



Osage County Sheriff's Office

106 E. Main St, Linn, Mo 65051

APPLICATION FOR EMPLOYMENT

Position Applied For

APPLICANT QUESTIONNAIRE

1. This questionnaire will be used for reference by those who will be considering your application for employment with the Osage County Sheriff's Office. Please complete all sections of this application form correctly.
2. An extensive background investigation will be conducted on all finalists.
3. Any false, misleading, or incomplete information which is requested in this form will be grounds to disqualify you for employment.
4. Applications will NOT be considered complete until all required attachments have been submitted by the applicant.

Test Included:

(Copies)

Required of All Applicants:

- Drivers License
- Birth Certificate
- High School Diploma or Equivalent Certificate

Required, If Applicable:

- Military (DD214)
- All College Transcripts
- College Diploma
- P.O.S.T License

Initial at the Bottom of Each Page

Please confirm that you have read and understand the forgoing.

Signature

Date

Follow the Directions Carefully:

1. Complete this form by filling in each field.
2. Be certain that your answers are legible.
3. Read each question carefully.
4. Make certain that each question is answered completely and correctly before you submit this questionnaire.
5. Do not leave a question blank. If it does not apply to you, write N/A in the space.

2. RELATIVES

Full name of your fiance (if applicable):	Date of Birth	Address	Phone
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Information Concerning Marriages:

Date Married	Where Performed	Officiant	Spouses Full Name (Include Maiden Name)	Date of Birth

Name and Present Address of Spouse(s) if Divorced or Separated:

If ever separated annulled or divorced indicate the following information below:

Separated, Annulled or Divorced	Date of Order or Decree Court and Reason	By Whom	Court and State where Issued	Reason

Give all of the following Information on all of your dependents, including children, stepchildren, and adopted children:

Full Name	Birth Date	Birthplace	Address and Zip	Living with Whom	Supported by Whom

What does your spouse or fiance think of you becoming an employee of the sheriff's department. Please give a detailed response:

Beginning with your spouse, list full name of your immediate family such as father, mother (maiden name), brothers, and sisters.

Full Name	Relationship	Address and Zip	Occupation	Date of Birth

Continued: Beginning with your spouse, list full name of your immediate family such as father, mother (maiden name), brothers, and sisters.

Full Name	Relationship	Address and Zip	Occupation	Date of Birth

3. REFERENCES

List three (3) character references (not relatives or in-laws) who are responsible adults and who have known you well during the past three (3) years or more.

1. Name:	Residence Address and Zip Code	Phone
How Long Acquainted	Occupation and Business Address	
2. Name:	Residence Address and Zip Code	Phone
How Long Acquainted	Occupation and Business Address	
3. Name:	Residence Address and Zip Code	Phone
How Long Acquainted	Occupation and Business Address	

4. EDUCATION

Check all you have: GED Certificate High School Diploma College Degree

List all elementary, high school and colleges and universities you have attended.

Name of School	Dates Attended	Address and Zip Code	Years Completed	Semester Hrs. Passed	Diploma/Degree Received

Continued: List all elementary, high school and colleges and universities you have attended.

Name of School	Dates Attended	Address and Zip Code	Years Completed	Semester Hrs. Passed	Diploma/ Degree Received

If you attended college, what was your major and minor?

Have you ever been suspended, expelled or asked to leave any school for disciplinary reasons? Yes No

If yes please explain.

5. EMPLOYMENT HISTORY

Have you ever been dismissed or asked to resign from any employment? Yes No

If yes, explain and give the name of the company or companies.

Beginning with your present or most recent employer list all of the places you have worked in the past ten years, list periods of school, military service, and unemployment. Keep in proper sequence, include part-time temporary and seasonal employment.

Month and Year From and To	Name and Address of Employer Phone #	Job Title	Supervisor	Salary

Describe your Duties:

Reason for Leaving:

Month and Year From and To	Name and Address of Employer Phone #	Job Title	Supervisor	Salary

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Reason for Leaving:

Month and Year From and To	Name and Address of Employer Phone #	Job Title	Supervisor	Salary

Describe your Duties:

Reason for Leaving:

Have you ever received any police training Yes No

When?	Where?
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Type of Training:

Are you post certified in Missouri? Yes No

Have you ever applied for a position with this sheriff's office or other police departments? Yes No

If yes, please answer the following:

Month/Date	Position Department/Agency	What was the disposition?

