

APPLICANT NAME: _____

BENTON COUNTY SHERIFF'S OFFICE



APPLICATION FOR EMPLOYMENT PACKET



BENTON COUNTY SHERIFF'S OFFICE

174 W. Washington Street Warsaw, MO 65355
Phone: (660) 438-6135 * Fax: (660) 438-3053

Application for Employment

The Benton County Sheriff's Office is an Equal Employment Opportunity employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

INSTRUCTIONS

Application must be handwritten/printed legibly in blue ink. All questions must be answered. Applications which are not complete will not be considered. If a particular question does not apply to you, so state with N/A (non-applicable). If the space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number the answers to correspond with the questions.

Applicants must not misrepresent or omit material facts, since the statements made herein will be used to determine qualifications for employment. Any false or misleading information provided may be grounds for being denied employment now or for termination of employment later. The Benton County Sheriff's Office is an Equal Opportunity Employer. Please notify us in advance if you require special disability accommodations to participate in the employment process.

REQUIREMENTS:

On page 3 you will find an area where your signature needs to be notarized. This should be done before you submit your application. Again, **APPLICATIONS WILL NOT BE PROCESSED OR REVIEWED WITHOUT FULL COMPLETION OF THE APPLICATION AND/OR REQUESTED DOCUMENT COPIES.** All applicants must possess a high school diploma or equivalent and be at least 21 years of age by date of employment.

This application will not be processed or reviewed without the following documents attached:

1. Certified copy of Birth Certificate
2. Copies of all training certificates and degrees declared
3. Copy of High School Diploma or Equivalency
4. Military form DD214 (if applicable)
5. Missouri POST License (if applicable)
6. Valid Missouri Driver's License or Valid Out-of-State Driver's License
7. Resume' as a supporting document (if applicable)

Upon completion of your application you will be notified when testing dates are scheduled and when to come in and start the testing process. Further instructions will be given at the time concerning the next step in the application process. Depending on what position you are seeking, the hiring process ***may*** include written testing, background investigations, medical physicals, drug testing, psychological examinations, physical agility testing, polygraph examination and oral interviews.

Applications will remain on file for a period of one year. Updates to your application may be made at any time.

Once submitted, this application becomes the property of the Benton County Sheriff's Office and all supporting documentation will not be returned.



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CERTIFICATION OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION

To **Whom It May Concern:** I am an applicant for a position with the Benton County Sheriff's Office. The Sheriff's Office needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Benton County Sheriff's Office.

I hereby authorize any representative of the Benton County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct costs to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning me, by and to any duly authorized agent of the Benton County Sheriff's Office, whether said records are public, private, or confidential in nature. The intent of this authorization is to provide pertinent data for the Benton County Sheriff's Office to consider in determining my suitability for employment in the Benton County Sheriff's Office. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest record, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that my result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I direct you to release such information upon request to the duly accredited representative of the Benton County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The Benton County Sheriff's Office will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Benton County Sheriff's Office acceptance and processing of my application for employment, I agree to hold the Benton County Sheriff's Office, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Benton County Sheriff's Office. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Benton County Sheriff's Office in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as original thereof, even though the said photocopy or Fax copy does not contain an original writing of my signature.

This waiver is valid for a period of (1) one year from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

The Benton County Sheriff's Office acquisition, retention, and sharing of information related to your employment application is generally authorized under Title 5, United States Code, Section 552a, the Privacy Act of 1974. The purpose for requesting this information is to conduct a complete background investigation pertaining to your fitness to serve as an employee of the Benton County Sheriff's Office. This background investigation may include inquiries pertaining to your employment, education, credit history and criminal history and any information relevant to your character and reputation. By signing this form, you are acknowledging that you have received notice and have provided consent for the Benton County Sheriff's Office to use this information to conduct such a background investigation, which may include the searching of N-Dx, MULES, NCIC, Case Net and any other in-house databases both public and private.

APPLICANT NAME:	DOB:	SOCIAL SECURITY NO:
APPLICANT ADDRESS		TELEPHONE NO:
SIGNATURE OF APPLICANT:		DATE:

STATE OF MISSOURI
COUNTY OF BENTON

The foregoing instrument was acknowledged before me this _____ day of _____
20____.

