

Lenexa Police Department



MISSION STATEMENT

WORKING IN PARTNERSHIP TO PROTECT AND SERVE THE
COMMUNITY WITH PROFESSIONALISM, INTEGRITY AND HONOR

Application Checklist

Position Applied For _____

Completed City of Lenexa Employment Application. This includes:

- City Hall – Authorization for Release of Information
- City Hall – Consumer Report Disclosure

Completed and Notarized Lenexa Police Department Personal History Statement with ALL requested attachments and documentation.

This application packet should be returned to:

The Lenexa Police Department
Recruiting Officer
12500 W. 87th St. Pkwy
Lenexa, KS 66215

Any questions should be directed to the Recruiting/Hiring Hotline at (913) 825-8282 or e-mail pdrecruiter@lenexa.com.

Lenexa Police Department



Automatic Disqualifiers

The City of Lenexa Police Department will automatically disqualify any individual who at any time:

- Has been convicted of a felony or any offense that would be constituted as a felony within the State of Kansas or the United States
- Has been convicted of or took part in the commission of a Class "A" or "B" misdemeanor within the past five years or been convicted of any crime of a sexual nature
- Has been dishonorably discharged from any branch of the United States Armed Forces
- Has had his / her state certification as a Law Enforcement Officer denied / revoked or suspended
- Falsified or lied about any information requested on a questionnaire or application as part of the hiring process
- Exhibited any conduct or a pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the law enforcement profession
- Tattoos: Any tattoos which are visible while in uniform are considered automatic disqualifiers. Tattoos which can be covered by the normal wear of jewelry or by department-issued sleeve may be allowed on a case-by-case basis. Tattoos of a non-medical nature on the face, neck, head, fingers or hands will not be allowed. Tattoos of an obscene or offensive nature will not be allowed

DRUG / ALCOHOL USAGE

- Have used marijuana within the past three years
- Have used any other illegal drug within the last five years
- Have an established pattern of prescription medication abuse
- Have an established pattern of alcohol abuse

DRIVING RECORD

- Have had a Driving Under the Influence conviction or diversion as an adult within the last five years or show a pattern of traffic law violations that indicate disrespect for traffic laws and disregard for public safety. Have three or more chargeable or at fault accidents within the past five years. Have had their driver's license suspended or revoked within the past five years
- Does not possess a valid state driver's license

Lenexa Police Department

Personal History Statement

Important Instructions

The information that you provide in this questionnaire will be used by the background investigator in determining your suitability for a position with our department. As you complete this form, please keep the following in mind:

- All statements are subject to verification and any negative information will be evaluated fairly. **Applicants will be disqualified for intentionally altering/misrepresenting the facts or omitting an incident that would not have otherwise disqualified them.**
- Provide complete and accurate information. **If you omit, or try to conceal any pertinent information you will be disqualified.** If you are unsure if something is pertinent, include it in the appropriate section of this document.
- Account for all time periods in your background. You will be asked to provide a work history, and you are required to account for all time periods in-between jobs.
- **List all arrests and convictions even if you received a release, a pardon or had your record expunged.** Again, if you are unsure if something is pertinent, include it in the appropriate section of this document.
- Be sure to provide complete and legible information about items requested. **Your Personal History Statement will be evaluated for completeness and legibility.** In instances where information requested is incomplete or illegible, applicants may be disqualified.
- This document will only be accepted in its original form. **DO NOT** scan it into a computer and complete it using a computer.
- This document will be strictly confidential and it is the exclusive property of the Lenexa Police Department. By signing this document, you acknowledge that you will not receive and are not entitled to know the contents of the confidential reports received. You further understand that these reports are privileged.

The Lenexa Police Department reviews this Personal History Statement and all other forms to determine how well you follow instructions, assemble information, pay attention to detail, and submit a report or work product that is legible, accurate, and complete. The submission of this Personal History Statement is a test of your ability to provide the requested information for the hiring process. It is also an opportunity for you to demonstrate that you possess these fundamental skills which are critical to being successful at the Lenexa Police Department. It cannot be overstressed how important it is for you to complete this packet honestly, completely, and to the best of your ability because during the hiring process it will be used as part of a “snapshot” of you as an applicant, and if you are to be hired this packet will be a part of your permanent employment file.

I certify that I have read the above information and understand that I am required to provide accurate and complete information. Furthermore, I understand that providing false or misleading information could result in my disqualification from the hiring process, or termination from employment.

Applicant Signature

Date

Lenexa Police Department

Personal History Statement

Important Instructions

This application is a permanent record. All information must be neatly printed **by the applicant**, using **black ink only**. **Illegible** or **incomplete** applications **will not be accepted**. Do not write in shaded areas. The completed **City of Lenexa Employment Application and Lenexa Police Department Personal History Statement including photo copies** of the following documents must be submitted to **The Lenexa Police Department, Recruiting Officer, 12500 W. 87th ST., Lenexa, KS 66215**. Applicants must complete all sections of the application.

Your documents will be checked prior to arriving for your oral interview. If you do not provide copies of the requested documents, your interview may not take place and you may be disqualified from the process.

| | | |
|-------------------------|--|-------|
| Applicant Name: | | Home: |
| Address: | | Work: |
| City/State/Zip: | | Cell: |
| Social Security Number: | | |
| Email: | | |

| DOCUMENTS | √ showing you attached copy or list as n/a` |
|---|---|
| Birth certificate | |
| Valid driver's license | |
| Social Security Card | |
| High School Diploma or GED | |
| DD-214, if you have been in the military | |
| College transcripts, if you have college hours | |
| Professional Certifications/Training i.e. Police Academy, Intoxilyzer, FTO, SFST, DARE/SRO, Firearms etc. | |
| Proof of auto insurance for all vehicles that you operate (police officer applicants only) | |
| Civil suit records, if applicable | |
| Name change records, if applicable | |
| Letters of recommendation (optional) | |

Lenexa Police Department

Family Members and Relatives

During the background investigation, your family will be asked to comment upon your suitability for employment. Supply the appropriate information in the spaces provided. If a category is not applicable, print N/A in the box provided for the name. If deceased, so indicate.

