

APPLICATION FOR EMPLOYMENT

CITY OF LEON

111 S. Main
LEON, Ks 67074
(316) 742-3438

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied for: _____ Date of Application: _____

Last Name _____ First Name _____ Middle Name _____

Address # _____ Street _____ City _____ State _____ Zip Code _____

Telephone Number(s) _____ Social Security Number (optional) _____

Best time to contact you at home is.....:_____AM/PM

Have you ever filed an application with us before?..... YES _____ NO _____
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? YES _____ NO _____

Are you currently employed? YES _____ NO _____

May we contact your present employer? YES _____ NO _____

Are you prevented from lawfully becoming employed in country because of Visa or Immigration Status YES _____ NO _____

Date available for work _____ / _____ / _____ What is your desired salary range? _____

Are you available to work: _____ Full-Time (please indicate 1 2 3 shift)
_____ Part-Time (please indicate Mornings Afternoon Evenings)
_____ Temporary (please indicate dates available _____ / _____ / _____ - _____ / _____ / _____)

Are you currently on "lay-off" status and subject to recall?..... YES _____ NO _____

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				
2.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				
3.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				
4.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? YES NO

REFERENCES

1.	_____ (_____) _____ (Name) Phone #
	_____ (Address)
2.	_____ (_____) _____ (Name) Phone #
	_____ (Address)
3.	_____ (_____) _____ (Name) Phone #
	_____ (Address)

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER _____ DATE _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____

NAME AND TITLE

DATE

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date: _____

NAME: _____

POSITION: _____

DATE: _____ / _____ / _____



CITY OF LEON

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111 South Main Street
Leon, KS 67074

INFORMED CONSENT, RELEASE AND HOLD HARMLESS FOR CONFIDENTIALITY OF
PRE-EMPLOYMENT BACKGROUND INVESTIGATION DATA,
WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

Applicant Name _____ (print)
SS# _____ D.O.B _____
DL# _____ DL State _____

By my signature below, I hereby authorize the CITY OF LEON to conduct a background check as part of its consideration for appointing me to the position of the CITY OF LEON Police Department. I am informed that the background checks may include: 1) credit history; 2) criminal records; 3) motor vehicle records; 4) employment references and 5) drug screening check.

It is my understanding that the results of these checks will be held in confidence and that any persona information, including my social security number and date of birth, will be destroyed if I am not appointed to the position.

PRIVACY ACT NOTICE: (a) Purpose and Uses: Copies of this completed form will be furnished to individuals or entities in order to obtain information regarding your background to determine your suitability with the CITY OF LEON Police Department. (b) Effects of Nondisclosure: Furnishing the requested information, thereby authorizing the collection of background information, is voluntary, but failure to provide all or part of the information will result in a lack if further consideration for the position.

I understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the CITY OF LEON.

With my signature, I certify that I am a job applicant for the position with the CITY OF LEON Police Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualification to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department. I understand that the City Police Department will be seeking records from my past employers and any other persons or entity that might have information relating to my application. As used in this release, "You" or "Your" refers to any past employer or any other persons or entity that the CITY OF LEON Police Department presents to release to.

I hereby authorize any representative of the CITY OF LEON Police Department bearing this release to obtain any information in your files pertinent to my employment records, military service, education, criminal history, driving or traffic records. I hereby direct you to release such information upon request of the bearer of this release form. 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 CITY OF LEON Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization to give my consent for full and complete disclosure. It is my specific intent to provide access to the personal information, however personal or confidential it may appear to be.

I consent to your release of 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 criminal history records, including any arrest records, and information contained in investigatory files, employment evaluations and 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 an interest, attendance record, polygraphs, examination, and any internal affairs investigation and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from any liability or damages that may result from the information requested, including and liability or damage pursuant to any state laws. I hereby release you, including your 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 associated 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 CITY OF LEON Police Department regardless of any agreement I may have or made with you previously to the contrary.

I agree to hold the CITY OF LEON and the CITY OF LEON 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 CITY OF LEON Police Department. I understand that should information of a serious criminal nature surface 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 CITY OF LEON Police Department in conjunction with employment application procedures.

I understand and agree that a photocopy reproduction of this form shall be for all intents and purposes as valid as the original.

I have had adequate time to read and review this form and I understand its meaning and purpose.

Signature of Applicant

Date

Printed name of Applicant

**LEON POLICE DEPARTMENT
OBSERVER'S PERMIT AND RELEASE FROM LIABILITY**

The Leon Police Department allows persons to ride with Leon Police Officers, to allow them the opportunity to better understand their functions and duties. Persons of the general public, as well as school students of Administrative Justice, are welcome to participate in this program.

However, we must explain that in this career, there are many situations that are or can be potentially dangerous. No employee in this field would be able to predict ALL situations prior to them occurring. Therefore, it is imperative that before allowing any unauthorized person to ride with an Officer, a liability release form must be obtained.

A background check will also have to be completed before allowing anyone to ride, for security purpose. A re-issuance of this permit may be requested but will be limited as per this discretion of any officer ranked Sergeant and above.

.....

OBSERVER'S NAME: _____ AGE: _____ SEX: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ D.O.B.: _____ S.S.N.: _____

SCHOOL: _____ CLASS: _____ MAJOR: _____

OBSERVER'S RIDE DATE & TIME

DATE: _____

TIME: _____

I, _____, am requesting the right to ride as an observer with the Leon Police Department. I do hereby agree to waive any claims for personal injury or property damage against the City of Leon, the insurer carrier or any members of the Leon Police Department.

I further agree that I hereby assume all risks of injury of any nature by accompanying the Leon Police Department and/or personnel. I also further agree to abide by the orders of any authorized person while attending the above said activities. I understand at any time the personnel may terminate this permit as per their discretion.

Signature of Observer: _____

Signature of Parent (if juvenile): _____

Witness: _____

Background Check Completed: _____ Satisfactory: _____ Unsatisfactory: _____

Date Check Completed: _____ Assigned Officer: _____

Permit Requested: Approved _____ Declined _____

Authorizing Department Member

Recommendations of Re-Issuance of Permit: _____

