



Office of Sheriff

MCDOWELL COUNTY, NORTH CAROLINA

593 SPAULDING ROAD • MARION, NC 28752 • 828.652.2235
RICKY T. BUCHANAN
SHERIFF

Application for Employment

Position Applied For: _____ Date: _____

Are you applying for: Full-Time [] Part-Time [] Volunteer []

Name of Applicant: _____
(First) (Middle) (Last)

Address: _____

SSN #: _____ - _____ - _____ Date of Birth: ____/____/____ Citizenship: _____

Phone: (H): (____) _____ - _____ (C): (____) _____ - _____ (W): (____) _____ - _____

Height: ____ft. ____in. Weight: _____lbs. Marital Status: _____

Highest Level of Education: _____ Degree: _____

College Attended: _____ Address: _____

Do you possess a Valid Driver License? Yes [] No [] License #/State: _____

Has your license ever been revoked or suspended? Yes [] No []

Have you ever been convicted of a Felony? Yes [] No [] Misdemeanor Yes [] No []

Explain: _____

Have you ever served in the Military? Yes [] No [] If yes, please list dates of service and type of discharge issued:

Have you ever been discharged or resigned from any employment because of misconduct or unsatisfactory performance?
Yes [] No [] If yes, explain: _____

Do you object to wearing a uniform? Yes [] No [] Working a shift rotation? Yes [] No [] Working at Night? Yes [] No []

Complete the Following Concerning Your Employment for the Last Ten (10) Years. Begin With the Most Recent Employment:

1: Employer: _____

Address: _____ Phone: (____) _____ - _____

Your title or position: _____

Supervisor: _____ Number of years employed: _____

Salary: \$ _____ Hourly/Annually

Reason for leaving: _____

2: Employer: _____

Address: _____ Phone: (____) _____ - _____

Your title or position: _____

Supervisor: _____ Number of years employed: _____

Salary: \$ _____ Hourly/Annually

Reason for leaving: _____

References: (Do not list relatives or former supervisors)

Name	Address	Phone
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1. _____	_____	(____) _____ - _____
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2. _____	_____	(____) _____ - _____
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3. _____	_____	(____) _____ - _____
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List any special skills, training or Experience which qualifies you for this position:

Date Completed Basic Law Enforcement Training: ____/____/____

Are you a Sworn Officer? Yes No If so, which Law Enforcement Agency is currently holding your certification?
