

**City of Chanute**  
101 S. Lincoln Ave.  
P.O. Box 907  
Chanute, KS 66720  
620-431-5200 (Phone)  
620-431-5209 (Fax)



Dear Chief of Police Applicant:

Thank you for your interest in a position with the Chanute, KS Police Department. Our hiring process for a public safety position could take from 1 to 2 months, and we ask for your patience during the process. Enclosed you will find your employment application. For your convenience there is a checklist included in your packet. Please provide all the information that is requested. Failure to do so could disqualify you from consideration for this position.

To be considered for the position you may be asked to participate in the following processes:

- Oral Interview Panel Reviews
- Extensive Background Examination

At a later date, you may be asked to participate in further testing, i.e. medical examination, drug screening, and psychological examination. All procedures must be passed but **DOES NOT** guarantee employment.

If an applicant is deferred, their application will remain on file for six months from the date of the original application, at which time the applicant can re-apply if still interested in employment.

Again, thank you for your interest in employment with the Chanute Police Department. If you have any questions, please call the Human Resource Office at 620-431-5242 or email [tendicott@chanute.org](mailto:tendicott@chanute.org).

Respectfully,

Todd Newman  
City Manager



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## INSTRUCTIONS

### ***PLEASE READ CAREFULLY BEFORE BEGINNING***

Please print or type all information you list in this application and questionnaire.

1 . Copies of the following documents must accompany this application when submitted; otherwise, your application will not be considered:

- Copy of high school diploma or GED certificate.
- Copy of birth certificate.
- Copy of social security card.
- If you are a veteran, copy of DD-214

If you are a Certified Peace Officer please attach a copy of your basic certificate displaying your certification.

2. You will not be considered for employment if any of the following exists:

- Conviction in any court for any felony offense
- Conviction in any court for any drug-related offense
- Conviction in any court for any domestic related incident
- Any pending criminal action in any court
- Presently under investigation for any criminal offense by this or any other law enforcement or criminal justice agency
- Unable to obtain a Kansas driver's license
- Unable to satisfactorily perform assigned duties or comply with regulation of the Kansas Peace Officers Standards and Training Council (KS-CPOST).
- If you are not a U.S. citizen

3. If you have any questions regarding this application or this specific position: contact the Human Resource office at 620-431-5242 or email [tendicott@chanute.org](mailto:tendicott@chanute.org).

4. The following is a checklist for your convenience. The police department urges you to use it as an incomplete application may not be processed. Upon completion of the application, refer to this checklist to make sure no information has been omitted.



**Chanute**  
a TRADITION of INNOVATION

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## CHECKLIST

- All questions are answered. Those not applying to applicant are marked N/A or No.

I have attached a copy of the following documents:

- Certified Peace Officer Certificate (if applicable)
- Copy of birth certificate
- Copy of high school diploma or GED Certificate
- Copy of valid driver's license
- Copy of social security card
- Copy of military discharge DD214 (if applicable)
  
- The application is signed, dated and notarized. Please do not sign any portion of the application that requires a Notary. If you don't have a notary, Chanute City Manager's Office or City Hall have one available by appointment.
  
- In addition to the required copies of documentation, I have attached the following:

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Upon returning this application to the Chanute City Hall C/O Human Resource Dept., 101 S. Lincoln/ PO Box 907 Chanute, KS 66720 or emailing digitally to [tendicott@chanute.org](mailto:tendicott@chanute.org), you will be notified of when and where to report for further employment processing. First review of applications begins July 6, 2021.

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## APPLICATION FOR EMPLOYMENT

Applicants are considered for all position without regards to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Date of Application: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

How did you learn about this job? \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

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

E-Mail Address: \_\_\_\_\_

Have you filed an application here prior? \_\_\_\_\_  
If YES, give dates: \_\_\_\_\_

Have you been employed here prior? \_\_\_\_\_  
If YES, give dates: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_  
If YES, give dates: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? **Circle One: YES / NO.** Proof of citizenship or immigration status may be required upon employment.

What date would you be available for work? \_\_\_\_\_

Employment with this agency requires shift and holiday work, is this a problem? \_\_\_\_\_

Do you speak / write any languages other than English? \_\_\_\_\_  
If yes, what language(s): \_\_\_\_\_

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**APPLICATION FOR EMPLOYMENT CONTINUED**

How proficient are you in these language(s): \_\_\_\_\_

Please list any professional trade, business or civic activities or offices held:

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Please list any specialized schools or training that you have attended:

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Please list any special skills, training or other qualifications:

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Please list any current or completed military experience (including branch, unit, commanding officer, and service dates:

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**REFERENCES**

**Please list 3-5 Personal / Business References**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

**CRIMINAL / TRAFFIC RECORD**

If you have ever been charged or convicted of an offense against the law or are now under charges or investigation for any offense against the law, please provide the following information.