Notary Public if Notary:

My term of office expires on the _____ day of _____ 20____.

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POSITION APPLYING FOR:

DATE OF APPLICATION: _____

- Deputy Sheriff
 Detention Facility Officer
 Law Enforcement Related Non-Certified Positions (Secretary, Volunteers in Police Service "VIPS", Chaplin, etc.)

APPLYING FOR:

- Full-Time
 Part-Time
 Reserve / Volunteer
 Available Start Date: _____

Have you ever filed an application for Benton County before? Yes No

If yes, explain: _____

Have you previously been employed by Benton County? Yes No

If yes, explain: _____

Do you have any relatives currently employed with Benton County? Yes No If yes, indicate below

Name	Department	Relationship

1. PERSONAL INFORMATION

ARE YOU A UNITED STATES CITIZEN? Yes No
ARE YOU AT LEAST 21 YEARS OF AGE? Yes No

NAME	<small>LAST</small>	<small>FIRST</small>	<small>MIDDLE</small>
MAIDEN NAME AND/OR ALIAS/NICKNAMES USED			
<small>CIRCUMSTANCES AND TIME PERIODS YOU USED THEM:</small>			
<small>SOCIAL SECURITY NUMBER</small>		<small>DATE OF BIRTH</small>	<small>CITY AND STATE OF BIRTH</small>
<small>DRIVER'S LICENSE NUMBER & STATE</small>	<small>SEX</small>	<small>HEIGHT</small>	<small>WEIGHT</small>
<small>EYE COLOR</small>		<small>HAIR COLOR</small>	
ADDRESS	<small>PO BOX WILL NOT BE ACCEPTED</small>		<small>CITY</small>
<small>STATE</small>		<small>ZIP</small>	
HOME PHONE	WORK PHONE	CELL PHONE	
CURRENT MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED			

FULL NAME OF SPOUSE	<small>SPOUSE'S DATE OF BIRTH</small>
<small>CITY AND STATE OF MARRIAGE</small>	<small>DATE MARRIED</small>
<small>SPOUSE'S EMPLOYER</small>	

FORMER SPOUSE(S) <small>IF DIVORCED OR SEPARATED</small>		
NAME	ADDRESS	DATE OF BIRTH

CHILDREN <small>LIST ALL ADULT AND MINOR CHILDREN</small>		
NAME	ADDRESS	DATE OF BIRTH

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2. EDUCATION				
NAME OF SCHOOL	LOCATION	DATES ATTENDED		DEGREE, DIPLOMA, OR CREDITS EARNED
		FROM	TO	
ELEMENTARY SCHOOL				
HIGH SCHOOL				
UNDERGRADUATE COLLEGE OR UNIVERSITY				
GRADUATE / PROFESSIONAL				
TECHNICAL / VOCATIONAL / OTHER				

* Attach a copy of High School diploma / G.E.D. and official transcript(s) of higher education attended.

1. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school:

2. Have you ever been suspended, expelled or asked to leave any school for disciplinary reasons? Yes No
If yes, explain: _____

3. Have you ever been placed on academic probation? Yes No
If yes, explain: _____

4. Can you speak, read, write and understand the English Language? Yes No
Indicate any foreign languages you can speak, read and/or write, other than English. _____

	Fluent	Above Average	Fair
Speak			
Read			
Write			

3. LAW ENFORCEMENT TRAINING AND EXPERIENCE					
ARE YOU POST CERTIFIED	<input type="checkbox"/> Yes <input type="checkbox"/> No	LICENSE CLASS	<input type="checkbox"/> Class A <input type="checkbox"/> Class B	POST LICENSE NO.	No.:
NAME OF ACADEMY	LOCATION		DATES ATTENDED		Certification, Credits or Hours Earned
			FROM	TO	

* Attach a copy of your graduation certificate and your POST License

1. Indicate any law enforcement education/training: (Attach copies of all law enforcement training certificates)

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2. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work: (for example: law enforcement instructor rating, Drug Recognition Expert, breathalyzer, speed detection equipment, firearms, and computers):

3. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires: (except vehicle operator's license)

4. Have you applied for a position in law enforcement prior to this? Yes No

DATE	OFFICE / DEPARTMENT	CITY / STATE	STATUS

5. Are you currently working as a law enforcement officer? Yes No

6. Has your law enforcement certificate/license ever been suspended, revoked, relinquished or subject to discipline or investigation by Missouri P.O.S.T./licensing authority? Yes No If yes, explain.

