POLICE OFFICER APPLICATION



HIAWATHA POLICE DEPARTMENT

CITY OF HIAWATHA KANSAS

OFFICE USE ONLY:	
RECEIVED BY:	
DATE:	

•

FIRST

MIDDLE



Hiawatha Police Department

413 Oregon Hiawatha, KS 66434 (785) 742-2156

Fax (785) 742-3604

bmauslein@cityofhiawatha.org

www.cityofhiawatha.org

We consider applicants for all jobs without regard to race, color, religion, sex, national origin, age, the presence of a non-job related medical condition or disability, or any other legally protected status. We will not refuse to hire a disabled applicant who is qualified to perform the essential functions of the job with reasonable accommodation. Applicants must take residence in a designated community geographical area if employed and must continue to reside within the area while employed. Specific residency requirement information is available from Administrative Offices. The City of Hiawatha conducts pre-employment drug testing.

Complete Application in Full...Please use a pen and print clearly Incomplete applications will not be considered for employment.

Date of Application:		
PERSONAL INFORMATION:		
Last	First	MI
Address	City State	Zip
Home Phone:	Cell Phone:	- 0
Social Security Number:	E-Mail:	
EMPLOYMENT DESIRED:		
Position Applying For:	1 64 63	
Date you can start:	Desired Salary:	
Are you employed now?	If so may we contact your current	t employer?
Ever applied to this company before?	Where? When? _	
Referred by:		

REFERENCES:

NAME	NAME
ADDRESS	ADDRESS
CITY,STATE, ZIP	CITY,STATE, ZIP
DAYTIME PHONE	DAYTIME PHONE
RELATIONSHIP(No Relatives)	RELATIONSHIP(No Relatives)
NAME	NAME
ADDRESS	ADDRESS
CITY,STATE, ZIP	CITY,STATE, ZIP
DAYTIME PHONE	DAYTIME PHONE
RELATIONSHIP	RELATIONSHIP
(No Relatives)	(No Relatives)
Any candidate who does not meet the following min consideration: 1. Do you meet the following minimum emplo a. Are you a United States citizen? b. Are you a high school graduate or c. Are you 21 years of age or older? d. Do you have a valid driver's licens If "Yes": State of Issue:	[] Yes [] No do you possess a GED equivalent? [] Yes [] No (DOB:) [] Yes [] No e? [] Yes [] No
e. If military service has been render do you have an honorable discharunder honorable conditions?	red and completed,
 Since attaining the age of 18, have you been morals charge, or its equivalent under the Military Justice? 	
 Have you been convicted by any municipal, Federal, or military court of any felony crim Under the Uniform Code of Military Justice? 	ie, or its equivalent

4.	Have you been convicted of any of the following violent crime during the preceding three (3) years:	S		
	during the preceding three (3) years.	Assault?	[] Yes	[] No
		Child Abuse?	[] Yes	[] No
		Sexual Assault?	[] Yes	[] No
		Resisting Arrest?	? [] Yes	[] No
5.	Do you have any convictions, diversions or expungements by state or the federal government for the crime of domestic violence or its equivalent under the Uniform Code of Military Justice?		[] Yes	[] No
6.	Do you have any convictions, diversions or expungements of Driving Under the Influence or refusal to submit for a sobriety test during the preceding five (5) years?		[] Yes	[] No
7.	Have you had more than (3) moving traffic violations during the preceding 12 months? (i.e., speeding, reckless driving, etc.)	c.)	[] Yes	[] No
· ·	I understand candidates are required to be in good health and themselves in such condition throughout the term of any emp Candidates are to have visual acuity of 20/20 or be correctabl display adequate binocular and color vision. I understand that any candidate who has committed and faile activities will be disqualified for further consideration when su process. Commission of morals crimes Commission of property crimes during the preceding Cocaine or opiates possession or use during the preceding Illegal possession or use of all other regulated drugs Any undetected commission of felony crimes. Any information relative to criminal prosecution will be me	loyment with the e to such. Candida d to disclose any chair is discovered d two (2) years. eding five (5) years eceding twelve (1) during the preceding two preceding the preceding two preceding the preceding two preceding the preceding two	City of Hia ates must of the follouring the rs. 2) months ling two (awatha. also owing illegal selection 5. 2) years.
	offers of employment will be conditional and subject to the g scree and applicant driving record must be acceptable by the			ment physical,
that or t	consideration of my employment, I agree to conform to compart my employment and compensation can be terminated, with on the cities option. I also understand and agree that the terms and nged, with or without notice, at any	r without notice, a d conditions of my	t any time	<mark>e, at e</mark> ither my
her con I ar	ertify that information given in this application is, to the best of eby authorize such complete background investigation, includin tained in the application for employment, as may be necessary in employed by the City of Hiawatha based on this application. I formation given in my application or interview(s) may result in di	g but not limited to in arriving at an e I understand that	o all state imployme	ements ent decision. If
 Sigi	nature of Applicant	 Date		

