

ELIGIBILITY

Do you have a legal right to work in the United States? (check one):

US Citizenship Permanent Resident Status Other (specify) _____

APPLICATION PROCESS

The Shawnee Police Department has a policy of not hiring anyone who is a relative of someone who is presently an employee of the Police Department.

Do you have relatives working for the City of Shawnee? Yes No

If yes, indicate which department they work for and their relationship to you: _____

Employment Referral: Indicate the name of the newspaper, employee, school, website, etc. which referred you to apply for employment: _____

MILITARY

Please make copies of all applicable service records including any discharge papers and attach to the application.

Branch: _____ Serial Number: _____

Date of Service: _____ to _____ Reserve Status: _____

Type of Discharge: _____ If not honorable, explain: _____

Grade and duty assignment at discharge/separation: _____

Selective Service Number: _____ Classification: _____

Are you a member of the Reserves or National Guard? Yes No

If yes, give unit, location, grade, and duty assignment: _____

EDUCATION

Please fill in the information that applies and attach copies of your diplomas or copies of your course schedule and grades to the application.

If you did not complete high school, do you have a GED? Yes No

SCHOOL	NAME, ADDRESS, PHONE NUMBER	GRADUATE YES/NO DATES ENROLLED	COURSE OF STUDY/MAJOR
HIGH SCHOOL			
COLLEGES/ UNIVERSITIES			
GRADUATE SCHOOL			
OTHER (specify)			

SPECIALIZED SKILLS & TRAINING

Do you speak/read another language other than English? Yes No Fluent? Yes No

If yes, please list: _____

Briefly list any computer skills that you have. If you have copies of any certificates for any computer training that you have received, please attach them to the application: _____

Briefly list any training or skills, that you have that would be of assistance in the job(s) that you are applying for. If you have any copies of certificates for any training that you have received, please attach them to the application: _____

PERSONAL HISTORY

1. Do you know of any reason that you could not pass a background check? Yes No
2. Have you ever been fired or asked to resign from a job? Yes No
3. Have you ever received disciplinary action from an employer? Yes No
4. Have you ever stolen from an employer? Yes No
5. Have you ever committed a crime for which you were not arrested? Yes No
6. Have you ever assisted someone in committing a crime? Yes No
7. Have you ever falsified a police report? Yes No
8. Have you ever accepted money to not report a crime? Yes No
9. Has any driver's license issued to you ever been suspended or revoked? Yes No
10. Have you ever slept on the job? Yes No
11. Have you ever used, sold, or otherwise handled in an illegal manner a controlled substance? Yes No
12. Have you ever been bonded? Yes No
13. Have you ever been refused bond? Yes No
14. Have you ever been convicted of a felony crime? Yes No

If you answered yes to any of the questions listed above, please write brief explanations for that question. You will be asked about any "yes" answer if interviewed and/or during any background checks. A "yes" answer does not automatically eliminate you from consideration for employment. Your omission of these facts will automatically eliminate you from consideration.

TRAFFIC, CIVIL & CRIMINAL RECORD

On this page please list your history of any traffic citations, any civil court actions in which you were or are a defendant, and any arrest, convictions, and court diversions that you have had:

REFERENCES

List three personal references that are not related to you. Do not use former or current employers. Be sure to include all of the information requested.

NAME	ADDRESS, CITY STATE, ZIP CODE	AREA CODE & PHONE NUMBER

REMARKS

Please tell us about yourself. Include any awards, honors, licenses or certificates that you have received. What are your hobbies and interest? You can also use this section to expound upon any answers to any questions on this application. _____

VALUES OF THE SHAWNEE POLICE DEPARTMENT

INTEGRITY

We resolve to do what is right based on being honest, fair and respectful in all our endeavors while being accountable for our actions.

TEAMWORK

We, through open and shared communications, are committed to working together and with our community, to provide excellent services.

PROFESSIONALISM

We conduct ourselves in a manner that reflects the highest standards of character and dedication to service. We strive for excellence through training, education and superior individual effort.

DEDICATION

We demonstrate commitment, perseverance, and pride to our department and community in the performance of our duties.

