

EDUCATION/TRAINING

High School Name/Address	Dates Attended Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	To			

College/University Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

Indicate any foreign languages you can:

	Fluent	Good	Fair
Speak:			
Read:			
Write:			

1. Do you have a state certification in law enforcement? Yes No If so, which state? _____ Certificate #: _____

2. Do you have a state certification in detention? Yes No If so, which state? _____ Certificate #: _____

3. If you are certified, has your law enforcement/detention certificate ever been suspended, revoked, relinquished or subject to discipline or investigation? Yes No

If yes, explain: _____

EMPLOYMENT HISTORY

List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment. Add additional pages if needed.

Name of Employer	Dates Worked Mo./Yr.	From	To	Title or Position	Reason for Leaving
Address				<input type="checkbox"/> Full <input type="checkbox"/> Part-time	
City, State, Zip					
Phone No.	Salary			Name of Supervisor	
Name of Employer	Dates Worked Mo./Yr.	From	To	Title or Position	Reason for Leaving
Address				<input type="checkbox"/> Full <input type="checkbox"/> Part-time	
City, State, Zip					
Phone No.	Salary			Name of Supervisor	

Name of Employer	Dates Worked Mo./Yr.		Title or Position □ Full □ Part-time	Reason for Leaving
Address	From	To		
City, State, Zip				
Phone No.	Salary		Name of Supervisor	

- Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? Yes No
- Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?
 Yes No

If yes to question #1 or #2, please provide explanation _____

RESIDENCES

Actual places of residence for past 10 years – list chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city, and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Dates Month/Year		Street Address	City	State
From	To			

PERSONAL REFERENCES & ACQUAINTANCES

<p>Complete Name _____</p> <p>(Last, First, Middle) _____</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Yrs. Known</td> <td style="border: none;">Occupation</td> </tr> </table>	Yrs. Known	Occupation	<p>Home Address: _____</p> <p>City, State & Zip: _____</p> <p>Home Phone: (_____) _____</p>
Yrs. Known	Occupation		
<p>Complete Name _____</p> <p>(Last, First, Middle) _____</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Yrs. Known</td> <td style="border: none;">Occupation</td> </tr> </table>	Yrs. Known	Occupation	<p>Home Address: _____</p> <p>City, State & Zip: _____</p> <p>Home Phone: (_____) _____</p>
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Yrs. Known	Occupation		

ARREST HISTORY/COURT DATA

1. Have you ever been arrested, charged, or received a notice or summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless, if the record was sealed or expunged? Yes No
2. Have you ever received a ticket or been charged with a traffic violation (exclude parking tickets)? Yes No
3. To your knowledge, has any member of your immediate family ever been arrested for other than traffic violations?
 Yes No

If yes to question #1, #2 or #3, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (Include your juvenile record and records of your arrest(s) which have been sealed, if any.)

Date	Place & Department	Charge	Court & Place	Disposition	
Relative's Name	Date	Place & Department	Charge	Court & Place	Disposition

Provide details for each response to question #1, #2, or #3:

DRIVING HISTORY

1. Are you a licensed operator? Yes No
2. Do you hold, or have you ever held an operator license in another state? Yes No
3. Have you ever been denied issuance of a license, or have you ever had a license suspended or revoked? Yes No

If yes, please provide complete details including why license was revoked: _____

4. Have you ever had automobile insurance refused, withdrawn, or revoked? Yes No

If yes, please provide complete details: _____

MILITARY HISTORY

1. Are you registered for Selective Service? Yes No
2. Have you ever served on active duty in the Armed Forces of the United States? Yes No
3. Branch of Service: _____
4. Date and type of discharge: _____
5. Are you now or have you ever been a member of a reserve unit or the National Guard? Yes No
If yes, state the branch of service, name, and location of your unit and whether you attend drills, meetings, or camps:

6. Was any type of disciplinary action taken against you in the service? Yes No
If yes, please provide: Date: _____ Place: _____
Nature of Offense: _____ Action Taken: _____
7. Have you ever served in the Armed Forces of a foreign country? Yes No
If yes, please specify _____

EMPLOYEE HISTORY

THE INFORMATION CONTAINED HEREIN MAY BE CONFIDENTIAL AND NOT AVAILABLE FOR PUBLIC INSPECTION

1. Are you now able to participate in defensive tactics, firearms or physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the position for which you applied?
 Yes No
2. This position may require a physical agility test, if such a test or examination is required, would you be able to take this test or examination? Yes No

APPLICANT'S CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true, correct, and complete, to the best of my knowledge.

If requested, I further fully understand and consent to a polygraph examination concerning the veracity of my responses to the information requested on this application or which is discovered because of the background investigation, or any physical examination or drug test. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Sheriff's Office and that it and the information received in response to the background examination are public records.

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test and that I may be required to take drug tests during the term of my employment or appointment with the Sheriff's Office.

I understand that the use of drugs or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

If requested, I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the Sheriff's Office.

I further authorize the Sheriff's Office or agent of the Sheriff's Office, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law.

I further agree to execute any authorization as may be required by the Health Insurance Portability Accountability Act of 1996 (HIPAA) for health care providers to release the necessary medical information to process my application for employment.

I understand and agree that any employment or appointment offered to me will be contingent upon my acceptance of the current policy in regard to compensatory time/ overtime for overtime hours that I work, to the extent allowed by law.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Sheriff's Office and I release all such parties from all liability for any damage that might result from furnishing such information to the Sheriff's Office.

I agree to conform to the rules, regulations and orders of the Sheriff's Office and acknowledge that these rules, regulations, and orders may be changed, interpreted, withdrawn, or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me. If employed, I understand and agree that the Sheriff may and can transfer me to any division and shift that he or a supervisor so chooses and at their discretion.

I understand an investigation will be conducted on all the information listed on this application. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character, or ability? Yes No If yes, provide your version or explain fully any such incident.

Signature of the applicant as usually written

Date

REMARKS