| Name | Residence Address (include zip codes. If same as yours write same) | Telephone (include area code) | Age |
|------------|--|-------------------------------|-----|
| Father | | Home | |
| Occupation | | Work | |

| | | | |
|----------------------|--|------|-----|
| Mother | | Home | Age |
| Mother's maiden name | | Work | |
| Occupation | | | |

| | | | |
|---------------|--|------|-----|
| Father-in-Law | | Home | Age |
| Occupation | | Work | |

| | | | |
|---------------|--|------|-----|
| Mother-in-Law | | Home | Age |
| Occupation | | Work | |

| | | | |
|------------|--|------|-----|
| Brother | | Home | Age |
| Occupation | | Work | |

| | | | |
|------------|--|------|-----|
| Brother | | Home | Age |
| Occupation | | Work | |

| | | | |
|------------|--|------|-----|
| Sister | | Home | Age |
| Occupation | | Work | |

| | | | |
|------------|--|------|-----|
| Sister | | Home | Age |
| Occupation | | Work | |

Children

List all of your children (include step-children, adopted children, etc.)

| Name | Sex | | Date of birth | Relationship to you | | | | Living with you | |
|------|------|--------|---------------|---------------------|------|---------|--------|-----------------|----|
| | Male | Female | | Natural | Step | Adopted | Foster | Yes | No |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

Lenexa Police Department

| Marital Status | | | | | |
|-----------------|------------------|------------------|--------------------|-------------------|-------------------|
| • Single | • Married | • Widowed | • Separated | • Annulled | • Divorced |

| | | | | |
|---|------------------------|-----------------------------|------------------------|-----|
| Full name of spouse | Maiden name | Other names spouse has used | Date of birth | Age |
| Date of marriage | Place of marriage | | | |
| Spouse's employer | Occupation or position | | How long employed? | |
| Current address of spouse, if not living with you | Home phone (area code) | | Work phone (area code) | |

| If divorced, widowed, or had an annulment, provide the following information. | | | | |
|---|--|-----------------------------|--|-----|
| Full name of former spouse | Maiden name | Other names spouse has used | Date of birth | Age |
| Date of marriage | Place of marriage (city, county, state, and country) | | | |
| Former spouse's employer | Occupation or position | | How long employed? | |
| Current address of former spouse or last known address | Home phone (area code) | | Work phone (area code) | |
| Date filed for divorce | City, county, and state of divorce | | Is divorce final? • Yes • No | |

| | | | | |
|--|--|-----------------------------|--|-----|
| Full name of former spouse | Maiden name | Other names spouse has used | Date of birth | Age |
| Date of marriage | Place of marriage (city, county, state, and country) | | | |
| Former spouse's employer | Occupation or position | | How long employed? | |
| Current address of former spouse or last known address | Home phone (area code) | | Work phone (area code) | |
| Date filed for divorce | City, county, and state of divorce | | Is divorce final? • Yes • No | |

| | |
|---|--|
| Have you ever been ordered by a court to pay child support? • Yes • No <i>If yes, what is or was the monthly amount? _____</i> | |
| Have you ever been required to pay alimony? • Yes • No <i>If yes, what is or was the monthly amount _____</i> | |
| Have you ever been delinquent in child support payments or alimony payment? • Yes • No <i>If yes, explain below.</i> | |

Lenexa Police Department

Residences

List all of your residences during the last seven years. Begin with your most current residence. When listing military bases, include nearest city, state, and zip code. When listing addresses, include Street, Avenue, Drive, Court, North, South, East, and West. Include unit number or apartment number, where applicable.

| | | |
|-------------------------------|----------------------------------|---------------------------|
| Current address | City, state, and zip code | Since (month/year) |
| With whom do you live? | | |

| | | | |
|--|----------------------------------|--------------------------|------------------------|
| Former Address | City, state, and zip code | From (month/year) | To (month/year) |
| With whom did you live? | | | |
| If rented, give name, complete address, and phone number of person who collected the rent | | | |
| Reason for moving | | | |

| | | | |
|--|----------------------------------|--------------------------|------------------------|
| Former Address | City, state, and zip code | From (month/year) | To (month/year) |
| With whom did you live? | | | |
| If rented, give name, complete address, and phone number of person who collected the rent | | | |
| Reason for moving | | | |

| | | | |
|--|----------------------------------|--------------------------|------------------------|
| Former Address | City, state, and zip code | From (month/year) | To (month/year) |
| With whom did you live? | | | |
| If rented, give name, complete address, and phone number of person who collected the rent | | | |
| Reason for moving | | | |

| | | | |
|--|----------------------------------|--------------------------|------------------------|
| Former Address | City, state, and zip code | From (month/year) | To (month/year) |
| With whom did you live? | | | |
| If rented, give name, complete address, and phone number of person who collected the rent | | | |
| Reason for moving | | | |

Lenexa Police Department

Residences (continued)

| | | | |
|--|----------------------------------|--------------------------|------------------------|
| Former Address | City, state, and zip code | From (month/year) | To (month/year) |
| With whom did you live? | | | |
| If rented, give name, complete address, and phone number of person who collected the rent | | | |
| Reason for moving | | | |

| | | | |
|--|----------------------------------|--------------------------|------------------------|
| Former Address | City, state, and zip code | From (month/year) | To (month/year) |
| With whom did you live? | | | |
| If rented, give name, complete address, and phone number of person who collected the rent | | | |
| Reason for moving | | | |

| | | | |
|--|----------------------------------|--------------------------|------------------------|
| Former Address | City, state, and zip code | From (month/year) | To (month/year) |
| With whom did you live? | | | |
| If rented, give name, complete address, and phone number of person who collected the rent | | | |
| Reason for moving | | | |

| | | | |
|--|----------------------------------|--------------------------|------------------------|
| Former Address | City, state, and zip code | From (month/year) | To (month/year) |
| With whom did you live? | | | |
| If rented, give name, complete address, and phone number of person who collected the rent | | | |
| Reason for moving | | | |

