



THE CITY OF HERINGTON, KANSAS

P.O. Box 31 • 17 North Broadway • Herington, KS 67449

Telephone: (785) 258-2271 FAX: (785) 258-3552

EMPLOYMENT APPLICATION

GENERAL INFORMATION

| | | | | |
|---|--|------------------------|--------------|---------------|
| NAME (LAST - FIRST - MI): | | POSITION APPLYING FOR: | | DATE: |
| STREET ADDRESS: | | CITY: | STATE & ZIP: | HOME PHONE #: |
| MAILING ADDRESS (DIFFERENT THAN STREET) | | CITY: | STATE & ZIP: | CELLPHONE #: |

EDUCATION

| | | | | | |
|-----------------------|----------|-------|--------------|----------|------------------|
| HIGH SCHOOL: | ADDRESS: | CITY: | STATE & ZIP: | DIPLOMA? | YEAR GRADUATED?: |
| SCHOOL OR UNIVERSITY: | ADDRESS: | CITY: | STATE & ZIP: | DEGREE? | FIELD OF STUDY?: |
| SCHOOL OR UNIVERSITY: | ADDRESS: | CITY: | STATE & ZIP: | DEGREE? | FIELD OF STUDY?: |
| SCHOOL OR UNIVERSITY: | ADDRESS: | CITY: | STATE & ZIP: | DEGREE? | FIELD OF STUDY?: |

WORK HISTORY

| | | | | |
|---------------------|-------------------|--------------|--------------------|---------------|
| EMPLOYER NAME: | EMPLOYER ADDRESS: | CITY: | STATE: | ZIP: |
| POSITION: | FROM: | TO: | SUPERVISOR'S NAME: | WORK PHONE #: |
| REASON FOR LEAVING: | BEGINNING WAGE: | ENDING WAGE: | CELLPHONE #: | |
| EMPLOYER NAME: | EMPLOYER ADDRESS: | CITY: | STATE: | ZIP: |
| POSITION: | FROM: | TO: | SUPERVISOR'S NAME: | WORK PHONE #: |
| REASON FOR LEAVING: | BEGINNING WAGE: | ENDING WAGE: | CELLPHONE #: | |
| EMPLOYER NAME: | EMPLOYER ADDRESS: | CITY: | STATE: | ZIP: |
| POSITION: | FROM: | TO: | SUPERVISOR'S NAME: | WORK PHONE #: |
| REASON FOR LEAVING: | BEGINNING WAGE: | ENDING WAGE: | CELLPHONE #: | |

| | | | | | | |
|---------------------|--|-------------------|-----|--------------------|--------------|---------------|
| EMPLOYER NAME: | | EMPLOYER ADDRESS: | | CITY: | STATE: | ZIP: |
| POSITION: | | FROM: | TO: | SUPERVISOR'S NAME: | | WORK PHONE #: |
| REASON FOR LEAVING: | | BEGINNING WAGE: | | ENDING WAGE: | CELLPHONE #: | |
| EMPLOYER NAME: | | EMPLOYER ADDRESS: | | CITY: | STATE: | ZIP: |
| POSITION: | | FROM: | TO: | SUPERVISOR'S NAME: | | WORK PHONE #: |
| REASON FOR LEAVING: | | BEGINNING WAGE: | | ENDING WAGE: | CELLPHONE #: | |

REFERENCES

| | | | | | |
|-------|----------|-------|--------------|--------------|--------------|
| NAME: | ADDRESS: | CITY: | STATE & ZIP: | YEARS KNOWN: | TELEPHONE #: |
| NAME: | ADDRESS: | CITY: | STATE & ZIP: | YEARS KNOWN: | TELEPHONE #: |
| NAME: | ADDRESS: | CITY: | STATE & ZIP: | YEARS KNOWN: | TELEPHONE #: |

LIST ANY SPECIAL SKILLS YOU POSSESS RELATED TO THE POSITION BEING APPLIED FOR

OTHER PERTINENT INFORMATION ABOUT YOURSELF

By my signature; I swear or affirm that all foregoing statements are accurate, complete and true.

