

**GASCONADE COUNTY SHERIFF'S OFFICE  
EMPLOYMENT APPLICATION**

**Instructions:**

1. The application must be filled out by the applicant by typing (preferred) or handwriting in black ink.
2. Answer all questions and leave no areas blank. If a question does not apply, please state N/A or None.
3. Applications will not be considered unless complete. Incomplete applications will not be retained.
4. If any of your contact information changes, it is your responsibility to keep the Sheriff's Office updated of those changes.
5. If you need more room for any section, attach additional sheets with the information.
6. Attach copies of all required items listed on the checklist on this application.
7. Do NOT make inquiries regarding the status of your application. You will be contacted as needed.

**Basic Eligibility Requirements:**

1. Must be a United States Citizen.
2. Must be at least 21 years old.
3. Vision must be correctable to 20/50.
4. Must possess a valid driver's license.
5. Must be a graduate of an accredited High School or possess a GED.
6. For Deputy positions, must be willing to reside within approved distance of Gasconade County.

**The Gasconade County Sheriff's Office is an equal opportunity employer and does not discriminate based on race, color, religion, sex, national origin, age, disability, or genetic information.**

**POSITION APPLYING FOR**

- Deputy       Reserve Deputy       Courthouse Security       Civilian Position

**PERSONAL DATA**

**NAME**

LAST

FIRST & SUFFIX

MIDDLE

**ADDRESS**

STREET ADDRESS

CITY

STATE

ZIP

COUNTY

**TELEPHONE**

TEXT CAPABLE

**EMAIL**

**DRIVER'S LICENSE NUMBER**

**STATE**

**EXPIRATION**

**DATE OF BIRTH**

**SEX**  Male  Female  Unspecified **RACE**

*The above information is required for background checks and will not be used for consideration of employment.*

## EDUCATION & MILITARY

**NAME & LOCATION OF HIGH SCHOOL(S) ATTENDED:** \_\_\_\_\_

*Attach all transcripts and diplomas to this application.*

**NAME & LOCATION OF COLLEGES/UNIVERSITIES ATTENDED:** \_\_\_\_\_

*Attach all transcripts and diplomas to this application.*

### MILITARY SERVICE

BRANCH FROM TO

RANK AT DISCHARGE TYPE OF DISCHARGE

*Attach a copy of your DD214 to this application.*

## PERSONAL HISTORY

**LIST ALL PREVIOUS ADDRESSES FOR THE LAST 5 YEARS**

STREET ADDRESS

CITY STATE ZIP COUNTY

STREET ADDRESS

CITY STATE ZIP COUNTY

STREET ADDRESS

CITY STATE ZIP COUNTY

STREET ADDRESS

CITY STATE ZIP COUNTY

**LIST ALL ARRESTS AND/OR CRIMES YOU HAVE BEEN CONVICTED OF, THAT HAVE NOT BEEN EXPUNGED BY A COURT**

| Date | Location | Charge | Disposition |
|------|----------|--------|-------------|
|      |          |        |             |
|      |          |        |             |
|      |          |        |             |
|      |          |        |             |

**LIST ALL TICKETS AND TRAFFIC OFFENSES OF WHICH YOU HAVE BEEN CONVICTED**

| Date | Location | Charge | Disposition |
|------|----------|--------|-------------|
|      |          |        |             |
|      |          |        |             |
|      |          |        |             |
|      |          |        |             |

**LIST ALL TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED AS A DRIVER**

| Date | Location | Charge | Disposition |
|------|----------|--------|-------------|
|      |          |        |             |
|      |          |        |             |
|      |          |        |             |
|      |          |        |             |

PERSONAL CHARACTER REFERENCES

NAME

LAST

FIRST & SUFFIX

MIDDLE

ADDRESS

STREET ADDRESS

CITY

STATE

ZIP

COUNTY

TELEPHONE

TEXT CAPABLE

EMAIL

NAME

LAST

FIRST & SUFFIX

MIDDLE

ADDRESS

STREET ADDRESS

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LAST

FIRST & SUFFIX

MIDDLE

ADDRESS

STREET ADDRESS

CITY

STATE

ZIP

COUNTY

TELEPHONE

TEXT CAPABLE

EMAIL

## EMPLOYMENT HISTORY

List chronologically, most recent employer first, ALL past employment (including part-time or volunteer).

