

FAIRWAY POLICE DEPARTMENT
5252 BELINDER
FAIRWAY, KANSAS 66205
913-262-2364

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 Fairway, Kansas 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 Fairway, Kansas 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.

Fairway Police Department

Equal Employment Opportunity Statement

It is the policy of the City of Fairway, Kansas 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, are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodation?

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: _____

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 sheet 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? _____

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

If "Yes" please explain _____
