PHELPS COUNTY SHERIFF'S OFFICE

Application for Employment & Pre-Academy Screening

715 5th Avenue, Holdrege, NE 68949 | Non-Emergency: (308) 995-5692
Phelps County is an Equal Opportunity Employer.

Instructions: Type or print clearly in ink. All sections must be completed. A **professional resume must be attached** to this application. Unsigned or incomplete applications will not be processed. This application is good for 60 days or until the position is filled.

Phelps County assures equal employment opportunity to applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, age, marital status, pregnancy, mental or physical disability, genetic information, religion, military status, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.

SECTION 1: POSITION & AVAILABILITY

Position Applied For: _____

Date Available: _____

Type of Work Desired: [ ] Full-Time [ ] Part-Time [ ] Regular [ ] Temporary

How did you learn about this job opening?

_____

Have you ever applied to or been employed by Phelps County before? [ ] Yes [ ] No

If yes, provide dates and positions:

_____

SECTION 2: APPLICANT PERSONAL INFORMATION

Full Legal Name (Last, First, Middle):

_____

Physical Street Address:

_____

City, State, Zip Code: _____

Home Phone: _____ **Cell/Work Phone:** _____

Email Address: _____

SECTION 3: LAW ENFORCEMENT STATE STANDARDS & CERTIFICATION

Are you legally authorized to work in the United States? [ ] Yes [ ] No

Note: If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired if you receive an offer of employment.

Do you possess a valid Driver's License? [ ] Yes [ ] No

State: _____ **License Number:** _____ **Expiration Date:** _____

Do you currently hold a Nebraska Law Enforcement Certification? [ ] Yes [ ] No

If yes, type: [ ] Full Certification [ ] Reserve Officer Certification

Certification Number: _____ *Date of Issuance:* _____

Have you ever held a law enforcement certification in another state? [ ] Yes [ ] No

If yes, state status and location:

_____

Have you ever had a professional license or law enforcement certification suspended, revoked, or relinquished? [ ] Yes [ ] No

If yes, explain details:

_____

_____

_____

_____

SECTION 4: MILITARY SERVICE & VETERAN'S PREFERENCE

Are you eligible for and requesting a Veteran's Preference? [ ] Yes [ ] No

Are you the spouse of a veteran requesting preference? [ ] Yes [ ] No

Note: A veteran requesting preference must submit a copy of the veteran's Department of Defense Form 214 (DD-214). A spouse of a veteran requesting preference must submit the DD-214, a copy of the veteran's disability verification from the VA demonstrating a 100 percent permanent disability rating, and proof of marriage.

SECTION 5: EDUCATION & SPECIALIZED SKILLS VERIFICATION

Circle Highest Grade Completed: 6 7 8 9 10 11 12 **College:** 1 2 3 4 5+

Did you graduate high school or earn a GED? [ ] Yes [ ] No

Post-High School Education (Colleges, Graduate Schools, or Technical Centers):

1. Name of School: _____ *Major:* _____ *Degree:* _____

2. Name of School: _____ *Major:* _____ *Degree:* _____

List any specialized training, technical skills, fluent foreign languages, or equipment proficiencies relevant to the position:

_____

_____

SECTION 6: EMPLOYMENT OVERVIEW

Instructions: Summarize your three most recent professional roles below. Detailed tasks, duties, and complete background must be thoroughly presented within your attached resume.

