

LAWRENCE COUNTY SHERIFF'S OFFICE

Brad A. DeLay, Sheriff

240 N. MAIN, SUITE 10
MT. VERNON, MISSOURI 65712
(417) 466-2131

Application for Employment

(Please fill out completely, even if information is on your resume.)

PERSONAL INFORMATION:

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

Address: _____
(Street) (City) (State) (Zip)

Phone: _____
(Home) (Cell)

Date of Birth: _____ Place of Birth: _____

SSN: _____ Email Address: _____

MO POST License Number (if applicable): _____

EMPLOYMENT DESIRED:

Position: _____ Date Available: _____

Currently Employed? : YES or NO If so, may we contact your current employer?: YES or NO

Have you ever applied with this Office before? YES or NO

If so, when? _____ Desire Salary: _____

Referred by: _____

Are you related to any past or present employees of Lawrence County? YES or NO

If yes, who? _____ Relationship _____

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis, including age, race, color, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

EDUCATION:

Name & Address of School: _____

Dates of Attendance: _____ TO _____

Did you graduate: YES or NO Years Completed: _____

Subject(s) Studied/Degree(s) Received: _____

Name & Address of School: _____

Dates of Attendance: _____ TO _____

Did you graduate: YES or NO Years Completed: _____

Subject(s) Studied/Degree(s) Received: _____

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Dates of Attendance: _____ TO _____

Did you graduate: YES or NO Years Completed: _____

Subject(s) Studied/Degree(s) Received: _____

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Dates of Attendance: _____ TO _____

Did you graduate: YES or NO Years Completed: _____

Subject(s) Studied/Degree(s) Received: _____

GENERAL:

Subjects of research or special study work: _____

Job related skills or certifications (i.e. POST, Instructor, MULES, SFST, etc.): _____

EMPLOYMENT HISTORY:

List all employers, beginning with the most recent/current first:

Business Name: _____

Address: _____

Nature of Business: _____ Dates Employed: _____ TO _____

Position: _____ Supervisor's Name & Phone Number: _____

Reason for Leaving: _____

Business Name: _____

Address: _____

Nature of Business: _____ Dates Employed: _____ TO _____

Position: _____ Supervisor's Name & Phone Number: _____

Reason for Leaving: _____

Business Name: _____

Address: _____

Nature of Business: _____ Dates Employed: _____ TO _____

Position: _____ Supervisor's Name & Phone Number: _____

Reason for Leaving: _____

Business Name: _____

Address: _____

Nature of Business: _____ Dates Employed: _____ TO _____

Position: _____ Supervisor's Name & Phone Number: _____

Reason for Leaving: _____

EMPLOYMENT HISTORY-Cont'd:

Business Name: _____

Address: _____

Nature of Business: _____ Dates Employed: _____ TO _____

Position: _____ Supervisor's Name & Phone Number: _____

Reason for Leaving: _____

Business Name: _____

Address: _____

Nature of Business: _____ Dates Employed: _____ TO _____

Position: _____ Supervisor's Name & Phone Number: _____

Reason for Leaving: _____

Business Name: _____

Address: _____

Nature of Business: _____ Dates Employed: _____ TO _____

Position: _____ Supervisor's Name & Phone Number: _____

Reason for Leaving: _____

Business Name: _____

Address: _____

Nature of Business: _____ Dates Employed: _____ TO _____

Position: _____ Supervisor's Name & Phone Number: _____

Reason for Leaving: _____

Please write on back or make an additional copy of this page if more room is needed.

