



SCOTT COUNTY SHERIFF'S DEPARTMENT

Rick Walter, Sheriff

APPLICATION FOR EMPLOYMENT

Applicant's Personal Information and History

INSTRUCTIONS TO APPLICANT: *This application must be completed using black ink, printed in the applicant's own hand. No one else may complete this form for you. All questions must be answered. If a question does not pertain to you, write "N/A." Use the reverse side of each page to complete your answer if additional space is necessary. Attach all requested documents to the back of this application. If you are unable to obtain a document requested in this questionnaire, give a brief, but thorough explanation. If you have any questions, feel free to contact Chief Deputy Thomas Beardslee, or Ms Shawn Wood at 573-545-3525 or 573-471-3530. This application and the attachments become the property of the Scott County Sheriff's Department.*

I. GENERAL INFORMATION

1. The position for which you are applying:

Corrections Officer ___; Communications ___; Food Service ___; Clerical ___;
Court Bailiff ___; Reserve Officer ___; Deputy Sheriff (Patrol Officer) ___.

2. Name: _____
(first) (middle) (last)

3. Your Current Street Address: _____

4. City: _____ State: _____ Zip: _____

5. List ALL other names you have used or by which you may have been known, officially or unofficially, including nicknames, former names, maiden names and abbreviations:

6. Place of Birth: _____

SCOTT COUNTY SHERIFF'S DEPARTMENT
P.O. Box 279
Benton, Missouri 63736
573-545-3525

7. Social Security Number: _____
8. Your current telephone numbers: (Home) _____ (Business) _____
9. Are you a United States Citizen: _____
10. County of Residence: _____

II. EDUCATION

11. Name and address of high school from which you graduated:

12. Date Graduated: _____
13. Date of GED Certificate: _____
14. Name(s) and Address(s) of College(s) and/or University(ies) attended:

15. Date(s) Graduated: _____
16. Degree(s) Earned: _____
17. If not graduated, number of credit hours earned and major:

III. MILITARY SERVICE

18. Branch: _____ Dates of Service: _____
19. Career Field: _____
20. Specialized Training: _____
21. Type of Discharge: _____
22. Reserve Status: _____
23. Highest Rank Held: _____

IV. SKILLS AND TRAINING

24. List any special skill or training that you have received or are licensed for:

25. List all foreign or sign languages in which you are fluent:

V. EMPLOYMENT HISTORY

26. Current Employer, address, city, state, zip: _____

27. Current Employer Telephone: _____

28. Current Supervisor: _____

29. Previous Employer, address, city, state, zip: _____

30. Previous Employer, address, city, state, zip: _____

VI. BACKGROUND

31. List **ALL** arrests and convictions for violations of Missouri Criminal Statutes, both misdemeanor and felony, to include receiving a suspended imposition of sentence:

Charge: _____ Date: _____

Agency: _____ Location: _____

Court where filed: _____ Disposition: _____

Charge: _____ Date: _____

Agency: _____ Location: _____

Court where filed: _____ Disposition: _____

Charge: _____ Date: _____

Agency: _____ Location: _____

Court where filed: _____ Disposition: _____

Charge: _____ Date: _____
Agency: _____ Location: _____
Court where filed: _____ Disposition: _____

32. List every state in which you have been a licensed driver, and your operator's number in each state: _____

33. List ALL arrests and convictions for violations of criminal statutes of any state **other than Missouri:**

Charge: _____ Date: _____
Agency: _____ Location: _____
Court where filed: _____ Disposition: _____

Charge: _____ Date: _____
Agency: _____ Location: _____
Court where filed: _____ Disposition: _____

34. Have you ever had an Ex Parte Order or Order of Protection issued against you?
Yes/No. If yes, list:
Court: _____ Location: _____
Date: _____ Disposition: _____

35. Do you now or have you ever used alcohol or prescription drugs to excess?
(Circle) Yes No If you answered yes, explain: _____

36. Do you now, or have you in the past ever possessed, supplied or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, Methamphetamine, heroin, or drugs of a similar nature? **YES NO**
If you answered yes, explain: _____

37. List the street address of every place you have lived for the past ten years:
Street address: _____ From: _____ To: _____
City: _____ State: _____ Zip: _____

Street address: _____ From: _____ To: _____

City: _____ State: _____ Zip: _____

Street address: _____ From: _____ To: _____
City: _____ State: _____ Zip: _____

38. List all clubs, groups, associations or organizations to which you belong or have had affiliation (excluding those that would indicate race, religion, color, sex, or national origin): _____

39. List any other information you would like us to consider concerning your personal history background information:

40. Is there any additional information that you would like to explain or provide that relates to your background but has not been asked? _____

VII References

41. List three references:

NAME: _____ ADDRESS: _____

TELEPHONE: _____ RELATIONSHIP: _____

NAME: _____ ADDRESS: _____

TELEPHONE: _____ RELATIONSHIP: _____

NAME: _____ ADDRESS: _____

TELEPHONE: _____ RELATIONSHIP: _____

NAME: _____ ADDRESS: _____

TELEPHONE: _____ RELATIONSHIP: _____

42. *I certify that I have read and understand the contents of all pages of this document and that I have not deliberately falsified or omitted any information on this form. I acknowledge that deliberate falsification, omissions or misstatements shall be grounds for immediate dismissal. I further authorize representatives of the Scott County Sheriff's Department to conduct any check of my background, that may be necessary, to include previous employers, schools and institutions, law enforcement and government agencies for the purpose of determining my suitability for employment. I further agree to indemnify and hold harmless any department, school, agency, employer or individual contacted and specifically authorize them to release any information about me requested by Department representatives.*

Signed: _____ Date: _____

Name: _____

(Please Print)

VIII. ATTACHMENTS

Please enclose **copies** of the following documents when returning your application:

- High School Diploma or GED Certificate.
- Birth Certificate
- Social Security Card
- Drivers License or state ID
- DD-214 (veterans only)

Applicants will also be required to be fingerprinted and a criminal history check through the Missouri State Highway Patrol and FBI will be completed. In addition, a urine test will be given for drug screening prior to final approval for employment.