

Office of Sheriff
Labette County
718 5th Street
Oswego, Kansas 67356



Darren R. Eichinger
Sheriff
Clifford W. Davis
Undersheriff

PHONES: Toll Free (800)247-4024 **Oswego** (620)795-2994 **Parsons** (620)421-9278 **Jail** (620)795-2997

FAX: Main # (620)795-4664 Jail (620)795-2297

APPLICATION FOR EMPLOYMENT

NOTICE: All information on the eight-page application form is subject to verification through background investigation. Do not fail to sign the AUTHORIZATION TO INVESTIGATION CRIMINAL HISTORY RECORD and the AUTHORITY TO RELEASE INFORMATION (page 8) and have a witness over 18 years of age sign the form, or your application will be VOID.

Instructions: Print in ink. The information that you write on the application form will be used to judge your qualifications and evaluate your education and experience. You can be credited only with the education and experience shown. Give complete and concise answers to each question. Wherever the YES or NO choices appear, circle the one which is most correct. All employees of the Labette County Sheriff's Office are classified as a safety sensitive position, which will require applications to randomly submit and pass a drug and alcohol screening.

1. Name: _____
 First Middle Last Maiden
2. Address: _____
 No. and Street City State Zip Code
3. Telephone: Day time (_____) _____ Evening (_____) _____
4. Are you 21 years of age or older? _____ YES _____ NO
 DOB: _____ (optional, yet it is needed to do a background check, which is required)
5. Social Security Number: _____
6. Driver's License Number: _____ State: _____ Type: _____
 Expiration Date: _____ List Traffic Violations on Page 4.
7. Positions applied for or type interested in:
A. _____
B. _____
C. _____

8. Check which you are applying for:

A. _____ Full Time

B. _____ Part Time

C. _____ Summer or Temp.

Specify hours and days available: _____

9. Would you accept a position which required evening shift or weekend work: _____ YES _____ NO

10. If appointed, how soon could you begin? _____

11. State the minimum wages you would accept: \$ _____

(This will not determine your wages).

12. How did you learn of this position? _____

13. Were you in the U.S. Armed Forces? _____ YES _____ NO

Branch: _____ Active Duty From _____ To _____

Rank upon discharge: _____ Are you in the Active Reserves? _____

National Guards: _____ YES _____ NO

14. List three persons, other than relative or former employers, who can serve as a reference to your character, training and ability. It is preferred that these persons live in Labette County.

Name and Daytime phone

Address

a. _____

b. _____

c. _____

15. Record of Education and Training:

A. What is the highest grade of school you have completed?

B. If you did not compete high school, do you have a high school equivalency diploma or certificate?

_____ YES _____ NO Date: _____

C. In the area below, list the information requested about schools and or special training you have attended including High School.

Name of School or Training Course Course attended and location	Credit of study	Date Hours	Graduated YES or NO	Diploma or Certificate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D. Other skills or training:

a. Clerical Skills (circle the office equipment that you can skillfully operate)

TEN KEY CALCULATOR CASH REGISTER TRANSCRIPTION MACHINE COPIER MULTI-LINE

TELEPHONE COMPUTER KEYBOARD FAX MACHINE PAPER SHREDDER

TYPewriter _____ WPM List any other: _____

b. Can you operate a truck (5 speed or more)? _____ YES _____ NO

c. Can you operate a two-way radio? _____ YES _____ NO

15. E. Write a concise statement of any additional experience and training, which you feel qualifies you for the position for which you are applying. Include active technical/professional license and numbers, as well as academic or professional awards.

16. Give your employment history beginning with your current or most recent employer. List all positions held. Include any applicable military positions and duties also. Additional employers should be listed in the space provided on the back of this page using the format below. If additional space is required attach an additional sheet.

Name, Address and Telephone Number of Employer: _____

Date employed from _____ to _____

Salary: (Beginning) \$ _____ (Ending) \$ _____

Name and Title of your supervisor with this employer: _____

Your job title and list of duties: _____

Your reason for leaving or considering change: _____

May we contact this employer? _____ YES _____ NO If not, why? _____

Name, Address and Telephone Number of Employer: _____

Date employed from _____ to _____

Salary: (Beginning) \$ _____ (Ending) \$ _____

Name and Title of your supervisor with this employer: _____

Your job title and list of duties: _____

Your reason for leaving or considering change: _____

May we contact this employer? _____ YES _____ NO If not, why? _____

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Your job title and list of duties: _____

Your reason for leaving or considering change: _____

May we contact this employer? _____ YES _____ NO If not, why? _____

Name, Address and Telephone Number of Employer: _____

Date employed from _____ to _____

Name and Title of your supervisor with this employer: _____

Your job title and list of duties: _____

Your reason for leaving or considering change: _____

May we contact this employer? _____ YES _____ NO If not, why? _____

17. Answer the following questions by circling either YES or NO. Any response marked YES must be explained in section 19 of the application. A YES answer to any question does not necessarily bar you from employment, as each case is considered in relation to the position for which you are applying.

