

TOPEKA POLICE DEPARTMENT

VOLUNTEERS IN POLICE SERVICE

APPLICATION

Please fill out completely. An incomplete application will not be processed. Any section that does not apply to you, please indicate with "N/A". The Topeka Police Department appreciates your interest in service and commends your spirit to volunteer.

PERSONAL INFORMATION:

NAME: _____
Last Name First Name Middle Name

MAIDEN NAME, FORMER MARRIED NAME or ALIAS: _____

ADDRESS: _____
Street City Zip Code

PREVIOUS ADDRESSES (Last Five Years):

Street City Zip Code

PHONE: (Home) _____ (Work) _____ (Cell) _____

EMAIL: _____ SOCIAL SECURITY #: _____

DATE OF BIRTH: _____ STATE OF BIRTH _____ SEX: M F
Month/Day/Year

RACE (for background check identification only):

Caucasian Native American Hispanic African American Other (specify) _____

CRIMINAL HISTORY AND DRIVING RECORD:

KANSAS DRIVERS LICENCE NUMBER: _____

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME (INCLUDING MISDEMEANORS)?

YES NO

IF YES, EXPLAIN _____

LIST ALL TRAFFIC CITATIONS AND ACCIDENTS FOR THE PAST TWO YEARS: _____

EDUCATION BACKGROUND AND MILITARY EXPERIENCE:

EDUCATION: (Grade or Degree Completed) _____

MILITARY SERVICE: _____

Branch of Service

Dates of Service

Highest Rank Held

AVAILABILITY

INDICATE THE TIMES OF DAY YOU ARE AVAILABLE TO VOLUNTEER:

MORNING _____ AFTERNOON _____ EVENING _____ ALL DAY

INDICATE THE DAYS OF THE WEEK YOU ARE AVAILABLE

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

TELL US A LITTLE ABOUT YOURSELF:

WHAT TYPES OF JOB ACTIVITIES DO YOU ENJOY? _____

WHAT TYPES OF JOB ACTIVITIES DO YOU PREFER NOT TO DO? _____

SPECIAL SKILLS (E.G. COMPUTER PROGRAMS, ETC.) _____

PLEASE TELL US WHY YOU WISH TO VOLUNTEER YOUR TIME TO THE TOPEKA POLICE DEPARTMENT. _____

REFERENCES:

DO NOT USE FAMILY MEMBERS AS REFERENCES. LIST THREE (3) INDIVIDUALS YOU HAVE KNOWN FOR AT LEAST 5 YEARS

NAME

PHONE

1. _____

2. _____

3. _____

EMPLOYMENT HISTORY:

Employer	Phone number and Contact Person	Position	Dates of Employment From To	Reason for Leaving
Volunteer Experience	Phone number and Contact Person	Position	Dates of Employment From To	Reason for Leaving

PLEASE READ CAREFULLY AND SIGN:

The facts set forth above in my application are true and complete to the best of my knowledge. I understand that if accepted as a Topeka Police Department Volunteer, false statements on this application shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature on this application is just cause for rejection of this application.

My signature authorizes the Topeka Police Department to review my employment records from the employers listed below, also my driving, and criminal records or other background data as it may relate to the position of Topeka Police Department Volunteer for which I am applying. I also authorize the employers listed to release my employment record information to the Topeka Police Department.

DATE

SIGNATURE