

Metropolitan Topeka Airport Authority
Police and Fire Department
Application for Employment
(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

Today's Date: _____

POSITION APPLYING FOR:	<u>Dispatcher/Screeners</u>	<u>Police/Fire Officer</u>
(Circle Position Applying For)		

INSTRUCTIONS TO APPLICANT

The information you provide in this personal history statement will be used in the investigation into your background to assist in determining your suitability for a position with the MTAA Police and Fire Department. Please fill out questionnaire completely and accurately. Keep in mind that:

- The completion of this form is mandatory for conditions of employment;
- All statements are subject to verification;
- Deliberate inaccuracies or omissions may bar or remove you from employment;
- All time periods in your background must be accounted for;

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of circumstances and facts surrounding its occurrence, and its degree of relevance to the job of a Police & Fire Department employee.

Your cooperation is expected in prompt appearance for all schedules, tests, and exams. Failure to do so will result in the deletion of your name from the employment process.

PLEASE SUBMIT PROOF OF A HIGH SCHOOL EDUCATION OR ITS EQUIVLAENT WITH YOUR APPLICATION.

Please print in ink or type your responses to this questionnaire. If a question does not apply to you, write N/A (Not applicable) in the space provided for your answer. If you need more space to respond to a question, use a blank sheet of paper and identify the additional information by the question number.

I have read and agree to comply with the above requirements. I also consent to submit to a physical examination, psychological evaluation and drug and alcohol screening as may be required for pre-employment screening.

Please PRINT full name

Signature

PERSONAL HISTORY STATEMENT

(Please print or type all information)



PERSONAL INFORMATION

The following information is requested of you for verification purposes.

LAST NAME	FIRST	MIDDLE	Other names used or known by	
STREET ADDRESS	APT#	CITY	STATE	ZIP
() Daytime Phone	contact between to	() Nighttime Phone	contact between to	
/ / Date of Birth	Age	- - Social Security#	Place of Birth (City & State)	

FOR THE PURPOSES OF IDENTIFICATION, PLEASE PROVIDE THE FOLLOWING INFORMATION:

HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
Scars, tattoos, or other distinguishing marks			

List all organizations, clubs, and associations of which you are or have been a member in the last ten years:

What are your hobbies and special skills and abilities, including speaking foreign languages? _____

RELATIVES, REFERENCES, & ACQUAINTANCES

Supply information in the spaces provided below. If a category is not applicable, write "NA"

If Living, Name of Your:	Address-Indicate Whether Home, Work or Other (Include City, State, & Zip)	Telephone at Which Person Can Be Contacted
Spouse (include maiden name)	HOME WORK	HOME WORK
Children	HOME WORK	HOME WORK
	HOME WORK	HOME WORK
	HOME WORK	HOME WORK
	HOME WORK	HOME WORK
	HOME WORK	HOME WORK
Father	HOME WORK	HOME WORK
Mother	HOME WORK	HOME WORK
Father-in-law	HOME WORK	HOME WORK
Mother-in-law	HOME WORK	HOME WORK
	HOME WORK	HOME WORK

If Living, Name of Your:	Address-Indicate Whether Home, Work or Other (Include City, State, & Zip)	Telephone at Which Person Can Be Contacted
Former Spouse (include maiden name)	HOME WORK	HOME WORK
	HOME WORK	HOME WORK
Brother(s) and Sister(s)	HOME WORK	HOME WORK
	HOME WORK	HOME WORK
	HOME WORK	HOME WORK
	HOME WORK	HOME WORK
	HOME WORK	HOME WORK
Step-father	HOME WORK	HOME WORK
Step-mother	HOME WORK	HOME WORK
Step-brother(s) or Step-sister(s)	HOME WORK	HOME WORK
	HOME WORK	HOME WORK
	HOME WORK	HOME WORK
	HOME WORK	HOME WORK

LIST AS REFERENCES 3-5 INDIVIDUALS WHO HAVE KNOWLEDGE OF YOU AND YOUR QUALIFICATIONS. EXCLUDE RELATIVES AND FORMER EMPLOYERS.

Name	Address-Indicate Whether Home, Work or Other (Include City, State, & Zip)	Telephone at Which Person Can Be Contacted
	HOME WORK	HOME WORK
	HOME WORK	HOME WORK
	HOME WORK	HOME WORK
	HOME WORK	HOME WORK
	HOME WORK	HOME WORK

LIST 3-5 INDIVIDUALS WHO ARE SOCIAL ACQUAINTANCES (i.e., persons whom you have seen frequently during the past year) and have knowledge of you and your qualifications. EXCLUDE RELATIVES AND FORMER EMPLOYERS.