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I declare that the foregoing statements are true and correct to the best of my knowledge and belief. I realize that falsification of any information on this application is grounds for disqualification. 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: _____

***The City of Shawnee is an Equal Opportunity Employer
A Tobacco Free Work Environment***

City of Shawnee

WAIVER OF LIABILITY AND RELEASE FORM

In consideration of the City of Shawnee, Kansas, hereinafter referred to as the Agency, processing my application for employment, I, _____ hereby irrevocably agree to the following terms and conditions:

1. The term "background investigation" as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.
2. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent, or employee of the Agency who may conduct my background investigation.
3. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all persons and entities who shall furnish any information or opinions to the officers, agents, or employees of the Agency who conduct my background investigation.
4. I authorize any person or entity contacted by the Agency's officers, agents or employees during the course of my background investigation, to furnish such officers, agents or employees any information opinions they may have, and hereby expressly waive any and all legal privileges I may have including, the physician-patient privilege, the psychotherapist-patient privilege, the clergyman-penitent privilege, the husband-wife privilege, and the accountant-client privilege.
5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background investigation.
6. I expressly waive all of my legal rights and causes of actions to the extent that the Agency background may violate or infringe upon these legal rights and causes of action.
7. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing that such information must of necessity remain confidential.

This release from liability given by me to the political division, the Agency, its officers, agents and employees, and all others as mentioned above, shall apply my right of action of any nature whatsoever that might accrue to myself, my heirs or my personal representative.

DO NOT SIGN THIS BEFORE READING

Date: _____ Signature of Applicant: _____

Date of Birth: _____ SSN: _____

Drivers License State and Number: _____

Date: _____ Witnessed by: _____

Credit Information Release Form

Consumer Report Disclosure

By this document, the City of Shawnee discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Please sign below to signify receipt of the foregoing disclosure.

Name (typed or printed)

Signature

Date

Consumer Report Authorization

This document shall authorize the procurement of a consumer report by the City of Shawnee as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the City of Shawnee to procure consumer reports at any time during my employment period.

Name (typed or printed)

Signature

Date



CITY OF SHAWNEE
PRE-EMPLOYMENT DRUG SCREEN
CONSENT

1. I, _____, as an applicant with the City of Shawnee, Kansas, consent to allow my blood, breath and/or urine to be tested for drugs. I further consent to allow the results of such testing to be released to the City of Shawnee, Kansas or its authorized agents or representatives.

2. This section applies only to individuals applying for a position that requires a Commercial Driver's License. In compliance with Section 382.405(f) and (h) of the Federal Motor Carrier Safety Regulations, the City must obtain alcohol and drug testing results for the last two years for any person hired for a position requiring a Commercial Driver's License (CDL). I authorize my previous employer to provide any information to the City of Shawnee related to CDL tests given within the preceding two years that show an alcohol concentration results of .04 or greater, positive controlled substance results, and/or refusals to be tested.

3. I hereby release the City of Shawnee and its employees from any action that may arise out of results of such tests or information being released to the City of Shawnee.

4. I understand if I fail to sign and return this consent to the City of Shawnee, Kansas, my application will no longer be considered. I understand that if I test positive for any illegal substance, any offer of employment I have received will be withdrawn.

APPLICANT

DATE

WITNESS

DATE

PARENT OR GUARDIAN'S SIGNATURE

(For applicants under the age of 18)

DATE

CITY OF SHAWNEE

PERSONNEL RESEARCH QUESTIONNAIRE

The information from this questionnaire will be used to help insure that the City of Shawnee meets the requirements of federal laws. Providing this information is voluntary. No individual personnel selections will be based on this information.

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

RACE: Check one

- Asian or Pacific islander
- American Indian
- Hispanic
- Black
- White

SEX: Check one

- Female
- Male

ARE YOU PHYSICALLY OR MENTALLY DISABLED? Check one

- Yes
- No

CHECK AS MANY BOXES AS APPLY:

- Veteran
- Vietnam-era veteran - served on active duty for more than 180 days during Vietnam-era (08/05/64 - 05/07/75)
- Special disabled veteran - disability rated at 30% or more
- Disabled veteran