7. Have you ever worked as a Police Officer, Deputy Sheriff, Reserve Officer/Sheriff, Dispatcher, or in any other capacity related to law enforcement. Yes No if yes, explain your position and assignments

8. Were you ever disciplined as a Law Enforcement Employee? Yes No

If yes, explain, including nature of alleged offense and disposition (Reprimand, suspension, etc.)

9. List any awards and commendations you have received:

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4. MILITARY TRAINING AND EXPERIENCE				
HAVE YOU EVER SERVED OR ARE YOU NOW SERVING IN THE ARMED FORCES OF THE UNITED STATES?				<input type="checkbox"/> Yes <input type="checkbox"/> No
BRANCH OF SERVICE	DUTY STATUS <small>(Active, Reserve, or National Guard & Location of Service)</small>	DATES ATTENDED FROM TO		HIGHEST RANK
DID YOU RECEIVE AN HONORABLE DISCHARGE		<input type="checkbox"/> Yes <input type="checkbox"/> No		DATE OF DISCHARGE
DO YOU HAVE A CURRENT OBLIGATION WITH THE MILITARY SERVICE?		<input type="checkbox"/> Yes <input type="checkbox"/> No		UNIT
DO YOU HAVE A CURRENT OBLIGATION WITH THE MILITARY SERVICE?		<input type="checkbox"/> Yes <input type="checkbox"/> No		ADDRESS/PHONE
DO YOU HAVE A CURRENT OBLIGATION WITH THE MILITARY SERVICE?		<input type="checkbox"/> Yes <input type="checkbox"/> No		COMMANDER

1. Have you ever been denied entry into any Military Organization? Yes No if yes, state reason:

2. Were you ever Court Martialed, Disciplined, tried on charges, taken to Summary Court, Deck Court, Captain's Mast, Company Punishment or subject to any other type of disciplinary action while in the Military?
 Yes No if yes, describe in detail, dates, location and outcome of disciplinary action:

3. Have you ever served in any Foreign Military Organizations? Yes No if yes, describe:

4. What was your Military Occupation(s)?

5. List your Military Schools and Training:

6. List your awards and medals:

*Attach a copy of your Military Form DD214 and any other supporting documentation to this application upon submission.

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5. RESIDENCES

1. Actual places of residence for the past **(10) ten years** – list chronologically all addresses, including residences while at school and in the military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. **NO P.O. BOXES WILL BE ACCEPTED.**

FROM (Mo. / Yr.)	TO (Mo. / Yr.)	STREET ADDRESS	CITY / COUNTY	STATE	ZIP CODE

2. Have you ever been evicted, foreclosed, set out, or otherwise forced to leave your residence?

Yes No if yes, explain:

3. Has law enforcement ever had to respond to your residence for a disturbance where law enforcement action was taken? Yes No if yes, explain:

6. EMPLOYMENT HISTORY

List all places of employment, beginning with your present employment, and all prior employment for the past **(10) ten years**. All periods of time must be accounted for including periods of unemployment, summer and part-time employment while attending school. Self-Employment is considered employment and must be listed.

1.

DATE EMPLOYED		EMPLOYER NAME	TYPE OF BUSINESS	PHONE	
FROM	TO				
		ADDRESS	CITY	STATE	ZIP
STARTING ANNUAL SALARY		LAST ANNUAL SALARY		TITLE OR RANK OF POSITION	
AVERAGE NUMBER OF HOURS WORKED PER WEEK		NAME OF YOUR IMMEDIATE SUPERVISOR			
REASON FOR LEAVING				MAY WE CONTACT YOUR EMPLOYER	<input type="checkbox"/> Yes <input type="checkbox"/> No
DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES:					

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2.