- a. Have you ever been convicted of a law violation? YES NO
- b. Were you dishonorably discharged from any branch of the U. S. Armed Forces? YES NO
- c. Do you know of any reason why you would not pass a security check if applying for a police or fire position? YES NO
- d. Have you ever been fired or asked to resign from a job? YES NO

18. Detailed answers to questions 17.a. through 17.d. Indicate item letter to which it applies.

ITEM NUMBER.

EXPLANATION

NOTICE: You must read the following statement, sign and date the application.

I declare that the foregoing statements are true and correct the best of my knowledge and belief. I realize that falsification/omission of any information on this application and supplement is grounds for disqualification or dismissal from employment.

Signature: _____ Date: _____

Printed Name: _____

LABETTE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Do not write below this line on this page. Do complete the final AUTHORIZATION page.

Interviewer Comments: _____

Interviewer Signature _____ Date _____

ELIGIBLE FOR HIRE? _____ YES _____ NO

If no, give reasons: _____

AUTHORIZATION TO INVESTIGATE CRIMINAL HISTORY RECORD

I hereby authorize Labette County Sheriff's Office to investigate all law enforcement files and records available for the purpose of determining if I have ever been convicted of any criminal act or ordinance violation. In accordance of the Prison Rape Elimination Act (PREA) Standard 115.17 prohibits this agency from hiring, promoting, or contracting with anyone (that will have direct contact with inmates) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings. The standard requires the agency to conduct criminal background checks, conduct a check of the state's child abuse registry, and make its best efforts to contact prior institutional employers to obtain this information. I understand that information obtained through this investigation will be used to determine my suitability for employment.

Applicant's Signature _____ **Date** _____

AUTHORIZATION TO RELEASE INFORMATION FOR BACKGROUND INVESTIGATION

I hereby authorize any officer or authorized representative of Labette County Sheriff's Office bearing this release or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military credit or educational records including, but no limited to; academic, achievement, attendance, athletic, personal history and disciplinary records, medical records and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Labette County Sheriff's Office. Consent is granted for the Labette County Sheriff's Office to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you as the custodian of such records and any school, college, university or other educational institution, consumer reporting agency or retail business establishment including its officers, employee or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated.

FULL NAME: _____ **SSN:** _____
(signature)

FULL NAME: _____ **DOB:** _____
(type or print)

CURRENT ADDRESS: _____

TELEPHONE NUMBER: _____

WITNESS SIGNATURE: _____

In accordance of the Prison Rape Elimination Act (PREA) Standard 115.17 prohibits this agency from hiring, promoting, or contracting with anyone (that will have direct contact with inmates) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings. The standard requires the agency to conduct criminal background checks, conduct a check of the state's child abuse registry, and make its best efforts to contact prior institutional employers to obtain this information. I understand that information obtained through this investigation will be used to determine my suitability for employment.

**LABETTE COUNTY JAIL POLICY - CHAPTER 4D.29 - SAFETY AND SECURITY
PRISON RAPE ELIMINATION ACT
H. Hiring and Promotion Practices [DOJ §115.17]**

(1) Labette County will not hire or promote anyone who may have contact with inmates, or retain the services of any contractor who may have contact with inmates, who-

- (a) Has engaged in sexual assault/abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; or
- (b) Has been convicted of, or civilly or administratively adjudicated for, engaging or attempting to engage in sexual activity in the community facilitated by force, threats of force, or coercion, or if the victim did not consent or was unable to consent.

(2) Labette County will consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to retain the services of any contractor, who may have contact with inmates. (3) Before hiring new employees who may have contact with inmates, Labette County shall:

- (a) Perform a criminal background records check; and
- (b) Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual assault/abuse, or any resignation during a pending investigation of an allegation of sexual assault/abuse.

Please find attached an authorization for the Labette County Sheriff's Office to conduct an applicant background investigation for employment.

Applicant, _____, has applied for employment with the Labette County Sheriff's Office. The applicant has previously worked for a correctional based facility and in accordance of PREA Standard 115.17, we are conducting a background check to determine if applicant has had any employment history of engaging in sexual assault, abuse, harassment; either criminally or administratively with your facility. Please state below whether the above applicant has any such history or not.

DATE: _____

FACILITY NAME: _____

SIGNATURE OF OFFICIAL & TITLE: _____