



COLE COUNTY SHERIFF'S OFFICE APPLICATION FOR EMPLOYMENT

John P. Wheeler
Sheriff of Cole County
P.O. Box 426
Jefferson City, MO 65102-0426
PH: (573)634-9160
FAX: (573)634-2336

**** We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.****

(PLEASE PRINT OR TYPE)

POSITION APPLIED FOR: _____ DATE OF APPLICATION: _____

FULL TIME PART TIME AVAILABLE DATE: _____

NAME:		
ADDRESS:		
TELEPHONE NUMBER	EMAIL	SOCIAL SECURITY
List any other names used:		

Have you ever filed an application with us before? Yes ___ No ___ Date: _____

Have you ever been employed by us before? Yes ___ No ___ Date: _____

Are you currently employed, laid off or subject to recall? Yes ___ No ___

May we contact your current employer? Yes ___ No ___

Can you provide proof of eligibility to work in the United States? Yes ___ No ___

If foreign born and Naturalized or on Visa please provide proof of Citizenship or immigration status upon employment.

Have you ever been arrested as an adult? Yes ___ No ___

If yes, briefly explain: _____

Please list any foreign languages you can speak, read and/or write and your fluency (good/fair/passable)



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Education

	NAME AND ADDRESS OF SCHOOL	YEARS COMPLETED	DIPLOMA/DEGREE
HIGH SCHOOL			
UNDERGRADUATE COLLEGE			
GRADUATE PROFESSIONAL			
OTHER (SPECIFY)			

Describe any specialized training, apprenticeships, skills and extra-curricular activities:

Describe any job-related training received in the United States Military:

List any professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry disability or other protected status.)



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EMPLOYMENT EXPERIENCE

Start with your most recent job. Include any job-related military service assignments and volunteer activities. (You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry disability or other protected status.)

Employer:	From:	Supervisor:
Address:	To:	Job Title:
Describe your duties and reason you left.		
Employer:	From:	Supervisor:
Address:	To:	Job Title:
Describe your duties and reason you left.		
Employer:	From:	Supervisor:
Address:	To:	Job Title:
Describe your duties and reason you left.		
Employer:	From:	Supervisor:
Address:	To:	Job Title:
Describe your duties and reason you left.		
Employer:	From:	Supervisor:
Address:	To:	Job Title:
Describe your duties and reason you left.		
Employer:	From:	Supervisor:
Address:	To:	Job Title:
Describe your duties and reason you left.		

If you need additional space, please continue on a separate sheet of paper.



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Past Addresses

Beginning with you most recent address, list the addresses of where you have lived for the past 15 years.

From:	To:
From:	To:
From:	To:
From:	To:
From:	To:
From:	To:
From:	To:

If you need additional space, please continue on a separate sheet of paper.



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ADDITIONAL INFORMATION

Please summarize any other qualifications, skills or talents that you feel we should know about, including what office equipment and software are you familiar with.

REFERENCES

Please list at least 3 reference that we might contact. These should not be related to you.

1. Name: _____ Phone #: _____
Address: _____

2. Name: _____ Phone #: _____
Address: _____

3. Name: _____ Phone #: _____
Address: _____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. Yes ___ No ___

**** A TYPING TEST MUST BE TURNED IN AT THE TIME YOU SUBMIT YOUR APPLICATION TO BE CONSIDERED ****

Typing tests may be done at: MO Career Center,
1716 Four Seasons Dr Suite 101
Jefferson City, MO 65101

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



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APPLICANT STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I voluntarily give the County of Cole the right to make a thorough investigation of my past employment(s) and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, or corporations supplying such information.

I further understand that any false answers or statements made by me on this application or any supplement thereto, or in connection with the above-mentioned investigation, will be sufficient grounds for immediate dismissal, regardless of length of employment. I understand, also, that I am required to abide by all rules and regulations of the employer.

I hereby understand and acknowledge that, unless otherwise defined by applicable laws, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by any conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Signature of Applicant

Date



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BACKGROUND RELEASE

To WHOM IT MAY CONCERN: I am an applicant for a position with the Cole County Sheriff's Department. The department 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 above department.

I hereby authorize any representative of the Cole County Sheriff's Department 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 Cole County Sheriff's Department, whether said records are public, private, or confidential in nature. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Cole County Sheriff's Department to consider in determining my suitability for employment in that department. 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 may 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 of the duly accredited representative of the Cole County Sheriff's Department regardless of any agreement I may have made with you previously to the contrary. The Cole County Sheriff's Department will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Cole County Sheriff's Department acceptance and processing of my application for employment, I agree to hold the Cole County Sheriff's Department, 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 Cole County Sheriff's Department. 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 Cole County Sheriff's Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an 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 12 months 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 pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his 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 Cole 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 Cole 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 Cole County Sheriff's Office to use this information to conduct such a background investigation, which may include the searching of N-DEX, MULES, NCIC, Case Net and any other in-house databases both public and private.

Applicant Name: _____ DOB: _____ Social Security # _____

Applicant Address: _____ Telephone # _____

Signature

Date

State of Missouri, County of Cole

Subscribed and sworn to before me this _____ day of _____ in the year _____.

My Commission expires on: _____

Notary Public

WE ARE AN EQUAL OPPORTUNITY EMPLOYER