



EMPLOYMENT APPLICATION FORM

The Sheriff's Office is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion, or other legally protected status.

- NOTICE:** The following additional documents must be attached to this application:
1. A copy of birth certificate or driver's license.
 2. A copy of high school diploma or G.E.D.
 3. A copy of DD-214 if prior military service.
 4. A copy of Missouri POST certification.

POSITION APPLYING FOR:

- | | |
|--|---|
| <input type="checkbox"/> Deputy Sheriff
<input type="checkbox"/> Reserve Deputy | <input type="checkbox"/> Correctional Officer
<input type="checkbox"/> Law Enforcement Related Non-Certified Positions |
|--|---|

INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

I understand that the submission of this application for sponsorship to a law enforcement academy does not constitute an application for employment or appointment with the sponsor-law enforcement agency. Moreover, I understand this law enforcement agency is under no obligation to sponsor me as a candidate for any law enforcement training program.

PERSONAL HISTORY

1. Last Name: _____ First Name: _____ M.I. _____

2. Other: List all names you have used including circumstances and time periods you used them.

(For example: maiden name, former name(s), alias(s), or nickname(s).)

Name	Circumstance	Dates From Mo./Yr.	Dates To Mo./Yr.

3. Do you currently use any narcotic or controlled substance, such as cannabinoids, PCP, hallucinogen, methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturate, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature, or have you used such a narcotic or controlled substance within the last year? Yes No

4. Have you ever illegally experimented with or used any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen, methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature?

Yes No If yes, please complete the following:

- a. Drug : _____
- b. How Taken : _____
- c. Last time illegally experimented with or used : _____

5. Do you now or have you ever illegally obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to: cannabinoids, PCP, hallucinogen, methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature? If yes, please complete the following:

- a. Drug : _____
- b. Circumstances : _____
- c. Number of times illegally obtained / possessed / supplied / sold : _____
- d. First time illegally obtained / possessed / supplied / sold : _____
- e. Last time illegally obtained / possessed / supplied / sold : _____

6. Do you now or have you within the last year, abused or illegally obtained, possessed or sold any prescription drug? Yes No If yes, provide details, including drug, date, and circumstances.

BACKGROUND INFORMATION

THIS INFORMATION IS REQUIRED TO CONDUCT BACKGROUND INVESTIGATION ONLY!

- 1. Are you 21 years of age (Required for Missouri POST Certification) Yes No
- 2. Are you a United States citizen? Yes No

If naturalized, please provide : _____

- | | | | | |
|--|------|-------|-------|------------------|
| | Date | Place | Court | Naturalization # |
|--|------|-------|-------|------------------|
- 3. Marital Status Married Divorced Separated Widowed Never Married
 - 4. Do you or have you ever applied for a passport? Yes No Passport Number : _____
 - 5. Height : _____ Weight : _____ Do you exercise on a regular basis? Yes No

EDUCATION / TRAINING

High School Name / Address	Dates Attended		Years Completed	Did you Graduate	Type of Diploma
	From	To			

College / University Name / Address	Dates Attended		Years Completed		Did You	Type of Diploma
	From	To	Qtr	Sem		

*Attach diploma or official transcript from last institution of higher education attended.

Major _____ Minor _____

Other Schools Name / Address	Dates Attended		Credit Hrs Earned	Area of Study	Did you Graduate?	Type of Degree or Cert
	From	To				

4. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school:

5. Indicate any foreign languages you can

Speak :

Read:

Write:

Fluent	Good	Fair

6. Indicate any Law Enforcement education / training?

7. Did you receive a certificate for this training. Yes No Certificate Number: _____

8. Has your Law Enforcement certificate ever been suspended, revoked, relinquished or subject to discipline or investigation by P.O.S.T Yes No If yes, explain.

9. Have you ever served on a Special Response Team (SRT), or would you like to? Yes No

If so, please describe any special skills, abilities, interests, and hobbies including the degree of proficiency:

10. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operators license)

11. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms, computers):

12. Have you had any training/education with K-9's? Yes No If yes, provide details:

13. Would you be willing to be transferred to a K-9 unit, if necessary? Yes No
 (I understand that there is a lesser rate of pay for non-duty time devoted to the care and maintenance of the animal.)

EMPLOYMENT HISTORY

1. 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.

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

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	Place & Department	Charge	Court & Place	Disposition

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

4. Have you or your spouse ever been a plaintiff or defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) Yes No If you answered yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition.

5. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? Yes No
6. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No If yes to questions #5 or #6, please provide details.

DRIVING HISTORY

1. Do you possess a valid Missouri Drivers License? Yes No License Number: _____

Date of Expiration : _____ Restrictions : _____

2. Do you hold or have you ever held an operator of chauffeur license in another state? Yes No
If so, please provide state (s), name used and approximate dates license (s) was / were held.

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 so, please provide complete details.

MILITARY HISTORY

1. Are you registered for Selective Service? Yes No

Selective Service Number : _____ Date of Classification : _____

Address of Local Board : _____

2. Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Service : _____ Highest Rank : _____

Serial # : _____ Duty Dates : From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

3. Date and type of discharge : _____

4. Are you now or have you ever been a member of a reserve unit or the National Guard Yes No

5. If yes state the branch of service, name and location of you unit and whether you attend drills, meetings, or camps :

6. Was any type of disciplinary action taken against you while 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 county? Yes No If yes, please specify countries and dates.

ORGANIZATION MEMBERSHIP

1. List all clubs, societies of which you are or have been a member :

Name	City & State	Former	Present (List positions held & describe activity)

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? Yes No

3. Have you ever made a financial or other material contribution to any organization of the type described in question #2 above. Yes No (if yes to question #2 & #3, answer questions #4 & #5 also.

4. At the time of you membership, participation, or contribution, did you know of any unlawful aims of the organization? Yes No

5. Did you intend to promote any unlawful aims of the organization? Yes No please explain.

PERSONAL REFERENCES & ACQUAINTANCES

1. Personal References: Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: () _____
Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: () _____
Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: () _____

2. Social Acquaintances: Give three (3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: () _____
Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: () _____
Complete Name		Home Address: _____
(Last, First, Middle)		City, State & Zip: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: () _____

CONFIDENTIAL EMPLOYEE HISTORY

**THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL
AND WILL NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION.**

1. Applicant's Current Address:

Address

City

County

State

Zip Code

()
Telephone Number

2. Applicant's Social Security Number: _____ - _____ - _____

3. Spouse's Name and Address (if different):

Name

Address

City

County

State

Zip Code

4. Children's Names and Ages:

Name	Date of Birth	Address (if different than applicants)

5. Former Spouse(s) Name and Address:

Name

Address

City

County

State

Zip Code

6. 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

7. 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

8. Please provide name and address of next of kin or other person to be contacted in case of an emergency:

Name

Address

City

State

Zip Code

(_____)
Home Phone

Business Phone

9. Please provide the name and address of your personal or family physician to be contacted in case of an emergency:

Name

Address

City

State

Zip Code

(_____)
Business Phone

I understand that the "Applicants Certification" applies in all respects to the responses provided in numbers 1-9 above in this "Confidential Employee History."

Signature of the applicant as usually written

Date

Witnessed by:

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. 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 as a result 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 also understand that I may be required to furnish the Sheriff's Office with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment.

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.

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 executive 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 compensatory time off, instead of cash, in payment for overtime hours that I work, to the extent allowed by law. I understand, however, that the Sheriff has the absolute discretion to periodically substitute cash, in whole or part, for my accrued compensatory time.

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 any and 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.

I understand an investigation will be conducted on all of 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

Witnessed by:

CERTIFICATION OF APPLICANT

I understand that any appointment offered to me will be contingent upon the result of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be the basis to revoke my appointment. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge. I understand that I may be required to submit to the Sheriff's Office a copy of my income tax return for the year prior to employment and may be required to submit a copy of my income tax return each year thereafter during my appointment. I also understand and agree that this application shall be the property of the Sheriff's Office.

I understand that any appointment is at the pleasure of the Sheriff who shall retain the power to revoke my appointment at anytime.

I understand that I shall be disinterested in any process I may serve and my service will be contingent upon appointment by the Sheriff, whereby I will swear under oath to honestly, diligently, and faithfully exercise the duties of my office.

Signature of the applicant as usually written

Date

We, the undersigned, do hereby swear under oath to the personally know

_____, to vouch for his or her good

Moral character and to have witnessed the signature of

_____, this _____ (date)

Witnessed by:

Witnessed by:

DOCUMENTS TO BE ATTACHED TO APPLICATION

1. Attach a copy of birth certificate or drivers license.
2. Attach a copy of high school diploma or GED.
3. Attach a copy of DD-214 if priory military.
4. Attach a copy of Missouri P.O.S.T Certification.

OTHER REQUIREMENTS

When ordered by the Sheriff's Office, applicant will be fingerprinted and shall submit to a complete physical examination, drug test, and CVSA Examination before employment.

REMARKS

BACKGROUND INVESTIGATION WAIVER

(Authority for Release of Information)

To Concerned Person or APPLICANT'S NAME: _____
Authorized Representative of DATE OF BIRTH : _____
Any Organization, Institution SOCIAL SECURITY NO: _____
or Repository of Records

EMPLOYING AGENCY REQUESTING BACKGROUND INFO: McDonald County Sheriff's Office

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical reports, credit records, and criminal history 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 requesting agency. Consent is granted for the agency 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 employer, education institution, physician, hospital or other repository of medical record, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorized the National Records Center, St Louis, Missouri, or custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214 Report of Separation, to:

Applicant's Signature Date

Applicant's Address

AFFIDAVIT

STATE OF MISSOURI, COUNTY OF _____

Before me personally appeared _____ who says he / she executed the above instrument of his / her own free will and accord, with full knowledge of the purposed therefore.

Sworn and subscribed in my presence the _____ day _____, _____. My commission expires on _____.

Personally Known ---or--- Produced Identificaiton _____

Type of Identification Produced ; _____ Notary Public