

Burlington Police Department

Employment Application

An Equal Opportunity Employer

This application must be completed in full, preferably in the applicant's handwriting, and signed. Incomplete or unsigned applications will not be considered. The Release and Waiver (page 5) must be signed and notarized, and the original must be received by City of Burlington before application will be considered. By filling out this application you are neither guaranteed an interview nor a job. If you are selected for an interview, you will be notified by the Personnel Department.

Mailing Address: City of Burlington, P.O. Box 207, Burlington, KS 66839

Position Applied For: <i>(one position per application)</i>			Date of Application
Last Name	First Name	Middle Name	Telephone Number(s)
Address		City	State Zip Code
Referral Source	Advertisement	Internet	Walk In
		City police officer	Other <i>(specify below)</i>

Are you able to provide proof that you are authorized to work in the United States? Yes No

Have you been employed here before? Yes No If yes, _____
Position _____ Dates _____

Do you have any relatives employed here? Yes No If yes, _____
Name _____ Department _____ Relation _____

Have you been convicted of anything other than a minor traffic offense? Yes No

If yes, please specify date(s) and nature of offenses(s) _____

Do you have a valid Driver's License? Yes No Commercial Driver's License? Yes No

State: _____ License Number: _____

AVAILABILITY

Date available to begin work:	When are you willing to work?
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EDUCATION

Beginning with High School, provide information on all schools attended including colleges, special courses and trade schools.

Name and Location of School	Did you Graduate?	Completion Date	Name of Degree or Certificate	Major/Minor
	Yes No			
	Yes No			
	Yes No			

List any special training, skills, certifications or volunteer experience that may be pertinent to the job for which you are applying:

The City of Burlington is an Equal Opportunity Employer. All applicants are considered for employment without regard to color, race, sex, religion, age, national origin, marital status, veteran status or disability.

EMPLOYMENT EXPERIENCE

List jobs starting with your **present or most recent job**. Include any military experience. A résumé may be attached but does not take the place of this form. If you need more space, please attach a separate sheet.

May we contact your present employer? Yes No

Company Name	Telephone ()	Dates Employed From To
Address		Number of Hours Worked Per Week
Job Title	Name of Supervisor	Hourly Rate Start Last
Describe Duties:		Reason for Leaving
Company Name	Telephone ()	Dates Employed From To
Address		Number of Hours Worked Per Week
Job Title	Name of Supervisor	Hourly Rate Start Last
Describe Duties:		Reason for Leaving
Company Name	Telephone ()	Dates Employed From To
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Job Title	Name of Supervisor	Hourly Rate Start Last
Describe Duties:		Reason for Leaving
Company Name	Telephone ()	Dates Employed From To
Address		Number of Hours Worked Per Week
Job Title	Name of Supervisor	Hourly Rate Start Last
Describe Duties:		Reason for Leaving

U.S. Military Service: _____ **Rank:** _____

Currently serving in National Guard or Reserves: _____

REFERENCES

Provide the names of three work-related references other than relatives:

Name	Address	Phone Number	Relationship	Years

Not for Interview Purposes

In accordance with Equal Employment laws, we are required to maintain statistical data on all applicants. We ask for your cooperation in completing and returning the following information. This form will be separated from your application and not used in the screening or interviewing processes.

Name		Social Security Number		Date of Birth		
Address				Telephone Number		
Driver's License (or CDL) Number		State Where Issued	Do you have a Class B Commercial Driver's License?		Yes	No
			If no, do you have a CDL Permit?		Yes	No
<input type="checkbox"/> Female	<input type="checkbox"/> American Indian	<input type="checkbox"/> Black	Check one, if applicable:			
<input type="checkbox"/> Male	<input type="checkbox"/> Asian / Pacific Islander	<input type="checkbox"/> White				
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Disabled Individual			
			<input type="checkbox"/> Disabled Veteran			
			<input type="checkbox"/> Vietnam Veteran			
Position Applied For:						

I hereby authorize any city, county, state or federal agency, department or bureau to release any information in their files under the above name. I understand and realize that the information so released may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I further release all personnel whomever from any liability arising out of or resulting from the release of this information.

Signature of Applicant: _____ Date: _____

NOTICE TO INDIVIDUALS WITH DISABILITIES, DISABLED VETERANS AND VIETNAM ERA VETERANS

Federal government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era; and section 503 of the Rehabilitation Act of 1973, as amended, which requires the same of qualified disabled individuals.

If you are a disabled veteran or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will not adversely affect any consideration you may receive for employment.

If you wish to be identified, sign here: _____

Please Do Not Write Below This Line

Background Check Results:

Warrant:	No Warrant Found	Active Warrant Indicated
Local Record:	No Record Found	Prior Record <i>(Please Attach)</i>
DL#:	Status Clear	Status Suspended

RELEASE AND WAIVER

To Whom It May Concern:

I Hereby Authorize you to furnish any authorized representative of the Burlington Police Department bearing this release, within one year of its date, any and all personal recollections and/or information in your files concerning me, my character, general reputation, personal characteristics, and personal history, including but not limited to documents concerning my military service, employment, credit history (including consumer reports and / or credit rating) financial status, education and academic achievement, attendance, work performance, complaints or grievances filed by or against me, back ground investigations, disciplinary actions, polygraph examinations and any and all internal affairs investigations and discipline, include any files that are deemed to be of a private or confidential nature.

I hereby direct you to release this 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 Burlington Police Department, and will be considered as part of the pre-employment background investigation in determining my qualifications and fitness for the position which I seek.

Consent is granted for the Burlington Police Department to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any information provided to the Burlington Police Department pursuant to this request, as well as any information contained in the background investigation report prepared by the Burlington Police Department.

I hereby release you, your organization, and all related agents and representatives, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, or my assigns because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

A photocopy of this form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature. You may retain this form in your files.

Applicant's Full Name _____ Date _____
(Signature)

Applicant's Full Name _____
(Please print name)

Current Address _____

Phone Numbers _____

Date of Birth _____ S.S. #: _____

Notary Stamp & Signature