



## Seneca Police Department

212 North 6<sup>th</sup> Street

Seneca, KS 66538

(785) 336-2141

### APPLICATION FOR EMPLOYMENT

#### **APPLICANT: PLEASE READ CAREFULLY.**

Because of the sensitive nature of Law Enforcement positions, your application is subject to a complete background review consisting of family, personal, financial and employment history. Questions relating to age, height, weight, and physical characteristics are for the purpose of identification in our background investigation only. The Seneca Police Department does not discriminate on the basis of sex, race, creed, color, or national origin. Age guidelines as mandated by State and Federal law will be followed. The Seneca Police Department is an equal opportunity employer and welcomes all applicants.

Any misstatement of fact or omission of material information requested in this questionnaire will disqualify you for employment with the Seneca Police Department. All responses made by you will be held in the strictest confidence.

#### INSTRUCTIONS:

1. All answers should be typed or hand printed legibly.
2. Answer every question. If it does not apply, indicate "N/A" in the space.
3. Answer all questions completely, and include full addresses and telephone numbers where requested.
4. If you have any documents which reflect education (transcripts), training, certifications, experience, recommendations, etc., please provide copies of such.
5. Complete the "Authorization to release information" form.
6. If you have any questions, please feel free to contact the Chief of Police.

Date of Application: \_\_\_\_\_

1. Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

2. Alias Names (nicknames, maiden name or any other name you may have used): \_\_\_\_\_  
\_\_\_\_\_

3. Sex:  Male  Female      4. Social Security Number \_\_\_\_\_

5. Current Address: \_\_\_\_\_

6. Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_  
Other (Cell or Pager) \_\_\_\_\_

7. Date of Birth: \_\_\_\_\_ Place of Birth (City & State): \_\_\_\_\_

8. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

9. Scars, Distinguishing Marks, Tattoos, etc.: \_\_\_\_\_  
\_\_\_\_\_

10. Are you a U.S. Citizen by Birth?  Yes  No      Or by Naturalization?  Yes  No  
Certification Number: If derived, Parents Certification Number: \_\_\_\_\_

11. Current Marital Status:  Never Married       Married       Divorced  
 Separated       Engaged       Widow / Widower

12. If you are, or have ever been married, complete the following regarding your spouse and/or former spouse(s):

	Name, Address & Phone of Spouse	Spouse's Date of Birth	Date of Marriage	Date of Divorce
Present Marriage				
Prior Marriage				
Prior Marriage				

13. List all of your children, as well as any person who is legally dependant upon you for support, except your spouse.

Name	Relationship	Age	Address

14. List all places of residence. City, County and State Only. Including Military.

Dates: Month & Year From --- To	Residence: City / County / State	Military Installation	Police Contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

15. List five (5) persons *not related* to you and *not former employers* who have known you for at least five years.

Name	Complete address(include zip)	Phone Number

16. Indicate the various schools you have attended and other information requested. Start with High School and work forward, including ALL college, business schools, military service, trade & correspondence schools and any other school.

Type of School High School *	Name	Date From (Mo / Yr)	Date To (Mo / Yr)
Address: (Street, City State & Zip)		GPA ~ Average	Degree / Diploma
Type of School	Name	Date From (Mo / Yr)	Date To (Mo / Yr)
Address: (Street, City State & Zip)		GPA ~ Average	Degree / Diploma
Type of School	Name	Date From (Mo / Yr)	Date To (Mo / Yr)
Address: (Street, City State & Zip)		GPA ~ Average	Degree / Diploma
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Address: (Street, City State & Zip)		GPA ~ Average	Degree / Diploma
Type of School	Name	Date From (Mo / Yr)	Date To (Mo / Yr)
Address: (Street, City State & Zip)		GPA ~ Average	Degree / Diploma
Type of School	Name	Date From (Mo / Yr)	Date To (Mo / Yr)
Address: (Street, City State & Zip)		GPA ~ Average	Degree / Diploma

\* OR GED Completed?  Yes  No Date Certificate Issued: \_\_\_\_\_

17. How many college credits have you completed? \_\_\_\_\_ Grade Point Average? \_\_\_\_\_

18. What was your Major in College? \_\_\_\_\_ Minor? \_\_\_\_\_

19. Have you ever received any disciplinary action, suspension, or expulsion from any type of school or training?

Yes  No - If yes, list the name of the school/training and explain.

