



Application for Employment
Coffey County Sheriff's Office, Jail & Lake
605 Neosho Street, PO Box 226
Burlington, Kansas 66839 (620) 364-2123



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

Instructions

Print in black ink or use a typewriter. The information you write on this application form will be used to judge your qualifications and evaluate your education and experience. You can be credited only with the education and experience shown. Give complete and concise answers. Security regulations for access to CHRI require an extensive background investigation. Background information is very important in this process.

01. Name (Last, First Full Middle) _____
02. Full Former Names Used (If Any) _____
03. Current Address (No.& Street, City, State, Zip) _____
04. Telephone Number & Area Code (____) - ____ - _____
05. Where You Can Be Reached (If Not at 3&4 above) _____
06. Date of Birth (Mo/Day/Yr) _____ 07. Social Sec. No. ____ - ____ - ____
08. Place of Birth _____
09. Driver's License No. _____ State _____ Type _____
10. Height Feet _____ Inches _____ 11. Weight _____ Pounds
12. Do You Wear Corrective Lenses YES NO 13. Are You Color Blind YES NO
14. Citizen of USA YES NO
15. Position(s) For Which You Are Applying Or Type Of Work Interested In
 A. _____ B. _____
16. On What Date Would You Be Available For Work _____
17. Applying For (Circle One) Full Time Part Time Summer Or Temporary Work
18. If Applying For Part-Time Work, Specify Below Times Which You Could NOT Work

- 19. Would You Accept Positions Which Require Evening, Shift, And Weekend Work YES NO
- 20. Can You Travel If the Job Requires It YES NO
- 21. Have You Filled Out an Application Here Before YES NO
- Have You Filled Out an Application With Other Law Enforcement Agencies Previously YES NO

If Yes Explain What Agency, When and the Reason You Were Not Hired If You Were Not

- 22. Have You Ever Been Employed Here Before YES NO
- 23. Are You Employed Now YES NO
- 24. May We Contact Your Present Employer YES NO
- 25. Are You On A Lay-Off And Subject To Recall YES NO

26. Record of Education And Training

- A. What Is the Highest Grade of School You Have Completed _____
- B. If High School Not Completed Do You Have A GED? YES NO
If So Give The Date And Location Of Completion _____

C. Names and Addresses Of	Course of Study	Credit Hours Completed	Attended		Graduate		Degree	
			From-To	Yes	No	Yes	No	
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

- D. List Any Special Training You Feel Especially Qualifies You For The Position For Which You Are Applying (Include Active Technical / Professional Licenses And Numbers, Academic Or Professional Awards):

i. Foreign Languages Spoken _____ Read _____

- ii. Clerical Skills Typing (WPM) _____ Dictation (WPM) _____
Office Machines (Including Switchboard) You Can Operate _____
Computers, Programs, Operating Systems, (Including Teletypes) You Can Operate _____
- iii. Can You Operate A Radio (What Type) _____
- iv. Can You Operate A Truck (Including A Semi) _____
- v. Can You Operate A Motorcycle YES NO
- vi. Professional Or Trade Licenses _____
- vii. Other _____

E. Write A Concise Statement Of Your Experience And Training Which You Feel Qualifies You For The Position For Which You Are Applying

F. Have You Ever Participated In Organized, Competitive Athletics YES NO
If Yes, What Sport(s) And In What Capacity(-ties) _____

G. What Are Your Hobbies _____

H. Do You Own A Gun YES NO If Yes, State Type(s) _____

Approximately How Many Rounds, If Any, Have You Fired With Each Caliber Of Firearm Listed

.22 _____ .38 _____ .357 _____ .45 _____ .223 _____ .30-06 _____

Other _____

27. List Addresses And Periods Of Residence For The Past 10 Years. Begin With Current Address First

Number And Street	City, State, Zip	From Mo/Yr	To Mo/Yr
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

28. Any Question Answered Yes Below Must Be Fully Explained In Section 29

A. Do You Use Intoxicating Liquor? YES NO

B. Have You Ever Used Narcotics, Prescription Drugs, Or Other Controlled Substances Other Than At The Direction Of A Physician? YES NO

29. Use This Area For Explanations Of Any Yes Answers Given In Section 29

Item Letter	Explanation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

30. Credit History

A. Do you owe money to any organization or individual who could bring pressure upon you to do anything immoral, illegal or unethical? YES NO

If Yes Explain _____

B. Are There Any Unpaid Judgments Against You? YES NO

If Yes Explain _____

C. Have You Ever Filed For Bankruptcy ? YES NO

If Yes Explain _____

31. Were You In The U. S. Armed Forces? YES NO

If YES you must attach a copy of your DD-214.

Were You Ever Subject To Any Disciplinary Action In The U.S. Armed Forces? YES NO

If Yes Explain _____

Are you now in the National Guard? YES NO

Are you now in the Active Reserves? YES NO

32. Past Employment Information. Give You Entire Past Employment History From Your Most Recent Employer To Your First. Include Any Military Positions And Duties As Well As Military Duty Stations. If More Pages Are Needed Attach As Many Additional Pages As Required.

