



CITY OF KINGSBURG POLICE DEPARTMENT

Neil Dadian
Chief of Police

1300 California Street, Kingsburg, CA 93631 (559) 897-4418

APPLICATION FOR EMPLOYMENT

Position you are applying for

A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION APPLIED FOR.

Instructions: TYPE or Print legibly in ink. All questions must be answered. If the question does not apply to you, indicate 'DNA' in the answer space. If more space is needed for your answer, use the back of this application form, identifying answers by the question number. This completed application will be used as a reference during the selection process and for conducting the background investigation. Sign the completed application and return it to the Kingsburg Police Department. If applying for Chief of Police please return your completed application to City Hall Human Resources Department.

Date of application	Social Security Number	Driver's License Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Legal Name: Last	First Name	Middle Name
<input type="text"/>		

List any other names previously used.

Residence Address: (Number, Street Name, Apartment Number, City, State, Zip Code)

Mailing Address if different than above

Business Address if different from residence address

E-Mail Address

Residence Phone Number	Cellular Phone Number	Business Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tattoos	Location	Meaning (Use additional sheet if necessary)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Place of Birth: City	State	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

United States Citizen (Check One)

Yes	No
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Marital Status

Single	Widowed	Married	Divorced
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P.O.S.T. Certificates presently held (List type, date and where received)

Character references (List three other than relatives and past employers/employees)

Name	Address	Phone Number	Years Known

Military Service

Branch	Serial Number	Last Rank
Type Discharge	Dates: From	To

Obligation Remaining

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Family History (List spouse, children, brother, sisters, parents, in-laws and ex-spouses)

Name	Address	Phone	Relationship

Education (List each high school, college, and university)

From/To	Name	City	Units/Degree

Residence History (List all residences for the past 5 years, start with present address)

From/To	Address

Employment History (List all employment during the past 5 years, start with present position)

From/To	Employer	Position or Title

Address	Reason for Leaving

From/To	Employer	Position or Title

Address	Reason for Leaving

PLEASE READ CAREFULLY

I hereby certify that the statements made in this application, or in any of the attachments, are true and correct to the best of my knowledge and belief and that I understand that any deliberate misstatements or concealment of material facts may subject me to disqualification or dismissal from the Police Department.

DATE: _____ SIGNATURE: _____

THIS STATEMENT WILL BE MAINTAINED CONFIDENTIAL, TO BE SEEN ONLY BY PERSONNEL INVESTIGATORS AND THE AUTHORIZED STAFF MEMBERS INVOLVED IN THE SELECTION PROCESS.



Kingsburg Police Department

1300 CALIFORNIA STREET * KINGSBURG, CA 93631

TELEPHONE (559) 897-2931 * FAX (559)897-2265

WWW.CITYOFKINGSBURG-CA.GOV

RELEASE AUTHORIZATION EMPLOYMENT INFORMATION – PEACE OFFICER

CANDIDATE NAME:

California Government Code Section 1031, subdivision (d), provides that each class of **Public Officer or Employees declared by law to be Peace Officers** shall "Be of good moral character, as determined by a thorough background investigation."

All responses to inquiries are protected, even if unsolicited, by the absolute privilege of California Civil Code Section 47, subsections (b) and (c), and California Government Code Section 1031.1.

As a candidate for a position with the Kingsburg Police Department , I am required to furnish information for use in determining my qualifications. For this purpose, I authorize release of any and all information you may have concerning me, including but not limited to, information of a confidential or privileged nature, or any data or materials that have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters.

I hereby acknowledge that I have been advised that the records or information contained therein may be considered confidential under California Penal Code Section 832.7, and therefore subject to discovery or disclosure only pursuant to a noticed motion under California Evidence Code Section 1043. By signing this authorization I hereby waive any and all rights to have any record or records or information contained therein discovered or disclosed only by a noticed motion pursuant to California Evidence Code Section 1043, and hereby authorize the disclosure of all records to which, as an employee, the undersigned would have or did have access.

I hereby release, discharge, and exonerate the agency, their agents, representatives and/or any person furnishing information, from liability arising out of the furnishing and/or inspection of records and/or other **truthful**, even though potentially embarrassing, information.

It is further understood, acknowledged, and agreed to, that any information secured pursuant to this statutorily required background investigation, which would negatively reflect on my fitness for duty, will be forwarded to my current law enforcement employer.

This release shall be binding on my legal representatives, heirs, and assigns.

▶ _____

Candidate Signature

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

This release is valid for 120 days from the date of signature.

Dated this _____ day of _____, 20____

In the County of _____ within the State of California.

Before me, _____, Personally appeared, _____,

who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

▶ _____
Signature of Notary Public

Notary Seal