



# Education & Training

---

---

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary	_____	_____	_____	_____
High School	_____	_____	_____	_____
Comm. College	_____	_____	_____	_____
Undergraduate	_____	_____	_____	_____
Graduate	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____

**Please list/describe any specialized training, apprenticeship, certifications, skills, special job-related skills and qualifications:**

---

---

---

---

---

---

---

---

---

---

**List professional, trade, business or civic activities and offices held:** *(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)*

---

---

---

---

---

---

**Describe any job-related training received during military service:**

---

---

---

---

# Additional Information

## Specialized Skills [Check skills you possess and list equipment you can operate]

Computer / (Type)

- Word Processing / \_\_\_\_\_
- Spreadsheets / \_\_\_\_\_
- Database / \_\_\_\_\_

Other

- Typewriter
- Calculator
- Fax Machine

Machinery & Equipment / (Type)

- Backhoe / \_\_\_\_\_
- Road Grader / \_\_\_\_\_
- Welder / \_\_\_\_\_
- Other \_\_\_\_\_ / \_\_\_\_\_
- Other \_\_\_\_\_ / \_\_\_\_\_
- Other \_\_\_\_\_ / \_\_\_\_\_
- Other \_\_\_\_\_ / \_\_\_\_\_

Please state any additional information you feel may be helpful to us in considering your application:

---

---

---

---

**Note to Applicants:** DO NOT ANSWER THE FOLLOWING QUESTION UNTIL YOU HAVE READ A COPY OF THE JOB DESCRIPTION EXPLAINING THE ESSENTIAL DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING.

Do you have any physical or mental limitations that would prevent you from performing the essential functions of the position for which you have applied?  Yes  No

## References

1.	_____ (Name)	( ) _____ (Phone Number)
	_____ (Address)	_____ (Relationship)
2.	_____ (Name)	( ) _____ (Phone Number)
	_____ (Address)	_____ (Relationship)
3.	_____ (Name)	( ) _____ (Phone Number)
	_____ (Address)	_____ (Relationship)

# Employment History

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer	Dates Employed		Describe work performed
	Phone Number	From	To	
	Address	Hourly Rate/Salary		
	Job Title	Starting	Current	
	Reason for leaving			

2	Employer	Dates Employed		Describe work performed
	Phone Number	From	To	
	Address	Hourly Rate/Salary		
	Job Title	Starting	Current	
	Reason for leaving			

3	Employer	Dates Employed		Describe work performed
	Phone Number	From	To	
	Address	Hourly Rate/Salary		
	Job Title	Starting	Current	
	Reason for leaving			

4	Employer	Dates Employed		Describe work performed
	Phone Number	From	To	
	Address	Hourly Rate/Salary		
	Job Title	Starting	Current	
	Reason for leaving			

## Applicant's Statement:

I certify that the answers given here are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Prior to employment, a criminal background check will be completed. This application shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period, should inquire as to whether or not applications are being accepted at that time. I understand and acknowledge, unless otherwise defined by applicable law, that all employment relationships with the City of Abilene are "at will", which means an Employee may resign at any time with our without notice and the Employer may discharge an Employee at any time with or without cause, and with or without notice. It is further understood that this "at will" employment relationship may not be changed by an written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I also understand that if I am employed by the City of Abilene, false or misleading information provided on my application or discovered during the course of an interview, may result in discharge. I further understand that if employed, I m required to abide by all rules and regulations of the City.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

ABILENE POLICE DEPARTMENT	419 N. BDWY.	PO BOX 519	ABILENE, KS 67410-0519
---------------------------	--------------	------------	------------------------

# Abilene Police Department

## *Applicant Questionnaire*

Keeping in mind that all applicants are subject to a background investigation and polygraph examination, please answer all questions thoroughly and honestly, as they may be asked again later in the application process. There should be no deviation from your answers and what any investigation reveals.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

1. Have you ever been arrested? Yes  No   
(If yes, when, where & what were the charges and disposition)

---

---

---

---

2. Have you ever been convicted of a crime? Yes  No   
(If yes, when, where & what crime)

---

---

---

---

3. Have you ever had an expungement of a crime, been placed on diversion from a crime or pardoned from a crime? Yes  No   
(If yes, when, where & what crime)

