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 ____________________

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__________________________________________________________
DRIVING RECORD

List all moving violations received.

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______________________________

______________________________
AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern: I, hereby, authorize any officer, or authorized representative of the Fairway, 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 Fairway, Kansas Police Department. Consent is granted for the Fairway, 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:____________