

# Decatur County Sheriff's Department Application for Employment

## **GENERAL INSTRUCTIONS**

THIS APPLICATION MUST BE PERSONALLY COMPLETED BY THE APPLICANT. ANSWER ALL QUESTIONS. IF THE QUESTION DOES NOT APPLY, STATE: "NONE' OR "DOES NOT APPLY." DO NOT INCLUDE YOUR ORIGIONAL BIRTH CERTIFICATE. IT IS IMPORTANT TO CLEARLY AND LEGIBLY COMPLETE ALL CONTACT INFORAMTION. APPLICATIONS WILL NOT BE CONSIDERED IF NOT COMPLETE IN ALL RESPECTS. ANY MISREPRESENTATION OF FACTS WILL DISQUALIFY THE APPLICANT. DO NOT MAKE INQUIRY TO THE STATUS OF YOUR APPLICATION. IF YOUR CONTACT INFORMATION CHANGES, PROVIDE CHANGES BY RESUBMITTING THIS COVER SHEET. COMPLETE APPLICATIONS WILL BE KEPT FOR ONE YEAR, AFTER THAT TIME THEY WILL BE CONSIDERED INACTIVE ANT WILL BE DESTROYED.

Name:			
Last	First	Middle	Maiden (if applicable)
Permanent Addres	s:		
	Street or Rural Route		Apt. Number
City	State	Zip	County
Telephone Number	rs: (Include area codes)		
(Home)	(Business)		(Cell)
E-mail Address:			

### BASIC ELIGIBILITY REQUIREMENTS

- MUST BE A UNTIED STATES CITIZEN
- 2. MUST BE AT LEAST 21 YEARS OF AGE WHEN APPOINTED (Law Enforcement Positions)
- 3. VISION REQUIREMENT; CORRECTABLE TO 20/50
- 4. MUST POSSESS A VALID DRIVERS LICENSE
- MUST POSSES A HIGH SCHOOL DIPLOMA OR EQUIVELENT
- 6. MUST BE WILLING TO SUBMIT TO PHYSICAL AND MENTAL EVALUATIONS
- 7. MUST BE WILLING TO SUBMIT TO SUBSTANCE ABUSE TESTING
- 8. MUST BE WILLING TO SUBMIT TO A BACKGROUND INVESTIGATION

AN EQUAL OPPOURTUNITY/AFFIRMATIVE ACTION EMPLOYER

COMPLYING WITH ALL PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT

Position for which you are applying	

I.	INITIAL REQUIREMENT DATA								
	A. Age: Date of Birth: (Attach Copy of Birth Certificate)								
	Race: 🗌 Asian 📗 Bla	ack 🔲 Hispa	anic 🗌 Native	American	☐ White				
	Other (Specify)								
	B. Are you a U.S. citizen?	B. Are you a U.S. citizen? No							
	If no, explain on a separat	e sheet and attac	h documentation	١.					
	Social Security Number:								
		or background clear ne application <b>will n</b>			this number i	s required.			
II.	EDUCATION DATA (Attach List information for high school ar	•	•	you have at	tended.				
	Name and Address of School	Course of Study	Number of Hours Completed	GPA on a 4.0 Scale	Did you Graduate?	List Diploma or Degree			
	A. Have you ever been employed as a sworn or merit police officer by a law enforcement agency?  Yes No Full Time Reserve / Volunteer  Did you complete a state certified law enforcement academy? Yes No  If yes, list the date of completion, location and academy name:								
	Date law enforcement train	ning was complete	ed:						
	Did you receive a certificat	ion upon complet	ion of training?	☐ Yes ☐	No				
	Number of basic training w	veeks	Total training ho	urs					
	Dates List Full Time or Reserve Agency From To and Highest Rank Held Reason for Leaving					for Leaving			
ļ			<del></del>						
			-						
	B. Are you eligible for re-emp	Novment? Tyes	□ No If no €		y on a separ	ate sheet			
	C. List any specialty training y	•		жрын тан	y On a Sepan	ate since.			
	c. List driy specialty training ,	TOU HAVE TEECHVEG	•						
	D. Were you ever disciplined?	Yes No	If yes, explain f	ully on a s	separate shee	et.			

