



# Olathe Police Department

420 Horton Ave., P O Box 789, Olathe, CO 81425 · Phone (970) 323-4357 · Fax (970) 323-5742

## APPLICATION FOR EMPLOYMENT

### An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that section decisions are based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Do not substitute "see resume" in sections on this application. Use blank paper if needed. **PLEASE PRINT**, except for your signature. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Position Applied For \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-Time \_\_\_ Part-Time \_\_\_ Temporary \_\_\_

When are you available to start? \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial Phone Number

\_\_\_\_\_  
Present Address City State Zip Code

**\*\* Please Circle One \*\***

Are you 18 years of age or older? ..... Yes No

If hired, can you furnish proof you are eligible to work in the U.S.? ..... Yes No

Have you ever applied here before? ..... Yes No If yes, when? \_\_\_\_\_

Were you ever employed here? ..... Yes No If yes, when? \_\_\_\_\_

Have you ever been convicted of any law violations? ..... Yes No  
(Include any plea of "guilty" or "no contest." Exclude minor traffic violations.)

If yes, provide details.  
(A conviction will not necessarily disqualify an applicant for employment.)

\_\_\_\_\_  
\_\_\_\_\_

If employed, do you expect to be engaged in any additional business or employment outside of your job? Yes No

If yes, provide details.  
\_\_\_\_\_

# Education

List name and address of schools.

		Number of Years Completed	Diploma/ Degree/ Certificate
High School or GED			
College or University			
Subjects Studied			
Vocational or Technical			
Subjects Studied			

# Special Skills

What skills or additional training do you have that are related to the job for which you are applying?

---



---

What machines or equipment can you operate that are related to the job for which you are applying?

---



---

For driving jobs **ONLY**: Do you have a valid driver's license? ..... Yes No

Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_ State \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years? ..... Yes No

If yes, provide details.

---



---

List professional, trade, business or civic activities and offices held.

(Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information or other protected status.)

---



---



---



---

## Work History

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Include part-time positions held. **DO NOT leave this section blank or write "see resume."**

Name, Address and Phone of Employer	Employed		Pay	
	From (mo/yr)	To (mo/yr)	Start	Final
			\$	\$
	Duties			
Title	Reason for Leaving			
Supervisor				

Name, Address and Phone of Employer	Employed		Pay	
	From (mo/yr)	To (mo/yr)	Start	Final
			\$	\$
	Duties			
Title	Reason for Leaving			
Supervisor				

Name, Address and Phone of Employer	Employed		Pay	
	From (mo/yr)	To (mo/yr)	Start	Final
			\$	\$
	Duties			
Title	Reason for Leaving			
Supervisor				

Name, Address and Phone of Employer	Employed		Pay	
	From (mo/yr)	To (mo/yr)	Start	Final
			\$	\$
	Duties			
Title	Reason for Leaving			
Supervisor				

# References

Have you worked or attended school under any other names? ..... Yes No

If yes, give names: \_\_\_\_\_

Are you presently employed? ..... Yes No

May we contact your current employer? ..... Yes No

If yes, whom do you suggest we contact? \_\_\_\_\_

Have you ever been fired from a job or asked to resign? ..... Yes No

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

Give three (3) references. **Please do not list relatives or former employers.**

Name	Address	Phone

**AFFIDAVIT, CONSENT AND RELEASE  
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize that investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE OLATHE POLICE DEPARTMENT / TOWN OF OLATHE HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE OLATHE POLICE DEPARTMENT / TOWN OF OLATHE AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to the above statements.

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

This application for employment will remain active only for the position applied for.

Please return this application by the advertised deadline, no late applications will be accepted.

**Mail To:** Olathe Police Department, P.O. Box 789, Olathe, CO 81425

**Hand Deliver:** Olathe Police Department, 420 Horton Ave., Olathe, CO 81425