Cohabitants (roommates, friends, significant others, etc.)

| | | | |
|---|-------------------|-------------------------------|-------------------------------|
| List those individuals with whom you have resided during the last seven years, excluding family members. | | | |
| Full name | Age | Home phone (area code) | Work phone (area code) |
| Current address (include zip code) | Occupation | | Years known |

Lenexa Police Department

Cohabitants (continued)

| | | | |
|---|-------------------|-------------------------------|-------------------------------|
| Full name | Age | Home phone (area code) | Work phone (area code) |
| Current address (include zip code) | Occupation | | Years known |

| | | | |
|---|-------------------|-------------------------------|-------------------------------|
| Full name | Age | Home phone (area code) | Work phone (area code) |
| Current address (include zip code) | Occupation | | Years known |

| | | | |
|---|-------------------|-------------------------------|-------------------------------|
| Full name | Age | Home phone (area code) | Work phone (area code) |
| Current address (include zip code) | Occupation | | Years known |

| | | | |
|---|-------------------|-------------------------------|-------------------------------|
| Full name | Age | Home phone (area code) | Work phone (area code) |
| Current address (include zip code) | Occupation | | Years known |

| | | | |
|---|-------------------|-------------------------------|-------------------------------|
| Full name | Age | Home phone (area code) | Work phone (area code) |
| Current address (include zip code) | Occupation | | Years known |

| | | | |
|---|-------------------|-------------------------------|-------------------------------|
| Full name | Age | Home phone (area code) | Work phone (area code) |
| Current address (include zip code) | Occupation | | Years known |

| | | | |
|---|-------------------|-------------------------------|-------------------------------|
| Full name | Age | Home phone (area code) | Work phone (area code) |
| Current address (include zip code) | Occupation | | Years known |

| | | | |
|---|-------------------|-------------------------------|-------------------------------|
| Full name | Age | Home phone (area code) | Work phone (area code) |
| Current address (include zip code) | Occupation | | Years known |

Lenexa Police Department

Experience and Employment

Beginning with your most current employment, list every job, including military service. Account for all time periods. Jobs include self-employment, part-time jobs, full-time jobs, temporary work, volunteer work, and internships. You must list all employment regardless of the length of employment. Addresses must be complete and accurate. Zip codes are required. If you have periods of unemployment, list those periods in sequence in the spaces specifically provided. Start with your most current employment. If you run out of space, use the general information page to list additional employers.

Do you object to our contacting your present employer(s) prior to your being accepted? • Yes • No
If yes, please explain.

| |
|--|
| |
| |
| |
| |

| | | |
|---|--|--|
| Date of employment From To Month / Year Month / Year ____/____ ____/ ____ How long employed there? ____ • Present employment | Name of employer Complete address Work schedule (for example: Monday through Friday 9 to 5, etc.) Job title or position | Work phone (area code) • Full time • Part-time • Volunteer • Internship • Temporary Salary |
|---|--|--|

Describe your duties

Actual reason for leaving (be specific)

Supervisor's name

Work or home phone (area code)

List another supervisor

Work or home phone (area code)

List a co-worker

Work or home phone (area code)

• Unemployed From: _____ To: _____

Lenexa Police Department

Experience and Employment (continued)

| | | | |
|--|--|---|-------------------------------|
| Date of employment From Month / Year To Month / Year ____/____ ____/____ How long employed there? ____ | Name of employer | | Work phone (area code) |
| | Complete address | | |
| | Work schedule (for example: Monday through Friday 9 to 5, etc.) | | |
| | Job title or position | • Full time • Part-time • Volunteer • Internship • Temporary | Salary |
| Describe your duties | | | |
| Actual reason for leaving (be specific) | | | |
| Supervisor's name | | Work or home phone (area code) | |
| List another supervisor | | Work or home phone (area code) | |
| List a co-worker | | Work or home phone (area code) | |
| • Unemployed From: ____ To: ____ | | • Are you eligible for re-hire? • Yes • No | |

| | | | |
|--|--|---|-------------------------------|
| Date of employment From Month / Year To Month / Year ____/____ ____/____ How long employed there? ____ | Name of employer | | Work phone (area code) |
| | Complete address | | |
| | Work schedule (for example: Monday through Friday 9 to 5, etc.) | | |
| | Job title or position | • Full time • Part-time • Volunteer • Internship • Temporary | Salary |
| Describe your duties | | | |
| Actual reason for leaving (be specific) | | | |
| Supervisor's name | | Work or home phone (area code) | |
| List another supervisor | | Work or home phone (area code) | |
| List a co-worker | | Work or home phone (area code) | |
| • Unemployed From: ____ To: ____ | | • Are you eligible for re-hire? • Yes • No | |

Lenexa Police Department

Experience and Employment (continued)

| | | | |
|--|--|---|-------------------------------|
| Date of employment From Month / Year To Month / Year ____/____ ____/____ How long employed there? ____ | Name of employer | | Work phone (area code) |
| | Complete address | | |
| | Work schedule (for example: Monday through Friday 9 to 5, etc.) | | |
| | Job title or position | • Full time • Part-time • Volunteer • Internship • Temporary | Salary |
| Describe your duties | | | |
| Actual reason for leaving (be specific) | | | |
| Supervisor's name | | Work or home phone (area code) | |
| List another supervisor | | Work or home phone (area code) | |
| List a co-worker | | Work or home phone (area code) | |
| • Unemployed From: _____ To: _____ | | • Are you eligible for re-hire? • Yes • No | |

| | | | |
|--|--|---|-------------------------------|
| Date of employment From Month / Year To Month / Year ____/____ ____/____ How long employed there? ____ | Name of employer | | Work phone (area code) |
| | Complete address | | |
| | Work schedule (for example: Monday through Friday 9 to 5, etc.) | | |
| | Job title or position | • Full time • Part-time • Volunteer • Internship • Temporary | Salary |
| Describe your duties | | | |
| Actual reason for leaving (be specific) | | | |
| Supervisor's name | | Work or home phone (area code) | |
| List another supervisor | | Work or home phone (area code) | |
| List a co-worker | | Work or home phone (area code) | |
| • Unemployed From: _____ To: _____ | | • Are you eligible for re-hire? • Yes • No | |

