



# Tonganoxie Police Department

603 E. 4th Street  
Tonganoxie, Kansas 66086  
Phone (913) 369 3754

## APPLICATION FOR EMPLOYMENT

Do not attach any resumes or attachments.

Position applied for \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_ Social Security Number \_\_\_\_\_

- |   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| 1. Are you at least 21 years of age and can provide required proof of your eligibility to work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you a citizen of the United States of America?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently employed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. May we contact your present employer?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you currently on "layoff" status and subject to recall?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you available for shift work?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Can you travel if the job requires travel?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have ever been convicted of a felony?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you received a high school diploma or GED certification?                                | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: DO NOT ANSWER QUESTION 10 UNLESS YOU HAVE BEEN INFORMED ABOUT REQUIREMENTS OF THE JOB FOR WHICH YOU HAVE APPLIED FOR.

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| 10. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you willing to submit to a complete background investigation of your personal history?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you willing to submit to written testing and interviews prior to employment?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you willing to submit to psychological and medical examinations prior to employment?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you willing to submit to drug testing prior to employment?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. If you are applying for a Police Officer position, is there any reason why you would not be able to use force against a person in the protection of your life or the life of another?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are you or have you ever been a member of any organization which has advocated over throwing the government of the United States of America by force?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are you willing to swear or affirm your allegiance to the Constitution of the United States of America and the Constitution of the State of Kansas?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you attended a Basic Law Enforcement Academy and currently possess one of the two certifications listed below? If yes, check what type of certification you have and give State of Certification. | <input type="checkbox"/> | <input type="checkbox"/> |

Full Time Law Enforcement Officer      State of Certification \_\_\_\_\_

Part Time Law Enforcement Officer      State of Certification \_\_\_\_\_

Name of Academy \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Hours Completed \_\_\_\_\_ Date Completed \_\_\_\_\_

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision.

In the event of employment, I understand that any false or misleading information given in my application, Personal History Statement or interview may result in discharge from employment. I understand I am required to abide by all laws of the United States of America, the State of Kansas and The City of Tonganoxie. I also understand I am required to abide by all rules and regulations of the City of Tonganoxie and the Tonganoxie Police Department.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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For Personnel Department Use Only

- Test Score \_\_\_\_\_
- Background Assigned
- Physical Exam-Drug Screen
- Psychological Exam

- Physical Agility Test
- Background Completed
- Interviewed by Chief
- Interviewed by City Administrator

Employment Date \_\_\_\_\_

Classification \_\_\_\_\_

Starting Wage \$ \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## PERSONAL HISTORY STATEMENT

Print with pen or use typewriter. All questions require specific answers. Personal History Statements not properly filled out will not be accepted. Read the Personal History Statement thoroughly prior to beginning.

Position desired \_\_\_\_\_ Date \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Drivers License: State \_\_\_\_\_ DL Number: \_\_\_\_\_

Attach a copy of your driver's license.

Have you ever been cited for a traffic violation(s)? \_\_\_\_\_ If yes, provide the following information:

Date	Location	Violation	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If more space is needed, put the information on the back of this page.

Have you ever been arrested for any felony, misdemeanor or domestic violence? \_\_\_\_\_

If yes, provide the following information:

Date	Location	Violation	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If more space is needed, put the information on the back of this page.

Have you ever committed a crime where some disposition other than legal action was made? \_\_\_\_\_

Are you a habitual user of drugs or alcohol? \_\_\_\_\_

Are you willing to submit to a polygraph examination? \_\_\_\_\_

Are you willing to submit to a psychological examination? \_\_\_\_\_

Are you willing to submit to physical agility testing? \_\_\_\_\_

### EDUCATION

Circle Highest Grade Completed:      7   8   9   10   11   12   13   14   15   16   Graduate

List all High Schools, College or Universities, or any Trade Schools you have attended.

