

**DISPATCH EMPLOYMENT APPLICATION**

**ROOKSCOUNTYSHERIFFS OFFICE**

**803 SELM**

**P.O. BOX 193**

**STOCKTON, KANSAS 67669**

**785-425-6312**

To receive appointment as a Dispatcher with this agency, you must at the time of employment meet the following criteria:

Applicant must be at least 18 years of age.

Must be a United States Citizen.

Must have a valid driver's license and a high school diploma or equivalent.

Must have NO felony, drug or domestic violence convictions. (Including no felonies that were expunged.)

Good Moral Character.

Employment is contingent upon passing pre-employment tests, an oral interview, background investigation, physical, drug screen, and psychological testing.

Applicant must be able to work various shifts, holidays and week-ends.

The completion of this form is a requirement for consideration for employment with this agency.

All statements are subject to verification.

Inaccuracies or incomplete statements may prevent you from being hired by this agency and may be cause for your removal from the hiring list.

In accordance with the Privacy Act of 1974, disclosure of your social security number is voluntary. The social security number will be used for identification purposes to ensure that proper records are obtained.

I have read and understand the above instructions and do agree to the terms and conditions of completing the application.

Name:

Date:

If you have met the aforementioned qualifications and understand the requirements for obtaining

employment and wish to continue, answer the following questions.

POSITION APPLYING FOR:

PERSONAL INFORMATION:

Name

Last

First

Middle

Address

City

State

Zip

Telephone Number

Are you a United States Citizen? Yes No\_\_ Social Security Number \_\_\_\_\_

This position requires that the person qualify and obtain a Kansas Drivers License as well as qualify for automobile insurance.

Current Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Have you been convicted of any criminal offenses other than minor traffic violations?

YES No

If yes, please explain:

Have you been convicted of a felony, including any expunged and annulled felony record from this state, any other state or any military jurisdiction that would be considered a felony in Kansas? YES No

If yes, please explain:

Do you have any criminal charges pending? YES No\_\_\_

If yes: Type of Charge

Date: \_\_\_\_\_

Location

Disclosure of a misdemeanor criminal record will not necessarily disqualify you from employment consideration. Each conviction will be evaluated on its own merit with respect to time, circumstances and seriousness, in relation to the job for which you are applying. However, failure to disclose such information may result in disqualifying you from employment

consideration or termination of employment.

**EDUCATION:**

A position as a Dispatcher requires you to have a high school education or its equivalent.  
Please complete the table shown below.

	Name of School	Location	Dates Attended	Major Studies	Hours Obtained	List Diploma or Degree received
High School Or Equivalent						
College						
Graduate School						
Trade or Vocational School						

Please list those skills you have acquired that are relevant to the job(s) for which you are applying.

Position Held Name and Address of Company and type of Business	From mo/yr	To mo/yr	Starting Salary (Monthly)	Last Salary (Monthly)	Reason For Leaving	Name Of Supervisor
Briefly describe the work you did:						
Telephone						

**EMPLOYMENT:**

Position Held Name and Address of Company and type of Business	From mo/yr	To mo/yr	Starting Salary (Monthly)	Last Salary (Monthly)	Reason For Leaving	Name Of Supervisor
Briefly describe the work you did:						

Telephone

Position Held Name and Address of Company and type of Business	From mo/yr	To mo/yr	Starting Salary (Monthly)	Last Salary (Monthly)	Reason For Leaving	Name Of Supervisor
Briefly describe the work you did:						
Telephone						

Position Held Name and Address of Company and type of Business	From mo/yr	To mo/yr	Starting Salary (Monthly)	Last Salary (Monthly)	Reason For Leaving	Name Of Supervisor
Briefly describe the work you did:						
Telephone						

Account for any time that you were unemployed, by stating the date and reason:

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Do you authorize us to inquire about you from your present employer? YES\_\_\_ NO\_\_\_

Personal References

Name	Address	Phone Number
1.		
2.		
3.		

I certify that I have made no misrepresentation in this application and I have not withheld information in my statements and answers to questions. I hereby give my full permission for any and all information in this application to be investigated. I am aware that any misrepresentation may cause my application to be rejected or may cause dismissal if I am hired before such misrepresentations are discovered. I understand that any material matter contained in this application, which is false or misrepresents the true facts with the intent to induce official action is False Writing, A Class D felony, in violation of K.S.A. 21-3711.

Signature of Applicant

Date

**ROOKS COUNTY SHERIFF OFFICE**

**CONFIDENTIAL INFORMATION AGREEMENT FORM**

I, \_\_\_\_\_ understand that a thorough investigation will be conducted to determine my qualifications for the position within the Rooks County Sheriff's Office. Further, that to a great extent, my employment will depend on the information obtained in the confidential interviews with persons whom I have associated. Therefore, I understand that such information is confidential and the county cannot reveal the reasons why my application is removed from the selection process, and/or not offered employment.

I further understand that if the reason(s) for my non-acceptance are of a temporary nature whereby I should be accepted at a later date, I will be notified.

I have read and fully understand the foregoing statement.

\_\_\_\_\_

\_\_\_\_\_

APPLICANT

DATE

Subscribed and sworn before me this                      day of                      , \_\_\_\_\_

(Seal)

NOTARY

I hereby authorize any sworn Officer, or authorized representative of the Rooks County Sheriff's Office bearing this release , or a photo static copy thereof, within one year of its date, to obtain information from your files pertaining to my employment, credit, or educational records, including but not limited to academics, achievements, attendance, athletics, personal (non-medical) history and disciplinary records. I hereby direct you to release such information upon request of bearer.

This release is executed with full knowledge and understanding that the information is for the official use of the Rooks County Sheriff's Office. Consent is granted for the Rooks County Sheriff's Office to furnish such information as is described above, as third parties in the course of fulfilling its official responsibilities.

I hereby release you as the custodian of such records and any school, college, university or other educational institution, credit bureau, lending institutions, consumer reporting agency or retail business establishment including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with the authorization and request to release information or any attempt to comply with it.

I hereby acknowledge that information obtained in the background investigation is confidential and will not be released to me. I acknowledge that this is important in order to obtain objective and unbiased information. I also will not attempt to obtain from the County a copy of any background information.

A copy of this authority to release information will be as valid as the original. Should there be any question as to the validity of this release, you may contact me as indicated below.

Name: Typed or Printed: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(SEAL)