Lenexa Police Department

Experience and Employment (continued)

| | | | |
|--|--|---|-------------------------------|
| Date of employment From Month / Year To Month / Year ____/____ ____/____ How long employed there? ____ | Name of employer | | Work phone (area code) |
| | Complete address | | |
| | Work schedule (for example: Monday through Friday 9 to 5, etc.) | | |
| | Job title or position | • Full time • Part-time • Volunteer • Internship • Temporary | Salary |
| Describe your duties | | | |
| Actual reason for leaving (be specific) | | | |
| Supervisor's name | | Work or home phone (area code) | |
| List another supervisor | | Work or home phone (area code) | |
| List a co-worker | | Work or home phone (area code) | |
| • Unemployed From: _____ To: _____ | | • Are you eligible for re-hire? • Yes • No | |

| | | | |
|--|--|---|-------------------------------|
| Date of employment From Month / Year To Month / Year ____/____ ____/____ How long employed there? ____ | Name of employer | | Work phone (area code) |
| | Complete address | | |
| | Work schedule (for example: Monday through Friday 9 to 5, etc.) | | |
| | Job title or position | • Full time • Part-time • Volunteer • Internship • Temporary | Salary |
| Describe your duties | | | |
| Actual reason for leaving (be specific) | | | |
| Supervisor's name | | Work or home phone (area code) | |
| List another supervisor | | Work or home phone (area code) | |
| List a co-worker | | Work or home phone (area code) | |
| • Unemployed From: _____ To: _____ | | • Are you eligible for re-hire? • Yes • No | |

Lenexa Police Department

Experience and Employment (continued)

| | | | |
|--|--|---|-------------------------------|
| Date of employment From Month / Year To Month / Year ____/____ ____/____ How long employed there? ____ | Name of employer | | Work phone (area code) |
| | Complete address | | |
| | Work schedule (for example: Monday through Friday 9 to 5, etc.) | | |
| | Job title or position | <ul style="list-style-type: none"> • Full time • Part-time • Volunteer • Internship • Temporary | Salary |
| Describe your duties | | | |
| Actual reason for leaving (be specific) | | | |
| Supervisor's name | | Work or home phone (area code) | |
| List another supervisor | | Work or home phone (area code) | |
| List a co-worker | | Work or home phone (area code) | |
| <ul style="list-style-type: none"> • Unemployed From: _____ To: _____ | | <ul style="list-style-type: none"> • Are you eligible for re-hire? • Yes • No | |

| | | | |
|--|--|---|-------------------------------|
| Date of employment From Month / Year To Month / Year ____/____ ____/____ How long employed there? ____ | Name of employer | | Work phone (area code) |
| | Complete address | | |
| | Work schedule (for example: Monday through Friday 9 to 5, etc.) | | |
| | Job title or position | <ul style="list-style-type: none"> • Full time • Part-time • Volunteer • Internship • Temporary | Salary |
| Describe your duties | | | |
| Actual reason for leaving (be specific) | | | |
| Supervisor's name | | Work or home phone (area code) | |
| List another supervisor | | Work or home phone (area code) | |
| List a co-worker | | Work or home phone (area code) | |
| <ul style="list-style-type: none"> • Unemployed From: _____ To: _____ | | <ul style="list-style-type: none"> • Are you eligible for re-hire? • Yes • No | |

Lenexa Police Department

Experience and Employment (continued)

| | | | |
|--|--|---|-------------------------------|
| Date of employment From To Month / Year Month / Year ____/____ ____/____ How long employed there? ____ | Name of employer | | Work phone (area code) |
| | Complete address | | |
| | Work schedule (for example: Monday through Friday 9 to 5, etc.) | | |
| | Job title or position | <ul style="list-style-type: none"> • Full time • Part-time • Volunteer • Internship • Temporary | Salary |
| Describe your duties | | | |
| Actual reason for leaving (be specific) | | | |
| Supervisor's name | | Work or home phone (area code) | |
| List another supervisor | | Work or home phone (area code) | |
| List a co-worker | | Work or home phone (area code) | |
| • Unemployed From: _____ To: _____ | | • Are you eligible for re-hire? • Yes • No | |

| | | | |
|--|--|---|-------------------------------|
| Date of employment From To Month / Year Month / Year ____/____ ____/____ How long employed there? ____ | Name of employer | | Work phone (area code) |
| | Complete address | | |
| | Work schedule (for example: Monday through Friday 9 to 5, etc.) | | |
| | Job title or position | <ul style="list-style-type: none"> • Full time • Part-time • Volunteer • Internship • Temporary | Salary |
| Describe your duties | | | |
| Actual reason for leaving (be specific) | | | |
| Supervisor's name | | Work or home phone (area code) | |
| List another supervisor | | Work or home phone (area code) | |
| List a co-worker | | Work or home phone (area code) | |
| • Unemployed From: _____ To: _____ | | • Are you eligible for re-hire? • Yes • No | |

Lenexa Police Department

Experience and Employment (continued)

Have you ever held employment under another name? • Yes • No
If yes, list the names used, the employer, and the dates of employment.

| Name used | Employer | From (month/year) | To (month/year) |
|-----------|----------|-------------------|-----------------|
| | | | |
| | | | |

Have you ever been terminated (fired) or asked to resign from a job or position in lieu of termination? • Yes • No
If yes, start with most recent, and list the following information, giving details. If more space is needed, please explain under the general information section at the end of this application.

| | |
|----------------|-----------------|
| Date | Employer |
| Details | |
| | |
| | |

| | |
|----------------|-----------------|
| Date | Employer |
| Details | |
| | |
| | |

| | |
|----------------|-----------------|
| Date | Employer |
| Details | |
| | |
| | |

| | |
|----------------|-----------------|
| Date | Employer |
| Details | |
| | |
| | |

Lenexa Police Department

Experience and Employment (continued)