Signature

Date

**The City of Herington is an Equal Opportunity Employer and does not discriminate in regards to;
Race, Religion, Color, Sex, National Origin or Ancestry.**

LETTER OF UNDERSTANDING

I am applying for the position of police officer with the Herington Police Department. I understand that there are certain requirements I must meet before I can be accepted into this position. I understand that I must submit to an extensive background investigation which consists of the following areas of concern, at a minimum:

- * Review of my completed application
- * Evaluation of a Johnson/Roberts Personal History Questionnaire
- * Thorough criminal background check
- * Thorough examination of prior employment

An evaluation of the results of this investigation will be done and a preliminary decision as to my potential suitability for employment will be made. I may at this point receive a conditional offer of employment which will be followed by the successful completion of all of the following tests:

- * Drug screening test
- * Medical examination
- * Hearing and vision test
- * Psychological evaluation

The aforementioned tests will be administered in a manner selected by the Herington Police Department. I understand that the results of the tests are the property of the agency to which I have applied, and that I will not receive copies of the reports nor any information contained in them, except as it may relate to a serious condition discovered by the examining physician.

A Hiring Board will evaluate all tests in light of the requirements of the job and will make a decision as to my suitability for employment.

I agree to assist in the expedient conclusion of these reviews and examinations. I understand that successful completion of this process does not guarantee employment with the Herington Police Department. Only that I will be considered for a current position pursuant to the established rules and regulations of the Herington Police Department. I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirements as a condition of employment with the Herington Police Department.

DO NOT contact this agency to check the status of your application. Applicants will be notified if they have been disqualified or when the position has been filled. This is a lengthy process.

Signature of Applicant _____

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

Notary Public _____

CITY OF HERINGTON POLICE OFFICER APPLICATION

INSTRUCTIONS TO THE APPLICANT:

The information you provide in this police officer application will be used to assist in determining your suitability for employment with the Herington Police Department. An extensive background investigation will be conducted into your personal history prior to any hiring. Your background will be submitted to a Hiring Board. If the Board makes a favorable recommendation, you will be given a conditional offer of employment. This initial offer is conditional upon your successful completion of all tests required by this agency that includes a written test, a medical examination, a psychological evaluation and a drug screening test. Based on the results of this testing and upon review by the Hiring Review Board, you may then be offered a conditional offer of employment.

Keep in mind that:

1. The completion of this application is mandatory. Incomplete applications will not be considered.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements will bar or remove you from any consideration for employment.
4. All time periods in your background, unless otherwise, specified, must be accounted for.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances surrounding its occurrence, and consideration will be given to the degree of relevance it has to employment with a law enforcement agency.

Please print your responses to this questionnaire in ink. Do not type on this form, and do not have another person make entries for you. If a question does not apply to you, write "N/A" in the space provided for your answer. If you need additional space to answer a question, use a blank sheet of paper and attach it to this questionnaire. Remember to identify the additional information by the question number.

Please read the waivers included in this packet carefully and have your signature notarized before returning them to our office.

The contents of the background investigation will be considered confidential and will be used only for investigating employment suitability with the Herington Police Department.

There is one exception to the confidentiality of your background investigation. Should it be discovered that you are currently involved in criminal activity, or have committed an undiscovered felony, the law enforcement agency having jurisdiction will be notified.

When complete, return this application along with all attachments, to Herington City Hall, 17 N. Broadway Street, Herington, KS 67449, or in person. **Do not deliver or return completed applications to the Herington Police Department.**

Any questions that you may have regarding the completion of this packet may be addressed by contacting the Chief of Police.

I have read and completely understand the above statement.

Signature of Applicant

Date

REQUIRED DOCUMENTS

Attach copies, unless original is requested, of the following documents with your completed application. Failure to submit these documents will delay your consideration for employment. Some of these documents may not be applicable to you. Please indicate those that are attached with a check mark in the space provided.

- _____ 1. Signed and notarized release waivers.
- _____ 2. High school diploma or GED certificate.
- _____ 3. Transcripts from colleges or universities.
- _____ 4. Military discharge papers. Applicant must include discharge status - Long form.
- _____ 5. Citizenship or naturalization papers.
- _____ 6. Copy of your birth certificate. Must be clear and readable.
- _____ 7. Name change documents.
- _____ 8. Peace Officer Standards & Training certificate of graduation from a police academy.

