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BELOIT POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

OFFICE USE ONLY

APPROVED

DISAPPROVED

REASONS: _____

BY: _____

INSTRUCTIONS: Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. Eligibility for hire may be based on a rating of this application; therefore, completeness and accuracy is of the utmost importance.

Position Applied For: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security No.: _____ E-mail: _____

Street Address: _____ City, State, ZIP: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

PLEASE CHECK APPROPRIATE RESPONSE

1. Have you ever worked for the City of Beloit? Yes No
 If yes, give date(s) of employment:

from ____/____/____ to ____/____/____

2. Are you a U.S. Citizen? Yes No
 If no, are you authorized by Immigration
 and Naturalization to work in the U.S.? Yes No

Alien #A: _____

Admission #: _____

3. Will you work night shift? Yes No
 Will you work weekends? Yes No

4. Have you ever been fired, forced to resign,
 or resigned in lieu of termination? Yes No
 If yes, please explain below:

Employer's Name: _____

Date: ____/____/____

Reason: _____

5. Are you related to a City employee or is any member of your
 family employed by the City of Beloit? Yes No

Name: _____

Relationship: _____

Department: _____

6. Have you ever been found guilty of, had adjudication withheld,
 or pled no contest to any violation of law? Yes No
 If yes, please give details below:

Date: _____

Agency: _____

Offense/Charge: _____

Felony Misdemeanor

Outcome: _____

Note: A conviction does not automatically mean you cannot
 be employed by the City of Beloit. The nature of the offense,
 how long ago it occurred, etc., are given consideration.

Attach additional sheets as needed.

7. Were you in the U.S. Armed Forces? Yes No

Did you receive an honorable discharge? Yes No

Registered with Selective Service? Yes No

Dates of Service:

from ____/____/____ to ____/____/____

Branch of Service: _____



8. DRIVER'S LICENSE INFORMATION

Do you have a valid Driver's License? Yes No
 Driver's License Number: _____
 State: _____ Expiration Date: _____
 CDL Class: _____
 Endorsements: _____

Has your license ever been suspended? Yes No
 Has your license ever been revoked? Yes No
 If yes, please provide dates and explain:

9. PLEASE LIST ALL TRAFFIC CITATIONS RECEIVED WITHIN THE LAST SEVEN (7) YEARS

(NOTE: Driving under the influence, driving while intoxicated, etc. should be listed under number 6 on page 1.)

Date: ____ / ____ / ____
 Agency: _____
 Offense/Charge: _____
 Points: _____
 Outcome: _____

Date: ____ / ____ / ____
 Agency: _____
 Offense/Charge: _____
 Points: _____
 Outcome: _____

Date: ____ / ____ / ____
 Agency: _____
 Offense/Charge: _____
 Points: _____
 Outcome: _____

Date: ____ / ____ / ____
 Agency: _____
 Offense/Charge: _____
 Points: _____
 Outcome: _____

If you have more than four citations within the last seven years, please attach a separate sheet in the same format.

10. EDUCATION AND SPECIAL TRAINING

Do you have a High School Diploma? Yes No Date: ____ / ____ / ____
 GED? Yes No Date: ____ / ____ / ____
 If not, highest grade completed: _____
 Name and location of last High School attended: _____

Name City State

List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.) Below:

Name and Location	Total Hours Completed	Hours required for certification	Course/Subject Taken	Certificates Received

List Colleges and Universities Attended Below:

Name and Location	Credit Hours Received		Did You Graduate?		Major/Minor Degree Field of Program of Study	Type of Degree Received
	SEM.	QTR.	YES	NO		



11. EMPLOYMENT

INSTRUCTIONS: beginning with your present or most recent job, describe your paid work experience for the past ten (10) years and list a minimum of three (3) employers. List each promotion or transfer as a separate job even if they were with the same employer. Include Military, part-time, and self-employment. List all gaps in work history in spaces provided. If you have more than four (4) separate periods of employment, sign and attach sheets in the same format as below. Resumes will not be accepted as official applications.

JOB 1: Present or Most Recent Employer. Includes fields for From/To/Total Time, Employer, Address, Telephone Number, Your Job Title, Supervisor's Name and Title, Reason for Leaving Position, May we contact your present employer?, Hours per week, Starting Salary, Last Salary, Specific Duties, and Number of Employees Supervised.

BETWEEN THESE JOBS (if applicable): Unemployed In School from ___/___/___ to ___/___/___

JOB 2: Next Most Recent Employer. Includes fields for From/To/Total Time, Employer, Address, Telephone Number, Your Job Title, Supervisor's Name and Title, Reason for Leaving Position, May we contact this previous employer?, Hours per week, Starting Salary, Last Salary, Specific Duties, and Number of Employees Supervised.

BETWEEN THESE JOBS (if applicable): Unemployed In School from ___/___/___ to ___/___/___

JOB 3: Next Most Recent Employer. Includes fields for From/To/Total Time, Employer, Address, Telephone Number, Your Job Title, Supervisor's Name and Title, Reason for Leaving Position, May we contact this previous employer?, Hours per week, Starting Salary, Last Salary, Specific Duties, and Number of Employees Supervised.

BETWEEN THESE JOBS (if applicable): Unemployed In School from ___/___/___ to ___/___/___

JOB 4: Next Most Recent Employer. Includes fields for From/To/Total Time, Employer, Address, Telephone Number, Your Job Title, Supervisor's Name and Title, Reason for Leaving Position, May we contact this previous employer?, Hours per week, Starting Salary, Last Salary, Specific Duties, and Number of Employees Supervised.



RELEASE OF INFORMATION

Applicants for positions with the Beloit Police Department are required to sign, date and have the Release of Information form notarized prior to submitting the application. Failure to properly complete the form may result in the application being subject to disqualification.

POSITION APPLYING FOR:

- Chief of Police
- Police Sergeant
- Police Officer
- Part-time/Reserve Officer
- Communications Officer

As an applicant with for the position(s) selected above, I am required to furnish information for the use in determining my qualifications. For consideration of my employment with the City of Beloit, I hereby authorize the release of any and all information that you have concerning me, including but not limited to, information of a confidential or privileged nature, or any data or materials that have been sealed or agreed to be withheld pursuant to any prior agreement or court proceedings involving disciplinary matters.

I understand that I will not receive and am not entitled to know the contents of confidential reports received and I further understand that these reports are privileged.

This release will expire sixty days (60) after the date signed.

I hereby release discharge all persons, corporations, entities, the City of Beloit, and/or any agent and representative furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records or other information, and such release shall be binding on my legal representatives, heirs, and assigns.

A photocopy of this release form shall be considered as valid.

Printed Name: _____ Signature: _____

Subscribed and Sworn before me this _____ day of _____, 20 ____.

Notary: _____

My Commission Expires:



DID YOU?

- Include your social security number?
- Answer all questions completely?
- Cover a full 10-year employment history?
- Explain all gaps in employment?
- Complete application supplement, if applicable?
- Submit copies of documents requested, if applicable?
- Sign and date the application?

PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW:

The City of Beloit is an Equal Opportunity Employer.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the City of Beloit is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time.

If requested, copies of Education Documents, Birth Certificate, Photo Identification, and Social Security Card must be submitted prior to employment. All information is subject to investigation and verification.

Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of urine, which may be tested for use of drugs and/or controlled substances.

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.

Signature: _____ Date: ____/____/____