---

---

4. Have you ever committed a crime that you weren't charged with? Yes  No   
(If yes, when, where & what crime)

---

---

---

# Abilene Police Department

# *Applicant Questionnaire*

5. Have you ever used illegal drugs? Yes  No   
(If yes, when, what kind and how often)

---

---

---

6. Have you ever sold illegal drugs? Yes  No   
(If yes, when, what kind and how often)

---

---

---

7. Have you ever been fired or left a job without giving proper notice? Yes  No   
(If yes, list Company Name and reason)

---

---

8. Have you had any moving violations in the past 3 years? Yes  No   
(If yes, when, what kind)

---

---

---

9. What is the worst thing that our background investigation will reveal?

---

---

---

10. What is the worst thing that someone will say about you, whether it is true or not?

---

---

---

**CITY OF ABILENE**  
**419 N. BROADWAY, ABILENE, KANSAS 67410**  
**Telephone: 785-263-2550 Fax: 785-263-2552**

**RELEASE AND WAIVER FOR PRE-EMPLOYMENT BACKGROUND CHECK**

**NOTICE: THIS DOCUMENT MUST BE ATTACHED TO ALL APPLICATIONS FOR EMPLOYMENT WITH THE CITY OF ABILENE.**

In connection with your application for employment, we may procure a Background Investigative Report and/or Background Report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the federal Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below you hereby authorize any authorized representative of the City of Abilene bearing this release, within one year of its date, any and all personal recollections and/or information in your files concerning you, your character, general reputation, personal characteristics and personal history, including but not limited to documents concerning your military service, employment, credit history (including consumer records and/or credit ratings), financial status, education and academic achievement, attendance, work performance, complaints or grievances filed by or against you, background investigations, disciplinary actions, polygraph examinations, and any and all internal affairs investigations and discipline, to include any files that are deemed to be of a private or confidential nature.

The information requested below is being used strictly for pre-employment background screening purposes in order to obtain accurate results. The consumer report may include, but not be limited to, criminal history, verifications of employment and education, and driving records. A credit report detailing personal financial history will only be obtained for permissible purposes in consideration of jobs meeting specific criteria.

Applicant's Name: \_\_\_\_\_  
(PLEASE PRINT)

Applicant's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*The EEOC states for the purpose of pre-employment inquiries, under the Age Discrimination in Employment Act of 1967, Section 1625.5, "A request on the part of an employer for information such as "Date of Birth" or "State Age" on an employment application form is not, in itself, a violation of the Act."*

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

*To All Applicants:  
The information requested above is used to assist in the completion of a background investigation. The information will be maintained in a limited access file, detached from your application. The information will be used for the sole purpose of identification when conducting a background investigation.*

I have received a copy of my Summary of Rights Under the Fair Credit Reporting Act.

# **NOTICE TO ALL APPLICANTS: PLEASE RETAIN THIS AS YOUR COPY OF YOUR RIGHTS.**

Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

## **A Summary of Your Rights under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

# POLICE OFFICER I

City of Abilene

Police Department

## POSITION SUMMARY

**RANGE 4  
DOL JOB LEVEL 4**

Under the supervision of the Assistant Police Chief, the Police Officer I is a non-exempt position under FLSA which protects the life and property of citizens within the City of Abilene. Enforcing all federal, state, and local laws and ordinances is the primary goal of this position. This employee performs routine patrol duties, enforces traffic laws, investigates crimes and accidents, and provides citizen assistance. Excellent communication and public relation skills are required.

## ESSENTIAL FUNCTIONS

- Enforces all federal, state, and local laws and ordinances, NFPA, fire and life safety;
- Assists with the investigation of crimes and accidents;
- Patrols streets of business and residential districts;
- Searches for, collects, and identifies evidence found at crime scenes;
- Arrests individuals who violate the federal, state, and local laws and ordinances;
- Appears in court as the arresting officer, and provides necessary testimony;
- Prepares reports, and maintains records;
- Directs traffic, and issues citations for traffic law violations;
- Operates radio transmittal equipment, and communicates with dispatchers;
- Attends training sessions on new procedures and laws;
- Administers first aid;
- Maintains law enforcement equipment;
- Responds to emergency calls, and provides assistance to the general public in need;
- Assists in the suppression of fires, protection of life and property.

## MARGINAL FUNCTIONS

- Assists other departments as the need arises;
- Assists with the training of other police officers;
- Serves civil papers, and performs tavern checks;
- Responds to calls about animals, and checks houses;
- Serves as an escort for funerals and businesses;
- Performs other duties as deemed necessary or assigned.