OPTIONAL DOCUMENTS

- 1. Copies of other certificates, awards or commendations you would like considered. List:

PERSONAL INFORMATION

The following information is required of you for verification and contact purposes:

1. Your name (please print in ink)

_____, _____, _____
Last First Middle

List other names you have used or have been known by. Include maiden names, married or adopted names, or nicknames:

2. List the complete physical address of the residence where you live:

Number Street City State Zip Code

3. List telephone number (s) at which you can be contacted and the hours when you will be available at these numbers:

Home: _____

Work: _____

4. Date of Birth: _____
Month Day Year

5. Place of Birth (City and State or Country): _____
U.S. citizenship is required for this position. Proof is required showing that you are a legal resident of this country.

6. Social Security Number: _____. In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. This information will be used for identification purposes to ensure that proper records are obtained.

RELATIVES, REFERENCES & ACQUAINTANCES

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position for which you have applied. Inquires will be confined to job-relevant matters.

7. Please provide the appropriate information in the spaces below. If a category is not applicable, write in "N/A".

| Name of your: | Address (city, state, zip) | Telephone Number |
|--------------------|----------------------------|------------------|
| Father | | |
| | | |
| Mother | | |
| | | |
| Father-in-Law | | |
| | | |
| Mother-in-Law | | |
| | | |
| Spouse | | |
| | | |
| Former Spouse | | |
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| Brothers & Sisters | | |
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List all children. Please indicate son or daughter and whether natural , adopted, etc.

| Children | Natural, adopted, etc. | Address | Telephone |
|----------|------------------------|---------|-----------|
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REFERENCES

8. List five persons who know you well enough to provide current information about you. Do not list relatives or former employers.

| Name & Address | Telephone (home) | Telephone (work) | Years Known |
|----------------|------------------|------------------|-------------|
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EDUCATION

9. The Kansas Commission on Peace Officer Standards and Training requires a peace officer to possess a high school diploma or its equivalent. Please indicate your current status with regard to this requirement by checking the appropriate spaces:

_____ I possess a high school diploma.

_____ I possess a GED

_____ I possess the following college degrees. Please include name of college and year attained:

10. List all the schools you have attended, beginning with high school. During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts.

| Name of School | Location (city/state, zip) | Dates of Attendance |
|----------------|----------------------------|---------------------|
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11. Have you ever been suspended or expelled from any high school or post-secondary school? Post-secondary schools include colleges and universities, graduate schools, business and vocational-technical schools.

YES _____ NO _____

If "YES", please explain. Include school, date and circumstance:

MILITARY SERVICE

12. Have you ever served in the Armed Forces, National Guard or Reserves?

YES _____ NO _____

If "YES" please provide the following information:

Branch of Service: _____ Service Number: _____

Dates of Service: from: _____ to: _____

Type of Discharge: _____

13. Have you registered with the Selective Service? YES _____ NO _____

If "YES", when? _____

14. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military? YES _____ NO _____

If "YES", please give details to include branch of service, when, where, circumstances, etc.

EMPLOYMENT

15. List below present and all past employment beginning with your most recent. Work history: Beginning with your present or most recent job, list all employment in the last 10 years including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages as necessary.

| Position Held Name, Address & Phone Number Of Company & Type of Business | From mo/yr | To mo/yr | Starting Salary (monthly) | Last Salary (monthly) | Reason for Leaving | Name of Supervisor |
|--|---------------|-------------|------------------------------|--------------------------|-----------------------|-----------------------|
| | | | | | | |

Briefly Describe the Work You Did:

| Position Held Name, Address & Phone Number Of Company & Type of Business | From mo/yr | To mo/yr | Starting Salary (monthly) | Last Salary (monthly) | Reason for Leaving | Name of Supervisor |
|--|---------------|-------------|------------------------------|--------------------------|-----------------------|-----------------------|
| | | | | | | |