Name Of Employer _____ From Mo ____/ Yr ____ To Mo ____/ Yr ____

Address _____ Salary Beginning _____ Ending _____

Telephone _____ Supervisor Name _____

Job Title _____ Duties _____

Reason For Leaving Or Considering Change _____

May We Contact YES NO

Name Of Employer _____ From Mo ____/ Yr ____ To Mo ____/ Yr ____
Address _____ Salary Beginning _____ Ending _____
Telephone _____ Supervisor Name _____
Job Title _____ Duties _____
Reason For Leaving Or Considering Change _____
May We Contact YES NO

Name Of Employer _____ From Mo ____/ Yr ____ To Mo ____/ Yr ____
Address _____ Salary Beginning _____ Ending _____
Telephone _____ Supervisor Name _____
Job Title _____ Duties _____
Reason For Leaving Or Considering Change _____
May We Contact YES NO

Name Of Employer _____ From Mo ____/ Yr ____ To Mo ____/ Yr ____
Address _____ Salary Beginning _____ Ending _____
Telephone _____ Supervisor Name _____
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May We Contact YES NO

Name Of Employer _____ From Mo ____/ Yr ____ To Mo ____/ Yr ____
 Address _____ Salary Beginning _____ Ending _____
 Telephone _____ Supervisor Name _____
 Job Title _____ Duties _____
 Reason For Leaving Or Considering Change _____
 May We Contact YES NO

Name Of Employer _____ From Mo ____/ Yr ____ To Mo ____/ Yr ____
 Address _____ Salary Beginning _____ Ending _____
 Telephone _____ Supervisor Name _____
 Job Title _____ Duties _____
 Reason For Leaving Or Considering Change _____
 May We Contact YES NO

33. Have You Ever Been Fired Or Asked To Resign From A Job YES NO

If Yes Explain _____

34. List Three Persons, Other Than Relatives Or Former Employers And, Preferably Who Live In Coffey County, Who Can Serve As References To Your Character, Training, And Ability

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

35. Any Question Answered Yes Below Must Be Fully Explained In Section 36

- A. Have You Ever Been Convicted Of A Law Violation (Include Moving Traffic Violations)
 Other Than A Parking Offense YES NO
- B. Is There Any Reason Why You Would Not Pass A Security Check YES NO
- C. Have You Ever Been Involved In A Traffic Accident While As A Driver YES NO
- D. Has Your Driver's License Ever Been Suspended Or Revoked YES NO
- E. Have You Ever Been Arrested For A Law Violation (Include Moving Traffic Violations)
 Other Than A Parking Offense From Which You Were Found Not Guilty YES NO
- F. Do You Have A Record On File Which Has Been Expunged YES NO

I Declare That Any Information Provided By Me On This Form Has Been Provided On A Voluntary Basis, and That Any Information So Provided Is True And Correct To The Best Of My Knowledge And Belief. I Understand That Falsification Of Any Information So Provided Is Grounds For Disqualification From Employment, Or If Employed, Is Grounds For Dismissal From Employment. I Understand That This Application Is Not And Is Not Intended To Be A Contract Of Employment. I Authorize Investigation Of All Statements Contained In This Application For Employment As May Be Necessary In Arriving At An Employment Decision.

Signed

Subscribed and sworn before me this _____ day of _____, 19 _____.

Notary Public

My Commission expires _____.

SEAL :

PLEASE ATTACH PHOTOCOPIES OF ALL SUPPORTING DOCUMENTS I.E. DIPLOMAS, CERTIFICATES, BIRTH CERTIFICATES, DD214 FORMS, ETC, TO THE BACK OF YOUR COMPLETED APPLICATION.

AUTHORIZATION FOR RELEASE OF INFORMATION

TO : ANY DOCTOR, HOSPITAL, MEDICAL ASSOCIATION, U.S. ARMED FORCES, U.S. SELECTIVE SERVICE SYSTEM, MARITIME SERVICE, VETERANS ADMINISTRATION, OR ANY ACADEMIC DEAN, REGISTRAR, PRINCIPAL, GUIDANCE COUNSELOR, OTHER AUTHORIZED PERSON AT A SCHOOL (COLLEGE, BUSINESS, TRADE, OR HIGH SCHOOL), OR ANY PAST OR PRESENT EMPLOYER, NEIGHBOR, FRIEND, ASSOCIATE, OR ANY CREDIT BUREAU, RETAIL MERCHANTS ASSOCIATION, BANK, FINANCIAL INSTITUTION, ANY OTHER CREDIT EXTENDING ORGANIZATION, OR ANY COUNTY, CITY, STATE, OR FEDERAL GOVERNMENT AGENCY.

I, _____, am aware that my entire background is to be investigated for purposes of Law Enforcement Employment and access to CHRI and hereby authorize and request the release of any and all information you have concerning me, including expunged records, but excluding bank or savings and loan association account balances, to the Coffey County Sheriff's Office or its agents. I hereby designate the Coffey County Sheriff's Office as my authorized representative for the purpose of obtaining such information.

I hereby release anyone addressed above, who gives information about me in the course of an investigation covered by this authorization, from any and all liability for damages of whatever kind to me, my family, heirs, or associates as a result of giving such information, except that I do not release anyone who gives information that they know is false, deliberately intending to harm me or one of my family, heirs, or associates.

I DO DO NOT have a criminal record. If I do, it should be filed in the following locations,

I DO DO NOT have an expunged criminal record. If I do, it should be filed in the following locations,

I swear or certify under penalty of perjury that the above statements are true and correct to the best of my knowledge.

A Photocopy of this release is as valid as the original.

Signed

Subscribed and sworn before me this _____ day of _____, 19 _____.

Notary Public
SEAL :

My Commission expires _____.

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