

Campbell County Sheriff Employment Application

EQUAL OPPORTUNITY EMPLOYER

Please attach Résumé and any supporting and supplemental paperwork.

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Are you at least 18 years of age? YES NO

Do you have a valid driver's license? YES NO If yes, State: _____ License No: _____

Are you able to perform the essential functions of the position for which you are applying with or without a reasonable accommodation? YES NO

Have you ever been convicted of a felony? YES NO

(Convictions will not automatically disqualify you. Each situation is considered using the following criteria: 1) nature and gravity of offenses, 2) time passed since conviction and/or completion of sentence, 3) nature of job held or sought).

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Professional Licenses, Certifications and Registrations:

Type of License/Certification	License Number	Expiration Date	States Licensed (if applicable)

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Additional Information

Please use the space below to summarize any additional information that you feel is necessary to describe your full qualifications. If more space is needed, please attach additional sheets:

Disclaimer and Signature

I certify all information given by me in this application is true and complete. I authorize Employer to verify the information provided and realize that false information (misrepresentations or omission of information called for) is a basis for disqualification or dismissal from employment, if hired. I hereby consent and authorize an investigation of my past by allowing Employer to contact education institutions, current and previous employers, and to perform a background check. I hereby release and forever discharge all parties from all liability for damages that may result from furnishing such information concerning my previous employment and any pertinent information they may have. I understand that information provided by me on this document may also be compared with information contained in records maintained by Employer concerning myself for the purpose of determining my suitability for employment with Employer. I understand that a medical examination to ascertain my ability to perform essential functions of the job may be required. I have read in full and understand the above, and agree that a reproduced copy of this affirmation and authorization will be valid as the original.

Signature: _____ Date: _____