DATE EMPLOYED FROM TO	EMPLOYER NAME	TYPE OF BUSINESS	PHONE	
	ADDRESS	CITY	STATE	ZIP
STARTING ANNUAL SALARY		LAST ANNUAL SALARY		TITLE OR RANK OF POSITION
AVERAGE NUMBER OF HOURS WORKED PER WEEK		NAME OF YOUR IMMEDIATE SUPERVISOR		
REASON FOR LEAVING			MAY WE CONTACT YOUR EMPLOYER	<input type="checkbox"/> Yes <input type="checkbox"/> No
DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES:				

3.

DATE EMPLOYED FROM TO	EMPLOYER NAME	TYPE OF BUSINESS	PHONE	
	ADDRESS	CITY	STATE	ZIP
STARTING ANNUAL SALARY		LAST ANNUAL SALARY		TITLE OR RANK OF POSITION
AVERAGE NUMBER OF HOURS WORKED PER WEEK		NAME OF YOUR IMMEDIATE SUPERVISOR		
REASON FOR LEAVING			MAY WE CONTACT YOUR EMPLOYER	<input type="checkbox"/> Yes <input type="checkbox"/> No
DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES:				

4.

DATE EMPLOYED FROM TO	EMPLOYER NAME	TYPE OF BUSINESS	PHONE	
	ADDRESS	CITY	STATE	ZIP
STARTING ANNUAL SALARY		LAST ANNUAL SALARY		TITLE OR RANK OF POSITION
AVERAGE NUMBER OF HOURS WORKED PER WEEK		NAME OF YOUR IMMEDIATE SUPERVISOR		
REASON FOR LEAVING			MAY WE CONTACT YOUR EMPLOYER	<input type="checkbox"/> Yes <input type="checkbox"/> No
DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES:				

5. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? Yes No if yes, explain:

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6. Can you perform shift work and work odd hours, holidays and/or weekends? Yes No if No, explain:

7. Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subject to disciplinary action while in any position you have held (except military)? Yes No if yes, state reason and explain:

7. REFERENCES

References: Give four (4) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past (5) five years. If retired, give former occupation.

NAME	ADDRESS & TELEPHONE	ASSOCIATION	YEARS KNOWN

8. DRIVING HISTORY

List all driver's licenses, chauffeurs or commercial vehicle licenses you hold now, or have previously held.

STATE OF ISSUE	TYPE OF LICENSE	LICENSE NUMBER	EXPIRATION DATE

2. Do you currently have a valid driver's license? Yes No

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?

Yes No if yes, explain:

4. Do you currently have automobile insurance on your vehicles? Yes No

3. Have you ever had automobile insurance refused, withdrawn, or revoked? Yes No if yes, explain:

* Attach a copy of your driver's license and any other supporting documentation to this application upon submission.

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9. VEHICLE INFORMATION

LIST ALL VEHICLES WHICH YOU OWN, LEASE OR HAVE FOR YOUR PERSONAL USE (INCLUDE MOTORCYCLES)

YEAR	MAKE	MODEL	VEHICLE LICENSE NUMBER	STATE

1. List all traffic accidents you have been involved in over the past (10) ten years.

DATE	LOCATION	CIRCUMSTANCES

10. ORGANIZATION MEMBERSHIP

List all civic or social organizations, fraternities, clubs, brotherhoods, societies or groups of which you are, or have been, a member or associate.

DATES	NAME OF ORGANIZATION	ADDRESS	OFFICE HELD

1. Are you now, or have you ever been, a member of any foreign or domestic organization, association, government group, or club (including the Communist Party, Nazi Party, Ku Klux Klan, Black Panther Party, Minutemen), or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted or shows a policy of advocating or approving the commission of acts of force, or violence to deny other persons their rights under the Constitution of the United States, of the State of Missouri, by an unlawful means or unconstitutional means? Yes No if yes, explain in detail on a separate page

2. Have you ever participated in any demonstration, strike or picket line sponsored by an organization?
 Yes No if yes, explain:

11. ARREST HISTORY / COURT DATA

THE INFORMATION CONTAINED HEREIN MAY BE CONFIDENTIAL AND NOT AVAILABLE FOR PUBLIC INSPECTION

1. Have you, as an adult or juvenile, been arrested, charged, questioned, accused, warned, or detained, or detained for any offense, or alleged violation of any Statute, Ordinance, Law, Regulation by any civil or military authority, either in this country or other country? Yes No if yes, explain and list below:

* Include all traffic violations that you have plead guilty to (exclude parking tickets).