**Felonies, Misdemeanors (either civilian or military):**

\_\_\_\_\_  
 Crime/Charge                      Court                      Date

\_\_\_\_\_  
 Crime/Charge                      Court                      Date

\_\_\_\_\_  
 Disposition of Case (dismissed, fined, probation)

\_\_\_\_\_  
 Disposition of Case (dismissed, fined probation)

\_\_\_\_\_  
 Crime/Charge                      Court                      Date

\_\_\_\_\_  
 Crime/Charge                      Court                      Date

\_\_\_\_\_  
 Disposition of Case (dismissed, fined, probation)

\_\_\_\_\_  
 Disposition of Case (dismissed, fined probation)

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**Convictions (traffic, including pleas and no contest):**

Crime/Charge	Court	Date	Crime/Charge	Court	Date
Disposition of Case (dismissed, fined, probation)			Disposition of Case (dismissed, fined probation)		
Crime/Charge	Court	Date	Crime/Charge	Court	Date
Disposition of Case (dismissed, fined, probation)			Disposition of Case (dismissed, fined probation)		

**PREVIOUS ADDRESSES**

List the information requested regarding all addresses at which you have resided within the past 5 years, excluding present address. Begin with the most recent and list up to five.

Address \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_  
**Circle One:** RENT / OWN If rent list landlord's name: \_\_\_\_\_  
 Roomates: \_\_\_\_\_

Address \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_  
**Circle One:** RENT / OWN If rent list landlord's name: \_\_\_\_\_  
 Roomates: \_\_\_\_\_

Address \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_  
**Circle One:** RENT / OWN If rent list landlord's name: \_\_\_\_\_  
 Roomates: \_\_\_\_\_

Address \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_  
**Circle One:** RENT / OWN If rent list landlord's name: \_\_\_\_\_  
 Roomates: \_\_\_\_\_

Address \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_  
**Circle One:** RENT / OWN If rent list landlord's name: \_\_\_\_\_  
 Roomates: \_\_\_\_\_





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**LAW ENFORCEMENT EXPERIENCE**

**Notice: Complete the next two sections only if you are currently or have been a law enforcement officer. This does not include private security experience.**

Are you currently a peace officer? **Circle One: YES / NO**

\_\_\_\_\_  
Certification #

\_\_\_\_\_  
State of Certification

\_\_\_\_\_  
Name of Academy You Attended

\_\_\_\_\_  
Address of Academy

\_\_\_\_\_  
Years of Law Enforcement Experience

Have you ever qualified with a weapon? **Circle One: YES / NO**

WEAPON MAKE	SERIAL #	CALIBER	SCORE	DATE	INSTRUCTOR/INSTITUTION

Have you ever been the subject of an internal / administrative investigation? **Circle One: YES / NO**

Have you been deemed or carry Brady Giglio status in any jurisdiction? **Circle One: YES / NO**

Have you ever been investigated for excessive use of force? **Circle One: YES / NO**

Please explain any yes answers to the past 3 questions:

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

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### **LAW ENFORCEMENT EXPERIENCE CONTINUED**

Place an "X" in front of any of the areas in which you have received specialized training:

- |   |  |
|---|--|
| <input type="checkbox"/> HOMICIDE INVESTIGATIONS        | <input type="checkbox"/> LAW ENFORCEMENT MANAGEMENT          |
| <input type="checkbox"/> RAPE INVESTIGATION             | <input type="checkbox"/> HUMAN RESOURCES SUPERVISION         |
| <input type="checkbox"/> ROBBERY INVESTIGATION          | <input type="checkbox"/> SEX CRIMES                          |
| <input type="checkbox"/> BURGLARY INVESTIGATION         | <input type="checkbox"/> COURTROOM PROCEDURES                |
| <input type="checkbox"/> AUTO THEFT INVESTIGATION       | <input type="checkbox"/> EVIDENCE PRESENTATION               |
| <input type="checkbox"/> ARSON INVESTIGATION            | <input type="checkbox"/> FIRST AID                           |
| <input type="checkbox"/> FORGERY INVESTIGATION          | <input type="checkbox"/> EMT/ADVANCED EMT                    |
| <input type="checkbox"/> PATROL TECHNIQUES              | <input type="checkbox"/> SELF PROTECTION/MECHANICS OF ARREST |
| <input type="checkbox"/> TRAFFIC ACCIDENT INVESTIGATION | <input type="checkbox"/> PURSUIT /DEFENSIVE DRIVING          |
| <input type="checkbox"/> CRIME PREVENTION               | <input type="checkbox"/> FIREARMS                            |
| <input type="checkbox"/> JUVENILE                       | <input type="checkbox"/> SWAT / ERT                          |
| <input type="checkbox"/> DRUG INVESTIGATION             | <input type="checkbox"/> REPORT WRITING                      |
| <input type="checkbox"/> CRIMINAL INVESTIGATION         | <input type="checkbox"/> INTERVIEWS & INTERROGATIONS         |
| <input type="checkbox"/> OTHER _____                    | <input type="checkbox"/> ENTERPOL SOFTWARE                   |

### **LAW ENFORCEMENT EXPERIENCE**

- PATROL       DETECTIVE       SUPERVISION       S.R.O.
- OTHER \_\_\_\_\_

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### DRIVING HISTORY

Can you operate a motor vehicle?  YES  NO

Do you possess a valid State of Kansas operator's license?  YES  NO

\_\_\_\_\_  
License #

\_\_\_\_\_  
Year Issued

\_\_\_\_\_  
Expiration Date

Have you successfully completed a safe driving or driver's education course?

