



# OSAGE COUNTY SHERIFF'S OFFICE

106 East Main Street, Linn, MO. 65051

## APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR:

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### APPLICANT QUESTIONNAIRE

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.

AN EXTENSIVE BACKGROUND INVESTIGATION WILL BE CONDUCTED ON ALL FINALISTS.

ANY FALSE, MISLEADING, OR INCOMPLETE INFORMATION WHICH IS REQUESTED IN THIS FORM WILL BE GROUNDS TO DISQUALIFY YOU FOR EMPLOYMENT.

APPLICATIONS WILL NOT BE CONSIDERED COMPLETE UNTIL ALL REQUIRED ATTACHMENTS HAVE BEEN SUBMITTED BY THE APPLICANT.

TEST INCLUDED:

REQUIRED OF ALL APPLICANTS:

REQUIRED, IF APPLICABLE:

(COPIES)

\_\_\_\_\_ DRIVER'S LICENSE  
\_\_\_\_\_ BIRTH CERTIFICATE  
\_\_\_\_\_ HIGH SCHOOL DIPLOMA OR  
\_\_\_\_\_ EQUIVALENCY CERTIFICATE

\_\_\_\_\_ MILITARY (DD214)  
\_\_\_\_\_ ALL COLLEGE TRANSCRIPTS  
\_\_\_\_\_ COLLEGE DIPLOMA  
\_\_\_\_\_ P.O.S.T. LICENSE

INITIAL THE BOTTOM OF EACH PAGE

PLEASE CONFIRM THAT YOU HAVE READ AND UNDERSTAND THE FORGOING.

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SIGNATURE

Date

FOLLOWING THE DIRECTIONS CAREFULLY!

1. COMPLETE THIS FORM IN YOUR OWN HAND, USING INK ONLY
2. BE CERTAIN THAT YOUR ANSWERS MAY BE READ EASILY.
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 FIANCEE, D.O.B., ADDRESS, AND PHONE (IF APPLICABLE)

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INFORMATION CONCERNING MARRIAGES:

DATE MARRIED	WHERE PERFORMED	WHO OFFICIATED	SPOUSE'S FULL NAME (INCLUDE MAIDEN NAME)	D.O.B.
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NAME AND PRESENT ADDRESS OF SPOUSE(S) IF DIVORCED OR SEPARATED:

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IF EVER SEPARATED, ANNULLED, OR DIVORCED, INDICATE BELOW THE FOLLOWING INFORMATION:

SEPARATED, ANNULLED OR DIVORCED	DATE OF ORDER OR DECREE	BY WHOM	COURT AND STATE WHERE ISSUED	REASON
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GIVE THE FOLLOWING INFORMATION ON ALL YOUR DEPENDENTS, INCLUDING CHILDREN, STEPCHILDREN, AND ADOPTED CHILDREN.

FULL NAME	BIRTHDATE	BIRTHPLACE	ADDRESS-ZIP	LIVING WITH WHOM	SUPPORTED BY WHOM
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WHAT DOES YOUR SPOUSE OR FIANCEE THINK OF YOU BECOMING AN EMPLOYEE OF THE SHERIFF'S DEPARTMENT? GIVE A

DETAILED RESPONSE.

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BEGINNING WITH YOUR SPOUSE, LIST FULL NAME OF YOUR IMMEDIATE FAMILY SUCH AS FATHER, MOTHER (MAIDEN NAME), BROTHERS AND SISTERS:

NAME	RELATIONSHIP	ADDRESS AND ZIP CODE	OCCUPATION	D.O.B.
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**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:

NAME	RESIDENCE ADDRESS AND ZIP CODE	PHONE
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HOW LONG ACQUAINTED	OCCUPATION AND BUSINESS ADDRESS
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NAME	RESIDENCE ADDRESS AND ZIP CODE	PHONE
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HOW LONG ACQUAINTED

OCCUPATION AND BUSINESS ADDRESS

\_\_\_\_\_

\_\_\_\_\_

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, COLLEGES, AND UNIVERSITIES YOU HAVE ATTENDED:

NAME OF SCHOOL	DATES ATTENDED	ADDRESS AND ZIP CODE	YEARS COMPLETED	SEM. HRS. PASSED	DIPLOMA/DEGREE RECEIVED
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IF YOU ATTENDED COLLEGE, WHAT WAS YOUR MAJOR AND YOUR MINOR? \_\_\_\_\_

HAVE YOU EVER BEEN SUSPENDED, EXPELLED, OR ASKED TO LEAVE ANY SCHOOL FOR DISCIPLINARY

REASONS? YES/ NO IF YES, PLEASE EXPLAIN.

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**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.

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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	TO	NAME AND ADDRESS OF EMPLOYER-PHONE #	JOB TITLE	SUPERVISOR	SALARY
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DESCRIBE YOUR DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

MONTH AND YEAR FROM	TO	NAME AND ADDRESS OF EMPLOYER-PHONE #	JOB TITLE	SUPERVISOR	SALARY
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DESCRIBE YOUR DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER-PHONE #	JOB TITLE	SUPERVISOR	SALARY
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MONTH AND YEAR FROM TO NAME AND ADDRESS OF EMPLOYER-PHONE # JOB TITLE SUPERVISOR SALARY

DESCRIBE YOUR DUTIES

REASON FOR LEAVING

MONTH AND YEAR FROM TO NAME AND ADDRESS OF EMPLOYER-PHONE # JOB TITLE SUPERVISOR SALARY

DESCRIBE YOUR DUTIES

REASON FOR LEAVING

MONTH AND YEAR FROM TO NAME AND ADDRESS OF EMPLOYER-PHONE # JOB TITLE SUPERVISOR SALARY

DESCRIBE YOUR DUTIES

REASON FOR LEAVING

MONTH AND YEAR FROM TO NAME AND ADDRESS OF EMPLOYER-PHONE # JOB TITLE SUPERVISOR SALARY

DESCRIBE YOUR DUTIES

REASON FOR LEAVING

HAVE YOU EVER RECEIVED ANY POLICE TRAINING? WHEN? WHERE?

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?

Blank lines for providing answers to the questions above.

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**6. FINANCIAL STATUS**

LIST THE SOURCES OF ALL YOUR INCOME AT THE PRESENT TIME.

TYPE OF INCOME	FIRM OR SOURCE	AMOUNT	YOUR SALARY
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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 (MORTGAGE/RENT) (AUTO PAYMENT) (CREDIT CARDS)	NAME AND ADDRESS OF CREDITOR	UNPAID BAL.	MO. PYMT.	PAST DUE
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IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, WRITE THE DETAILS ON A SEPARATE PAGE.



HAVE YOU EVER BEEN DELIQUENT 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, REGULATION 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
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HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN TRAFFIC? \_\_\_ YES \_\_\_ NO IF YES, EXPLAIN IN DETAIL:

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LIST ALL VEHICLES WHICH YOU AND/OR YOUR SPOUSE OWN, LEASE, OR HAVE FOR PERSONAL USE:

YEAR	MAKE MODEL	LICENSE NUMBER	STATE
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_____	_____	_____	_____
_____	_____	_____	_____

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 OF 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HAVE YOU EVER BEEN SENTENCED TO A DRIVER'S IMPROVEMENT SCHOOL? YES NO  
 WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_

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 \_\_\_\_\_

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GIVE THE NAME AND ADDRESS OF THE INSURANCE COMPANY WITH WHOM YOU NOW HAVE AUTOMOBILE INSURANCE.