1. Employer/Kind of Business: _____

Position Title: _____ *Dates (Mo/Yr):* From _____ To _____

Supervisor Name & Title: _____ *Telephone:* _____

Reason for Leaving: _____

2. Employer/Kind of Business: _____

Position Title: _____ *Dates (Mo/Yr):* From _____ To _____

Supervisor Name & Title: _____ *Telephone:* _____

Reason for Leaving: _____

3. Employer/Kind of Business: _____

Position Title: _____ *Dates (Mo/Yr):* From _____ To _____

Supervisor Name & Title: _____ *Telephone:* _____

Reason for Leaving: _____

SECTION 7: MANDATORY ATTACHMENTS CHECKLIST

[ ] Yes [ ] No — Professional Resume (Required by Sheriff's Office)

[ ] Yes [ ] No — Copy of High School Diploma or GED Equivalent (Required for NLETC Entry)

[ ] Yes [ ] No — Copy of Valid Driver's License (Required for Operational Fleet)

[ ] Yes [ ] No — DD-214 and VA Documentation (If claiming Veteran's Preference)

SECTION 8: APPLICANT'S STATEMENT & LEGAL SIGN-OFF

These answers are true and complete to the best of my knowledge. I understand that any false, omitted, or misleading information in connection with this application or during the interview process will result in rejection of my application or termination of my employment if I am hired, regardless of when discovered.

I also understand that any offer of employment is highly conditioned upon a health evaluation by a doctor selected by the County to determine whether I can perform the job duties, as well as a psychological evaluation, physical fitness testing, and drug/alcohol screenings depending upon County policy.

I authorize the County to make a thorough investigation of my past employment, education, criminal history, job-related activities, and other relevant background information, and I release from all liability all persons, companies, and corporations providing such information, either in writing or orally. I also indemnify this County against any liability that might result from making such investigation.

Additionally, I authorize the County to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest that the County deems appropriate.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between the Phelps County Sheriff's Office and myself for either employment or for the providing of any benefit arising from employment. No promises regarding employment have been made to me. I understand that if an employment relationship is established, I have the right to terminate my employment at any time and Phelps County retains the same right, regardless of any oral representations to the contrary. Any changes in this 'at-will' employment relationship must be made in writing and approved by the County Board.

Applicant’s Signature (Use Ink): _____ Date: _____

NOTE: UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

NEBRASKA LAW ENFORCEMENT TRAINING CENTER

AUTHORITY TO RELEASE INFORMATION TO PROSPECTIVE EMPLOYER (791)

FULL NAME (Print or Type): _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

CURRENT ADDRESS: _____

This release is being made in conjunction with a conditional offer of employment as a law enforcement officer with the following agency:

Phelps County Sheriff's Office
715 5th Avenue, Holdrege, NE 68949

I do hereby authorize a review and full disclosure to the above-mentioned agency of any and all records, reports or files (or any part thereof) pertaining to me, from any agency where I have been previously employed as a law enforcement officer. Such records or files shall include, but not be limited to employment records and/or personnel files regarding reasons for separation from employment and the circumstances surrounding separation including results of polygraph examinations, efficiency ratings, complaints and/or grievances involving me as well as court records or documents in civil or criminal cases in which I am involved, and any records, files or documents regarding any arrests, convictions or other criminal investigations or charges pertaining to me whether in writing or in electronic media databases.

I further authorize the release of information to the above-mentioned agency concerning all of the above mentioned areas, or any other information which has a bearing on my fitness or ability to serve as a law enforcement officer in the State of Nebraska, regardless of whether the information is considered privileged or confidential in nature, which relate to incompetence, neglect of duty, incapacitation, dishonesty, felony violation of state or federal law, misdemeanor violation of state or federal law having a rational connection to my fitness or capacity to serve as a law enforcement officer, violation of oath of office, code of ethics or other statutory duties.

I release and hold harmless any previous agency, administrator or individual who releases information in accordance with this release for all actions taken as a result of the information provided.

This release of information form, or a duly executed photo copy and/or fax is valid for a period of one year from the date of execution.

I, the undersigned, after first being duly sworn, hereby acknowledge that I give the above authority to release information of my own free will and for the purposes stated therein and I have voluntarily furnished my social security number.

Signature of Applicant: _____ **Date:** _____

STATE OF NEBRASKA, COUNTY OF PHELPS

Subscribed and sworn to before me on this _____ day of _____, 20____.

_____ [Notary Seal / Stamp]
Notary Public Signature