

# Employment Application



Official Use Only

Position: \_\_\_\_\_

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

Dear Applicant:

The Buchanan County Sheriff's Office seeks only the highest quality individuals to undertake the challenging duty assignments within the Sheriff's Office. If you have a desire to be a member of one of the finest law enforcement agencies in Missouri, please complete this application.

Applicants should print or write **all information legibly** – if we cannot understand the information you provided we will remove the applicant from consideration. Additionally, applications that are **not fully completed** will result in removal of consideration and removal from the hiring process.

The Divisions of the Sheriff's Office that allow us to provide the best possible service to the residents of Buchanan County are the; Administration, Civil Process, Road Patrol, Criminal Investigations, Drug Strike Force/Career Criminals, Corrections, and Court Security Divisions.

Minimum standards for employment:

- United States Citizenship and (21) twenty-one years of age
- Have no felony or serious misdemeanor convictions
- Possess a High School Diploma or GED
- Be in good physical and mental condition
- Sworn officers must be a resident of the State of MO at the time of appointment
- Reside within (30) minutes of the Law Enforcement Center
- Valid Missouri Driver's License

**Deputy Sheriff** applicants should possess, or be in the process of obtaining, a Missouri Peace Officer's License.

The steps in the Sheriff's Office hiring process are:

- Completed Application Packet and Documents
- Written Examination
- Physical Abilities Test (if applicable)
- Oral Interview
- Truth Verification Testing
- Background Investigation
- Medical Exam and Drug Screen
- Sheriff's Interview

If you meet the minimum requirements outlined above, and are interested in a challenging career in county law enforcement, we encourage you to fully complete this application and return it to the Sheriff's Office.

Good Luck in your endeavors

Sheriff Bill Puett

Applicant Information						
Position Seeking:						
<input type="checkbox"/> Deputy Sheriff		<input type="checkbox"/> Detention Officer		<input type="checkbox"/> Reserve Deputy Sheriff		
<input type="checkbox"/> Administrative Aide		<input type="checkbox"/> Cook		<input type="checkbox"/> Other: _____		
Last Name		First Name		Middle Name		
Other Names Ever Used (Maiden/Nickname/Etc.)		Social Security Number		Date of Birth		
Address		City and State		Zip Code		
Primary Phone		Secondary Phone		Email Address		
POST Certified	Academy Attended	Certification	Hours	Graduation	POST Number	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> A <input type="checkbox"/> B		/ /		
Education						
High School or GED Attended		Start Date	End Date	Degree/Diploma Earned		
School Attended (Post-Secondary)		Start Date	End Date	Degree/Diploma Earned		
School Attended (Post-Secondary)		Start Date	End Date	Degree/Diploma Earned		
Background Questions						
<b>You must answer each question in this section. Failure to answer questions will disqualify you. If you answer "yes" to questions 1-8 you must provide a written explanation to clarify the answer.</b>						
1. Have you ever pled guilty, been convicted, been imprisoned, or been on probation or parole for any crime classified as a felony?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. During the last 10 years have you ever pled guilty, been convicted, been imprisoned, or been on probation or parole for any crime classified as a misdemeanor?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Have you ever been convicted by a military court-martial in the last 10 years?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Are you currently charged with any violation of the law?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Have you ever been convicted of any crime of domestic violence?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Have you ever been or are you currently a respondent in any adult abuse order?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. During the last 10 years have you been fired from any job for any reason?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. During the last 10 years did you quit after you were told that you would be fired, or did you leave any job by mutual agreement because of problems?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Do you currently have a valid Missouri driver's license?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>I certify that the information contained herein or attached to this application is true, correct, complete, to the best of my knowledge and belief and made in good faith. I understand that false or fraudulent information on, or attached, to this application may be grounds for disqualification or for termination after I have started my employment.</i>						
Applicant Signature					Date	

<b>Employment History – Starting with Most Recent</b>			
Job Title/Position		Start Date	End Date
Employer/Company Name		Supervisor's Name	Supervisor's Phone
Starting Salary	Ending Salary	Have you had any job actions while employed? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No Reason:</b> _____	
Reason for Leaving			
Job Title/Position		Start Date	End Date
Employer/Company Name		Supervisor's Name	Supervisor's Phone
Starting Salary	Ending Salary	Have you had any job actions while employed? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No Reason:</b> _____	
Reason for Leaving			
Job Title/Position		Start Date	End Date
Employer/Company Name		Supervisor's Name	Supervisor's Phone
Starting Salary	Ending Salary	Have you had any job actions while employed? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No Reason:</b> _____	
Reason for Leaving			
Job Title/Position		Start Date	End Date
Employer/Company Name		Supervisor's Name	Supervisor's Phone
Starting Salary	Ending Salary	Have you had any job actions while employed? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No Reason:</b> _____	
Reason for Leaving			

Job Title/Position		Start Date	End Date
Employer/Company Name		Supervisor's Name	Supervisor's Phone
Starting Salary	Ending Salary	Have you had any job actions while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____	
Reason for Leaving			
Job Title/Position		Start Date	End Date
Employer/Company Name		Supervisor's Name	Supervisor's Phone
Starting Salary	Ending Salary	Have you had any job actions while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____	
Reason for Leaving			
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Starting Salary	Ending Salary	Have you had any job actions while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____	
Reason for Leaving			
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Reason for Leaving			
Job Title/Position		Start Date	End Date
Employer/Company Name		Supervisor's Name	Supervisor's Phone
Starting Salary	Ending Salary	Have you had any job actions while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____	
Reason for Leaving			

**Background Information**

Please discuss any background issues; 1. "Yes" answers in the background questions, 2. Issues with prior employment, 3. Contacts with law enforcement, or 4. Any other issues that the Sheriff's Office should know for consideration of your employment.

**Any failures to disclose relevant information will result in disqualification and removal from the hiring process**

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10. \_\_\_\_\_  
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**Personal References – (Family and Relatives CANNOT Be Used as Personal References)**

Name	Relationship to Reference	Phone
Name	Relationship to Reference	Phone
Name	Relationship to Reference	Phone
Name	Relationship to Reference	Phone
Name	Relationship to Reference	Phone

**List ANY family members that work for the Buchanan County Sheriff's Office – in ANY capacity**

Name	Relationship to Reference	Phone
Name	Relationship to Reference	Phone
Name	Relationship to Reference	Phone

**Authority for Release of Information**

To Whom It May Concern:

I hereby authorize any investigative or duly accredited representative of the Buchanan County Sheriff's Office, bearing this release, or copy thereof, within (1) one year of its date, to obtain any information from schools, residential, financial institutions, armed forces, hospitals, doctors, Veteran's Administration, credit bureau, employers, criminal justice agencies, or individuals, relating to my actions.

This information may include, but is not limited to; academic, military, residential, health rating, credit rating, achievement, performance, attendance, personal history, disciplinary, arrest and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Buchanan County Sheriff's Office and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature, which may at any time result to me on account of compliance or any attempts to comply with authorization.

Should there be any questions as to the validity of this release, you may contact me, as indicated below:

Last Name	First Name	Middle Name
Signature		Date
Other Names Ever Used (Maiden/Nickname/Etc.)	Social Security Number	Date of Birth
Address	City and State	Zip Code
Cell Phone	Email Address	

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. I am commissioned as a notary public within the county of **Buchanan**, state of **Missouri**, and my commission expires on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**