High School: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Do you have a GED equivalency? \_\_\_\_\_ Year \_\_\_\_\_ State: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Hours: \_\_\_\_\_ GPA: \_\_\_\_\_

Extra Curricular Activities: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Hours: \_\_\_\_\_ GPA: \_\_\_\_\_

Extra Curricular Activities: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Hours: \_\_\_\_\_ GPA: \_\_\_\_\_

Extra Curricular Activities: \_\_\_\_\_

**ATTACH A COPY OF HIGH SCHOOL AND COLLEGE TRANSCRIPTS. (GED CERTIFICATE, IF APPLICABLE). LIST ANY ADDITIONAL HIGH SCHOOLS OR COLLEGES ON BACK.**

Have you attended any Police Academy or Basic Law Enforcement Course, including P.O.S.T. schools?  
If yes, list the academy or school(s):

Name	Location	Dates Attended	Hours	Completed? Y/N
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MILITARY: Have you ever served in the military? \_\_\_\_\_ If so, fill out the following:

Branch: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

MOS/AFSC/RATING: \_\_\_\_\_ Military Specialty: \_\_\_\_\_

Awards/Medals: \_\_\_\_\_

List any training you received: \_\_\_\_\_

\_\_\_\_\_

Article 15 or disciplinary action?  Yes  No If so, where?: \_\_\_\_\_

\_\_\_\_\_

Branch: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

MOS/AFSC/RATING: \_\_\_\_\_ Military Specialty: \_\_\_\_\_

Awards/Medals: \_\_\_\_\_

List any training you received: \_\_\_\_\_

\_\_\_\_\_

Article 15 or disciplinary action?  Yes  No If so, where?: \_\_\_\_\_

\_\_\_\_\_

ATTACH COPIES OF YOUR DD 214 TO PERSONAL HISTORY STATEMENT.

What weapons have you been trained to use?: \_\_\_\_\_

\_\_\_\_\_

Have you had any self-defense training?: \_\_\_\_\_

Marital Status:  Never Been Married  Married  Separated  Divorced  Widowed

Names and Ages of Children: \_\_\_\_\_

\_\_\_\_\_

Given Name of Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Is Spouse Employed?: \_\_\_\_\_ Where?: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

If divorced, give court of record: \_\_\_\_\_ Date: \_\_\_\_\_

Name of ex-spouse: \_\_\_\_\_

PREVIOUS ADDRESSES: List addresses during the past ten years.

To: _____	From: _____	Address _____
To: _____	From: _____	Address _____
To: _____	From: _____	Address _____
To: _____	From: _____	Address _____
To: _____	From: _____	Address _____
To: _____	From: _____	Address _____
To: _____	From: _____	Address _____
To: _____	From: _____	Address _____
To: _____	From: _____	Address _____
To: _____	From: _____	Address _____
To: _____	From: _____	Address _____
To: _____	From: _____	Address _____
To: _____	From: _____	Address _____
To: _____	From: _____	Address _____
To: _____	From: _____	Address _____

If additional spaces are needed, list on the back of this page.

FINANCIAL INDEBTEDNESS(include charge accounts, loans, medical insurance, etc...)

Firm: _____	Address: _____
City: _____ State: _____	Purpose: _____ Amount Due: \$ _____
Firm: _____	Address: _____
City: _____ State: _____	Purpose: _____ Amount Due: \$ _____
Firm: _____	Address: _____
City: _____ State: _____	Purpose: _____ Amount Due: \$ _____
Firm: _____	Address: _____
City: _____ State: _____	Purpose: _____ Amount Due: \$ _____
Firm: _____	Address: _____
City: _____ State: _____	Purpose: _____ Amount Due: \$ _____

If additional space is needed. list on the back of this page.

Scars: \_\_\_\_\_

Birth Marks: \_\_\_\_\_

Tattoos: \_\_\_\_\_

\_\_\_\_\_

FAMILY

Father: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Step Parent: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

BROTHERS AND SISTERS

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

List additional brother and sisters on the back of this page.

Has any of your family ever been convicted of a crime or engaged in activities which could comprise you position as a police officer? \_\_\_\_\_ If yes, give reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT: Account for the past ten years.

Firm Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Job Description: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Job Description: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Job Description: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Job Description: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Job Description: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Job Description: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

List additional employment on the back of this page.

