



Ellis Police Department

815 Jefferson

Ellis, Kansas 67637

Phone # (785) 726-4462, Cell # (785) 625-1011

Fax # (785) 726-3222



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: Avery Smith, 815 Jefferson St, Ellis, KS 67637.

Sincerely,

Avery Smith
Chief of Police

**POLICE OFFICER
CITY OF ELLIS, KANSAS**

Department: Police
Reports To: Police Sergeant

Position Type: Full-time
Retirement Plan: KPERS
This description was last updated November 17, 2008

**FLSA: Non-exempt
ADA: Applicable
OSHA: Bloodborne Pathogens
WORKING CONDITIONS:
Hazardous Chemicals
Adverse Weather
Emergency Situations
Shift Work**

Position Summary

This is highly responsible work in the taking calls for service, patrolling to deter and detect crime, investigating complaints, citing and/or arresting law violators, etc. Work is performed with independence and in accordance with applicable laws, ordinances and regulations, under the general supervision of a superior officer.

Duties and Responsibilities

The following represent the essential duties of this position. Additional related duties may be performed as assigned.

- Respond to emergency and routine calls for service, patrolling to deter and detect crime.
- Observe and recall information and details.
- Analyze situations quickly, objectively and determine the proper course of action.
- Investigating complaints, citing and/or arresting law violators.
- Prepare concise factual reports of specified incidents, following up on pending reports and cases.
- Protecting persons and property as well as securing and protecting prisoners.
- Communicate effectively with the public in a firm, courteous manner and maintain composure in all types of situations.

Additional Examples of Work Performed:

- Testify in administrative as well as judicial proceedings.
- Participates in planning and executing special projects and program.
- Performs other duties as deemed necessary or assigned.

Police Officer
Minimum Qualifications

- Must be US citizen and at least 21 years of age by application date.
- High school diploma or G.E.D. No prior law enforcement experience required.
- Completion of KLETC training at earliest possible scheduled date.

Or any equivalent combination of training and experience which provided the following knowledge skills and abilities:

- Ability to communicate effectively, orally and in writing.
- Ability to maintain records and prepare reports.

Physical requirements:

Must be in good physical condition and have ability and endurance to sprint, climb, crawl, lift, etc. to respond effectively to calls for service, apprehend and arrest suspects and perform all duties required of a police officer. Must be able to sit and stand for prolonged periods of time. Must be able to fully operate a duty handgun, shotgun or rifle using both hands. Must have 20/20 vision in both eyes or correctable to 20/20 with visual acuity and adequate night vision to read license plates, gather evidence and read and write reports in an accurate manner. Must have good olfactory sensual capability. Must have hearing in both ears sufficient to hear radio communications, detect sounds and gather information related to criminal activity as well as hear emergency signals.

Special Requirements

This position will be on call as necessary, with overtime, holiday, and weekend as well as shift work required.

Possession of a valid driver's license with a good driving record. (A minimal amount of non-hazardous traffic violations is acceptable.)

No prior criminal history.

Must exercise good judgment and provide leadership in potential life threatening situations. Must maintain yearly state certification with 40 hours of certified training.

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.

EMPLOYEE BENEFITS**STANDARD**

UNIFORMS Provided to Public Works and Police Department, costs 100% paid by City. Partial reimbursement of cost of approved types of boot annually for Public Works and Police Department.

WORKMAN'S COMP Costs 100% paid by City

FICA Includes Social Security and Medicare. Employee's mandatory contribution is 7.65% City's mandatory contribution is 7.65%

WORKMAN'S COMP Costs 100% paid by City

UNEMPLOYMENT INSURANCE Costs 100% paid by City

HEALTH INSURANCE Includes major medical, dental, vision, prescription card. Premiums 100% paid by City

LIFE INSURANCE \$25,000 term life. Premiums 100% paid by City

KPERS RETIREMENT Employee's mandatory contribution is 6%. City's contribution is determined by State of Kansas annually.

KPERS BASIC LIFE INSURANCE Term life (value = 150% of current salary). Premiums 100% paid by City.

PAID LEAVE TIME

VACATION Earned according to a schedule prescribed by the City Council.

HOLIDAYS Currently eleven paid holidays, including employee's birthday.

MEDICAL Full-time employees earn paid medical leave for each full month of service.

PERSONAL Each calendar year full-time employees may use a portion of their earned Medical Leave for personal matters.

FUNERAL One to three days of funeral leave may be granted to full-time employees, based on the relationship to the employee.

CATASTROPHIC SICK LEAVE BANK Member employees who meet the catastrophic illness/injury eligibility requirements have access to a pool of voluntarily donated sick leave accrued by City employees.

BONUSES

LONGEVITY After two years of service, annual longevity pay given on employee's anniversary date according to a schedule prescribed by the City Council.

CHRISTMAS BONUS Annual Christmas Bonus *may* be awarded in December of each year as approved by the City Council.

SERVICE AWARD Given to employees based on their years of service as of October 1 of each year according to a schedule prescribed by the City Council

OPTIONAL

KPERS OPT LIFE INSURANCE Premiums 100% paid by employee.

DEFERRED COMP Tax deferral through salary contributions **KPERS 457** deferred comp plan.
Tax deferral through pre-tax payments of **AFLAC** premiums for various insurance and income supplement products.

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 hereby 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 _____ EMAIL _____

May we contact you at work? ___ Yes ___ No
PART TIME APPLICANTS are you 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
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Education & Training

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

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 If yes, phone number _____
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 If yes, phone number _____
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 If yes, phone number _____
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 thirty miles of Ellis.

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: _____