REFERENCES:

List below 4 persons, not related to you, whom you have known for at least 3 years:

Name: _____

Address: _____

Phone number(s): _____ Years acquainted: _____

Name: _____

Address: _____

Phone number(s): _____ Years acquainted: _____

Name: _____

Address: _____

Phone number(s): _____ Years acquainted: _____

Name: _____

Address: _____

Phone number(s): _____ Years acquainted: _____

DRIVING HISTORY:

Do you have a valid Driver License? YES or NO

Which State? : _____ License #: _____ EXP. DATE: _____

Have you ever been licensed to drive in another state? YES or NO

If yes, list all states: _____

MILITARY SERVICE DATA:

Have you ever served in any branch of the U.S. Military: YES or NO

Branch of Service: _____

Dates of Service: _____ TO _____

Occupational Specialty: _____

Type of Discharge: _____ (PROVIDE COPY OF DD 214)

**** If other than honorable, please explain: _____

Are you currently a member of the U.S. Military, Reserves or National Guard? YES or NO

Branch: _____ Unit Location: _____

CRIMINAL HISTORY:

Have you ever been charged or convicted of an offense against the Law or forfeited a bond? (Please include all traffic violations, Suspended Imposition of Sentence, and expunged offenses). YES or NO

Failure to provide the information requested or falsification of such may result in your disqualification for employment or termination if already hired.

NOTE: Use additional sheets if necessary, when providing the following information:

Date: _____ Offense: _____

City/State: _____ Disposition: _____

Date: _____ Offense: _____

City/State: _____ Disposition: _____

Date: _____ Offense: _____

City/State: _____ Disposition: _____

Date: _____ Offense: _____

City/State: _____ Disposition: _____

NOTE: A conviction does not automatically disqualify you for employment. What you were convicted of may.

ADDITIONAL DOCUMENTS:

Please submit a copy of the following documents (If applicable) with your application. Failure to provide the requested documents (if applicable) may result in your application being rejected.

1. Copy of your driver license
2. Copy of your birth certificate
3. Copy of your POST License
4. Copy of your Social Security Card
5. Copy of your DD 214
6. Copy of any Law Enforcement related Certificates (Less Lethal weapons, SFST, Radar, Taser, Etc.)
7. Resume

AUTHORIZATION:

I certify that the facts contained in this application (and accompanying documentation, if any) are true and complete to the best of my knowledge. I understand that any false statements, omissions, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by this office.

I understand that any employment is conditional upon a complete and comprehensive background check. I authorize the Lawrence County Sheriff's Office to thoroughly investigate all statements contained in my application or resume, to investigate current and past license status and training, and authorize Missouri Department of Public Safety (DPS), Missouri Police Officer Standards and Training (POST) and similar entities in other states, my former employers and references to discuss information regarding my personal information. I release the Lawrence County Sheriff's Office, DPS, POST, former employers and all references listed above from any and all claims, demands, or liabilities arising out of or related to such investigations or disclosures.

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract. I further agree and understand that if I am hired, my employment is at-will and without fixed term, and may be terminated at any time, with or without cause and without prior notice. At the opinion of myself or the Lawrence County Sheriff's Office, no promises regarding employment have been made to me, and I understand that no such promises or guarantee is binding upon the Lawrence County Sheriff's Office unless made in writing.

If I am offered employment, I agree to submit to a medical examination to include drug testing before starting work. If employed, I also agree to submit to a medical examination or drug testing at any time deemed appropriate by the Lawrence County Sheriff's Office. I consent to such tests or exams and I request that they remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired, a condition of my employment will be that I abide by the drug and alcohol policy of the Lawrence County Sheriff's Office.

I understand that filling out this form does not indicate that there is a position open and does not obligate the Lawrence County Sheriff's Office to hire. If hired, I agree to abide by all work rules, policies and procedures of the Lawrence County Sheriff's Office. The Lawrence County Sheriff's Office retains the right to revise its policies or procedures, in whole or part at any time.

SIGNATURE: _____ DATE: _____

Print Name: _____

**** Applicants are advised that we are legally required to fingerprint our employees and submit the results to the Missouri Department of Public Safety. You should consider whether you can satisfactorily undergo a background investigation to your qualifications and criminal history.**

IF YOU ARE HIRED BY THIS OFFICE, YOU WILL BE REQUIRED TO PRESENT DOCUMENTS CONFIRMING YOUR IDENTITY AND EMPLOYMENT ELIGIBILITY. YOU CANNOT BE HIRED IF YOU CANNOT COMPLY WITH THESE REQUIREMENTS.