

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



Robert D. Sims
Sheriff
Steve R. Higgins
Undersheriff

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APPLICATION FOR EMPLOYMENT

NOTICE: All information on this seven page application form is subject to verification through background investigation. Do not fail to sign the **AUTHORIZATION TO INVESTIGATE CRIMINAL HISTORY RECORD** and the **AUTHORITY TO RELEASE INFORMATION** (page 7) and have a witness over 18 years of age sign the form, or your application will be **VOID**.

Instructions: Print in ink or use typewriter. The information that you write on this 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 and NO choices appear, circle the one which is most correct. All employees of the Labette County Sheriff's Department are classified as a safety sensitive position, which will require applicants 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 Specify hours and days available: _____
- B. Part Time _____
- C. Summer or Temp. _____

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? Yes No
 National Guards: Yes No

14. List three persons, other than relatives or former employers, who can serve as references 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 complete 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 Attended and Location | Course of Study | Credit Hours | Dates Attended | Graduated YES 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 MICRO CASSETTE RECORDER TV AND VCR
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? _____

17. Answer the following questions by circling either YES or NO. Any response marked YES must be explained in section 19 of this 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 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.
applies.

ITEM NO.

EXPLANATION

Following is a supplement to the county's standard application form. It is required to be filled in by applicants for positions in the Sheriff's Department. The information provided on this form will be held confidential. Items left blank without an explanation may constitute rejection of the application.

S1. List addresses and periods of residence for the past ten years. Begin with your present address.

Number and Street City and State Head of Household MO/YR from MO/YR to

S2. Height: ___' ___" Weight: _____# (Height and Weight must be proportionate)

S3. Would you be willing to take a polygraph examination (Lie Detector Test) as part of pre-employment background investigation process and if employed, at any time if requested by the county? _____YES _____NO

Circle YES or NO to answer the following question. YES answers must be explained.

S4. Have you ever been involved in a traffic accident while you were driving? YES NO

Explanation: _____

S5. In the space provided and on the back of this page please write, in your own handwriting, an essay of 250 words or less telling what special qualifications and abilities you possess and the reasons for your application for employment in the Labette County Sheriff's Department.

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

I declare that the foregoing statements are true and correct to the best of my knowledge and belief. I realize that falsification 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:

APPLICANT FOR EMPLOYMENT WITH THE LABETTE COUNTY SHERIFF'S DEPARTMENT

AUTHORIZATION TO INVESTIGATE CRIMINAL HISTORY RECORD

I hereby authorize Labette County Sheriff's Department 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 Department 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 Department. Consent is granted for the Labette County Sheriff's Department 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: _____