

**BOONE COUNTY SHERIFF'S
DEPARTMENT**

APPLICATION FOR EMPLOYMENT

Date: _____ Position Applying For: _____

Instructions: Fill out the application completely and accurately. All information submitted will be verified. Incorrect statements may remove you from consideration for employment. If needed, additional pages may be included. If a question does not apply to you, indicate by writing N/A in the answer blank. Type or print legibly in ink all responses.

PERSONAL

1. Name: _____ / _____ / _____
First Middle Last Social Security Number

Aliases: _____

Date of Birth: ____/____/____ Place of Birth: _____

Citizenship: ___ U.S. Born ___ Naturalized ___ Other ___

2. Present Mailing Address: _____
Street & Number City State Zip

Physical Address: : _____
Street & Number City State Zip

Telephone Number (____) _____

Contact In Case of Emergency: _____ (____) _____
Name Telephone

Marital

Marital Status: ___ Single ___ Married ___ Divorced
___ Engaged ___ Separated ___ Widowed

Name of Spouse of Fiancee: _____

Do you object to wearing a Uniform? Yes No

Do you object to working nights? Yes No

Do you object to working shifts? Yes No

Work History

Are you now or have you ever been engaged in any business as an owner, partner, or corporate board member? Yes No If Yes give details below:

Have you ever been fired or forced to resign because of misconduct or unsatisfactory job performance? Yes No If Yes explain below:

Have your employers always treated you fairly? Yes No

If not, please explain:

Have you ever been reprimanded for being late for work? Yes No

Have you ever been dishonorably discharged from any branch of the Armed Services?
 Yes No If Yes please explain:

References

Give the names of six people, other than relatives or past employers, who can provide information about your character, experience, personality and other qualities.

| <u>Name</u> | <u>Address</u> | <u>Telephone</u> |
|-------------|----------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Have you or an immediate family member ever been arrested for or convicted of a felony?
___ Yes ___ No

If Yes complete the following:

| <u>Name</u> | <u>Date</u> | <u>Location</u> | <u>Charge</u> | <u>Disposition</u> |
|-------------|-------------|-----------------|---------------|--------------------|
| | | | | |
| | | | | |
| | | | | |

List all schools attended:

| <u>Name of School</u> | <u>Location</u> | <u>From</u> | <u>To</u> | <u>Years Completed</u> |
|-----------------------|-----------------|-------------|-----------|------------------------|
| Grade School | | | | |
| | | | | |
| | | | | |
| High School | | | | |
| | | | | |
| | | | | |
| College or University | | | | |
| | | | | |
| | | | | |

List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space you may attach additional pages. Include Military Service in proper time sequence and list all part time/ temporary employment.

1. Name of Company _____
Address of Company _____
Phone Number of Company _____
Title of Present or Last Position _____
Date Employed _____ Date Separated _____
Starting Salary _____ Ending Salary _____
Full-time _____ Part-Time _____
If Part-time, Number of Hours Per Week _____
Name and Title of Supervisor _____

Duties: _____

Reason For Leaving: _____

May We contact This Employer For a Work Reference? _____ Yes _____ No

Remarks: _____

2. Name of Company _____
Address of Company _____
Phone Number of Company _____
Title of Present or Last Position _____
Date Employed _____ Date Separated _____
Starting Salary _____ Ending Salary _____
Full-time _____ Part-Time _____
If Part-time, Number of Hours Per Week _____
Name and Title of Supervisor _____

Duties: _____

Reason For Leaving: _____

May We contact This Employer For a Work Reference? _____ Yes _____ No

Remarks: _____

3. Name of Company _____
Address of Company _____
Phone Number of Company _____
Title of Present or Last Position _____
Date Employed _____ Date Separated _____
Starting Salary _____ Ending Salary _____
Full-time _____ Part-Time _____
If Part-time, Number of Hours Per Week _____
Name and Title of Supervisor _____

Duties: _____

Reason For Leaving: _____

May We contact This Employer For a Work Reference? _____ Yes _____ No

Remarks: _____

4. Name of Company _____
Address of Company _____
Phone Number of Company _____
Title of Present or Last Position _____
Date Employed _____ Date Separated _____
Starting Salary _____ Ending Salary _____
Full-time _____ Part-Time _____
If Part-time, Number of Hours Per Week _____
Name and Title of Supervisor _____

Duties: _____

Reason For Leaving: _____

May We contact This Employer For a Work Reference? _____ Yes _____ No

Remarks: _____

5. Name of Company _____
Address of Company _____
Phone Number of Company _____
Title of Present or Last Position _____
Date Employed _____ Date Separated _____
Starting Salary _____ Ending Salary _____
Full-time _____ Part-Time _____
If Part-time, Number of Hours Per Week _____
Name and Title of Supervisor _____

Duties: _____

Reason For Leaving: _____

May We contact This Employer For a Work Reference? _____ Yes _____ No

Remarks: _____

6. Name of Company _____
Address of Company _____
Phone Number of Company _____
Title of Present or Last Position _____
Date Employed _____ Date Separated _____
Starting Salary _____ Ending Salary _____
Full-time _____ Part-Time _____
If Part-time, Number of Hours Per Week _____
Name and Title of Supervisor _____

Duties: _____

Reason For Leaving: _____

May We contact This Employer For a Work Reference? _____ Yes _____ No

Remarks: _____