6. FINANCIAL STATUS

List the sources of all your income at the present time.

Type of Income	Firm or Source	Amount	Your Salary
Spouse's Salary:		Other, please itemize:	

Is your spouse employed? Yes No

Firm name and address.

List all debts and obligations which you now owe, and the individuals or firms with whom you have credit dealings:

Obligations (mortgages/rent) (auto payment) (credit cards)	Name and Address of Creditor	Unpaid Balance	Monthly Payment	Past Due

Financial Status continued: If you answer yes to any of the following questions, write the details on a separate page.

Have you ever been delinquent in any of your financial obligations? Yes No

Have you or your spouse ever been sued in court? Yes No

Have you ever been refused credit? Yes No

Have you ever received a settlement in payment for damages, injury, etc, either with or without court action?
 Yes No

Have you or your spouse ever had a garnishment or wage assessment placed against you? Yes No

Have you or your representative ever filed a lawsuit? Yes No

Have you, your spouse, or your ex-spouse ever filed bankruptcy? Yes No

Have you ever been evicted from any dwelling or apartment house? Yes No

Have you ever had your property repossessed? Yes No

7. ARREST HISTORY

Have you ever been arrested, charged, questioned, accused, warned, or detained for any offense, or alleged violation of any statute ordinance, law, regulations by any civil or military authority, either in this country or any other country?

Yes No

If yes, describe them below:

Date	Charge	City, County, State	Disposition	Police Agency

Have you ever been convicted of any crime other than traffic? Yes No

If yes, explain in detail

If any of the following questions are answered yes, write the details on a separate page:

Were you ever served with a criminal or civil subpoena or summons (other than for traffic)? Yes No

Have any relatives or you or your spouse ever been arrested, accused, convicted, or imprisoned? Yes No

8. DRIVING HISTORY

List all Driver's or chauffeurs licenses you hold now, or have previously held, indicate if you have ever had your license revoked or suspended.

State	Type of License	Expiration Date	License Number	Revoked or Suspended

List all vehicles which you and/or your spouse own, lease, or have for personal use:

Year	Make/Model	License Number	State

Have you ever been sentenced to a driver's improvement school? Yes No

When?	Where?
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List all driving citations or summons you have received as an adult or juvenile, beginning with the most recent.

Month/Year	Charge	City and State	Disposition

List all traffic accidents in which you have been involved in the past five years.

Date	Location

Give the name and address of the insurance company with whom you now have automobile insurance.

Have you ever been denied automobile insurance or had your insurance canceled? Yes No
If yes, please explain.

9. LIQUOR AND NARCOTICS

Do you drink alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what kind?	How often?
If any of the following questions are answered yes, explain on a separate page.	
Was there ever a period in your life when you drank more than you do now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever had difficulty with your family due to drinking? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever received treatment for alcoholism or a drinking problem? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you know anyone who has used narcotics illegally? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been treated for drug use or narcotic addiction? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever tried or used a narcotic or dangerous drug without a doctor's prescription? (includes marijuana, lsd, cocaine, heroin, opium, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. ORGANIZATION MEMBERSHIP

List all civic or social organization, fraternities, clubs, brotherhoods, societies, or groups of which you are, or have ever been a member or associate and furnish location.
Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group, or club (including the Communist Party, Nazi Party, Ku Klux Klan, Black Panther Party Minutemen), or combination of persons which is totalitarian, fascist, communist, or subversive, or which had adopted or shows a policy of advocating or approving the commission of act of force, or violence to deny other persons their rights under the constitution of the United States of the State of Missouri, by an unlawful means, or unconstitutional means?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain on a separate page.

11. MILITARY STATUS

Have you ever served in the army, navy, marine corps, air force, coast guard, R.O.T.C. or any other military or semi-military organization? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Month/Year	Branch or Organization	Discharge Date	Type of Discharge	Rank

Have you ever served in a military or naval organization of any foreign government? Yes No

List all military serial numbers:

If either of the following questions are answered yes, explain on a separate page.

Were you ever reduced in rank in the military? Yes No

Were you ever court martialed, tried on charges, subject to a summary court, deck court, captain's mast, company punishment, or any other disciplinary action in the military? Yes No

12. PHYSICAL AND MENTAL CONDITIONS

Describe any past or present physical disabilities (include the extent of impaired vision with or without glasses, if any, and deficiencies in color vision or hearing. Warning: any omission is grounds for disqualification.