Name	Address-Indicate Whether Home, Work or Other (Include City, State & Zip)	Telephone at Which Person Can Be Contacted
	HOME WORK	HOME WORK
	HOME WORK	HOME WORK
	HOME WORK	HOME WORK
	HOME WORK	HOME WORK
	HOME WORK	HOME WORK

EXPERIENCE & EMPLOYMENT HISTORY

Beginning with your most current employment, list all jobs (including part-time, temp., & voluntary position) you have held in the past 10 years. (For the purpose of this personal history statement, voluntary work should be included as employment.) For identification and verification, please indicate the nature of the activity, i.e.; full-time, part-time, or voluntary. If you have had intervening periods of military service include these in an employment block.

Date of Employment: FROM: ___ / ___ / ___ TO: ___ / ___ / ___	Name & Address of Employer:
Circle Which Applies: Full-Time Part-Time Temporary Volunteer	Supervisor's Name; Phone: <hr/> <u>Name(s) or Co-Worker(s)</u> <u>Phone:</u>
Salary: \$ _____ P/ _____	
REASON FOR LEAVING POSITION:	

Date of Employment: FROM: ___ / ___ / ___ TO: ___ / ___ / ___	Name & Address of Employer:
Circle Which Applies: Full-Time Part-Time Temporary Volunteer	Supervisor's Name; Phone: <hr/> <u>Name(s) or Co-Worker(s)</u> <u>Phone:</u>
Salary: \$ _____ P/ _____	
REASON FOR LEAVING POSITION:	

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Circle Which Applies: Full-Time Part-Time Temporary Volunteer	Supervisor's Name; Phone: _____ <u>Name(s) or Co-Worker(s)</u> Phone:
Salary: \$ _____ P/ _____	
REASON FOR LEAVING POSITION:	

Date of Employment: FROM: ___ / ___ / ___ TO: ___ / ___ / ___	Name & Address of Employer:
Circle Which Applies: Full-Time Part-Time Temporary Volunteer	Supervisor's Name; Phone: _____ <u>Name(s) or Co-Worker(s)</u> Phone:
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REASON FOR LEAVING POSITION:	

EXPERIENCE & EMPLOYMENT

Would any problem result if your present employer was contacted during the course of the background investigation?

(CIRCLE WHICH APPLIES) YES NO If "NO", when should such contact be made? _____

If you have had no prior employment, please explain in the space provided. _____

Have you ever filed a claim(s) for worker's compensation?

(CIRCLE WHICH APPLIES) YES NO If "YES", please explain (include when, where, and circumstances) _____

Have you had any extended work absences for reasons other than earned vacation?

(CIRCLE WHICH APPLIES) YES NO If "YES", please explain (include when, name of employer, why) _____

Have you ever been fired or asked to resign from any place of employment (including voluntary work)?

(CIRCLE WHICH APPLIES) YES NO If "YES", please give details (include when, where, and circumstances) _____

Have you ever been a successful or unsuccessful candidate for a position as a firefighter or a position requiring law enforcement authority?

(CIRCLE WHICH APPLIES) YES NO Explain _____

List below every police agency and/or fire department you have filed applications with. If none, so state.

<u>Agency</u>	<u>Approximate Date</u>	<u>Status</u>
_____	_____	_____
_____	_____	_____

MILITARY SERVICE



Have you ever served in the armed forces, National Guard, or Military Reserves?
 (CIRCLE WHICH APPLIES) YES NO If "YES", please supply the following information:

Branch of Service	Service Number	Date of Service	Type of Discharge

Are you currently participating in any military reserve or National Guard Program?
 (CIRCLE WHICH APPLIES) YES NO If "YES", please give unit name and address or location.

Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard, or Military Reserves?
 (CIRCLE WHICH APPLIES) YES NO If "YES", please give details (include branch or service, when, where, circumstances) _____

FINANCIAL HISTORY

The management of personal finances is relevant to an individual's qualifications. Therefore please fill in the financial statement below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations. If unemployed at this time, show income from last employment.

Current Monthly Income	Current Monthly Expenditures
Monthly Net Salary \$ _____	Real Estate (mortgage) payment(s) \$ _____
Spouse's Net Salary \$ _____	Rent \$ _____
Other Monthly Net Income (Describe): _____ \$ _____	Other Monthly Payments (Describe): _____ \$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	Estimated monthly cost of living (include utilities, food, gasoline, home and car maintenance, entertainment, etc.) and any other obligations: \$ _____
Total Monthly Income: \$ _____	Total Monthly Expenses: \$ _____

List below all loans or debts you have incurred in the past 5 years. Also, list any loans or debts where have co-signed.

Name of Lending Institution or Party	Address (include City & State)	Telephone Number

List the institutions with which you have had a checking or savings account in the past five years.

