Jewell County Sheriff's Office

307 N. Commercial St.
Mankato, KS 66956
(785) 378-3194

Sheriff Don Jacobs

Employment Application

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit#*

_____
City *State* *ZIP Code*

Phone: _____ Email: _____

Date available: _____ Social Security Number: _____

Position Applied For: _____ Desired Salary: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain _____

Education

High School:_____ Address:_____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Diploma:_____

College: _____ Address:_____

From: _____ To: _____

Did you graduate? Yes ☐ No ☐ Degree:_____

Other: _____ Address:_____

From: _____ To: _____

Did you graduate? Yes ☐ No ☐ Degree:_____

References

Full Name: _____ Relationship:_____

Company: _____ Phone:_____

Address: _____

Full Name: ______________________ Relationship: __________

Company: ______________________ Phone: __________

Address: ______________________

Full Name: ______________________ Relationship: __________

Company: ______________________ Phone: __________

Address: ______________________

Previous Employement

Company: ______________________ Phone: __________

Address: ______________________ Supervisor: __________

Job Title: __________ Starting Salary:$__________ Ending Salary:$__________

Responsibilities: ______________________

From: __________ To: __________ Reason for Leaving: __________

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company: ______________________ Phone: __________

Address: ______________________ Supervisor: __________

Job Title: __________ Starting Salary:$__________ Ending Salary:$__________

Responsibilities: ______________________

From: __________ To: __________ Reason for Leaving: __________

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company: ______________________ Phone: __________

Address: ______________________ Supervisor: __________

Job Title: __________ Starting Salary:$__________ Ending Salary:$__________

Responsibilities: ______________________

From: __________ To: __________ Reason for Leaving: __________

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, please explain: _____

_____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge,

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release,

Signature:_____ Date:_____

Jewell County Sheriff's Office

Authorization for the Release of Information

TO WHOM IT MAY CONCERN:

As an applicant for a position with the Jewell County Sheriff's Office, I recognize that two essential characteristics for anyone entering the law enforcement profession are honor and integrity. I further recognize the need for the Jewell County Sheriff's Office to conduct an extensive background check on every applicant.

With this recognition in mind, I hereby authorize the Jewell County Sheriff's Office and its authorized representatives in possession of this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education, juvenile court, psychological, or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the Jewell County Sheriff's Office. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any law enforcement agency, court, school, college, university, or other educations institution, hospital, or other repository of medical records, credit bureau, lending institution, 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 this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, court, law enforcement, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Full Name (Print)_____

Date of Birth:_____

Address: _____

_____

Phone Number: _____

Applicant's Signature:_____

Date:_____

Jewell County Sheriff's Office

I, _____ am applying for an employment position with Jewell County Sheriff's Office. As part of my background investigation, I have been asked to provide this sworn affidavit to attest to whether I have ever been the subject of a domestic violence investigation; a protective order related to domestic violence or an arrest based on a domestic violence charge. I understand that as a condition of employment, this background investigation requires that I provide this information. This is necessary to ensure that I meet the criteria for employment with Jewell County Sheriff's Office. I understand that this information is necessary due to federal statutes which disqualify certain individuals from possessing firearms.

_____

Signature

_____

Date