



LINDSBORG PUBLIC SAFETY

102 S. First Street, PO Box 70
Lindsborg, KS 67456
Phone (785) 227-2988 Fax (785) 227-9955
chief@lindsborgcity.org



EMPLOYEE AND VOLUNTEER APPLICATION

Please type or print legibly, answering all questions. In the event a question does not apply, please mark N/A. Failure to answer all questions or a false or misleading answer may result in the application being disqualified. If you need additional space to answer any question, please; write on the back of the application.

POLICE <input type="checkbox"/>	FIRE <input type="checkbox"/>	EMS <input type="checkbox"/>
EMPLOYEE <input type="checkbox"/>	VOLUNTEER <input type="checkbox"/>	

PERSONAL INFORMATION

Name (Last, First, Middle) _____ Maiden Name _____

Present Address _____ City _____ State _____ ZIP _____

Prior Address (if at present address < 6 months) _____

Phone Number _____ Email Address _____

Date of Birth (mm/dd/yyyy) _____ Gender _____

Driver's License Number _____ DL Type _____ DL State _____

EDUCATION

School Attended	City / State	Dates Attended	Degree / Certification

Attach an additional page if more space is needed

CERTIFICATIONS

Name of Certification	License / Certification Number	Date Received-Expired

Attach an additional page if more space is needed

BACKGROUND INFORMATION

1. Have you served In the Military? Yes No

If Yes, specify; Honorable General Other If Other, Please provide an explanation below.

2. Have you ever been arrested OR convicted of a

Felony Yes No

Misdemeanor Yes No

Municipal Code Yes No

If Yes to any, explain the circumstances in full detail of each item marked Yes with the date(s) of the occurrence.

Attach an additional page if more space is needed, reference question number 2.

3. Have you ever had your Driver's License suspended or revoked? Yes No

If Yes, explain the circumstances in full detail with the date(s) of the occurrence.

Attach an additional page if more space is needed, reference question number 3.

4. Have you ever had a professional certification suspended? Yes No

If Yes to any, explain the circumstances in full detail with the date(s) of the occurrence.

Attach an additional page if more space is needed, reference question number 4.

5. Have you every used any illegal drug or substance? Yes No

If Yes, explain the circumstances in full detail with the date(s) of the occurrence.

Attach an additional page if more space is needed, reference question number 5.

EMPLOYMENT HISTORY

<i>Name and Address of Employer</i>	<i>Dates of Employment</i>	<i>Position</i>	<i>Reason for Leaving</i>
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Attach an additional page if more space is needed (Resume recommended for Employee Positions)

REFERENCES

Give the names of 3 persons not related to you, whom you have known at least one year

<i>Name (First and Last)</i>	<i>Address</i>	<i>Phone</i>	<i>Years Known</i>
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VOLUNTEERS

Please explain your reasons for wanting to serve as a volunteer for one of the divisions of Public Safety in Lindsborg

General Information

- Applicants are encouraged to provide copies of any diplomas or professional certificates with this application.
- Applicants for any law enforcement position are required to provide a certified copy of their birth certificate, a certified or original copy of their high school diploma or GED, and a copy of their driver's license.
- All applicants, upon acceptance to a position as a volunteer or employee, may be required to provide a copy of their social security card and driver's license.
- The City of Lindsborg, Kansas, is an equal opportunity employer. Selection of volunteers and employees is done without regard to race, creed, sex, marital status, color, or national origin.

Statement and Authorization for Background Check

I hereby certify that there are no willful misrepresentations or falsifications contained in the statements and answers contained in this application for a position within the Department of Public Safety for the City of Lindsborg, Kansas. I am aware that should investigation disclose any misrepresentations or falsifications, my application may be rejected. In the event of acceptance as a volunteer or employee, I am aware that I am subject to immediate termination without any previous notice, should it be determined that misrepresentations or falsifications occurred. I hereby authorized the City of Lindsborg to investigate any and all statements contained in this application and authorize the release of all personal information pertaining to any application for a position with the Lindsborg Department of Public Safety.

Printed Name

Signature

Date