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20. Do you have any objections to our contacting your present employer? \_\_\_ Yes \_\_\_ No

If yes, why? \_\_\_\_\_

21. Have you ever been involuntarily terminated or resigned in lieu of a termination? \_\_\_ Yes \_\_\_ No

\_\_\_ Check here if this involved a Law Enforcement or Law Enforcement related employer.

If yes, why? \_\_\_\_\_

22. List any employer that may give a different version of why you separated from employment.

23. Have you ever been disciplined for excessive absences, tardiness, work performance, or other work related concerns? \_\_\_ Yes \_\_\_ No If yes, why? \_\_\_\_\_

24. **EMPLOYMENT HISTORY** (Start with present position to include past 5 employers.)

Date (From - To)	Name of Company	Monthly Salary
Complete Address		Phone #
Name of Supervisor	Reason For Leaving	
Date (From - To)	Name of Company	Monthly Salary
Complete Address		Phone #
Name of Supervisor	Reason For Leaving	
Date (From - To)	Name of Company	Monthly Salary
Complete Address		Phone #
Name of Supervisor	Reason For Leaving	

Date (From - To)	Name of Company	Monthly Salary
Complete Address		Phone #
Name of Supervisor	Reason For Leaving	
Date (From - To)	Name of Company	Monthly Salary
Complete Address		Phone #
Name of Supervisor	Reason For Leaving	

25. Have you ever taken anything from a former employer without their permission?  Yes  No

If yes, explain. \_\_\_\_\_

26. Have you ever had any credit problems? (*i.e. bankruptcy, delinquent accounts, liens, charge-offs, repossessions, foreclosures, etc.*)  Yes  No If yes, where, when and give details.

27. Have you ever been fingerprinted for any reason?  Yes  No If yes, give details and date.

28. Have you ever applied for a position with any Law Enforcement-related and/or governmental agency?  
 Yes  No If yes, give details below.

Name of Agency	Date	Position	Present Status

## MILITARY HISTORY

29. Selective Service Number (males, under 27 years of age) \_\_\_\_\_

30. Have you ever been in the Military (including the Reserve, National Guard, ROTC)?  Yes  No  
If yes, fill in details.

Branch of Service	Serial Number	Date Entered	Occupational Specialty

31. Have you ever been discharged from your Military Service?  Yes  No If yes, fill in details.

Date Separated / Projected Date	Type of Discharge

32. Were you ever the subject of a Military criminal investigation?  Yes  No If yes, explain.

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33. Were you ever the subject of Military discipline pursuant to the Uniform Code of Military Justice or any service regulation?  Yes  No If yes, fill in details.

Date	Charge	Disposition

34. Are you currently a member of the US Reserve or National Guard?  Yes  No If yes, fill in details.

Grade	Serial Number	Service	Component
Organization Name			
Address			
<input type="checkbox"/> Active <input type="checkbox"/> Inactive			

## DRIVING HISTORY

35. Give the following information concerning ALL drivers' licenses you have held or now hold.

State Issued	Name Used	DL #	Dates From / To	Restrictions

36. Has your license / privilege to drive ever been Suspended or Revoked?     Yes     No    If yes, explain.

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37. Have you ever been stopped, arrested, or cited for DUI?     Yes     No    If yes, explain and give dates.

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38. List each traffic accident you have ever been involved in.

Date	City & State	Cited ?	Incident
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

39. List ALL driving citations you have received within the past 10 years.

Date	City & State	Charge	Disposition or Penalty

40. Have you ever had a Warrant for your Arrest, Notice To Appear or Summons for anything including traffic?

Yes     No    If yes, when and where. Give details. \_\_\_\_\_

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1. Have you ever been arrested or detained by Police for questioning (excluding Traffic Citations)? \_\_\_ Yes \_\_\_ No  
If yes, fill in the details (list both Juvenile and Adult occurrences).

