

Application for Employment

for the position of
Deputy Sheriff

Personal Information:

Date of Application: _____

Name: _____
Last First Middle

Date of Birth: _____
(Optional) DD/MM/CC/YY

Street Address: _____

Social Security #: _____

Mailing Address: _____

Telephone: _____

City: _____ State: _____ Zip: _____

Have you lived at this address for more than three years? Yes No

If "No," list previous address below:

Street Address: _____ Telephone: _____

Mailing Address: _____ How long there? _____

City: _____ State: _____ Zip: _____

Are you legally eligible for employment in the United States? Yes No

Are you willing to furnish you own weapon and leather gear? Yes No

Are you willing to work overtime? Yes No

Are you willing to work any shift? (12-hour shifts, beginning at 7:00) Yes No

Are you wiling to work weekends and holidays? Yes No

Do you hold a valid license to drive an automobile? CDL Yes No

Do you speak any languages other than English? Yes No

- Spanish French German Italian
 Japanese Chinese Portuguese Sign Language

Education Information: Check all you have attended and complete the following information.

GED
Location of Training and Certification: _____

Date Awarded GED: _____

() **High School**

Name of High School Attended: _____

Address: _____

City: _____ State: _____

Did you graduate? () Yes () No Date of Graduation: _____

() **Vocational/Technical School:**

Name of Vocational/Technical School Attended: _____

Address: _____

City: _____ State: _____

Course of Study: _____ Years Attended: _____

Did you graduate? () Yes () No Date of Graduation: _____

() **Junior/Community College:**

Name of Junior/Community College Attended: _____

Address: _____

City: _____ State: _____

Course of Study: _____ Years Attended: _____

Did you graduate? () Yes () No Date of Graduation: _____

() **College/University:**

Name of College/University Attended: _____

Address: _____

City: _____ State: _____

Course of Study: _____ Year Attended: _____

Did you graduate? () Yes () No Date of Graduation: _____

() **Graduate Studies**

College/University Attended: _____

Address: _____

City: _____ State: _____

Course of Study: _____

Years Attended: _____

Did you graduate? Yes No

Date of Graduation: _____

() Kansas Law Enforcement Training Center

Basic Training Class #: _____

Date of Academy Completion: _____

No. of Basic Training Hours: _____

Agency Employed at the time of Basic Training: _____

City: _____

State: _____

Did you graduate? Yes No

Specialized Law Enforcement Training (beyond formal education):

K-9 Handler Certification

Sex Crime Investigation

Firearms Instructor Certification

Drug Interdiction

Interview/Interrogation

S.W.A.T. or comparable training

Homicide Investigation

P.P.C.T. or comparable training

Martial Arts

First Aid CPR

EMT/Paramedic/First Responder

Community Policing

Report Writing

Crisis Intervention

D.A.R.E. Instructor

Domestic Violence Training

Juvenile Crime Training

Gang Training

Cultural Adversity/Awareness

Field Sobriety Training

Advanced Accident Investigation

Fire Service Training

Law Enforcement Reserve Program

Intoxilizer 5000

Self Defense Training

Cultural Adversity/Awareness Training

Employment History: Please give an accurate and complete accounting of full-time and part-time employment for the last seven (7) years. Start with your present or most recent employer.

Company/Department Name: _____

Street Address: _____

Supervisor: _____

Mailing Address: _____

Telephone: _____

City: _____

State: _____

Zip: _____

Employed From: _____ Until: _____ Final Wage: _____

Job Title: _____ Responsibilities: _____

Reason for Leaving: _____

May we contact your present employer? () Yes () No () Wait for ___ days.

Company/Department Name: _____

Street Address: _____ Supervisor: _____

Mailing Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Employed From: _____ Until: _____ Final Wage: _____

Job Title: _____ Responsibilities: _____

Reason for Leaving: _____

Company/Department Name: _____

Street Address: _____ Supervisor: _____

Mailing Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Employed From: _____ Until: _____ Final Wage: _____

Job Title: _____ Responsibilities: _____

Reason for Leaving: _____

Company/Department Name: _____

Street Address: _____ Supervisor: _____

Mailing Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Employed From: _____ Until: _____ Final Wage: _____

Job Title: _____ Responsibilities: _____

Reason for Leaving: _____

Company/Department Name: _____

Street Address: _____ Supervisor: _____
Mailing Address: _____ Telephone: _____
City: _____ State: _____ Zip: _____
Employed From: _____ Until: _____ Final Wage: _____
Job Title: _____ Responsibilities: _____
Reason for Leaving: _____

Company/Department Name: _____

Street Address: _____ Supervisor: _____
Mailing Address: _____ Telephone: _____
City: _____ State: _____ Zip: _____
Employed From: _____ Until: _____ Final Wage: _____
Job Title: _____ Responsibilities: _____
Reason for Leaving: _____

Military Experience:

Have you served in the U.S. Armed Forces? Yes No

If Yes, what Branch? _____ Duration of Service: _____

List any training received relevant to the position for which you are applying:

Membership in Professional or Civic Organizations: List any local, state, or national organizations, of which you are an active member.

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Essay:

Please write a brief essay about how you feel a law enforcement officer should interact with the community members and community organizations during off-duty time. Note: Spelling, punctuation and grammar count!

Miscellaneous: This section is optional to your application process. This is simply an opportunity for us to get to know you better. There is no penalty or less consideration for your chance of employment if you choose not to complete this section.

What do you consider your specialty or preferred activity as a law enforcement officer?

What training, if any, are you especially interested in receiving?

Sometime in the future, would you consider any of the following:

- Advancement to the position of a D.A.R.E. Officer? Yes No
- Director of a youth program (Cadets)? Yes No

- Director of an Auxiliary Program? (55 and older) Yes No

Criminal Record/Driving History: Exclude any offenses which have been legally expunged.

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

Have you been convicted of a misdemeanor within the past 10 years? Yes No

If yes, explain: _____

Have you been convicted of any crime involving domestic violence? Yes No

If yes, explain: _____

Have you been convicted of any drug offenses? Yes No

If yes, explain: _____

Have you been convicted of driving under the influence of alcohol? Yes No

If yes, explain: _____

Do you have any traffic violations on your current driving record? Yes No

If yes, explain: _____

Do you have any accidents on your current driving record? Yes No

If yes, explain: _____

References: You may provide personal references. Only one reference may come from with the Hamilton County Sheriff's Office. However, you may also add any person, not related to you by blood or marriage or previously listed on this application as an employer, who can serve as a character witness on your behalf.

Optional Reference:

Hamilton County Sheriff's Office Employee Name: _____

Reference #1:

Name: _____ Relationship: _____

Mailing Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Reference #2:

Name: _____ Relationship: _____

Mailing Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Reference #3:

Name: _____ Relationship: _____

Mailing Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Reference #4:

Name: _____ Relationship: _____

Mailing Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

By signing below, I hereby certify that the information contained in this Application of Employment for the position of Deputy Sheriff, is true and accurate, to the best of my knowledge. I further understand that any information found, before or after employment, to be untruthful on this application may be grounds for my application to be disqualified prior to employment and disciplinary action if I am selected as an employee of Hamilton County, Kansas.

Date: _____

Applicant's Signature

Applicant: Please, feel free to attach a copy of your current resume to the back of your application.