# APPLICATION FOR EMPLOYMENT TO THE

#### **DONIPHAN COUNTY SHERIFF'S DEPARTMENT**

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, orientation, or any other legally protected status.

## WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT						
Position Applied For						Date of Application
How did you learn about this	;?					
Advertisement		Friend				Walk In
Employment		Relative				Other
Last Name		First Name				Middle Name
Address Number Stree	et	City		State	Zip	
Phone Number(s) (H) (C) (W)		SSN			Date of	f Birth
Have you ever filed an application with us before?  If yes, give date			Yes		No	0
Have you ever been employed with us before?  If yes, give date			Yes		No	ס
Are you currently employed?	•		Yes		No	0
May we contact your present employer?			Yes		No	0

Are you prevented from lawfully becoming employed	in this	
country because of Visa or immigration status? (Proof	f of	
citizenship or immigration status will be required upo	n	
employment)	Yes	No
On what date would you be available for work?		
Are you available to work	Full Time	Part Time
	Shift Work	Temporary
Desired Salary		
Are you currently on "lay off" status and subject to ca	II back?Yes	No
Can you travel if the job requires it?	Yes	No
,	<del></del>	
Have you ever been convicted of a Felony?	Yes	No
(Conviction of a Felony will disqualify any law enforce	ment	
applicant from employment)		
	EDUCATION	
Name and Address of School	Years Completed	Diploma/Degree
Elementary		
School		
High		
School		
Undergraduate		
School		
5011501		

Professional

(Specify)\_\_\_\_\_

Graduate

Other

## INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE

F	luent	Goo	d	Fair
Speak				
Read				
Write				
Describe any specialized f	training, apprenticeship, sk	xill and extracurric	cular activities	
Describe any job-related	training received in the Un	ited States Milita	ry	
Start with your procent o		PLOYMENT HISTO	<b>DRY</b> service assignments and vo	luntoor activities. You
			er, national origin, disabilitie	
Employer		Date Employed		
	From	То	Work Performe	ed
Address				
Telephone # (s)			Hourly Rate/Sa	-
			Starting 	Final 
Job Title			Supervisor	
Reason for Leaving				

Employer	Date Employed				
	From	То	Work Performed		
Address					
Telephone # (s)			Hourly Rate/Salary		
			Starting Final		
Job Title			Supervisor		
Reason for Leaving					
Employer	Date Empl From	oyed To	Work Performed		
	FIOIII	10	Work Performed		
Address					
Telephone # (s)			Hourly Rate/Salary		
			Starting Final		
Job Title			Supervisor		
Reason for Leaving					
Employer	Date Empl		Made Darfarra ad		
	From	То	Work Performed		
Address					
Telephone # (s)			Hourly Rate/Salary		
			Starting Final		
Job Title			Supervisor		
Reason for Leaving					

#### **ADDITIONAL INFORMATION**

PCLotus 1-2-3 Microsoft WordPBX System Other  State any additional information you feel may be helpful to us in considering your appropriate and the state and additional information you feel may be helpful to us in considering your appropriate and the state and the st	duction/Mobile Machinery oplication t the requirements of the job for
Specialized Skills Check Skills/Equipment Operated CRTFax ProPCLotus 1-2-3 Microsoft WordPBX System Other  State any additional information you feel may be helpful to us in considering your applicants: Do not answer this question unless you have been informed about which you are applying.  Are you capable of performing in a reasonable manner the activities involved in the have applied? A description of the activities involved in such a job or occupation is an activities involved in such a job or occupation is activities.	duction/Mobile Machinery oplication t the requirements of the job for
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Name Phone #	
Address	
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#### **APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge

I authorize investigation of all statements contained in this application for employment as may necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by law, any employment relationship with this organization is of an "at will", which means that the Employee may resign at time and the Employer may discharge Employees at any time with or without cause. It is further understood that this "at will", which means that employment relationship may not be charged by written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide all rules and regulations of the employer.

Signature of Applicant

Date

## **BACKGROUND RECORD CHECK**

l,	, hereby give full permission to the Doniphan County
Sheriff's Department and it's duly appointed of	ficers to conduct a full background investigation of myself for possible
employment to the Doniphan County Sheriff's I	Department.
Date of Birth	
Date	