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DATE	CHARGE	CITY, COUNTY, STATE	DISPOSITION	POLICE AGENCY

2. Have you ever been convicted of a misdemeanor or felony (other than traffic)? Yes No

3. Have you ever been in any undetected crime? Examples of an undetected crime include, but are not limited to, the buying or selling of illicit drugs, driving under the influence of alcohol or drugs, theft, underage consumption/possession of alcohol, etc.? Yes No if yes, explain in full detail on separate sheet of paper.

4. Have you ever had an Order of Protection against you? Yes No if yes, please explain

5. Have you or your spouse ever been a plaintiff or defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence orders, etc.) Yes No if yes, explain and list below

DATE	PLACE OF COURT	CASE NUMBER	NAMES OF PARTIES INVOLVED	NATURE OF ACTION	DISPOSITION

6. Were you ever served with a criminal or civil subpoena or summons (other than for traffic)? Yes No

7. Have any relative of you or your spouse ever been arrested, accused, convicted, or imprisoned? Yes No

8. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No

If you answered yes to question #6, #7 and #8, please provide details:

12. FINANCIAL STATUS / CREDIT HISTORY

THE INFORMATION CONTAINED HEREIN MAY BE CONFIDENTIAL AND NOT AVAILABLE FOR PUBLIC INSPECTION

1. Do you have any sources of income other than your salary or the salary of your spouse? Yes No
Specify each with an estimated annual amount.

2. Give the names and addresses of the individuals, companies or others to whom you are indebted, and the extent of your debit. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments and any other debts and payments. Include account numbers where applicable.

CREDITOR	ADDRESS	AMOUNT	LOAN OR ACCOUNT NUMBER

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- 3. Have you ever been delinquent in any of your financial obligations? Yes No
- 4. Have your ever been refused credit? Yes No
- 5. Have you ever received a settlement in payment for damages, injury, etc., either with or without court action? Yes No
- 6. Have you or your spouse ever had a garnishment or wage assessment placed against you? Yes No
- 7. Have you or your spouse, or ex-spouse ever filed bankruptcy? Yes No
- 8. Have you ever had your property repossessed? Yes No

If you answered yes to questions #3, #4, #5, #6, #7 or #8 please explain:

13. DRUG / ALCOHOL HISTORY

THE INFORMATION CONTAINED HEREIN MAY BE CONFIDENTIAL AND NOT AVAILABLE FOR PUBLIC INSPECTION

- 1. Do you drink alcoholic beverages? Yes No
- 2. Was there ever a period in your life when you drank more than you do now? Yes No
- 3. Have you ever had difficulty with your family due to drinking? Yes No
- 4. Do you know anyone who has used narcotics illegally? Yes No
- 5. Have you ever been treated for drug use or narcotic addiction? Yes No
- 6. Have you ever used any prescription narcotics that were not prescribed to you? Yes No
- 7. Do you now or have you ever illegally obtained, possessed, supplied, or sold any narcotic or controlled substance? Yes No

If you answered yes to questions #1, #2, #3, #4, #5, #6, or #7 please explain:

8. Have you ever tried or used a narcotic or dangerous drug without a doctor's prescription? (Includes, but not limited to cannabinoids, PCP, hallucinogens, methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of similar nature.)

* Any prior/current use of LSD or other Hallucinogens will be reason for DISQUALIFICATION. Any other narcotic or dangerous drug usage will be reviewed on an individual basis to determine acceptability or disqualification depending upon the frequency and most recent usage.

DATE	DRUG	FREQUENCY	EXPLANATION OF USE

