

# Jefferson County Sheriff's Department

## Employment Application



Applicant Information													
Full Name:						Date:							
<i>Last</i>				<i>First</i>				<i>M.I.</i>					
Address:													
<i>Street Address</i>						<i>Apartment/Unit #</i>							
City						State			ZIP Code				
Phone: ( )			E-mail Address:										
Date of Birth:			Social Security No.:			Drivers license Number							
Race:		Sex:		Marital Status:		Place of Birth:							
Position Applied for:		Patrol <input type="checkbox"/> Corrections <input type="checkbox"/> Admin <input type="checkbox"/> Reserve <input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Other <input type="checkbox"/> Explain:											
Are you a citizen of the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?*				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Citizenship Acquired by?		Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Naturalization <input type="checkbox"/>			
Have you ever been convicted of a felony?*				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Date and Place of Naturalization:					
*If yes, explain:													
Education													
High School:						Address:							
From:		To:		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree:			
College:						Address:							
From:		To:		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree:			
Other:						Address:							
From:		To:		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree:			
References													
<i>Please list three professional references.</i>													
Full Name:						Relationship:							
Company:						Phone:			( )				
Address:													
Full Name:						Relationship:							
Company:						Phone:			( )				
Address:													
Full Name:						Relationship:							
Company:						Phone:			( )				
Address:													

# Jefferson County Sheriff's Department

## Employment Application



### Personal Declarations

Have you ever declared, or are you about to declare bankruptcy? Yes  No  If yes, please provide date, location, and circumstances?

Do you use or have you ever used marijuana, hashish, cocaine, crack, LSD, amphetamines, heroin, steroids, or other illicit drugs? Yes  No  If yes, what items and to what extent.

If you are divorced or separated, are you now or have you ever been delinquent in payment of alimony or child support? Yes  No  If yes, please explain.

Have you ever been convicted of a crime (excluding minor traffic offenses)? Yes  No  If yes, please explain.

Have you ever been arrested? Yes  No  If yes, Please explain.

Do you use intoxicants? Yes  No  If yes, please explain to what extent.

What are your feelings about the use of deadly force if it became necessary in the course of your official duties?

List any special skills, training, hobbies, or employment which you are certified, licensed or registered in that may be useful in the position you are applying for.

### Previous Address

List all addresses for the last five years. Starting with your present address.

Address:			
<i>Street Address</i>		<i>Apartment/Unit #</i>	
<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Address:			
<i>Street Address</i>		<i>Apartment/Unit #</i>	
<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Address:			
<i>Street Address</i>		<i>Apartment/Unit #</i>	
<i>City</i>		<i>State</i>	<i>ZIP Code</i>

# Jefferson County Sheriff's Department

## Employment Application



Previous Employment																		
Company:					Phone: (    )													
Address:					Supervisor:													
Job Title:			Starting Salary: \$			Ending Salary: \$												
Responsibilities:																		
From:		To:		Reason for Leaving:														
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	Supervisors Name and title											
Company:					Phone: (    )													
Address:					Supervisor:													
Job Title:			Starting Salary: \$			Ending Salary: \$												
Responsibilities:																		
From:		To:		Reason for Leaving:														
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	Supervisors Name and title											
Company:					Phone: (    )													
Address:					Supervisor:													
Job Title:			Starting Salary: \$			Ending Salary: \$												
Responsibilities:																		
From:		To:		Reason for Leaving:														
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	Supervisors Name and title											
Company:					Phone: (    )													
Address:					Supervisor:													
Job Title:			Starting Salary: \$			Ending Salary: \$												
Responsibilities:																		
From:		To:		Reason for Leaving:														
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	Supervisors Name and title											
Have you ever been dismissed or asked to resign, or had any disciplinary action taken against you? If yes, explain.					YES <input type="checkbox"/>	NO <input type="checkbox"/>												
Military Service																		
Branch:					From:		To:											
Rank at Discharge:				Type of Discharge:														
If other than honorable, explain:					If you attend drills, give the name of the unit and location													
Attach a copy of your DD-214 to this application.																		
Family History																		
List all dependants																		
										Name		DOB	Race/Sex		Residence Address			

# Jefferson County Sheriff's Department

## Employment Application



List the names of every member of your immediate family who are currently living. Including your father, mother, sisters, and brothers.	Name	Relationship	Address	Race/Sex	Date of Birth

Has any member of your immediate family ever been arrested or convicted of a crime (excluding minor traffic offenses)? Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:	_____
--	-------

**Organizations/Associations**

List any organizations, clubs or associations which you are or have been a member of within the last ten years.

Name:	City/State

**Career Objectives**

Briefly explain your reasons for applying for this position

Are you seeking career employment with the Jefferson County Sheriff's Department Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever applied for employment with any criminal justice agency not listed as an employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the names of the agencies and date of application.
---	---

**Certification That My Answers are True**

Any person who falsifies his/her legal residence or changes his/her legal residence for the purpose of improving standing on any eligible register shall have his/her name removed from such register, and if he/she is employed by the Jefferson County Sheriff's Department he/she shall be subject to disciplinary action, up to , and including dismissal. Any Jefferson County Sheriff's Department employee who advises, encourages, or instructs an applicant to falsify his/her legal residence, or to change his/her residence for the purpose of improving his/her standing on any eligible register shall be disciplined, up to, and including dismissal.

I understand that appointments into the job classification of deputy or jailer are probationary for a period of six months during which, I must demonstrate my fitness for continued employment by the Jefferson County Sheriff's Department. I agree if it is necessary to establish irregular work hours, I must be available for such assignments as the need may arise. I further understand that any appointment tendered me as a deputy or jailer with the Jefferson County Sheriff's Department will be contingent upon the results of a complete character and fitness investigation, physical examination, and psychological evaluation. I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal for the Jefferson County Sheriff's Department.

I agree to these conditions, and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

**Signature**

Signature:	Date:
------------	-------