Do you know of any situation or conditions which might possibly disqualify you from appointment or prevent the full discharge of duties of the position for which the application is made? \_\_\_\_\_

If so, explain of a separate sheet.

REFERENCES (Give at least 3 references)

Name _____	Address _____
City _____	State _____ Zip _____
Phone _____	How long you have known each other _____
Name _____	Address _____
City _____	State _____ Zip _____
Phone _____	How long you have known each other _____
Name _____	Address _____
City _____	State _____ Zip _____
Phone _____	How long you have known each other _____
Name _____	Address _____
City _____	State _____ Zip _____
Phone _____	How long you have known each other _____

I hereby certify there are no willful misrepresentations or falsifications in the above statements and answers to questions. I am aware should investigation disclose such misrepresentations or falsifications, my application will be rejected, and I will be disqualified from any future application with the City of Tonganoxie Police Department. I further authorize all former employers, acquaintances, officials or other persons to give information concerning my person, whether such personal information be a matter of record or personal knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**Tonganoxie Police Department  
Authorization for Release of Information**

NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PO Box, Route # \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ Zip \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_

TO WHOM IT MAY CONCERN: I am an applicant for the position of Police Officer with the City of Tonganoxie, Kansas Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all-relevant information concerning my personal and employment history is disclosed to the above department.

I hereby authorize any representative of the Tonganoxie Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Tonganoxie Police Department, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background investigation that may provide pertinent data for the intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all other from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of the Tonganoxie Police Department, including its officers, 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. I direct you to release such information upon request of the duly accredited representative of the Tonganoxie Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Tonganoxie Police Department's acceptance and processing of my application for employment, I agree to hold the Tonganoxie Police Department, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Tonganoxie Police Department. I understand that should information of a serious criminal nature as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Tonganoxie Police Department in conjunction with employment procedures.

A photocopy for FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

The waiver is valid for a period of one year from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

**Tonganoxie Police Department  
Authorization for Release of Information**

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Notary

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_

Signature \_\_\_\_\_

My Commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Seal Here

## **Chief of Police Job Description**

**POSITION TITLE: Police Officer**

**DEPARTMENT: Police Department**

### **REQUIREMENTS:**

#### **State Requirements:**

1. Is a United States citizen;
2. has been fingerprinted and search of local, state and national fingerprint files has been made to determine whether the applicant has a criminal record;
3. has not been convicted, does not have an expunged conviction, and on and after July 1, 1995, has not been placed on diversion by any state or the federal government for a crime which is a felony or its equivalent under the uniform of military justice;
4. has not been convicted, does not have an expunged conviction, has not been placed on diversion by any state or the federal government for a misdemeanor crime of domestic violence or its equivalent under the uniform code of military justice;
5. is the holder of a high-school diploma or furnishes evidence of successful completion of an examination indicating an equivalent achievement;
6. is of good moral character;
7. has completed a psychological test approved by the KLETC commission;
8. is free of any physical or mental condition which might adversely affect performance as a police officer
9. is at least 21 years of age

#### **Tonganoxie Police Department Requirements:**

1. have a driving record with no more than three moving violations within the last year;
2. pass the department's physical fitness test;
3. pass the department's pre-employment written test;
4. be within the department's height/weight standards;
5. be able to physically subdue/control violent people which may include chasing up and down hills/stairs, climbing walls/fences;
6. be able to rescue victims of crimes, accidents, and natural disasters, to include performing first aid/CPR
7. be able to wear police equipment to include gun belt/holster, handgun, handcuffs, ammunition, mace, and bulletproof vest;
8. be able to operate;
  1. portable 2 way radio
  2. 2 way car radio
  3. radar equipment
  4. automobile
  5. bicycle
  6. police baton

## **Chief of Police Job Description**

7. police flashlight
8. department issued handguns, rifles, and shotguns
9. police vehicle emergency equipment to include sirens and spotlights
10. handcuffs
11. typewriter/computer equipment
12. telephone
13. calculator
14. copy machine
15. fingerprinting equipment
16. 1st aid equipment
17. camera equipment to include video equipment