Have you had any serious illnesses or operations? Yes No

If so, list the dates and extent of each:

If you answer yes to any of the following questions, please explain on a separate page.

Have you ever suffered from or been treated for a nervous breakdown or mental condition?
 Yes No

Have you ever attempted suicide? Yes No

Were you ever discharged or released from any employment for poor health or a physical or mental disability?
 Yes No

Do you or any members of your family have any serious health problems? Yes No

Have you ever been hospitalized (include time in mental institutions)? Yes No
If so, please list the Places, Dates, and Illness Below

Month/Year	Hospital/Injury/Illness	Location

13. ADDITIONAL INFORMATION

Do you have your own website? Yes No

Do you appear on any website? Yes No

The Osage County Sheriff's Office is an Equal Opportunity Employer and does not discriminate on the basis of race, creed, color, ethnicity, national origin, sex, age, or marital status.

I understand that no offer of employment has been made by the act of fill out the application ad additional test maybe required.

In consideration of my employment, I agree to conform to the department's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at anytime by the department. I understand that no department representative, other than it's sheriff, and then only when in and signed by the sheriff, has and authority to enter into any agreement of employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature:

Date Completed:

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Reform Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Section 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

AUTHORIZATION TO RELEASE INFORMATION

(To be completed by applicant)

I am a serious applicant for employment at the Osage County Sheriff's Office. As such, I certify that the information I have provided to Osage County Sheriff's Office both orally and in writing is accurate and complete. I authorize Osage County Sheriff's Office and any agent acting on its behalf to confirm this information and to secure necessary information from all my employers. As part of this inquiry, my complete police and driving record will be review as well as any information pertaining to prior drug and alcohol testing performed by past employers. I release all of those information providers, the Osage County Sheriff's Office and any agent acting on its behalf from any and all liability arising from their giving or receiving information about my employment history, previous drug and alcohol test results or qualifications.

I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I understand that this information is confidential and that disclosure of this information to me and to others will be governed by Osage County Sheriff's Office policy and state law. This authorization will remain in effect throughout the term of employment. Any false or misleading statements I have made will be sufficient cause for rejection of my application or for dismissal if Osage County Sheriff's Office employs me.

CONSENT TO PROCUREMENT OF BACKGROUND REPORTS

I authorize the Osage County Sheriff's Office to obtain, to the extent permitted by law, one or more background reports regarding my employment, credit, driving, and/or criminal background history from a consumer reporting agency and other sources.

I authorize the Osage County Sheriff's Office to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my education, experience, skills, performance, credentials, characteristics, attitude, abilities, and involvement in specific events. I understand that I am consenting to the release of any information about my job qualifications held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my job qualifications held or known by other organization or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances, that the Osage County Sheriff's Office might contact in the course of conducting a reference check or background investigation of my suitability for employment.

Further, I authorize the request for information from various federal and state agencies that maintain records concerning my past activities relating to my driving, criminal and civil experiences. I understand that I am consenting to the release of safety performance information including crash data and inspection history, and acknowledge that release of this information relevant to my suitability for employment with the Osage County Sheriff's Department. In exchange for the Osage County Sheriff's department consideration of my employment application, I agree not to file or pursue any complaints claims or legal actions of any kind against any organization or individual that responds to request from the Osage County Sheriff's Office or its agents for information about me. I also agree not to file or pursue any complaints, claims, or legal actions against the Osage County Sheriff's Office and any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

I have read the above regarding Consent to Procurement of Background Reports. I hereby authorize the Osage County Sheriff's Office and its employees, agents, and affiliates to obtain the reports and information on my job qualifications and credit, driving, and/or criminal background history authorized above.

I have read the above disclosure statement and here by authorize Sharp Transit to investigate and review my personal records as they pertain to this application.

Signature:	Date:
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**OSAGE COUNTY SHERIFF'S OFFICE
EMERGENCY CONTACT FORM**

Deputy's Name	
Date of Birth	
Home Address	
Email	
Cell Phone Number	
Rank	

EMERGENCY CONTACT INFORMATION

Primary Contact Name	
Relationship to Deputy	
Primary Contact Number	