EDUCATION:

School Level	School Attended	Address	Years Completed	Major	Degree/#Credits
High School			9 10 11 12		
Community or Junior College		CV VI	1 2	Lawrence	
College/University		11/	1 2 3 4	17	9
Business or Trade School	011	N. Andlesia	1 2	200	N .
Graduate School				They !	

U.S. MILIT <mark>ARY</mark>	SERVICE:	A		
If you have served	in the U.S. N	Military, please provide the	e following information:	
Branch of Service:		-12		
Dates Served: From	m:		To:	
Type of Discharge:		7 100		
			nt record for at least the past 10 years. Please ex n with most recent employment:	c <mark>plain any</mark>
Current employer:			Address:	-3
From:	_ To:	Job Title:	Telephone:	
May we contact yo	ur present e	mployer for reference? []	Yes [] No Supervisor:	9
Briefly explain dutie	es:	0		
Reason for leaving	7//	4/1	Ending salary: \$	
Past employer:	1	A	ddress:	
From:	To:	Job Title:	Telephone:	
May we contact yo	ur present ei	mployer for reference? []	Yes [] No Supervisor:	
Briefly explain dutie	es:			
Reason for leaving:	:		Ending salary: \$	

Past employer:		Ad	dress:
From:	To:	Job Title:	Telephone:
May we contact yo	ur present em	ployer for reference? [] Y	es [] No Supervisor:
Briefly explain duti	es:		
Reason for leaving	:	- N	Ending salary: \$
Past employer:		Ad	dress:
From:	To:	Job Title:	Telephone:
May we contact yo	ur present em	ployer for reference? [] Y	es [] No Supervisor:
Briefly explain duti	es:	10	
Reason for leaving		-	Ending salary: \$
Which of these job	s did you like	best?	
		s job?	The state of the s
GENERAL:			
Subjects of special	study or work		
- 6			
Special Skills		IIII	
List any other skills y	ou have includir	ng professional or technical lid	censes:
		-	
Residences:			
List addresses for p	past 10 years	starting with present addr	ess at top:

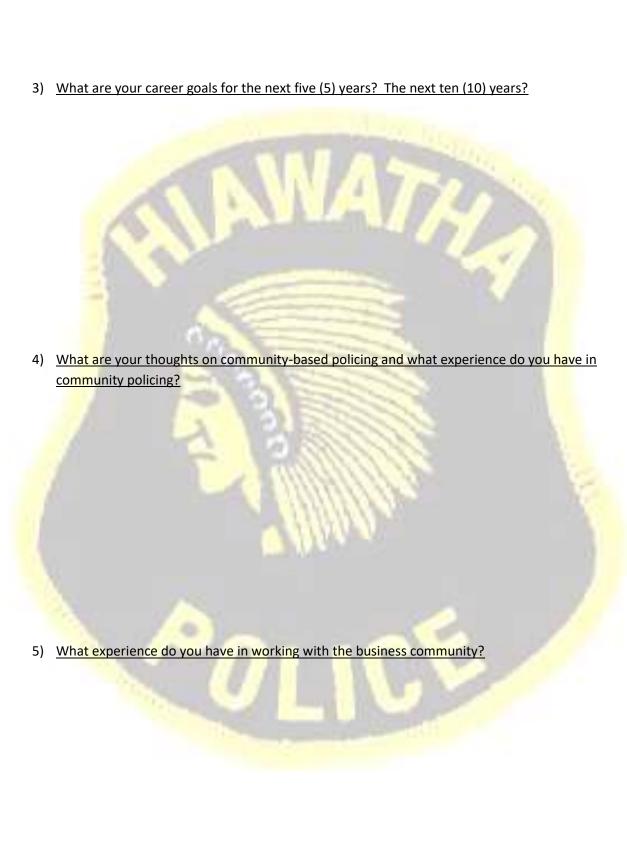
From Mo/Yr	To Mo/Yr	Address of Residence	City & State	Landlord
	1		100	
			-	
			Hall	

