



Ellis Police Department

815 Jefferson

Ellis, Kansas 67637

Phone # (785) 726-4462, Cell # (785) 726-4141

Chief Christopher Krom



Thank you for your interest in employment with the Ellis Police Department. Enclosed you will find a standard City of Ellis employment application, job description and an authorization for release of information. Please note the authorization must be signed and witnessed for your application to be considered.

You may return your resume along with your completed application to the Ellis Police Department or the Ellis City Clerk's office at 815 Jefferson St. or mail it to: Chief of Police Christopher Krom, 815 Jefferson St, Ellis, KS 67637.

Sincerely,

A handwritten signature in black ink, appearing to read "CKrom".

Christopher Krom
Chief of Police
Ellis Police Department

ELLIS POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Ellis Police Department, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records and loans, and records of commercial and retail credit agencies (including credit reports and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records and recollections of attorneys-at-law, or of other counsel, whether representing me or another person in any case, either criminal or civil in which I presently have , or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Ellis Police Department. I also certify that any person(s) or entity(ies) who my furnish such information concerning me shall not be held accountable for giving this information; and I do herby release said person (s) or entity(ies) from any and all liability which may be incurred as a result of furnishing such information.

I also certify that any agent(s) of the City of Ellis Police Department who may conduct my background investigation shall not be held accountable for the collection of this information, and I do hereby release said person(s) from any and all liability which may be incurred as the result of collecting such information.

I also agree to pay any and all charges or fees concerning this request and can be billed for such charges at the below listed address.

A photocopy of this release form will be valid as an original there of, even though the said photocopy does no contain an original writing of my signature.

Witness

Signature

Date

Name: _____
(First, Middle and Last)

Address: _____

Phone: _____

Date of Birth: _____

Ellis Police Department
Personal References

Please supply 2 references in each category and return this with your application and release form.

Relatives References				
Name:	Address:	Phone #:	Relationship	Years Known

Co-Worker References (past or present)				
Name:	Address:	Phone #:	Relationship	Years Known

Friends References (not a co-worker)				
Name:	Address:	Phone #:	Relationship	Years Known

CITY OF ELLIS, KANSAS EMPLOYMENT APPLICATION

815 Jefferson Street
Ellis, Ks 67637
Phone 785.726.4812
Fax 785.726.4159

The City of Ellis is an EQUAL OPPORTUNITY EMPLOYER

(Please PRINT clearly)

NAME _____
ADDRESS _____
HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

- | | | |
|--|-----|----|
| May we contact you at work? | Yes | No |
| PART TIME APPLICANTS are you 15 or over? | Yes | No |
| 16 or over? | Yes | No |
| FULL TIME APPLICANTS are you 18 or over? | Yes | No |
| POLICE APPLICANTS are you 21 or over? | Yes | No |

POSITION(S) APPLIED FOR _____

WOULD YOU ACCEPT FULL TIME OR PART TIME WORK? _____

ON WHAT DATE WOULD YOU BE ELIGIBLE FOR WORK? _____

DRIVERS LICENSE NO. _____ STATE _____ EXPIRATION DATE _____

DO YOU HOLD COMMERCIAL DRIVERS LICENSE (CDL)? _____

ARE YOU ELIGIBLE TO OBTAIN A CDL LICENSE? _____

List any relatives currently employed by the City of Ellis

Name	Relationship	Department

Education & Training

High School: _____	Location: _____
Graduated: Yes or No GED: Yes or No	
College: _____	Location: _____
Major _____ Degree _____	Graduated: Y N
Trade or Technical School _____	Completed: Y N

Special Training & Skills

Please list additional training or skills or other information you feel may be helpful to us in considering your application.

Employment History

List the last three jobs you have held, beginning with the most recent.

Employer:		
Address:		
Phone:		
Job Title:		
Supervisor:		
Dates Employed:	from (mm/yy)	to (mm/yy)
May we contact?	Yes	No
Employment was?	Full Time	Part-time
List of job duties:		
Reason for leaving:		

Employer		
Address		
Phone		
Job Title		
Supervisor		
Dates Employed	from (mm/yy)	to (mm/yy)
May we contact?	Yes	No
Employment was?	Full Time	Part-time
List of job duties		
Reason for leaving		

Employer:
Address:
Phone:
Job Title:
Supervisor:
Dates Employed from (mm/yy) to (mm/yy)
May we contact? Yes No
Employment was? Full Time Part-time
List of job duties:
Reason for leaving:

Past Incidents

Have you pleaded guilty, no contest to, or have been convicted of 1) a felony, or 2) a lesser crime which involved theft, dishonesty or violence in the past seven (7) years?

If yes, describe the nature of the offense(s) and the county and state where convicted.

Have you had your driver’s license suspended or revoked within the past five (5) years?

If yes, list the state which suspended or revoke the license and the reason(s) for each suspension or revocation.

Have you been disciplined or fired by a previous employer in the past five (5) years?

If yes, why?

PERSONAL REFERENCES (Not Former Employers or Relatives)

NAME	ADDRESS	CITY/STATE	TELEPHONE

Please read carefully and sign below.

AUTHORIZATION

I hereby authorize the City of Ellis to investigate all statements made in this application, review my driving and criminal records, and to contact my previous employers. I understand that any false statements made herein may eliminate my application from employment consideration, or if discovered after hire, may result in my discharge from employment.

If hired, I will conform to the policies, rules and regulations of the City of Ellis, including, the residency requirements, for full time employees who must live within the 388 school district.

For certain positions I agree to submit to a complete physical examination including drug testing if requested by the City. I also agree to sign the "*Authorization to Release Information*" form if so requested by the city.

And

ACKNOWLEDGEMENT OF AT WILL EMPLOYMENT

I acknowledge that both my employment and my compensation can be terminated and/or changed at will, without prior notice at the sole option of the City of Ellis. I understand that no representative of the City of Ellis has any authority to enter into any agreement hiring me for a specified period of time or to make any agreement contrary to this acknowledgment.

Applicant's Signature

Date

FOR OFFICE USE ONLY:

Interview	Date	Comments	
Testing			
Tests	Date	Score/Rating	Comments
Reference Checks			
Employer 1:			
Employer 2:			
Employer 3:			
Employer 4:			

Applicant number: _____ Employee Number: _____ Hire Date: _____

Position: _____ Starting Hourly Wage: _____

Notes: _____