YES  NO IF YES, who sponsored the course? \_\_\_\_\_

Has your license ever been suspended or revoked?  YES  NO

If YES, state whether a suspension or revocation and reason.  
\_\_\_\_\_

Was your license restored?  YES  NO WHEN: \_\_\_\_\_

Have you ever been refused an operator's license by any state?  YES  NO

If YES, give details: \_\_\_\_\_

Have you ever been involved in a motor vehicle accident?  YES  NO

If YES, give complete details for each accident whether collision or non-collision:

Date: \_\_\_\_\_ Police Investigation:  YES  NO

Location: \_\_\_\_\_

Cause of Accident: \_\_\_\_\_

Injuries  YES  NO Who was legally at fault? \_\_\_\_\_

Date: \_\_\_\_\_ Police Investigation:  YES  NO

Location: \_\_\_\_\_

Cause of Accident: \_\_\_\_\_

Injuries  YES  NO Who was legally at fault? \_\_\_\_\_

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## EMPLOYMENT HISTORY

**Start with your present or last job.**

Employer Name: \_\_\_\_\_  
Address, City, and State: \_\_\_\_\_  
Job Title and/or Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address, City, and State: \_\_\_\_\_  
Job Title and/or Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address, City, and State: \_\_\_\_\_  
Job Title and/or Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address, City, and State: \_\_\_\_\_  
Job Title and/or Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address, City, and State: \_\_\_\_\_  
Job Title and/or Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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Have you ever been fired from or permitted to resign employment for breach of trust, embezzlement, theft or any other crime?  YES  NO

Have you ever been fired from or permitted to resign employment for abuse of authority or for any disciplinary reasons?  YES  NO

Comments from Above Questions:

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IF IT BECAME NECESSARY IN THE COURSE OF LAW ENFORCEMENT DUTIES TO TAKE A HUMAN LIFE, WOULD YOU TAKE THAT LIFE?  YES  NO

As a law enforcement officer when would you take the life of another human? Please explain:

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I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS QUESTIONNAIRE ARE TRUE AND COMPLETE AND UNDERSTAND THAT ANY MIS-STATEMENTS OF MATERIAL FACTS WILL SUBJECT ME TO DISQUALIFICATION AS AN APPLICANT OR DISMISSAL, IF HIRED.

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
Signature in Full

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Notary (Signature & Seal Stamp)

\_\_\_\_\_  
Date

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**AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

I hereby authorize representatives of the Chanute Police Department, bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment and/or educational records, including but not limited to, academic achievement, attendance, athletic, and disciplinary records. I hereby direct you to release such information upon request of bearer. This release is executed with full knowledge and understanding that the information is for the official use of my public safety application. Consent is granted for the Chanute Police Department to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other education institution, or other consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually or collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates 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 the validity of this release, you may contact me at the address indicated below.

I understand that my application will be subject to verification through a comprehensive background investigation. Falsification and/or misrepresentation of facts during any phase of the employment process will be grounds for termination of the applicant's employment process and/or dismissal.

Full Name: \_\_\_\_\_  
Printed Signature

Date of Birth: \_\_\_\_\_ Day Time Telephone: \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip Code

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**RELEASE OF CRIMINAL HISTORY CONSENT FORM**

The intent of this authorization is to give my ongoing consent for full and complete disclosure of my criminal history.

Last Name		First Name		Middle Name	
Street Address			City	State	Zip Code
Social Security #				Date of Birth	

Authorize: Chanute Police Department  
101 S. Lincoln  
P.O. Box 907  
Chanute, KS 66720

to receive my criminal history record from the NCIC database. I understand this request will only be used for employment purposes.

Where information provided through your criminal history indicates criminal changes outside the State of Kansas, it is your responsibility as an applicant to provide the Chanute Police Department with a copy of all criminal history records in all other applicable states. Failure to provide the required information may result in the disqualification of your application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

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**\*\*\* Note to Applicant\* \*\***

**Print additional copies and fill one of these forms out for each law enforcement agencies you work for or have worked for.**

### **Employee File Release Form**

I, \_\_\_\_\_, explicitly authorize the \_\_\_\_\_ who was my employer, to discuss my personnel files to the **CHANUTE POLICE DEPARTMENT**. I hereby release the \_\_\_\_\_ from any liability related to the use and disclosure of the files.

I understand my refusal to execute this waiver will result in me not being considered for employment with the **CHANUTE POLICE DEPARTMENT**. Further, I understand that the **CHANUTE POLICE DEPARTMENT** is prohibited from disclosing the information received under law except as necessary for such agency's internal hiring processes, or in a negligent hiring civil action. The files are not otherwise subject to discovery, subpoena or other process directed toward the **CHANUTE POLICE DEPARTMENT**.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Applicant**

\_\_\_\_\_  
**Dates of Employment**