



INSTRUCTIONS FOR APPLICATION PACKETS

For anyone interested in becoming a Reserve Officer or a Volunteer with the Kingsport Police Department, simply print and complete **all seven pages** of this application packet including the cover sheet, pages 1-3 of the application, the authorization for release of information, the financial release, and the volunteer agreement. Place the completed application in an envelope and deliver it to the address below:

Kingsport Police Department
Attention: Training Unit
200 Shelby Street
Kingsport, TN 37660



Kingsport Police Department

Application Packet

Applicant Name

Last

First

Middle

Position Applied For

(Check One)

____ Reserve Police Officer

____ Volunteer Services

Packet Contents

(Check If Completed)

- ____ Application
- ____ Authorization for Release of Information
- ____ Financial Release and Waiver
- ____ Volunteer Agreement

**Kingsport Police Department
Application**

Personal Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Please list all other addresses for the last 5 years: _____

Phone Numbers: (Home) _____ (Cell) _____

Drivers License Number: _____ State _____

Education/ Military Experience

High School Attended: _____

Address: _____

College or Other Schools: _____

Certificates or Diplomas: _____

Military Service* _____ Time Served: _____

Rank: _____ Type of Discharge: _____

Criminal History

Police or Court Record: Yes No

If yes, please explain: _____

*Please Provide Copy of DD Form 214

Employers: (Most Recent First)

A. Employer: _____

Supervisor: _____ Position: _____

Address: _____

Telephone: _____ From: _____ To: _____

B. Employer: _____

Supervisor: _____ Position: _____

Address: _____

Telephone: _____ From: _____ To: _____

C. Employer: _____

Supervisor: _____ Position: _____

Address: _____

Telephone: _____ From: _____ To: _____

D. Employer: _____

Supervisor: _____ Position: _____

Address: _____

Telephone: _____ From: _____ To: _____

Personal References:

A. Name: _____ Telephone: _____

Address: _____

B. Name: _____ Telephone: _____

Address: _____

C. Name: _____ Telephone: _____

Address: _____

D. Name: _____ Telephone: _____

Address: _____

Why do you wish to become a member of the Kingsport Police Department?

I do hereby certify that the above information is true and complete to the best of my knowledge.

Applicant Signature

Date

Authorization for Release of Information

I, _____, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized officer of the Kingsport 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 records of educational institutions, financial and credit institutions, including records of loans, 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; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and records of law suits, 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 Kingsport Police Department.

I also certify that any persons who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said persons from any and all liability which may be incurred as a result of furnishing such information. I further release the Kingsport Police Department and the City of Kingsport from any and all liability which may be incurred as a result of collecting such information.

I have read and fully understand the contents of this authorization for release of information.

Printed Full Name of Applicant

Signature of Applicant

Maiden Name (If Applicable)

Date of Birth

Street Address

Social Security Number

City, State, Zip Code

Witness

Area Code and Phone Number

Date

Notification and Authorization for Procurement of Consumer Reports

In connection with my application for employment, and/or employment with the City of Kingsport, TN, I, _____, understand and am hereby notified and authorize the City of Kingsport, TN to procure a consumer report from a consumer reporting agency in accordance with the Fair Credit Reporting Act, 15 U.S.C. 1681, et seq. (the "FCRA"), for evaluation of me for employment (i.e., employment, promotion, reassignment, or retention as an employee). I understand that these consumer reports may contain information from public records, including written, oral, or other communications bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which may or may not be used as a factor for employment purposes. I further understand that such inquiries may include, but are not limited to, criminal history, motor vehicle records, employment history and verification, military background, civil listings, education background, and professional background, from any individual, corporation, partnership, law enforcement agency, institution, school, organization, credit bureau, state board, licensing agency, and other entities, including present and past employers.

In connection with my application for employment and/or employment with the City of Kingsport, TN, I further understand and am hereby notified that the City of Kingsport, TN may procure an investigative consumer report concerning me from a consumer reporting agency. I understand that an investigative consumer report may contain information from public records, including, but not limited to, written, oral, or other communications bearing on my credit worthiness, credit standing, character, general reputation, personal characteristics, or mode of living, which may be obtained through personal interviews with neighbors, friends, or associates of me and may or may not be used as a factor for employment purposes. I further understand that such inquiries may include, but are not limited to, investigations regarding workers' compensation, harassment, violence, theft, or fraud.

I further understand that I have the right to make a written request within a reasonable period of time to the City of Kingsport, TN for additional information concerning the nature and scope of the investigation and a written summary of my rights under the FCRA.

I authorize without reservation any party or agency contacted by this employer to furnish the above-referenced information. I further authorize ongoing procurement of the above-referenced reports at any time, either during the time my application for employment is being considered or throughout the duration of my employment in the event that I am hired or am a current City of Kingsport, TN employee.

I acknowledge that I have voluntarily provided the above information for employment purposes, and I have carefully read and I understand this authorization.

Signed: _____

Date: _____

Volunteer Agreement

I, _____, understand and fully agree that the Kingsport Police Department reserves the right to decline any Reserve Officer/Volunteer Services/Citizens' Academy application. I understand that the Police Department does not have to reveal the reasons for the declining of an application. Also, I understand that if accepted into the Reserve Program/Volunteer Services/Citizens' Academy that the Police Department reserves the right to terminate my participation in the program(s) at any time, for reasons determined by them.

The Kingsport Police Department is an Equal Opportunity Employer and extends this to their Reserve Program, Volunteer Services, and Citizens' Academy. No application will be turned down based on race, gender, or age; nor will any Reserve Officer/Volunteer/Citizens' Academy participant be terminated from our program based on race, gender, or age. A mental or physical disability would not exclude an applicant, as long as the applicant can pass a mental or physical exam if the Police Department deems it necessary.

Applicant Signature

KPD Representative

Date