IV.	MILITARY HISTORY AND STATUS									
		Have you ever served in the military on active duty?								
	,	Include initial active duty training with the National Guard and the Reserves.								
		☐ Yes ☐ No If yes, attach a copy of your DD214.								
	Dates Highest Rank Attained Type of Discharge and									
		Military Branch From To and Rank at Separation Re-Enlistment Code								
_	<u>-</u> _									
	В.	Are you eligible to re-en	list?	] Yes [	]No I	f no, explain fully o	on a separate sheet.			
	C.	Are you currently on act	ive duty	(full-tim	- ne)?	]Yes □ No	·			
		What is your expected e	•	•	. –	<u> </u>				
i	D.	List any citations and av			J					
	F	Were you ever discipline	ed (court	martial	article	15. cantain's mast	etc.) while on duty?			
		Were you ever disciplined (court martial, article 15, captain's mast, etc.) while on duty?  Yes No If yes, explain fully on a separate sheet.								
v.	FΔ	MILY DATA	- Дринт т	any on a	эсрага	e srice.				
••	A. Marital Status: Married Single Divorced Separated									
		Spouse's Maiden Name	_	_ •	_	<del>-</del> '				
		Dependents (if applicable								
	<u> </u>	Name Name	<u></u>		Age	R	elationship			
			·							
	D.	Are you legally required	to make	e child su	ipport p	avments? \(\sigma\) Yes	□No			
		Are you current on child								
1		If no, explain.	заррог	. paymer		55				
	1 no, explain									

[. I	EMPLOYMENT DATA								
Å	A. Have you ever been discharged from, or resigned to prevent being discharged, from a position								
	employment?	employment?							
E	. List chronologically (beginning with the most recent employment)								
	all past and current employment including part-time. (Use additional sheets, if necessary								
	Name of Employer or Busi	ness:	W	<u></u>	<del></del>				
	Title:		Duties:						
	Dates of Employment: F								
	Reason for Leaving:	Month	Year 	Month	Year				
	Address of Business:								
	City:								
	Name of Employer or Busi								
	Title:		Duties:						
	Dates of Employment: F			ō					
	Reason for Leaving:	Month	Year	Month	Year				
	Address of Business:								
	City:								
	Name of Employer or Busi	ness:							
	Title:								
	Dates of Employment: F	rom							
	Reason for Leaving:	Month	Year	Month	Year				
	Address of Business:		·						
	City:			Phone :					
•	Name of Employer or Busi	ness:							
	Title:								
	Dates of Employment: F			ō					
	Reason for Leaving:	Month	Year	Month	Year				
	Address of Business:								
	City:								

Name of Employer or Bo	usiness:					
Title:						
Dates of Employment:  Reason for Leaving:				·		
Address of Business:						
Name of Employer or Br	usiness:					
Title:						
Dates of Employment:	From	Month	Von	То	Month	Yea
Reason for Leaving:						
Address of Business: City:						
Name of Employer or Bu	usiness:					
Title:			_ Duties	s: _		- <del></del>
Dates of Employment:	From	Manth	Von	То	Month	Von
Reason for Leaving:						
Address of Business: City:						
Name of Employer or Bu	usiness:					
Title:			_ Duties	s: _		
Dates of Employment:	From			То	Manda	\/
Reason for Leaving:					Month	Yea
Address of Business:						
Name of Employer or Bu	usiness:					
Title:			_ Duties	s:		
Dates of Employment:	From	Month	Year	То	Month	Yea
Reason for Leaving:						
Addross of Ducinasa.						

VII. REFER	ENCES (Do not list r	elatives as re	ferences.)			
Name	2:		Phon	e:		
Addre	ess:					
City:			State:	Zip:		
Name	2:		Phon	e:		
Addre	ess:					
City:			State:	Zip:		
Name	2:		Phon	e:		
Addre	ess:			<del>.</del>	···	
City:			State:	Zip:		
	List all residence	es during the	last five years oth	er than pres	sent.	
	Stroot		City	Chaha	Date	
	Street		City	State	From	То
<u>.</u>				-		
<del></del>						
VIII VEHI	CLE CRASH AND ARR	PEST DECODO		<u> </u>		
	o you currently possess			] Voc. □ No.		
	xpiration Date:	•				
	as your driver license ev					
11	yes, explain			·		
B. Li	st all vehicle crashes in v	which you have	been involved as a d	river give date	e(s) and loca	ition(s).
Date	Location			Description		
					· · · · · · · · · · · · · · · · · · ·	
					- t T A	

C.	Have you ever received a ticket for a traf	ffic offense?	If yes, describe below.
Date	Location	Charge	Fine or Sentence
<del></del>			
D.	Have you ever been arrested for a crimin	nal offense?	If yes, describe below.
Date	Location	Charge	Fine or Sentence
E.	Have you ever been convicted of a felony	/? ☐ Yes ☐ No	<u> </u>
	If yes, explain on a separate sheet of pa	per.	
F.	Have you ever been arrested for an act t	hat would have been a crime	had it been
	committed by an adult?	If yes, describe below.	
Date	Location	Charge/Offense	Disposition of Case
G.	Have you ever been or are you currently	involved as a plaintiff, defend	dant, petitioner
	or respondent in any civil court case?		
	Yes No If yes, fully explain or on	a separate sheet.	
IX. MISC	ELLANEOUS		
	you own your own home?		
	ves, how much is current mortgage indebted	nocc?	
·			<del></del>
	nat is the amount of your indebtedness, ot		
		Spouse	
	e you a proprietor or part owner of any bu		
	Yes $\ \square$ No $\ $ If yes, describe nature of busine	ess.	
			<del> </del>
Are	e there any business license(s) in your nan	ne, (i.e., liquor license)?	Yes 🗌 No
		_	_
E. Do	you currently possess a handgun permit? [	∃Yes □No	
	ve you ever been denied a handgun permit o		red? Tyes Tho
	•	- ,	ica: [] ics [] ito
11 )	ves, why?		
			· · · · · · · · · · · · · · · · · · ·

Mount photograph in this space.

Affix Securely

Photograph to be front view, head and shoulders,  $2\frac{1}{2}$ " square, and taken within the past six months.

Other photographs are not acceptable.

### I certify:

- 1. All required items are included with this application.
  - A. Birth Certificate (copy only)
  - B. High School and, if applicable, college transcripts (grade reports are not accepted)
  - C. Military DD214 (if applicable), DD217 (if active duty)
    - If active duty, letter of endorsement from military commander
    - Any supporting letters of commendations from military personnel file
    - Copies of specialized training certificates and awards
  - D. Previous law enforcement documentation
    - Copy of law enforcement academy certificate
    - Copies of commendations and awards
  - E. Photograph 21/2" x 21/2" head and shoulders

I swear or affirm under penalty of perjury all information contained in this application is true and accurate to the best of my knowledge
Signature
Date

Check application carefully - be certain all items are complete before mailing.

This application will be returned to you if all information is not complete and all required documents are not attached.

# **AUTHORIZATION TO RELEASE INFORMATION**

Ι,	, he	reby authorize any person, agency,
	ership, or corporation having any information of	
	CATIONAL RECORD, MEDICAL RECO	
	TARY RECORD, OR SELECTIVE SERV	
	nation to the Decatur County Sheriff's Departr	
	ssible employment with the Decatur County S ble for public inspection.	neriff's Department and will not be
	by release such person, agency, partnership or	•
-	be incurred in releasing this information to the	<del>_</del>
Departi	tment, including liability under any Federal La	aw.
		_
	(Signature)	
	(Drinted News)	-
	(Printed Name)	
*	(Date)	-
	(Witness Signature)	-
	(witness Signature)	
	(Printed Name of Witness)	-
	(Date)	-
	(Date)	