Have you ever had any extended work absences for any reason other than medical or earned vacation? (Leave of absence, suspensions, layoffs, etc.) • Yes • No

If yes, list the dates, name of employer, and details.

| | |
|---------|----------|
| Date | Employer |
| Details | |
| | |
| | |
| | |

Have you ever been *investigated* by your employer or supervisor for improper conduct, illegal activities, sexual harassment, or equal employment violations? • Yes • No

If yes, please provide the following information.

| | |
|--------------------------------------|----------|
| Date | Employer |
| Details and results of investigation | |
| | |
| | |
| | |

Have you ever been suspended by an employer, or received a formal written reprimand, or verbal, warning, or verbal counseling? • Yes • No

If yes, please explain.

| | | |
|------|----------|---------------|
| Date | Employer | Circumstances |
| | | |
| | | |

| | | |
|------|----------|---------------|
| Date | Employer | Circumstances |
| | | |
| | | |

| | | |
|------|----------|---------------|
| Date | Employer | Circumstances |
| | | |
| | | |

| | | |
|------|----------|---------------|
| Date | Employer | Circumstances |
| | | |
| | | |

Lenexa Police Department

Experience and Employment (continued)

Have you ever held a full-time or part-time position with peace officer powers? (Prior police experience includes police officer, police reserve, or military police) • Yes • No

If yes, list dates, employer/agency, rank, and duties. Start with the most recent.

| | | |
|---------------------------|------------------------|-------------|
| Date | Employer/agency | Rank |
| Duties/assignments | | |
| | | |
| | | |

| | | |
|---------------------------|------------------------|-------------|
| Date | Employer/agency | Rank |
| Duties/assignments | | |
| | | |
| | | |

Have you ever attended a police academy or a law enforcement training center? • Yes • No
If yes, please provide the following information.

| | | |
|--|---------------------|-------------------|
| Name and address of training site | Date started | Date ended |
| | | |

Was the training • Full-time • Part-time List the total number of hours of the training course _____

Did you complete the training? • Yes • No

If no, explain the reason.

| |
|--|
| |
| |

| | | |
|--|---------------------|-------------------|
| Name and address of training site | Date started | Date ended |
| | | |

Was the training • Full-time • Part-time List the total number of hours of the training course _____

Did you complete the training? • Yes • No

If no, explain the reason.

| |
|--|
| |
|--|

Have you ever been decertified as a police officer? • Yes • No

If yes, explain the reason.

| |
|--|
| |
|--|

Have you ever been a police cadet or explorer? • Yes • No

If yes, please provide the following information.

| | | |
|---------------|---------------------|-------------------|
| Agency | Date started | Date ended |
| | | |

| | | |
|---------------|---------------------|-------------------|
| Agency | Date started | Date ended |
| | | |

Lenexa Police Department

Prior Lenexa Police Department Applications

Have you ever applied to the Lenexa Police Department before (for any position)? • Yes • No

If yes, please provide the date, the position, and results. Check all boxes that apply. Do not include this application.

| | |
|--|-----------------|
| Date applied | Position |
| <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took physical ability testing <input type="checkbox"/> Failed physical ability <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other | |

| | |
|--|-----------------|
| Date applied | Position |
| <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Took physical ability testing <input type="checkbox"/> Failed physical ability <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Expired from the list <input type="checkbox"/> Other | |

Applications with Other Agencies

Have you ever applied for any other law enforcement agency (city, county, state, or federal agencies). • Yes • No

If yes, list EVERY agency you have applied with. Start with the most recent. Give complete, accurate addresses. All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.

| | |
|--|---------------------|
| Name of agency | Date applied |
| Complete address including zip code | Position |
| <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Other | |
| What was the background investigator's name and phone number: | |

| | |
|--|---------------------|
| Name of agency | Date applied |
| Complete address including zip code | Position |
| <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Other | |
| What was the background investigator's name and phone number: | |

Lenexa Police Department

Applications with Other Agencies (continued)

| | |
|--|---------------------|
| Name of agency | Date applied |
| Complete address including zip code | Position |
| <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Other | |
| What was the background investigator's name and phone number: | |

| | |
|--|---------------------|
| Name of agency | Date applied |
| Complete address including zip code | Position |
| <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Other | |
| What was the background investigator's name and phone number: | |

| | |
|--|---------------------|
| Name of agency | Date applied |
| Complete address including zip code | Position |
| <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Other | |
| What was the background investigator's name and phone number: | |

| | |
|--|---------------------|
| Name of agency | Date applied |
| Complete address including zip code | Position |
| <input type="checkbox"/> Submitted application only <input type="checkbox"/> Took written test <input type="checkbox"/> Failed written test <input type="checkbox"/> Oral interview taken <input type="checkbox"/> Failed oral interview <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background investigation conducted <input type="checkbox"/> Background pending <input type="checkbox"/> Took polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was not selected <input type="checkbox"/> Hired / job offer made <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application or declined <input type="checkbox"/> Other | |
| What was the background investigator's name and phone number: | |

Drugs/Narcotics and Prescriptions

| DRUG/NARCOTIC | √ IF NEVER USED | DATE FIRST USED | DATE LAST USED | MAX No. OF TIMES |
|-----------------|-----------------|-----------------|----------------|------------------|
| Marijuana | | | | |
| Hashish | | | | |
| PCP | | | | |
| Angel Dust | | | | |
| THC | | | | |
| Peyote | | | | |
| Mescaline | | | | |
| Mushrooms | | | | |
| Heroin | | | | |
| Cocaine | | | | |
| Qualudes | | | | |
| Uppers | | | | |
| Downers | | | | |
| Tranquilizers | | | | |
| Amphetamines | | | | |
| Ecstasy (XTC) | | | | |
| Preludin | | | | |
| Speed | | | | |
| Inhalants | | | | |
| Methamphetamine | | | | |
| Opium | | | | |
| Steroids | | | | |
| LSD | | | | |
| Methadone | | | | |

List any type of illegal drug, narcotic, or other substance(s) you have used, *to include prescription drugs not prescribed for you*, for the purpose of getting “high” or changing your emotional state:

Lenexa Police Department

Have you ever manufactured, bought, sold, distributed, or given away any type of illegal drug or narcotic?
 Yes No

If yes, explain _____

Military Service

Did you comply with the draft registration law? Yes No Selective Service number _____

Have you ever served in any of the Armed Forces, National Guard, or military reserves? Yes No

If yes, what is your current status with the military? Active Reserves Inactive Discharged

| | | | |
|-------------------|-----------------------|---|-------------------|
| Branch of service | Unit / Occupation | Enlistment Date | Discharge Date |
| Service number | Highest rank attained | Rank at discharge | Type of discharge |
| Separation code | Re-enlistment code | If active or current reserve, list your commanding officer's name | |

Were you ever investigated for any criminal activity while in the military or military reserves? Yes No
If yes, please explain.

