

**FINNEY COUNTY SHERIFF'S OFFICE
APPLICATION FOR EMPLOYMENT**

Position applied for: _____ Date: _____

See attached Job Description

Please complete in your own handwriting

1. Name: _____
(Last) (First) (Middle)

2. Nickname(s): _____

3. Are you over the age of 21: Yes () No () United States
Citizen: Yes () No ()

4. Phone: _____
(Home) (Work)

5. Present residential address:

(Number and Street) (City) (State/Zip Code)

6. Prior residential addresses:

7. Were you in the Military: Yes () No ()
If yes, for how long: _____ What branch: _____

8. List any specialized training or volunteer work to your credit that would better qualify you
for law enforcement work: _____

9. Are you capable of performing, with or without a reasonable accommodation, the essential functions involved in the job for which you have applied: Yes () No ()
10. On what date would you be available for work: _____
11. Education, check the highest level you completed:

| | |
|-----------------------------------------------------------|----------------------------------|
| <input type="checkbox"/> High School | |
| (School) | (Address) |
| <input type="checkbox"/> High School Equivalency (GED) | |
| (School) | (Address) |
| <input type="checkbox"/> Technical/Vocational School | Number of years: |
| (School) | (Address) |
| <input type="checkbox"/> One year college (30 credits) | |
| (School) | (Address) |
| <input type="checkbox"/> Two years college (60 credits) | |
| (School) | (Address) |
| <input type="checkbox"/> Three years college (90 credits) | |
| (School) | (Address) |
| <input type="checkbox"/> College degree | ()BA/BS ()AA.....Specify type: |
| (School) | (Address) |
| <input type="checkbox"/> Graduate degree | Specify type: |
| (School) | (Address) |
| <input type="checkbox"/> Other | Specify type: |
| (School) | (Address) |

12. Are you bilingual: Yes () No ()

13. Driver's License: _____
 (Number) (State) (Type) (Expiration Date)

14. Have you ever had any criminal convictions: Yes () No ()

If yes, how many times:

For all convictions, write your age at the time, explain the circumstances, charge(s), and the Disposition(s):

15. Employment history:

| | | |
|------------------------|---------------------|--------|
| Employer: | Address: | Phone: |
| Brief job description: | Supervisor: | Phone: |
| Employment dates: | Reason for leaving: | |
| Employer: | Address: | Phone: |
| Brief job description: | Supervisor: | Phone: |
| Employment dates: | Reason for leaving: | |
| Employer: | Address: | Phone: |
| Brief job description: | Supervisor: | Phone: |
| Employment dates: | Reason for leaving: | |
| Employer: | Address: | Phone: |
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| Brief job description: | Supervisor: | Phone: |
| Employment dates: | Reason for leaving: | |
| Employer: | Address: | Phone: |
| Brief job description: | Supervisor: | Phone: |
| Employment dates: | Reason for leaving: | |

16. Personal references: (Do not include relatives or former employers)

| | | |
|-------|----------|--------|
| Name: | Address: | Phone: |
| Name: | Address: | Phone: |
| Name: | Address: | Phone: |
| Name: | Address: | Phone: |

17. Are there any incidents in your life, not mentioned elsewhere herein, which might reflect adversely on your loyalty or upon your stability to perform the duties for which you are applying, or which might be considered detrimental to excellent character?

PLEASE READ BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, would affect this application unfavorably.

I authorize my previous employers and schools to give any information regarding employment or education records. I agree that this organization and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions, or answers made by me on the application. In the event of my employment with this organization, I will comply with all rules and regulations set forth in any communication distributed to employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment.

I acknowledge that I have been given a copy of the job description for the position for which I am applying and that I am able to perform the essential functions of the job, with or without a reasonable accommodation.

I hereby acknowledge that I have read and understand the above statements.

SIGNATURE:

DATE:

PLEASE COMPLETE THE ATTACHED WAIVER OF LIABILITY AND RELEASE FORM

TO WHOM IT MAY CONCERN:

As an applicant for a position with the Finney County Sheriff's Office, I am required to furnish information concerning my background.

In this regard, I authorize release of any and all information of a confidential or privileged nature.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

Applicant

Date

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

Notary Public

My appointment expires: _____

Veterans Preference Eligibility Criteria

Veterans shall be preferred for initial employment and first promotion in the state government of Kansas, and in the counties and cities of this state, if competent to perform such services; Any veteran thus preferred shall not be disqualified from holding any position in such service on account of the veteran's age or by reason of any physical or mental disability as long as such age or disability does not render the veteran incompetent to perform the duties of the position applied for. When any veteran shall apply for appointment to any such position, place, or employment, the officer, board or person whose duty it is or may be to appoint a person to fill such place shall, if the applicant be a veteran of good reputation, and can competently perform the duties of the position applied for by the veteran, consider the veteran for appointment to such position, place, or employment: Provided, That. Within 30 days of filling a position, eligible veterans who have applied and are not hired shall be notified by certified mail or personal service that they are not being hired. Such notice also shall advise the veteran of any administrative appeal available.

Please Check Applicable Box

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Any person who entered the armed forces before October 15, 1976, and separated from the armed forces under honorable conditions, if such person served: (i) On active duty during any war (the official dates for war service are April 6, 1917 through July 2, 1921, and December 7, 1941 through April 28, 1952); (ii) during the period April 28, 1952 through July 1, 1955; (iii) in any campaign or expedition for which a campaign badge or service medal has been authorized; or (iv) for more than 180 consecutive days since January 31, 1955, but before October 15, 1976, excluding an initial period of active duty for training under the "six month" reserve or national guard program; | |
| Any person who entered the armed forces on or after October 15, 1976, and separated from the armed forces under honorable conditions, if such person was awarded a service medal or campaign badge; | |
| Any person who separated from the armed forces under honorable conditions and has a disability certified by the United States department of veterans affairs as being service connected, has been issued the purple heart by the United States government or has been released from active service with a service-connected disability; | |
| The spouse of a veteran who has a 100% service connected disability as determined by the United States department of veteran affairs; | |
| The unremarried spouse of a veteran who died while, and as a result of, serving in armed forces; and | |
| The spouse of a prisoner of war, as defined by K.S.A. 75-4364, and amendments thereto. | |

A veteran, or a spouse who qualifies for the veteran's preference, desiring to use a veteran's preference shall provide Human Resources with a copy of the veteran's DD214 form or the DD214 form of the veteran under which the spouse qualifies for the preference.