a statement pertinent to my personal character and professional abilities. You will find the appropriate form attached.

This release must be signed in the presence of a representative of the Gardner Police Department or a Notary Public.

FULL NAME (signature): _____

FULL NAME (printed): _____

CURRENT ADDRESS: _____

TELEPHONE NUMBER: _____ DATE: _____

WITNESS: _____
(Police Department Representative or Notary Public)

Subscribed and sworn to before me this _____ day of _____ 20_____.

My Commission Expires: _____

Notary Seal