

**MARYSVILLE
POLICE DEPARTMENT
207 South 10th Street
MARYSVILLE, KS 66508
785-562-2343**

This is to advise you that the information solicited in this application for employment is necessary to complete the background investigation to determine your eligibility for employment with the Marysville Police Department. In order that the department will have adequate information to complete this 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. You should be aware that willfully making a false statement or concealing a material fact in your application or subsequent interviews can be the basis for rejection as a candidate for employment with the Marysville, KS Police Department, or if hired, termination of employment.

Signature of applicant

Date

Instructions: Print or type all answers. Read every question carefully. Answer every question. Do not leave blank spaces. If the question does not apply, write "DNA". Incomplete or unsigned applications cannot be accepted. Use the remark section (item 24) to explain any answer. Attach additional sheets if more space is required. All information is subject to verification. This application is confidential and will be used for official use only.

Marysville Police Department

Equal Employment Opportunity Statement

It is the policy of the City of Marysville, KS not to discriminate in its employment and personnel practices because of a person's age, sex, race, marital status, creed, color, national origin, religion, disability, citizenship, veteran status and ancestry unless based upon a bona fide occupational qualification.

STATEMENT OF PERSONAL HISTORY

Job Title Applying For: _____ **Date:** _____

Name: _____
Last **First** **Middle**

Social Security Number: _____

Mailing Address: _____
Address **City** **State** **Zip**

Home Phone: (____) _____ **Business Phone:** (____) _____

For purposes of Kansas Law Enforcement Training Center certification, you must be a citizen of the United States.

Are You a United States Citizen?: _____ **Yes** _____ **No**

After reviewing the job description, list any disability or condition that, with or without reasonable accommodation, limits your ability to perform essential functions of the position for which you are applying.

MILITARY RECORD

Branch of Service: _____ **Serial Number:** _____

Date Entered: _____ **Date Separated:** _____

Honorable Discharge: _____ **Yes** _____ **No**

If "No" Give Type of Separation: _____

Were You Ever Subject to Disciplinary Action: _____ **Yes** _____ **No**

**If "Yes" explain whether it was general, special, or summary
court martial, Captain's mast, Article 15 or other:** _____

Selective Service Number: _____

Selective Service Class: _____

(Please Attach a copy of DD-214)

EDUCATION

High School Attended: _____
Name

_____ Graduate: ___ Yes ___ No
Address

Please List all Colleges, Technical/Vocational schools attended, dates and degree attained:

School: _____ **Address:** _____

Dates Attended: From _____ **To** _____ **Graduate:** ___ Yes ___ No
Degree _____

School: _____ **Address:** _____

Dates Attended: From _____ **To** _____ **Graduate:** ___ Yes ___ No
Degree _____

School: _____ **Address:** _____

Dates Attended: From _____ **To** _____ **Graduate:** ___ Yes ___ No
Degree _____

EMPLOYMENT

Show every employer you have had for the past 15 years, and all periods of unemployment. Use additional sheets of paper if necessary.

Name of Employer: _____

Address of Employer: _____

Phone Number: _____

Dates Employed: From _____ **To** _____ **Job Title:** _____

Duties: _____

Supervisor Name: _____

Reason for Leaving: _____

Salary: _____

Name of Employer: _____

Address of Employer: _____

Phone Number: _____

Dates Employed: From _____ **To** _____ **Job Title:** _____

Duties: _____

Supervisor Name: _____

Reason for Leaving: _____

Salary: _____

Name of Employer: _____

Address of Employer: _____

Phone Number: _____

Dates Employed: From _____ **To** _____ **Job Title:** _____

Duties: _____

Supervisor Name: _____

Reason for Leaving: _____

Salary: _____

* * * * *

Name of Employer: _____

Address of Employer: _____

Phone Number: _____

Dates Employed: From _____ **To** _____ **Job Title:** _____

Duties: _____

Supervisor Name: _____

Reason for Leaving: _____

Salary: _____

* * * * *

**Have you ever been bonded? _____ Yes _____ No If "Yes"
please provide details below:**

Reason you were bonded: _____

By who were you bonded: _____
Name Address

RESIDENCY

**List all residences during the past 15 years, use additional sheet
if necessary:**

Address: _____

From _____ To _____

Address: _____

From _____ To _____

Address: _____

From _____ To _____

Address: _____

From _____ To _____

Address: _____

From _____ To _____

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

_____ Yes _____ No If "Yes" please explain below: _____

Do you have any knowledge or information, in addition to that specifically called for in the preceding questions, which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility or fitness for the position which you are seeking; including, but not limited to, knowledge or information concerning your character, temperance, habits, employment, education, subversive activities, family, associations, criminal record, traffic violations, residence or otherwise?

_____ Yes _____ No If "Yes" please explain:

ARRESTS, SUMMONSES, ETC

List all criminal actions in which you were a defendant:

Date: _____ **Charge:** _____

Location: _____ **Police Agency** _____

Charge Reduced To: _____

Court Disposition/Sentence _____

Date: _____ **Charge:** _____

Location: _____ **Police Agency** _____

Charge Reduced To: _____

Court Disposition/Sentence _____

Date: _____ **Charge:** _____

Location: _____ **Police Agency** _____

Charge Reduced To: _____

Court Disposition/Sentence _____

Date: _____ **Charge:** _____

Location: _____ **Police Agency** _____

Charge Reduced To: _____

Court Disposition/Sentence _____

List every civil action which has been brought against you:

Date: _____ **Location** _____

Action/Proceeding _____

Court Disposition _____

Date: _____ **Location** _____

Action/Proceeding _____

Court Disposition _____

Date: _____ **Location** _____

Action/Proceeding _____

Court Disposition _____

Date: _____ **Location** _____

Action/Proceeding _____

Court Disposition _____

Date: _____ **Location** _____

Action/Proceeding _____

Court Disposition _____

DRIVING RECORD

List all moving violations received.

Date _____ **City** _____

Charge _____

Disposition _____

* * * * *

Date _____ **City** _____

Charge _____

Disposition _____

* * * * *

Date _____ **City** _____

Charge _____

Disposition _____

* * * * *

Date _____ **City** _____

Charge _____

Disposition _____

* * * * *

Date _____ **City** _____

Charge _____

Disposition _____

* * * * *

Do you possess a valid Kansas operator's or chauffeur's license?

_____ **Yes** _____ **No License Number** _____

Did you ever possess an operator's or chauffeur's license in any other State?

_____ **Yes** _____ **No**

If "Yes", which State? _____ **Number** _____

Was your license ever suspended or revoked? _____ **Yes** _____ **No**

If "Yes" please explain _____

Would you take a polygraph for this position if asked?

_____ **Yes** _____ **No**

If no, why not? _____

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern: I, hereby, authorize any officer, or authorized representative of the Marysville, Kansas Police Department bearing this release, or copy thereof, within one year of its date, to obtain any 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. This release is executed with full knowledge and understanding that the information is for the official use of the Marysville, Kansas Police Department. Consent is granted for the Marysville, Kansas Police Department to furnish such information, as is described 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 agency, or retail business establishment including its officer, 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 this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name: _____

Signature

Full Name: _____

Typed or Printed

Date: _____ **Current Address:** _____

State of _____)

)

County of _____)

This instrument was acknowledged before me on _____ by _____

Date

name of person

Notary signature

My appointment expires: _____