Have you ever been reduced in pay grade or been the subject of any judicial or nonjudicial disciplinary action while in the military, National Guard, or military reserves? Yes No
If yes, please explain.

| Approximate date | Violation | Penalty |
|------------------|-----------|---------|
| | | |
| | | |
| | | |

Did you receive an honorable discharge? Yes No
If you received a discharge other than honorable, please explain.

Starting with most recent, list all duty stations (include basic training, tours overseas, etc.) while in the military.

| From (Month/Year) | To (Month/Year) | Location | Duties / purpose |
|----------------------|--------------------|----------|------------------|
| | | | |
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Lenexa Police Department

Education

Please circle all that apply.

- I possess a high school diploma from a US institution.
- I possess a two-year college degree from an accredited college.
- I possess a four-year degree from an accredited college or university.
- I passed the GED test meeting the required scores.

During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts.

| Name and address of US high schools attended and/or graduated from | From (month/year) | To (month/year) | Did you graduate? |
|--|-------------------|-----------------|-------------------|
| | | | • Yes • No |
| | | | • Yes • No |

Have you ever attended college? • Yes • No
If yes, list all colleges and universities attended including past graduate courses

| Name of college of university | City and state | Major | From | To | Total units earned | Type degree earned |
|-------------------------------|----------------|-------|------|----|--------------------|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

Have you ever attended a trade, vocational, or business school? • Yes • No
If yes, please provide the following information.

| Name of school (include city and state) | Type of school or training | Dates attended | Did you finish the course? |
|---|----------------------------|----------------|----------------------------|
| | | | • Yes • No |
| | | | • Yes • No |
| | | | • Yes • No |

Have you ever been placed on academic probation, suspended, or expelled from any high school, university, or trade school? • Yes • No
If yes, please explain in detail.

| |
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Lenexa Police Department

Motor Vehicle Operation & Insurance

Have you ever received a traffic citation? • Yes • No
 If yes, list all traffic citations for the last seven years. Start with most recent.

| Month/year | Traffic violation | City and state | What action resulted? (fined, traffic school, dismissed) |
|------------|-------------------|----------------|--|
| | | | |
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| | | | |

List all vehicles that are registered to you.

| Year | Make/Model | Color | License number and state | Currently registered? | Currently insured? |
|------|------------|-------|--------------------------|-----------------------|--------------------|
| | | | | • Yes • No | • Yes • No |
| | | | | • Yes • No | • Yes • No |
| | | | | • Yes • No | • Yes • No |
| | | | | • Yes • No | • Yes • No |
| | | | | • Yes • No | • Yes • No |

Kansas law requires that drivers and owners of vehicles be covered by automobile liability insurance. Please list your insurance company or companies.

| Company | Telephone number (area code) | Policy number | Expiration date |
|---------|------------------------------|---------------|-----------------|
| | | | |
| | | | |
| | | | |

Have you ever been refused auto insurance for any reason? • Yes • No
 If yes, please explain.

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| |

As a driver, have you ever been involved in an accident where you left the scene without identifying yourself (hit and run)?
 • Yes • No
 If yes, please explain.

| |
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| |

Lenexa Police Department

Motor vehicle operation & insurance (continued)

As a driver, have you ever been involved in a motor vehicle accident? • Yes • No
If yes, please provide the following information for the past seven years

| | | |
|---|----------------|--|
| Date | City and state | Were you at fault?..... • Yes • No |
| Police agency that took the report: _____ | | Was there a police report taken?..... • Yes • No |
| Details of accident: _____ | | Did the accident cause injury to another person?..... • Yes • No |
| _____ | | Were you cited or arrested?..... • Yes • No |
| _____ | | Was the accident a hit and run..... • Yes • No |

| | | |
|---|----------------|--|
| Date | City and state | Were you at fault?..... • Yes • No |
| Police agency that took the report: _____ | | Was there a police report taken?..... • Yes • No |
| Details of the accident: _____ | | Did the accident cause injury to another person?..... • Yes • No |
| _____ | | Were you cited or arrested?..... • Yes • No |
| _____ | | Was the accident a hit and run..... • Yes • No |

| | | |
|---|----------------|--|
| Date | City and state | Were you at fault?..... • Yes • No |
| Police agency that took the report: _____ | | Was there a police report taken?..... • Yes • No |
| Details of the accident: _____ | | Did the accident cause injury to another person?..... • Yes • No |
| _____ | | Were you cited or arrested?..... • Yes • No |
| _____ | | Was the accident a hit and run..... • Yes • No |

| List other states where you are, or have been, licensed to operate a motor vehicle | | |
|--|-------------------------------------|-------------------------|
| State | Name under which license was issued | Driver's License number |
| | | |
| | | |
| | | |

| |
|---|
| Have you ever been refused a driver's license by any state, including Kansas? • Yes • No <i>If yes, please explain. Give state, dates, and reasons.</i> |
| |
| |

| |
|---|
| Have you ever obtained a driver's license or state identification card under a fictitious name? • Yes • No <i>If yes, please explain. Give state, dates, and reasons.</i> |
| |
| |

Lenexa Police Department

Motor vehicle operation & insurance (continued)