|                  |       |               |        |
|------------------|-------|---------------|--------|
| COMPANY NAME     |       | POSITION HELD |        |
| STREET ADDRESS   |       | TELEPHONE     |        |
| CITY             | STATE | ZIP           | COUNTY |
| EMPLOYMENT DATES |       | SUPERVISOR    |        |

|                  |       |               |        |
|------------------|-------|---------------|--------|
| COMPANY NAME     |       | POSITION HELD |        |
| STREET ADDRESS   |       | TELEPHONE     |        |
| CITY             | STATE | ZIP           | COUNTY |
| EMPLOYMENT DATES |       | SUPERVISOR    |        |

|                  |       |               |        |
|------------------|-------|---------------|--------|
| COMPANY NAME     |       | POSITION HELD |        |
| STREET ADDRESS   |       | TELEPHONE     |        |
| CITY             | STATE | ZIP           | COUNTY |
| EMPLOYMENT DATES |       | SUPERVISOR    |        |

|                  |       |               |        |
|------------------|-------|---------------|--------|
| COMPANY NAME     |       | POSITION HELD |        |
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| CITY             | STATE | ZIP           | COUNTY |
| EMPLOYMENT DATES |       | SUPERVISOR    |        |

|                  |       |               |        |
|------------------|-------|---------------|--------|
| COMPANY NAME     |       | POSITION HELD |        |
| STREET ADDRESS   |       | TELEPHONE     |        |
| CITY             | STATE | ZIP           | COUNTY |
| EMPLOYMENT DATES |       | SUPERVISOR    |        |

|                  |       |               |        |
|------------------|-------|---------------|--------|
| COMPANY NAME     |       | POSITION HELD |        |
| STREET ADDRESS   |       | TELEPHONE     |        |
| CITY             | STATE | ZIP           | COUNTY |
| EMPLOYMENT DATES |       | SUPERVISOR    |        |

| APPLICATION CHECKLIST  |   |
|--|---|
| <b>Please ensure that copies of the following items are attached to this application, if applicable. Incomplete applications will not be considered.</b> |   |
| <input type="checkbox"/> High School diploma or GED and transcripts  | <input type="checkbox"/> Recent color photograph                        |
| <input type="checkbox"/> Post-secondary education diplomas and transcripts   | <input type="checkbox"/> Birth certificate or US citizenship            |
| <input type="checkbox"/> Law enforcement academy diploma and transcript  | <input type="checkbox"/> Driver's license                               |
| <input type="checkbox"/> DD214 for military veterans   | <input type="checkbox"/> Waiver to Release Information form (next page) |

**I swear or affirm under penalty of perjury that I have personally completed this application and that all information contained is true and accurate to the best of my knowledge. I hereby give my full permission for any and all information in this application to be investigated as part of the consideration for employment. I am aware that any misrepresentation, intentional omission, or falsehood will result in my application being rejected or may cause dismissal if I am hired before such misrepresentation is discovered.**

Signature

Printed Name:

Date:

**SUBMIT ALL APPLICATIONS TO:  
 GASCONADE COUNTY SHERIFF'S OFFICE  
 119 E. 1ST STREET, ROOM 22  
 HERMANN, MO 65041**

**GASCONADE COUNTY S.O.**

**Applicant's Request / Waiver  
To Release Information**

I hereby authorize and request all persons to whom this request (original or reproduction) is presented, having information relating to or concerning me, to furnish such information to a duly appointed Deputy Sheriff of the Gasconade County Sheriff's Office.

I am aware that this information may be of personal nature and may otherwise be protected from disclosure by my constitutional, statutory, or common law privileges. I hereby expressly waive all privileges, which may attach to such communication or disclosure and release all persons, firms, and corporations from all claims of any nature because of said communications or disclosure. Information to be disclosed:

- Medical Records
- Mental Records
- Financial Records
- Past / Present Employment Records
- Organizational Memberships
- Criminal History Check
- Educational Check
- Any background material / information relevant to reputation and/or moral character

These records will be retained on file at the Gasconade County Sheriff's Office.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Notary Public**

State of Missouri     )  
                                  )     SS:  
County of             )

Subscribed and sworn to before me, a notary public, in and for the County of \_\_\_\_\_ and the

State of Missouri this \_\_\_\_\_ day of \_\_\_\_\_, 20

My Commission Expires:

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed