## BOONE COUNTY SHERIFF'S DEPARTMENT

## **APPLICATION FOR EMPLOYMENT**

Date:	Position Applying For:			
Instructions: Fill out the ap be verified. Incorrect stateme needed, additional pages may writing N/A in the answer bla  PERSONAL	nts may remove you fron the included. If a questio	n consideration n does not app	for employm ly to you, indi	ent. If
1. Name: First Mid	dle Last	/_ Social Securi	/_ ty Number	
Aliases:	/ Plac	ce of Birth:		
Citizenship: U.S. Bo	ornNaturalized ss: Street & Number	Other City	State	 Zip
Physical Address: :	Street & Number	City	State	Zip
Telephone Number (_ Contact In Case of Emergency	) r: Name	()	 Telephone	
<u>Marital</u>			·	
Marital Status: Single Engaged	Married Separated	Divorced		
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 a board member?YesNo If Yes give	e details below:	
Have you ever been fired or forced to resign bed performance?YesNo If Yes ex	xplain below:	
Have your employers always treated you fairly?		YesNo
If not, please explain:		
Have you ever been reprimanded for being late	for work?	YesNo
Have you ever been dishonorably discharged fro	om any branch of please explain:	the Armed Services?

## 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. Name Address Telephone Have you or an immediate family member ever been arrested for or convicted of a felony? \_\_\_\_No \_\_\_Yes If Yes complete the following: <u>Date Location</u> **Disposition** Name <u>Charge</u> List all schools attended: Name of School **Years Completed** <u>Location</u> <u>From</u> To 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					
	Full-time Part-Tim					
	If Part-time, Number of Hours Per Weel	<b>&lt;</b>				
	Name and Title of Supervisor					
Duties	:					
Reasor	n For Leaving:					
	e contact This Employer For a Work Ref		No			
Remar	ks:					
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-Tim					
	If Part-time, Number of Hours Per Weel					
	Name and Title of Supervisor					
Duties	·					
Reasor	n For Leaving:					
	/e contact This Employer For a Work Ref	erence? Yes	No			
Remar	• •					

3.	Name of Company					
	Address of CompanyPhone Number of Company					
	Title of Present or Last Position					
	Date Employed	Date Separated				
	Starting Salary	Ending Salary				
	Full-time Part-Tim	ne				
	If Part-time, Number of Hours Per Wee	k				
	Name and Title of Supervisor					
Duties	5:		·			
	n For Leaving:					
-	Ve contact This Employer For a Work Ref		No			
Remai	rks:					
	_					
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-Tim	ne				
	If Part-time, Number of Hours Per Wee	k				
	Name and Title of Supervisor					
Duties	5:					
Reaso	n For Leaving:					
May V	Ve contact This Employer For a Work Ref	ference? Yes	No			
Remai	rks:					
_						

5.	Name of Company						
	Address of CompanyPhone Number of Company						
							Title of Present or Last Position
		Date Employed		Date Separated			
	Starting Salary		Ending Salary				
	Full-time						
	If Part-time, Number of Hours	Per Week_					
	Name and Title of Supervisor_						
Duties	:						
Reaso	n For Leaving:						
	Ve contact This Employer For a '			 No			
•	rks:						
rterriai							
6.	Name of Company						
	Address of Company						
	Phone Number of Company						
	Title of Present or Last Position	Phone Number of Company					
	Date Employed		Date Separated				
	Starting Salary		Ending Salary				
	Full-time	Part-Time_					
	If Part-time, Number of Hours						
	Name and Title of Supervisor_						
Duties							
	n For Leaving:						
•	Ve contact This Employer For a '		ence? Yes	No			
Remar	rks:						

## **Please Read Carefully Before Signing This Application**

I authorize the Boone County Sheriff's Department to investigate all statements in this application, and to secure any necessary information from all my employers, references and academic institutions. I hereby release all of those employers, references, academic institutions and the Boone County Sheriff's from any and all liability arising from their giving or receiving information about my employment history, my academic credentials, or qualifications and my suitability for employment with the Boone County Sheriff's Department. I understand that any false or misleading statements will be sufficient cause for rejection of my application. If the Boone County Sheriff's Department has not approved my application, I will not be accepted for any position with this Agency.

Full Name:					
Fir	rst	Middle	Last		Maiden
Date of Birth	/	_/ Rac	e	Sex	
Social Security N	lumber	//	<del></del>		
Drivers License I	Number			_ Drivers Licen	se State
Mailing Address					
	City	State	Zip Code		
Phone Number	()				
Signature of Apr	olicant			Date	