	Name of Financial Institution	Address (Include City & State)	Telephone Number	Account Number
Past				
Present				

Have you ever declared Wage Earner or Straight Bankruptcy?
 (CIRCLE WHICH APPLIES) YES NO If "YES", give the dates and
 locations of filing. _____

LEGAL HISTORY

If you have ever been arrested for any crime (excluding traffic citations), please give the following information:

Approximate Date	Police Agency	Circumstances	Convicted or Guilty Plea

Have you ever been placed on court probation as an adult?
 (CIRCLE WHICH APPLIES) YES NO If "YES", please give details
 (include when, where, why). _____

Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult?
 (CIRCLE WHICH APPLIES) YES NO If "YES", please give details
 (include when, where, and why). _____

Have you ever been reported to a law enforcement agency as a missing person or runaway?
 (CIRCLE WHICH APPLIES) YES NO If "YES", please give details
 (include date, law enforcement agency, circumstances). _____

Are you now, or have you ever been, involved as a plaintiff or defendant in any civil court action?
 (CIRCLE WHICH APPLIES) YES NO If "YES", please give details
 (include when, where, name and location of court, and circumstances). _____

MOTOR VEHICLE OPERATION INFORMATION

An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

Driver's License #:	Expiration Date:
Name in which license was issued:	State Issued:

List other states where you have been operate a motor vehicle.

List all traffic citations (exclude parking citations) you have received within the last 7 years.

State Obtained	Name in which license was issued

Violations	City	Date	Were you fined was action taken on license?

Have you ever been refused a driver's license by any state?
 (CIRCLE WHICH APPLIES) YES NO If "YES", please explain (include when, where, and why). _____

Have you ever been involved, as a driver, in a motor vehicle accident within the last 7 years?
 (CIRCLE WHICH APPLIES) YES NO If "YES", please give details for each accident below.

Date	Location	Injury	Non-Injury
Police Investigation? YES NO	Police Agency		
Date	Location	Injury	Non-Injury
Police Investigation? YES NO	Police Agency		
Date	Location	Injury	Non-Injury
Police Investigation? YES NO	Police Agency		
Date	Location	Injury	Non-Injury
Police Investigation? YES NO	Police Agency		

If there is anything you wish to discuss about your driving record, please use the space below:

Has your license ever been suspended, revoked, or placed on negligent operator's probation?
 (CIRCLE WHICH APPLIES) YES NO If "YES", please give details (include what, when, where, and why). _____

MEDICAL INFORMATION

Do you drink intoxicating liquors?_____ To what extent?_____
Except as prescribed by a physician, have you ever used heroine, morphine, or other narcotic drugs?_____
Are you presently using any drugs?_____ Have you tried marijuana?_____ Last time tried?_____ Have
you ever used LSD or other similar agents?_____ Except as prescribed by a physician, have you ever
used barbiturates, sedatives, or tranquilizers?_____ Have you ever received treatment or joined an
organization for alcoholism or drug addition?_____ Have you ever been admitted to a hospital or
institution or treated on an outpatient basis for a mental problem?_____ When?_____ Where?_____
Have you any defect of sight, hearing, or speech, or any mental or physical incapacity or infirmity?_____
If so, state fully_____
Have you consulted physicians during the past 5 years?_____ If "YES", give complete details_____

GENERAL INFORMATION

Have you ever been refused any type of insurance for any reason other than failure to pay a
premium?
(CIRCLE WHICH APPLIES) YES NO If "YES". Please explain (include
company name and address, date, and reason)._____

Have you ever applied for a permit to carry a concealed weapon?
(CIRCLE WHICH APPLIES) YES NO "If "YES", please provide the
following information:

Table with 3 columns: Permit granted? YES NO, Date:, Name of Law Enforcement Agency:

Purpose:

If there is additional information about you, your qualifications, or your experience that you would like us to be
aware of please list this information._____

CERTIFICATION INFORMATION

I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements of material fact will subject me to disqualification or dismissal.

Signature in full

Date completed

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

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

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and the records and recollections of attorneys-at-law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had any interest.

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

I further agree to waive any right of access or review whatsoever to the background investigation report or psychological report developed through this waiver.

A Photocopy of this release form will be valid as an original thereof, even though the said copy does not contain an original writing of my signature.

Signature	Social Security Number
	Date of Birth
Address	

ACKNOWLEDGMENT

I, _____, of lawful age, being first duly sworn, upon oath states: he/she has read the above authorization for release of personal information, and has signed the same at his/her own free act and deed, and does hereby acknowledge that he/she knows the contents thereof, and desires to be bound by this authorization.

Signature

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

My appointment expires: _____