Date	City & State	Occurrence	Disposition or Penalty

42. Have you ever taken cash or property without permission from the owner? \_\_\_ Yes \_\_\_ No If yes, explain.

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43. Have you ever been involved in any Civil Court action (including workman's comp, injury, unemployment or Civil Rights Violation)? \_\_\_ Yes \_\_\_ No If yes, explain.

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43A. Party Named: \_\_\_\_\_ Party Initiated: \_\_\_\_\_

44. Have you ever received a settlement as a result of any claim? \_\_\_ Yes \_\_\_ No If yes, explain.

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44A. Party Named: \_\_\_\_\_ Party Initiated: \_\_\_\_\_

45. Have you, your spouse, any members of your family, or any members of your spouse's family ever been arrested for a felony? \_\_\_ Yes \_\_\_ No If yes, give full details. (Name, Address, Relationship, Charge, etc.)

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46. Have you, your spouse, any members of your family, or any members of your spouse's family ever been associated with gangs or subversive groups (Freeman, Aryan Brotherhood, etc.) \_\_\_ Yes \_\_\_ No If yes, give full details.

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47. Have you ever used any of the following? If yes, explain incidents, list which drug, give dates and amounts of usage in the area following.

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|--|-----------|----------|
| CANNABIS SUBSTANCES (Marijuana, Hashish Oil, etc.  | _____ Yes | _____ No |
| STIMULANTS (Cocaine, Crack, Rock, Crank, Crystal, Angel Dust,<br>Speed, Amphetamines, Methamphetamines, etc. | _____ Yes | _____ No |
| DEPRESSANTS (Tranquilizers, Barbiturates, Benzodiazepines,<br>Methaqualone, etc)                             | _____ Yes | _____ No |
| NARCOTICS (Codeine, Opium Morphine, Heroin, etc.)  | _____ Yes | _____ No |
| HALLUCINOGENS (LSD, PCP, Peyote, Mushrooms, Mescaline, etc.)   | _____ Yes | _____ No |
| INHALANTS  | _____ Yes | _____ No |
| STEROIDS   | _____ Yes | _____ No |

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48. Have you ever sold, delivered, manufactured, grown, produced or injected any drug or controlled substance?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain and give dates. \_\_\_\_\_

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49. In the past year, have you been present while others were using illegal drugs?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain and give details. \_\_\_\_\_

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50. Have you ever used someone else's prescription? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain and give details.

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51. Have you ever consumed alcohol? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list amount and how often you consume alcohol.

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52. Have you ever driven after drinking? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain.

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**HEALTH HISTORY**

53. In your own words, write a sentence on your current health and well being.

54. Have you had a physical exam within the last 365 days?  Yes  No

Doctor's Name: \_\_\_\_\_ Location: \_\_\_\_\_

55. Do you take any medications regularly?  Yes  No If yes, list medication name and condition for which it was prescribed.

56. Have you ever been refused a job for health reasons?  Yes  No If yes, explain.

57. Have you ever been treated for psychiatric or physiological disorders?  Yes  No If yes, explain.

58. Have you missed more than 10 days work, school, or military service in any one calendar year as a result of illness or treatment?  Yes  No. If yes, explain.

59. Have you ever claimed compensation of any sort for disability?  Yes  No If yes, explain.

60. Do you know of anything that would hinder your employment with a Police Agency or prevent you from fully discharging the ESSENTIAL WORK FUNCTIONS of such employment? (Including working weekends and/or nights, taking a human life if necessary, carrying a gun, conforming to grooming standards, etc.)

Yes  No If yes, explain.

61. Have you taken a polygraph (lie detector) examination in conjunction with any employment within the last 365 day?  Yes  No (If yes, explain)

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62. Have you taken part in any type of psychological screening for any employment within the last 365 days?  Yes  No (If yes, explain)

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63. Is there anything in your background that could bring discredit to the Seneca Police Department if you were hired?  Yes  No (If yes, explain)

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**DECLARATION OF TRUTHFUL STATEMENTS**

I, \_\_\_\_\_ have reviewed my answers as recorded and certify that they are correct and true. I understand that any false statement or omission in this document will result in my immediate disqualification from the selection process.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

