CORRECTIONS OFFICER EMPLOYMENTAPPLICATION

ROOKSCOUNTYSHERIFFSOFFICE

803 S ELM

P.O. BOX 193

STOCKTON, KANSAS 67669

785-425-6312

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

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. Must be able to qualify for vehicle insurance in the use of a motor vehicle.

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 IN	FORMATION:			
Name				
	Last	First	Middle	
Address		City	State	Zip
Residence Telepho	one	Other Telepho	one Number	
Are you a United	States Citizen? Yes	No Social Securit	y Number	_
		ualify and obtain a Kansa se answer the following		well as
Current Drivers L	icense Number		State	
Have you been co	onvicted of any crimin	nal offenses other than m	inor traffic violations	:?
YES	No			
If yes, please exp	lain:			
•	er state or any milita No	ncluding any expunged a ry jurisdiction that wou	· · · · · · · · · · · · · · · · · · ·	
Do you have any c If yes: Type of Ch	riminal charges pendi	ng? YES No		
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 law enforcement officer 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					Ostanou	Degice received
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	То	Starting Salary (Monthly)	Last Salary (Monthly)	Reason For Leaving	Name Of Supervisor
	mo/yr	mo/yr				
	Briefl	y describe the wor	k you did:			
Teleph	one					

EMPLOYMENT:

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

Position Held Name and Address of Company	From	То	Starting Salary (Monthly)	Last Salary (Monthly)	Reason For Leaving	Name Of Supervisor
and type of Business	mo/yr	mo/yr				

	1		T	1		
	Duint	ly describe the				
	- Dilei	ly describe the	work you did.			
m i						
Telepi	none					
Position Held Name and Address of	From	To	Starting Salary	Last Salary	Reason For	Name Of
Company			(Monthly)	(Monthly)	Leaving	Supervisor
and type of Business	mo/yr	mo/yr				
	Daiot	ly describe the	moult non dide			
	Differ	ly describe the	work you did.			
Telepi	hone					
account for any time t	hat vou we	ere unemp	loved, by s	tating the d	late and reas	son:
3	J	1	<i>J</i> , <i>J</i>	\mathcal{E}		
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o you authorize us to	mquire at	out you m	om your p	resem emp	noyer res	NO
Personal References						
ersonal References						
ame		Δd	dress			Phone Number
anic		Au	uress			I Holle Ivullibel
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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.

74 1 216/441		D/ (12	
Subscribed and sworn before me this	day of	<i>,</i>	
(Seal)		NOTARY	

DATE

ΔΡΡΙ ΤΟΔΝΤ

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 Print	ted:

Current Address:		
Telephone Number:		
Date:	_	
Signature:		
Subscribed and Sworn before me this	day of	
(SEAL)		