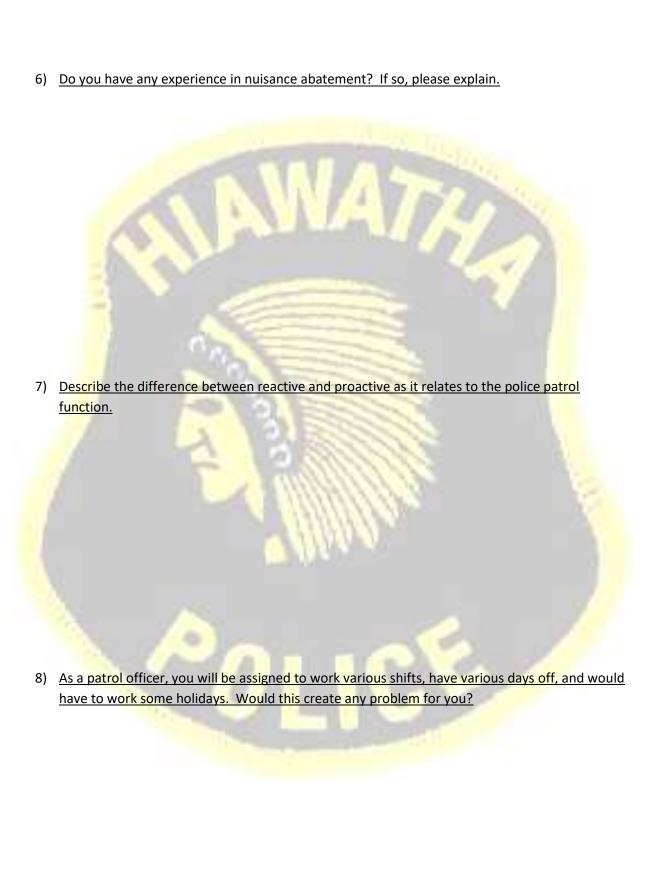
CITY OF HIAWATHA POLICE DEPARTMENT

Questionnaire for Police Officer Applicants

Please answer the following questions within the space provided. Please <u>write</u> legibly. When completed, attach to your application and return to: Hiawatha Police Department, 413 Oregon, Hiawatha, KS 66434.







WAIVER OF LIABILITY AND RELEASE FORM

employ	deration of the City of Hiawatha, hereinafter referred to as the Agency, processing of my application for ment, I, hereby irrevocably agree to the following
terms a	nd 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 or 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 to such officers, agents or employees any information or opinions they may have, and hereby expressly waive any and all legal privileges I may have including but not limited to the attorney-client privilege, 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 investigations.
6.	I expressly waive all of my legal rights and causes of action to the extent that the Agency background investigation 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.
others a	ease from liability given by me to the political division, the Agency, its officers, agents and employees, and all as mentioned above, shall apply to any right or action of any nature whatsoever that might accrue to myself, my my personal representative.
А РНОТ	OCOPY OF THIS WAIVER WILL BE VALID AS AN ORIGINAL.
	cument is sign <mark>ed by me, of my own free will and accord and</mark> without duress or coercion. No threat or promise has ade to me by any me <mark>mber of the</mark> Department
READ C	AREFULLY BEFORE SIGNING
Date	Signature

Driver's License Number:______State:_____