Application for Employment
Coffey County Sheriff's Office

625 Neosho Street - 1st Floor
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.

1. **Name (last, first full middle)** _____
2. **Full former names used (if any)** _____
3. **Current address** _____
4. **Phone number (___) - ___ - _____ alt. phone where you can be reached if needed (___) - ___ - _____**
5. **Date of birth (Mo/Day/Yr)** _____
6. **SSN: ____ - ___ - _____ Email Address:** _____
7. **Place of birth** _____
8. **Driver's license number:** _____ **State:** _____ **Type:** _____
9. **Height** _____ **Weight** _____
10. **Do you wear corrective lenses?** ○ **YES** **NO** ○
11. **Are you color blind?** ○ **YES** **NO** ○
12. **Are you a US Citizen?** ○ **YES** **NO** ○
13. **Position(s) for which you are applying for, or type of work interested in**
    A. _____ **B.** _____
14. **On what date would you be available for work?**
15. **Applying for (circle one):** ○ **Full Time** ○ **Part Time** ○ **Summer or Temporary Work**
16. **If applying for part-time work, specify the times which you could <u>NOT</u> work** _____
    _____
17. **Would you accept positions which require evening, shift, and weekend work?** ○ **YES** **NO** ○
18. **Can you travel if the job requires it?** ○ **YES** **NO** ○

19. **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 not):

_____

_____

_____

20. **Have you ever been employed here before?** ○ **YES NO** ○
21. **Are you employed now?** ○ **YES NO** ○
22. **May we contact your present employer?** ○ **YES NO** ○
23. **Are you on a lay-off and subject to recall?** ○ **YES NO** ○
24. **Record of education and training:**

A. What is the highest grade of school you've completed? _____

B. Do you have a GED?○YES NO○ date & location of completion: _____

C.

Names and addresses of all schools attended	Course of study	Credit hours completed	Attended from – to	Graduate Yes No	Degree Yes No

D. List any special training you feel qualifies you for the position for which you are applying (include active technical/professional licenses and numbers, academic of professional awards):

_____

i. Foreign languages spoken/read: _____

ii. Clerical skills: Typing (WPM) _____

Office machines you can operate; computers, programs, operating systems you can operate:

_____

_____

iii. Can you operate a radio?○YES NO○ What type? _____

iv. Can you operate a truck (including a semi)? ○ **YES NO** ○

v. Can you operate a motorcycle? ○ **YES NO** ○

vi. Any 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(ies)? _____

_____

G. What are your hobbies? _____

_____

_____

_____

_____

_____

H. Do you own a gun? ◯ **YES NO** ◯ **If "YES", state the type(s) of guns you can operate.**

_____

25. List addresses and periods of residence for the past ten years. Begin with current address first.

Number and Street	City, State, Zip	from Mo/Yr	to Mo/Yr

26. Any question answered "YES" below must be fully explained in section 27.

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** ◯

27. Use this area for explanations of any "YES" answers given in section 26:

Item/Letter **Explanation**

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

28. Credit History:

A. Are there any unpaid judgements against you? ○ **YES** **NO** ○

If "YES", explain: _____

_____

B. Have you ever filed for Bankruptcy? ○ **YES** **NO** ○

If "YES", explain: _____

29. Were you in the U.S. Armed Forces? ○ **YES** **NO** ○

If "YES", please provide 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 in the National Guard? ○ **YES** **NO** ○

Are you in the Active Reserves? ○ **YES** **NO** ○

30. Past employment information. Give your entire past employment history from your most recent employer to your first. Include any military positions and duties as well as military duty situations. 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** _____

Job Title _____ **Duties** _____

Reason for leaving or change _____

May we contact? ○ **YES** **NO** ○

Name of employer _____ **From** **Mo/Yr**_____ **To Mo/Yr** _____

Address _____ **Salary Beginning** _____ **Ending** _____

Telephone _____ **Supervisor** _____

Job Title _____ **Duties** _____

Reason for leaving or change _____

May we contact? ○ **YES** **NO** ○

Name of employer ______________________________ **From Mo/Yr**____________ **To Mo/Yr** _____________
Address ______________________________________ **Salary Beginning** _________ **Ending** _________________
Telephone _____________________ **Supervisor** ____
Job Title ________________________ **Duties** ____
Reason for leaving or change ____
May we contact? ○ **YES** **NO** ○

Name of employer ______________________________ **From Mo/Yr**____________ **To Mo/Yr** _____________
Address ______________________________________ **Salary Beginning** _________ **Ending** _________________
Telephone _____________________ **Supervisor** ____
Job Title ________________________ **Duties** ____
Reason for leaving or change ____
May we contact? ○ **YES** **NO** ○

Name of employer ______________________________ **From Mo/Yr**____________ **To Mo/Yr** _____________
Address ______________________________________ **Salary Beginning** _________ **Ending** _________________
Telephone _____________________ **Supervisor** ____
Job Title ________________________ **Duties** ____
Reason for leaving or change ____
May we contact? ○ **YES** **NO** ○

Name of employer ______________________________ **From Mo/Yr**____________ **To Mo/Yr** _____________
Address ______________________________________ **Salary Beginning** _________ **Ending** _________________
Telephone _____________________ **Supervisor** ____
Job Title ________________________ **Duties** ____
Reason for leaving or change ____
May we contact? ○ **YES** **NO** ○

