



Klamath Falls Police Department Volunteer Services Application

2501 Shasta Way
Klamath Falls, Oregon 97601
541-883-5336

Position applied for : <input type="checkbox"/> Reserve Program <input type="checkbox"/> Volunteers in Policing (VIP) <input type="checkbox"/> Explorer Program <input type="checkbox"/> Citizens Academy <input type="checkbox"/> Other	Date :
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Full name :

Present address :	City :	State :	Zip :
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How long at present address ?	Previous address :
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Home phone # :	Other phone # :
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Driver license # and state :	Social Security # :
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Explain your interest in the program :

Have you ever worked or volunteered for the City of Klamath Falls in the past ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide dates and position :
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Have you ever applied for any position with the City of Klamath Falls in the past ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide dates and position :
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Have you ever been arrested or issued a citation for any criminal offense ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide dates and explain :
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Have you ever been issued a citation for a traffic related or any other offense ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide dates and explain :
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Have you ever been a defendant in any court proceeding ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide dates and explain :
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Note: Answering “yes” to any of the questions above does not constitute automatic disqualification. Factors such as age, time of offense, seriousness, nature of offense and rehabilitation will be taken into consideration.

Employment

Current or most recent employer :	Address :
Position title :	Phone:
Date hired :	Date left:
Reason for leaving :	
Supervisor name:	May we contact this employer : <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous employer :	Address :
Position title :	Phone:
Date hired :	Date left :
Reason for leaving :	
Supervisor name:	May we contact this employer : <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous employer :	Address :
Position title :	Phone:
Date hired :	Date left :
Reason for leaving :	
Supervisor name:	May we contact this employer : <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous employer :	Address :
Position title :	Phone:
Date hired :	Date left :
Reason for leaving :	
Supervisor name :	May we contact this employer : <input type="checkbox"/> Yes <input type="checkbox"/> No

Education and training

Name of high school :	Address :
Diploma or G.E.D. :	Date completed :
Name of college or university :	Address :
Diploma, degree, certificate, credit hours :	Date completed :
Major area of study :	
Name of trade or correspondence school :	Address :
Diploma, degree, certificate, credit hours :	Date completed :
Major area of study :	
Other training, experience or special skills :	
Description :	

Personal References

(List three personal references, other than family members, who can verify your personal character)

Name of reference :	Address :	Phone # :
Length of time known :	Relationship :	
Name of reference :	Address :	Phone # :
Length of time known :	Relationship :	
Name of reference	Address :	Phone # :
Length of time known :	Relationship :	

In the event of my employment to a position with the Klamath Falls Police Department, I will comply with all rules and regulations of the City. I understand that the City of Klamath Falls reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the City of Klamath Falls. I also understand that I may be required to take other test such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent, or decline to take any of the above test, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be advised either before or after hiring, and a bond application will have to be completed.

I understand the City of Klamath Falls may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references and others whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the City of Klamath Falls may contact my previous employers and I authorize those employers to disclose to the City of Klamath Falls all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the City of Klamath Falls, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the City of Klamath Falls with any pertinent information they may have regarding me.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview, is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If hired, I agree as follows: My employment is terminable at-will, is for no definite period, and my employment may be terminated by the City of Klamath Falls at any terminated for any reason whatsoever, with or without good cause at the option of either the City of Klamath Falls or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the city manager. No supervisor or representative of the City of Klamath Falls has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the City of Klamath Falls and I regarding the rights of the City or myself to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of myself and the City of Klamath Falls.

Do not sign until you read and understand the above statement and agreement.

I hereby acknowledge that I have read, understand, and agree with the above statements.

Applicant signature

Date