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HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE OR HAD YOUR INSURANCE CANCELLED? IF YES, PLEASE EXPLAIN:

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### 8. LIQUOR AND NARCOTICS

DO YOU DRINK ALCOHOLIC BEVERAGES?  YES  NO 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?  YES  NO

HAVE YOU EVER HAD DIFFICULTY WITH YOUR FAMILY DUE TO DRINKING?  YES  NO

HAVE YOU EVER RECEIVED TREATMENT FOR ALCOHOLISM OR A DRINKING PROBLEM?  YES  NO

DO YOU KNOW ANYONE WHO HAS USED NARCOTICS ILLEGALLY?  YES  NO

HAVE YOU EVER BEEN TREATED FOR DRUG USE OR NARCOTIC ADDICTION?  YES  NO

HAVE YOU EVER TRIED OR USED A NARCOTIC OR DANGEROUS DRUG WITHOUT A DOCTOR'S PRESCRIPTION? (INCLUDES MARIJUANA, LSD, COCAINE, HEROIN, OPIUM, ETC.)  YES  NO

### 9. ORGANIZATION MEMBERSHIP

LIST ALL CIVIC OR SOCIAL ORGANIZATIONS, FRATERNITIES, CLUBS, BROTHERHOODS, SOCIETIES, OR GROUPS OF WHICH YOU ARE, OR HAVE EVER BEEN A MEMBER OR ASSOCIATE AND FURNISH LOCATION.

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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 HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS 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?  YES  NO

IF YES, EXPLAIN ON A SEPARATE PAGE

### 10. 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?  YES  NO.

IF THERE WAS MORE THAN ONE PERIOD, LIST THE SEPARATE PERIODS.

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

### 11. PHYSICAL AND MENTAL CONDITION

DESCRIBE ANY PAST OR PRESENT PHYSICAL DEFECTS OR DISABILITIES (INCLUDE THE EXTENT OF DEFECTIVE VISION WITH OR WITHOUT GLASSES, IF ANY, AND DEFICIENCIES IN COLOR VISION OR HEARING). WARNING: ANY OMISSION IS GROUNDS FOR DISQUALIFICATION.

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HAVE YOU HAD ANY SERIOUS ILLNESSES OR OPERATIONS?  YES  NO  
IF SO, LIST THE DATES AND EXTENT OF EACH:

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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 BELOW.

LIST THE PLACES, DATES, AND ILLNESSES BELOW:

MONTH/YEAR	HOSPITAL/ INJURY/ILLNESS	LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU HAVE YOUR OWN WEB SITE?  YES /  NO

DO YOU APPEAR ON ANY WEB SITE?  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 this application and 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 COMPLENSATION 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 ANY AUTHORITY TO ENTER INTO ANY AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.*

Signature In Full: \_\_\_\_\_ 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 Act of 1996 (Title II, Subtitle D, Chapter I, 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.

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 reviewed 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 Prospective Employer 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 Prospective Employer 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 organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances, that Prospective Employer 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 is relevant to my suitability for employment with Prospective Employer.

In exchange for Prospective Employer's 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 requests from Prospective Employer or its agents for information about me. I also agree not to file or pursue any complaints, claims, or legal actions against Prospective Employer or 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 Prospective Employer 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: \_\_\_\_\_

**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<p align="center"><b>LIST A</b></p> <p align="center"><b>Documents that Establish Both Identity and Employment Authorization</b></p>	<p align="center"><b>OR</b></p>	<p align="center"><b>LIST B</b></p> <p align="center"><b>Documents that Establish Identity</b></p>	<p align="center"><b>AND</b></p> <p align="center"><b>LIST C</b></p> <p align="center"><b>Documents that Establish Employment Authorization</b></p>
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
		<p align="center"><b>For persons under age 18 who are unable to present a document listed above:</b></p>	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See Instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See Instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one)**  
 I did not use a preparer or translator.  A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code





# Osage County Sheriff's Office Contact Emergency Form

Deputy's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Rank: \_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION**

Emergency Contact Name

Primary Contact Name

\_\_\_\_\_

Relationship to Deputy

\_\_\_\_\_

Primary Contact Number

\_\_\_\_\_

USE THIS SHEET FOR ANY ADDITIONAL INFORMATION THAT WAS REQUESTED. PUT YOUR INITIALS AT THE END OF EACH ITEM AND SIGN YOUR NAME AT THE BOTTOM OF THE PAGE.