Briefly Describe the Work You Did:

| Position Held Name, Address & Phone Number Of Company & Type of Business | From mo/yr | To mo/yr | Starting Salary (monthly) | Last Salary (monthly) | Reason for Leaving | Name of Supervisor |
|--|---------------|-------------|------------------------------|--------------------------|-----------------------|-----------------------|
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Briefly Describe the Work You Did:

| Position Held Name, Address & Phone Number Of Company & Type of Business | From mo/yr | To mo/yr | Starting Salary (monthly) | Last Salary (monthly) | Reason for Leaving | Name of Supervisor |
|--|---------------|-------------|------------------------------|--------------------------|-----------------------|-----------------------|
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Briefly Describe the Work You Did:

| Position Held Name, Address & Phone Number Of Company & Type of Business | From mo/yr | To mo/yr | Starting Salary (monthly) | Last Salary (monthly) | Reason for Leaving | Name of Supervisor |
|--|---------------|-------------|------------------------------|--------------------------|-----------------------|-----------------------|
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Briefly Describe the Work You Did:

| Position Held Name, Address & Phone Number Of Company & Type of Business | From mo/yr | To mo/yr | Starting Salary (monthly) | Last Salary (monthly) | Reason for Leaving | Name of Supervisor |
|--|---------------|-------------|------------------------------|--------------------------|-----------------------|-----------------------|
| | | | | | | |

Briefly Describe the Work You Did:

| Position Held Name, Address & Phone Number Of Company & Type of Business | From mo/yr | To mo/yr | Starting Salary (monthly) | Last Salary (monthly) | Reason for Leaving | Name of Supervisor |
|--|---------------|-------------|------------------------------|--------------------------|-----------------------|-----------------------|
| | | | | | | |

Briefly Describe the Work You Did:

16. Do you have any source of income that would create a conflict of interest if employed with the Herington Police Department?

YES _____ NO _____

If "YES", please explain: _____

17. Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan?

YES _____ NO _____ If "YES", please provide details to include when, where and why:

18. Within the last seven (7) years, have any of your bills ever been turned over to a collection agency?

YES _____ NO _____ If "YES", please give details to include when, firms involved and circumstances:

19. Within the last seven (7) years, have you ever purchased goods that were repossessed?

YES _____ NO _____ If "YES", please give details to include when, firms involved and circumstances:

20. Within the past seven (7) years, have your wages ever been garnished?

YES _____ NO _____ If "YES", please give details to include when, firms involved and circumstances:

21. Have you ever been delinquent on child support, income tax, or other tax payments?

YES _____ NO _____ If "YES", please give details to include when, where and why:

LEGAL

22. If you have ever been arrested, taken into custody, been issued a misdemeanor citation, or convicted of any crime, please provide the following information:

| Date | Agency/Location | Charge | Disposition |
|------|-----------------|--------|-------------|
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23. As an adult, have you ever been placed on probation by any court?

YES _____ NO _____ If "YES", please provide details to include when, where and why:

24. Please list any other crimes you have committed, REGARDLESS of whether stopped, arrested and/or convicted, to include what, when, where, how and why:

28. Have you ever been refused a driver's license by any state? YES _____ NO _____

If "YES", please explain when, where and why:

29. Has your driver's license ever been suspended or revoked or placed on restriction? If "YES", please provide details to include when, where and under what circumstances:

30. Please list all traffic citations you have received as an adult. Exclude parking citations.

| Nature of Violation | Location (city, state) | Date | Disposition |
|---------------------|------------------------|------|-------------|
| | | | |
| | | | |
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31. Please list all motor vehicle accidents in which you have been involved as a driver within the past seven (7) years:

| Date | Location (city, state) | Investigating agency | Injury or non-injury |
|------|------------------------|----------------------|----------------------|
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32. If there is anything you wish to discuss about your driving record which has not already been covered in the preceding sections, please explain here:

33. Please list all vehicles registered to you and/or your spouse:

| Year | Make | Model | License Number | Vehicle ID (vin) |
|------|------|-------|----------------|------------------|
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34. Kansas law requires that operators and owners of motor vehicles be covered by automobile liability insurance. Please list the current liability coverage that you have on your motor vehicles:

| Company | Address | Policy number | Expiration date |
|---------|---------|---------------|-----------------|
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35. Have you ever been refused auto insurance for any reason other than failure to pay a premium?