Have you ever failed to appear in court on a traffic citation or parking citation? • Yes • No
If yes, provide the following information.

| Approximate date | Traffic violation | City / county / state | Reason you failed to appear |
|------------------|-------------------|-----------------------|-----------------------------|
| | | | |
| | | | |
| | | | |

Have you ever had a warrant issued for you regarding a traffic citation or parking citation? • Yes • No
If yes, provide the following information.

| Approximate date | Traffic violation | City / county / state | Penalty |
|------------------|-------------------|-----------------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

Criminal Charges and/or Arrests

Either as an adult or a juvenile, have you ever been arrested or charged with a criminal act? • Yes • No
Include charges that were dismissed, dropped, or reduced. If yes, provide the following information. Start with most recent.

| Date | Charges | Police agency | Penalty |
|------|---------|---------------|---------|
| | | | |

Explain circumstances

| |
|--|
| |
| |
| |

| Date | Charges | Police agency | Penalty |
|------|---------|---------------|---------|
| | | | |

Explain circumstances

| |
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| |

Lenexa Police Department

Either as an adult or a juvenile, have you ever been detained for a criminal investigation, or named as a suspect in a police report, or held on suspicion, or questioned, or fingerprinted by any law enforcement agency or military authority, even as a victim or witness?

• Yes • No *If yes, provide the following information.*

| Date | Charges or reason for investigation | Police agency |
|------|-------------------------------------|---------------|
| | | |

Explain circumstances

| Date | Charges or reason for investigation | Police Agency |
|------|-------------------------------------|---------------|
| | | |

Explain circumstances

Have you ever received a misdemeanor citation in lieu of going to jail? • Yes • No
If yes, explain below giving details, dates, and name of the law enforcement agency issuing the citation.

LEGAL

Have you ever been placed on court probation? • Yes • No

Are you currently on probation? • Yes • No
If yes to either question, explain below giving details, dates, and reason. If you were on probation more than once, please indicate.

| Date | Details |
|------|---------|
| | |
| | |

Have you ever violated probation? • Yes • No
If yes, please explain below.

Have you ever had a warrant issued for your arrest or have you ever failed to appear in court on a criminal matter?
 • Yes • No *If yes, please explain below.*

Have you ever been served or named in a protection from abuse/restraining order? • Yes • No
If yes, please explain below.

Have you ever been reported to a law enforcement agency as a missing person or runaway? • Yes • No
If yes, please explain below.

| Date | Details |
|------|---------|
| | |

Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult?

Lenexa Police Department

| | | |
|--|-------------------|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain below.</i> | | |
| Date | Details | |
| | | |
| Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? <input type="checkbox"/> Yes <input type="checkbox"/> No Ever had a judgment rendered against you? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes to either question, provide the following information.</i> | | |
| Date | Location of court | <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant |
| Details | | |
| | | |
| Date | Location of court | <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant |
| Details | | |
| | | |
| Are you now, or have you ever been, a member of any organized association, movement, group, or combination of persons which advocated or advocates the overthrow of our constitutional form of government by any means other than the democratic procedures provided by our form of government? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Are you now, or have you ever been, a member of any organized association, movement, group, or combination of persons which advocated or advocates acts of force or violence to deny other persons their rights under the Constitution of the United States by unconstitutional means? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Are you now associating with, or have you ever associated with, any individuals, including relatives, who you know or have reason to believe are, or have been, members of any of the type of organizations identified above? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes to any of the above three questions, please explain below.</i> | | |
| | | |
| | | |
| Have you ever participated in an unlawful demonstration? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain below.</i> | | |
| | | |
| | | |
| | | |
| | | |
| Have you ever engaged in civil disobedience? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain below.</i> | | |
| | | |
| | | |
| | | |

Lenexa Police Department

Foreign Languages

Do you speak and/or read any foreign languages? • Yes • No

| Language | Read | | | Write | | | Speak | | |
|----------|-------|------|------|-------|------|------|-------|------|------|
| | Excel | Good | Fair | Excel | Good | Fair | Excel | Good | Fair |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Finances

Please provide the following information. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your overall financial obligations.

| Current monthly income | | | Current monthly expenditures | | |
|-----------------------------|-----------|--|--------------------------------------|-----------|--|
| Monthly salary | \$ | | Home payment (mortgage or rent) | \$ | |
| Spouse's salary | | | Car payment | | |
| Other income | | | Auto insurance | | |
| | | | Credit cards (charge accounts) | | |
| | | | Utilities and other monthly payments | | |
| Total monthly income | \$ | | Total monthly expenditures | \$ | |

| Current assets | | | Current liabilities | | |
|---------------------|-----------|--|--|-----------|--|
| Savings | \$ | | Real estate indebtedness | \$ | |
| Checking | | | Long-term loans | | |
| Real estate | | | Credit cards (total amount of charge accounts) | | |
| Stocks and bonds | | | Other liabilities | | |
| Auto (s) | | | Other liabilities | | |
| Other assets | | | Other liabilities | | |
| Total assets | \$ | | Total liabilities | \$ | |

Please list all banks or savings institutions where you have current accounts

| | | |
|------|---------|------------------------------|
| Bank | Address | Checking _____ Savings _____ |
| Bank | Address | Checking _____ Savings _____ |
| Bank | Address | Checking _____ Savings _____ |