### ***QuickView***

**FLSA:** \_\_\_\_\_ **NON-EXEMPT**

**ADA:** \_\_\_\_\_ **APPLICABLE**

**FMLA:** \_\_\_\_\_ **ELIGIBLE**

**OSHA:**  
**HUMAN BLOOD/BODY FLUIDS**

**WORKING CONDITIONS:**  
**ADVERSE WEATHER  
ELEMENT OF RISK  
MANUAL LABOR**

***POLICE OFFICER I  
POSITION REQUIREMENTS***

**Experience:** This is an entry level position, so no previous experience is required. Employee is expected to have acquired the necessary information and skills to perform the job reasonably well within one year of employment.

**Education:** A high school diploma or GED, a valid Kansas Driver's License, and graduation from the Kansas Law Enforcement Training Center is required. Any equivalent combination of education and progressively responsible experience, with additional work experience substituting for the required education on a year for year basis. This employee must have 40 hours of continuing education in training and police procedures annually.

**Technical Skills:** A working knowledge of all federal, state, and local laws and ordinances, law enforcement techniques, firearms, CPR, and a working knowledge of the local geography and investigative techniques is required. This employee must be able to operate computers, firearms, emergency vehicles, radio equipment, computers, and other law enforcement equipment. The ability to read and interpret maps, reports, and excellent communication, organizational, and public relation skills are required.

**Problem Solving:** Extensive problem solving is involved in this position. This employee encounters problems with citizen complaints, domestic violence, and traffic violators.

**Decision Making:** Independent decision making is involved in this position. This employee makes decisions about making arrests, using force, issuing traffic citations, and insuring criminal rights are protected.

**Supervision:** This employee works with some supervision from the Assistant Police Chief, and exercises occasional supervision over subordinate personnel.

**Financial Accountability:** This employee is responsible for the safe operation of department equipment, but does not participate in the annual budget process.

**Personal Relations:** Daily contact with the general public, supervisory personnel, and other city departments is expected.

**Working Conditions:** Adverse working conditions exist within this position. Exposure to human blood and body fluids, hazardous chemicals, and all types of weather conditions is expected. This position contains an element of risk to personal safety.

**Physical Requirements:** The ability to pass and maintain all physical requirements and activities of the Kansas Law Enforcement Training Center is required.

---

*The specific statements shown in each section of this description are not intended to be all inclusive. They represent typical elements and criteria considered necessary to successfully perform the job.*

---

# Department of Labor Dictionary of Titles

## Integrative Employee Placement

Level 1	Sedentary Work	Exerting up to 10 pounds of force occasionally, and/or a negligible amount of force frequently. Involves sitting most of the time, but may involve walking or standing.
Level 2	Light Work	Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently. Required walking or standing to a significant degree; or requires sitting most of the time but entails pushing and/or pulling of arm or leg controls.
Level 3	Medium Work	Exerting 20 to 50 pounds of force occasionally, and/or 10 to 25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly.
Level 4	Heavy Work	Exerting 50 to 100 pounds of force occasionally, and/or 25 to 50 pounds of force frequently, and/or 10 to 20 pounds of force constantly.
Level 5	Very Heavy Work	Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly.

## RELEASE AND WAIVER

To Whom It May Concern:

I hereby authorize you to furnish any authorized representative of the Abilene Police Department bearing this release, within one year of its date, any and all personal recollections and/or information in your files concerning me, my character, general reputation, personal characteristics and personal history, including but not limited to documents concerning my military service, employment, credit history (including consumer records and/or credit ratings), financial status, education and academic achievement, attendance, work performance, complaints or grievances filed by or against me, background investigations, disciplinary actions, polygraph examinations, and any and all internal affairs investigations and discipline, to include any files that are deemed to be of a private or confidential nature.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Abilene Police Department, and will be considered as part of their pre-employment background investigation in determining my qualifications and fitness for the position which I seek.

Consent is granted for the Abilene Police Department to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any information provided to the Abilene Police Department pursuant to this request, as well as any information contained in the background investigation report prepared by the Abilene Police Department.

I hereby release you, your organization, and all related agents and representatives, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, or my assigns because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to validity of this release, you may contact me as indicated below.

A photocopy of this form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature. You may retain this form in your files.

---

Applicant's Full Name: \_\_\_\_\_  
(Signature)

Applicant's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
(Day) (Evening)

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_