Name of employer ______________________________ **From Mo/Yr**____________ **To Mo/Yr** _____________
Address ______________________________________ **Salary Beginning** _________ **Ending** _________________
Telephone _____________________ **Supervisor** ____
Job Title ________________________ **Duties** ____
Reason for leaving or change ____
May we contact? ○ **YES** **NO** ○

Name of employer _____ From Mo/Yr_____ To Mo/Yr _____

Address _____ Salary Beginning _____ Ending _____

Telephone _____ Supervisor _____

Job Title _____ Duties _____

Reason for leaving or change _____

May we contact? ○ **YES NO** ○

31. **Have you ever been fired or asked to resign from a job?** ○ **YES NO** ○

If "YES", explain: _____

_____

32. **List three persons, other than relatives or former employers, preferably who live in Coffey County, who can serve as references to your character, training, and ability.**

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

33. **Any question answered "YES" below must be fully explained in section 34.**

A. **Have you ever been convicted of a law violation (misdemeanor, felony, & traffic infractions) to include any diversions or expungements?** ○ **YES NO** ○

B. **Is there any reason you would not pass a security check?** ○ **YES NO** ○

C. **Has your driver's license ever been suspended or revoked?** ○ **YES NO** ○

D. **Have you ever been arrested for any law violation (misdemeanor, felony, & traffic infractions) to include any diversions or expungements?** ○ **YES NO** ○

34. **Use this area to explain any "YES" answers given in section 33:**

Item letter	**Explanation**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

35. **Would you be willing to take a Computer Voice Stress Analysis examination (lie detector test) as part of the pre-employment background investigation process?** ○ **YES NO** ○

36. **NOTICE TO APPLICANTS! DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**
Are you capable of performing, in a reasonable manner, with reasonable accommodations, the activities involved in the job or occupation for which you have applied? Job descriptions available upon request.

○ YES NO ○

BEFORE A FINAL APPLICANT CAN BE OFFERED A POSITION, THE APPLICANT MUST SUCCESSFULLY PASS A DRUG SCREENING. COFFEY COUNTY DOES DO RANDOM DRUG TESTING ON EMPLOYEES ON A REGULAR BASIS (SEE ATTACHED TESTING POLICY SHEET).

37. **In the area provided below detail what you believe the duties, responsibilities, and philosophical beliefs of the position you are applying for at the Coffey County Sheriff's Office.**

I declare that any information provided by me in 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.

Applicant: _____

Signed

Subscribed and sworn before me this _____ day of _____, 20 ____.

Notary: _____

My Commission expires: _____

Notary Public SEAL:

PLEASE ATTACH PHOTOCOPIES OF ALL SUPPORTING DOCUMENTS; DIPLOMAS, CERTIFICATES, BIRTH CERTIFICATES, DD-214 FORMS, ETC., TO THE BACK OF THE APPLICATION.

*****THIS FORM MUST BE NOTARIZED*****

COFFEY COUNTY SHERIFF'S OFFICE

605 Neosho Street
Burlington, KS 66839
620-364-2123

READ AND UNDERSTAND

I understand this release, when presented by a duly authorized representative of the Coffey County Sheriff's Office, constitutes my consent and authority to obtain and examine copies and abstracts of records and to receive statements and information regarding my background for the purpose of suitability for employment.

Specifically, I authorize the release of the following information and records to Coffey County Sheriff's Office: *Employment, Medical, Psychological, Selective Service, Police and Criminal, Motor Vehicle and Driving, Financial/Credit, the UNDELETED copy of my military separation document and official medical records from the Military Records Center and Department of Veterans Affairs.*

The information obtained and reviewed is conducted specific to pre-employment suitability for, or continued employment with the Coffey County Sheriff's Office. The purpose of this information review is for the determination of suitability for employment in a law enforcement/criminal justice related position and that any omission of relevant information *will be considered intentional*.

I understand that any information obtained may be used for the determination of suitability for employment with the Coffey County Sheriff's Office. However, I also understand that this information may be disclosed to and shared with current employers or other investigative agencies if the information obtained reveals anything of an illegal nature, omission of relevant information important to the determination of suitability, or any conduct revealed in the pre-employment investigation considered detrimental to the continued employment in my capacity as a law enforcement officer or criminal justice profession.

A photocopy of this release form will be valid as an original hereof, even those a photocopy does not contain an original writing of my signature. I authorize the entirety of the above by my signature:

_____ _____

Signed Date

_____ _____

Agency Witness Date

****NOTE: THIS FORM MUST BE SIGNED AT COFFEY COUNTY SHERIFF'S OFFICE****

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 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 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 to include all diversions and expungement records. 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.

Applicant: _____

Signed

Subscribed and sworn before me this _____ day of _____, 20____.

Notary: _____

My Commission expires _____.

Notary Public SEAL:

COFFEY COUNTY SHERIFF'S OFFICE

605 NEOSHO STREET

BURLINGTON, KANSAS 66839-0226

PHONE (620) 364-2123

FAX (620) 364-2023

IN KANSAS TOLL FREE (800) 362-0638

*****THIS FORM MUST BE NOTARIZED*****