Lenexa Police Department

| Please list information on all of your current (open) charge accounts, loans, financial contracts and long-term liabilities. | | | | |
|--|-----------------|-----------------|-----------------|--|
| Name of creditor, bank, firm or lender | Reason for debt | Monthly Payment | Current balance | List the number of times you have been late thirty days or more. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|---|--|
| Have you ever filed for or been granted bankruptcy? • Yes • No <i>If yes, please explain reasons below</i> | |
| Date | Reasons |
| Have you ever been delinquent on income tax payments? • Yes • No <i>If yes, was it more than once?</i> • Yes • No | |
| Date | Reasons (give the year (s) involved and the current status. |
| | |

| | |
|--|----------------|
| Have you ever had your wages attached or garnished? • Yes • No <i>If yes, please explain reasons below</i> | |
| Date | Reasons |
| | |

| | |
|---|--------------------------------|
| Have you ever had any of your bills, accounts, or loans turned over to a collection agency? • Yes • No <i>If yes, list all accounts</i> | |
| Date | Account/ current status |
| Date | Account/ current status |
| Date | Account/ current status |
| Date | Account/ current status |
| Date | Account/ current status |

| | |
|---|----------------|
| Have you ever had any purchased goods, vehicle, property, or any items repossessed? (This includes voluntary repossessions.) • Yes • No <i>If yes, please explain</i> | |
| Date | Reasons |
| | |

| | |
|--|----------------|
| Have you been refused credit in the last year? • Yes • No <i>If yes, please explain</i> | |
| Date | Reasons |
| Are you currently an owner, partner, or investor in any business enterprise that requires a federal, state, county, or city permit/license to operate? • Yes • No | |

Lenexa Police Department

If yes, please provide the following information

Name and type of business & address

If employed by Lenexa PD, do you anticipate any other income other than your city salary or spouse's salary? • Yes • No
 If yes, from where?

References

Please list as references six individuals you have known for at least two years who have knowledge of you and your qualifications. Examples are personal friends, friends of the family, teachers, neighbors, classmates, or military acquaintances. **DO NOT** include relatives or family members.

| Name/ occupation/ relationship | Address (including zip code) | Telephone (including area code) |
|--------------------------------|------------------------------|---------------------------------|
| Name | | Home |
| Occupation | | Work |
| Relationship | Age | How long have you known? |

| | | |
|--------------|-----|--------------------------|
| Name | | Home |
| Occupation | | Work |
| Relationship | Age | How long have you known? |

| | | |
|--------------|-----|--------------------------|
| Name | | Home |
| Occupation | | Work |
| Relationship | Age | How long have you known? |

| | | |
|--------------|-----|--------------------------|
| Name | | Home |
| Occupation | | Work |
| Relationship | Age | How long have you known? |

| | | |
|--------------|-----|--------------------------|
| Name | | Home |
| Occupation | | Work |
| Relationship | Age | How long have you known? |

| | | |
|--------------|-----|--------------------------|
| Name | | Home |
| Occupation | | Work |
| Relationship | Age | How long have you known? |

Lenexa Police Department

DECLARATION OF APPLICANT

I hereby swear or affirm that there are no willful misrepresentations or omissions in, or falsifications of, the preceding statements and answers. I am aware that should an investigation disclose such misrepresentations, omissions, or falsifications in any documents I submit, or statements I make as part of application process, my application will be rejected and I will be disqualified from applying for any future position in the service of the Lenexa Police Department. If, after my acceptance for employment, subsequent investigation should disclose misrepresentation, omission, or falsification, it will be just cause for my immediate dismissal. I understand that this is a continuing investigation and agree to notify the Lenexa Police Department of any information that may reflect any changes or additions in this Personal History Statement.

I also understand that as part of my background investigation I will be asked to take a polygraph examination. Refusal to do so when asked will result in my not being further considered for employment with the City of Lenexa.

SIGNATURE OF APPLICANT _____

STATE OF KANSAS)
) ss.
COUNTY OF JOHNSON)

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My Commission Expires _____

ATTACHMENTS (Please check those that apply).

- _____ Supplemental Answers to Personal History Statement
- _____ Other _____
- _____ Other _____

Lenexa Police Department

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby, authorize a review of and full disclosure of all records, of any part thereof, concerning myself, by a duly authorized agent of the Lenexa Police Department, whether said records are of public, private or confidential nature, and regardless of whether the information released may be derogatory in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, also the records of commercial or retail credit agencies (including credit reports and/or ratings); medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U. S. Veterans Administration; public utility companies; employment and pre-employment records, including background reports and polygraph examinations results, efficiency ratings, complaints or grievances filed by or against me, internal affairs investigations/reports and salary records, real and personal property records and other financial statements and records where-ever filed; records of complaint, arrest, trial and/or convictions for alleged offenses where so ever located, and to include the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and, emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation which may provide pertinent data for the Lenexa Police Department to consider in determining my suitability for employment by that Department. It is my specific intent to provide access to personal information, copies of that information, however personal or confidential it may appear to be, and the sources of information specifically identified herein. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be determining my suitability for employment by Lenexa Police Department.

I also agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney' fees arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

SIGNATURE OF APPLICANT _____

STATE OF KANSAS)
) ss.
 COUNTY OF JOHNSON)

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My commission expires

Lenexa Police Department

NOTICE CONCERNING PERSONAL CONSUMER CREDIT REPORTS

The Lenexa Police Department intends to obtain a copy of your personal consumer credit report from a credit reporting agency. The information contained in the credit report will be considered in determining your suitability for employment with the Lenexa Police Department. In order to obtain a copy of your personal consumer credit report for employment purposes, the Lenexa Police Department must obtain your written authorization.

PERMISSION TO OBTAIN PERSONAL CONSUMER CREDIT REPORT

I, _____, do hereby authorize a duly authorized agent of the Lenexa Police Department to obtain a copy of my personal consumer credit report to be used in determining my suitability for employment with the Lenexa Police Department. The intent of this authorization is to give my consent for full and complete disclosure of any records contained in my credit report, whether said records are of a public, private or confidential nature, and regardless of whether the information released may be derogatory in nature. I further understand that before the Lenexa Police Department takes any adverse action, including the denial of employment, based at least in part on information contained in my credit report, I will first be provided with a copy of my credit report and the Federal Trade Commission's Consumer Rights Notice, in accordance with the Federal Fair Credit Reporting Act.

Applicant Signature **Date**

Witness Signature **Date**

Applicant DOB **Soc Sec #**

Print Name of Witness

Lenexa Police Department



We Want Your Feedback

How did you hear about applying with the Lenexa Police Department?
(Check all that apply)

Lenexa Police Website

Career/Recruiting Fair, if yes where:

Other Website, if yes what website:

Advertisement Poster, if yes where:

Employee, if yes who:

Other:
