



Lone Jack Police Department

401 N. Bynum Road • Lone Jack, Missouri 64070 • (816) 697-2417 • Fax (816) 697-2532
<http://www.lonejackmo.org>

EMPLOYMENT APPLICATION

The **City of Lone Jack** is an Equal Opportunity Employer: It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, disability, or sexual orientation except where a reasonable, bona fide occupational qualification exists.

PLEASE PRINT OR TYPE PLAINLY:

Date: _____

Position applied for: _____

PERSONAL DATA

Name: _____
Last First Middle

Present Address: _____
Number and Street City State ZIP Code

Phone Number _____ Alternate Phone Number _____
Area Code and Number Area Code and Number

Are you legally eligible for employment in the United States? Yes No

Will you work: Full-Time Part-Time

Which shifts are you willing/available to work? 0600-1600 1400-000 2200-0800
 Weekends Holidays

Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodations? Yes No

List any and all other names that you have been known by that would aid in the verification of the information obtained in this application: _____

Starting with your present address, list all address, list all address where you have lived for the past ten years. Include addresses used while in military service. Do not forget zip codes.

FROM	TO	STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE

Have you ever been convicted, found guilty of, or pled no contest to a crime(s) or municipal ordinance violation(s), including a misdemeanor(s) or special or general courts-martial? (DO NOT include juvenile offenses or military convictions other than special or general courts-martial. Do include traffic citations.) ___ Yes ___ No

Are there such charges pending? ___ Yes ___ No

Have you ever been arrested? ___ Yes ___ No

If you answered yes to any of the above questions, list the incident(s) in the below section. Explain in detail on the back of this page.

Date	Charge	Agency, City & State	Disposition or Sentence

(The existence of a criminal record is not an automatic bar from employment, factors such as the nature and gravity of the offense(s) and time passed since the offense(s) will be taken into account.)

DRIVING HISTORY

A valid driver's license may be required for this position. Please complete:

_____ State of License _____ License Number _____ Expiration Date

Is your driver's license a Commercial Driver's License (CDL)? _____ Yes _____ No

If so, what Class? _____

Has your driver's license ever been suspended or revoked? Yes No
 If yes, explain in detail the reason for the suspension or revocation in the space provided:

List all operator's licenses you now hold or previously have held. If the license was suspended or revoked, list dates of suspension or revocations below and dates eligible for reinstatement.

State	Type of License	Class	Restriction	Endorsement	Exp. Date	License #

Have you ever been ordered to attend a driver improvement school? Yes No
 If yes, explain when and where you attended the school and the circumstances involved on the back of this page.

Have you ever been charged with driving under the influence of drugs or alcohol? Yes No
 If yes, explain incident in detail on the back of this page.

Have you ever been charged with vehicular homicide or involuntary manslaughter? Yes No
 If yes, explain incident in detail on back of this page.

LIQUOR AND DRUGS

Do you drink alcoholic beverages? Yes No
 If yes, explain what you drink and how often on the back of this page.

Have you ever had difficulty with your family or employment due to drinking? Yes No
 If yes, explain on the back of this page.

Have you ever tried or used any narcotics or dangerous drugs without a doctor's prescription (this includes taking a drug prescribed for someone else.) Yes No
 If yes, explain in detail including dates on the back of this page.

If you have tried or used any of the drugs listed below in the last five years (including experimenting), check the "YES" box and explain the incident on the back of this page. If not check the "NO" box.

Hash (hashish, ganga, etc.) Yes No Hallucinogens (LSD, acid, angel dust) Yes No

Thai Sticks Yes No Cocaine (snow, blow, tood, crack) Yes No

Barbiturates (downers, sedatives) Yes No Heroin (smack, horse, II, etc.) Yes No

Amphetamines (speed, meth, crystal) Yes No Opium Yes No

Have you ever tried or used marijuana in the past six (6) months? Yes No

Will you be willing to submit to a pre-employment drug screening? Yes No

EDUCATION

Type of School	Name of School	City & State	Major Subject	Highest Grade Completed	Graduated	Specify Degree/Certification
High School or GED				9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have any specialized training that may enhance your job performance? Yes No

If yes, please list in this space provided below.

EMPLOYMENT HISTORY

List employment for at least the past 7 years. Begin with your present position (or, if unemployed, your most recent employment), and work back.

From	____/____	To	____/____		Salary \$		
	<small>Month Year</small>		<small>Month Year</small>	<small>Job Title</small>			<input type="checkbox"/> per hour <input type="checkbox"/> per month <input type="checkbox"/> per year
Employer: _____							
Address: _____							
Employer phone: _____ Reason for leaving: _____							
Job duties: _____							

From ____ / ____ To ____ / ____ _____ Salary \$ _____
Month Year Month Year Job Title _____ per hour
_____ per month
_____ per year

Employer: _____

Address: _____

Employer phone: _____ Reason for leaving: _____

Job duties: _____

From ____ / ____ To ____ / ____ _____ Salary \$ _____
Month Year Month Year Job Title _____ per hour
_____ per month
_____ per year

Employer: _____

Address: _____

Employer phone: _____ Reason for leaving: _____

Job duties: _____

From ____ / ____ To ____ / ____ _____ Salary \$ _____
Month Year Month Year Job Title _____ per hour
_____ per month
_____ per year

Employer: _____

Address: _____

Employer phone: _____ Reason for leaving: _____

Job duties: _____

From ____ / ____ To ____ / ____ _____ Salary \$ _____
Month Year Month Year Job Title _____ per hour
_____ per month
_____ per year

Employer: _____

Address: _____

Employer phone: _____ Reason for leaving: _____

Job duties: _____

From _____ / _____	To _____ / _____	Salary \$ _____	_____ per hour
Month Year	Month Year	_____	_____ per month
Job Title _____		_____	_____ per year
Employer: _____			
Address: _____			
Employer phone: _____		Reason for leaving: _____	
Job duties: _____			

Non-Discrimination Policy

It is the policy of the City of Lone Jack that no person shall be discriminated against on the basis of race, color, religion, gender, age, national origin, mental or physical disability, or marital status. This policy affects all aspects of employment with the City; and all individuals who receive federally funded services from the City. For discrimination based on disability, this policy also affects all applicants, participants or beneficiaries in any service, program or activity of the City. The City of Lone Jack is an Equal Opportunity Employer and encourages diversity in the workplace.

Privacy Statement

The City of Lone Jack does not sell, loan or provide any personal information submitted on employment applications to businesses or individuals for the purpose of commercial use.

Conditions of Employment

Offers of employment with the City of Lone Jack are contingent upon applicants passing a pre-employment drug-screen and / or physical examination that may also include a psychological profile assessment.

In accordance with Federal law, proof of identity and authorization to legally work in the United States is required at the time of employment. If hired, you must complete the I-9 form as required by the U.S. Immigration and Naturalization Service no later than three (3) business days after your date of hire.

Drug Free Work Environment

It is the policy of the City of Lone Jack to maintain a work environment free of substance abuse. This policy applies to all current and prospective employees. In order to preserve employee fitness-for-duty and the safety of employees and the public, drug testing is a requirement for prospective employees and may be required of current employees in situations as prescribed by policy.

All employment offers are contingent upon the applicant successfully passing drug screening when required. Applicants who fail a drug testing will not be eligible for employment at the City for one year from the date of screening.

Immigration Reform and Control Act

All City of Lone Jack offers or employment are contingent on the applicant meeting the requirements of the Immigration Reform and Control Act, which requires new employees on the date of hire to show proof of identity and eligibility to work in the United States.

Background and Reference Checks

All candidate(s) will be asked to submit at least three reference contacts. The City of Lone Jack may conduct background investigations and/or reference checks on candidate(s).

Applicant Acknowledgement Statements

To the best of my knowledge, the information herein is true and complete and I further attest to the following:

- I have not knowingly withheld any information requested on the application for or which may have been a bearing on the City of Lone Jack's employment decision about me.
- I understand that the City of Lone Jack may conduct a background investigation and/or check my employment references.

- I have not been rejected by the City of Lone Jack for a positive drug screen for one year prior to the date of this signed statement.
- I understand any offer of employment is contingent on my passing a pre-employment physical and or drug test, if applicable.
- If I do not pass a pre-employment physical and/or drug screen, any offer of employment will be rescinded.
- If hired and if applicable, I agree to submit to a random drug testing.
- If hired, I understand that I must provide proof of identity and authorization to work in the United States within three days of hire, as required by the Immigration Reform and Control Act. Failure to provide proper documentation will result in termination.
- If applicable, I will provide proof of a valid driver's license and acceptable driving record upon hire.
- If hired and if applicable to my position, I will ensure my Commercial Driver's License and/or Driver's License will be kept current throughout my employment in which such licenses are required.
- If hired and if applicable, I will ensure licenses and/or certifications that are required for my position are kept current or valid throughout my employment in which such licenses or certifications are required.
- I understand that nothing conveyed during the recruitment and interview process is intended to create an implied or explicit employment contract.
- I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for termination at any time.

Date: _____

Signature of Applicant: _____

CITY OF LONE JACK
Applicant's waiver of liability and release form

Please read carefully before signing:

In order to permit the city of Lone Jack to make a thorough investigation of my background health, family, personal habits and reputation for the purpose of determining my fitness and suitability for employment with the City of Lone Jack, I, _____ hereby release from any liability and promise to hold harmless from any liability under any and all possible causes a legal action in any and all those who shall furnish my information or person or legal entity who may be contracted by the city of Lone Jack officers, agents or employees to release and transmit to such officers, agents or employees, any information, data or opinions they may have regarding my background, health and family. Personal entities contacted by the city of Lone Jack may release any and all legal privileges I may have to maintain such information as confidential, including but not limited to the following privileges Attorney-Client, Physician-Patient, Psychotherapist-patient, Clergymen-Penitent, Husband-Wife and Accounting-Client.

The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action, the city of Lone Jack, its officers, agents and employees, for any statements, acts or omissions in the course of its investigation into my background, health, family, personal habits and reputation.

I further realize that it is necessary for the city of Lone Jack to thoroughly investigate all aspects of my personal background and qualifications and by applying for employment with the city of Lone Jack I expressly waive all of my legal rights and causes of action to the extent that the city of Lone Jack investigation (for purposes of evaluating my suitability for application of employment) may violate or information upon the aforementioned legal rights and causes of action of mine.

The release from liability given by me to this city of Lone Jack, its officers, employees, agents and all others are heretofore provided shall apply to any right of action that might accrue to myself, my heirs and my personal representatives.

This document must be signed in the presence of a notary public.

Signature of Applicant

Date

ACKNOWLEDGEMENT

STATE OF MISSOURI)
)ss:
COUNTY OF JACKSON)

_____ being duly sworn on oath depose and states that the answers to attached questionnaire, consisting of seven (6) pages, are true and correct to their best knowledge, information and belief.

Applicant's Signature

Subscribed and sworn before me, a notary public, this _____ day of _____, 20____.

Notary Public

My Commission Expires:_____