YES _____ NO _____

If "YES", please explain and include the company name, date and reason:

GENERAL INFORMATION:

36. Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, or group of persons that is, or was, totalitarian, fascist, communist, or subversive in nature, or which has adopted or expressed a policy of advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

YES _____ NO _____

If "YES", identify the organization and explain fully: _____

37. Have you ever applied for a permit to carry a concealed firearm or other weapon?

YES _____ NO _____ Was the permit granted? _____ Date issued _____

Name of Law Enforcement Agency: _____

Purpose for permit: _____

| | | | | | |
|--|--|--|--|--|--|
| Barbiturates, Hypnotics or "Downers" | | | | | |
| Amphetamines "Uppers" | | | | | |
| Methamphetamine | | | | | |
| LSD or Other Hallucinogens | | | | | |
| PCP (Angel Dust) | | | | | |
| Heroin or Other Opiates | | | | | |
| Steroids | | | | | |
| Pharmaceutical Drugs Not Prescribed to You | | | | | |
| Bath Salts/Potpourri | | | | | |
| Synthetic Illegal Drugs | | | | | |

| Questionnaire | Yes | No |
|--|-----|----|
| Is there any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body? | | |
| Have you introduced into your body a substance which you thought was an illegal drug and then found out that it was not? | | |
| Have you ever injected an illegal drug into your body? | | |
| Have you ever sold an illegal drug? | | |
| Have you ever purchased any drug, narcotic or controlled substance other than by a doctor's prescription? | | |
| Have you ever participated in the manufacturing, cultivation, or production of any illegal drug, narcotic or controlled substance? | | |
| Have you ever acted as a courier by transporting any illegal drug, narcotic or controlled substance? | | |
| Have you ever acted as a middle man, go-between or "done a favor for a friend" by becoming involved in any illegal drug transaction? | | |
| Have you ever told anyone where to purchase illegal drugs? | | |
| Have you ever temporarily stored or "held" any illegal drug, narcotic or controlled substance? | | |
| Have you ever had illegal drugs in your possession while at work? | | |
| Have you ever bought or sold any illegal drug at work? | | |
| Are any illegal drugs presently in your home or car? | | |

AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant: _____
Please print your full name

Date of Birth: _____ SSN: _____

As an applicant for a position with the Herington Police Department, I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for law enforcement employment.

Toward this end, I authorize the release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies, and all others, to furnish to the Herington Police Department any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within 90 days of the date of my signature.

Signature of Applicant _____

Subscribed and sworn to before me on the _____ day of _____ 20____.

Notary Public _____

My Commission Expires _____

PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER

As an applicant to the Herington Police Department for the position of Police Officer, I recognize that an employing law enforcement agency has a legal, as well as a moral obligation, to take every reasonable effort to ensure that persons employed by them as peace officers, or in other positions, conform to the very highest standards.

Therefore, I release and hold harmless the Herington Police Department and its officers, agents, or assigns, now and in the future, from any claim or damages in law of inequity on behalf of myself, my heirs and assigns, for their refusal to make available any and all of the information contained in this pre-employment investigation, including, but not limited to, the identity (ies) of any person (s) and/or organization (s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.

Dated this _____ day of _____, 20_____.

Signature of Applicant

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

Notary Public

My Commission Expires: _____

Please mark the appropriate response. Failure to mark one of the three will result in the denial of your application.

_____ I am not subject to a court order for the support of a child.

_____ I am subject to a court order for the support of one or more children and I am in compliance with the order, or I am in compliance with a plan approved by the County Attorney (or other public agency), enforcing the order for the repayment of the amount owed, pursuant to the order.

_____ I am subject to a court order for the support of one or more children and I am NOT in compliance with the order or a plan approved by the County Attorney (or other public agency), enforcing the order for the repayment of the amount owed, pursuant to the order.

Applicant's Social Security Number: _____

Signature of Applicant Date

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

Notary Public

My Commission Expires: _____