**Daviess County Sheriff’s Office**

**Application for Employment**

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE PRINT ALL INFORMATION REQUESTED

Position(s) Applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral Source: \_\_\_\_\_ Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Relative

 \_\_\_\_\_ Employment Agency \_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

 (Last) (First) (MI)

Address:

 (No.) (Street) (City) (State)

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If presently employed and are under the age of 18, can you furnish a work permit? \_\_\_\_\_Yes \_\_\_\_\_ No

Have you filled out an application here before? \_\_\_\_\_Yes \_\_\_\_\_ No

Have you ever been employed here before? \_\_\_\_\_Yes \_\_\_\_\_ No

Are you employed now? \_\_\_\_\_Yes \_\_\_\_\_ No

If so, may we contact your employer? \_\_\_\_\_Yes \_\_\_\_\_ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? \_\_\_\_\_Yes \_\_\_\_\_ No

(Proof of Citizenship or Immigration status may be required upon employment.)

On what date would you be available for work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you available to work: \_\_\_\_\_Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Shift Work \_\_\_\_\_ Temporary

Are you on a lay-off and subject to recall? \_\_\_\_\_Yes \_\_\_\_\_ No

Can you travel if a job requires it? \_\_\_\_\_Yes \_\_\_\_\_ No

Have you ever been convicted of/charged with a Felony? \_\_\_\_\_Yes \_\_\_\_\_ No

Are you Missouri Class A POST Certified? \_\_\_\_\_Yes \_\_\_\_\_ No

If yes, License number:

Are you a Veteran of the U.S. Military Service? \_\_\_\_\_Yes \_\_\_\_\_ No

Do you have any physical, mental or medical impairments or disabilities that would limit your job performance for the position for which you are applying? \_\_\_\_\_Yes \_\_\_\_\_ No

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability? \_\_\_\_\_Yes \_\_\_\_\_ No

If yes, please indicate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate any foreign language(s) that you may possess knowledge of:

Speak: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Write: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Read: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speak: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Write: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Read: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List professional, trade, business or civic activities, and offices held (exclude those which indicate race, color, religion, sex or national origin):

Give name, address, and telephone number of three references who are not related to you and are not previous employers:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps**

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please indicate and sign below:

\_\_\_\_\_ Handicapped Individual \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Vietnam Era Veteran

 Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment Experience**

Start with your present or latest job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1. Employer:

Address:

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary/Hourly Wage:

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employed from \_\_\_\_\_\_\_\_\_\_\_ to

Reason for leaving:

Duties performed:

1. Employer:

Address:

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary/Hourly Wage:

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employed from \_\_\_\_\_\_\_\_\_\_\_ to

Reason for leaving:

Duties performed:

1. Employer:

Address:

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary/Hourly Wage:

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employed from \_\_\_\_\_\_\_\_\_\_\_ to

Reason for leaving:

Duties performed:

If you need additional space, please ask for or use a separate sheet of paper.

**Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience:

**Education**

High School(s) Attended:

Diploma Received? \_\_\_\_\_Yes \_\_\_\_\_ No GED Equivalent? \_\_\_\_\_Yes

College/University/Trade School(s) Attended:

Course of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diploma Received? \_\_\_\_\_Yes \_\_\_\_\_ No

Describe any specialized training, apprenticeship, skills, etc.:

Please state any additional information you feel may be helpful to us in considering your application:

**Agreement**

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

I authorize investigation of all statements contained in the application for employment as be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

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 by all rules, regulations, and policies of this Department.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

For Personnel Department Use Only

Arrange Interview? \_\_\_\_\_Yes \_\_\_\_\_ No

Remarks:

Employed? \_\_\_\_\_Yes \_\_\_\_\_ No Date of Employment:

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary: