

NODAWAY COUNTY SHERIFFS OFFICE
APPLICATION

1. IDENTIFICATION & PERSONAL DATA			DATE:
Last Name	First	Middle Initial	Jr./Sr.
Driver's License Number/State:			
Street Zip		City	State
Business Phone	Home Phone	Cell Phone	Date of Birth / /
Have you ever been convicted of a crime other than a traffic violation? explain.			If yes, please <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is any additional information relative to change of name or maiden name necessary to ensure a check on your work and educational record? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain (Include dates and list all previous names you have used.)			
Type of Position <input type="checkbox"/> Deputy <input type="checkbox"/> Jailer/Dispatcher <input type="checkbox"/> Cook <input type="checkbox"/> Other			
Date available for employment		Best time to be contacted	

2. EDUCATION & TRAINING		
Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	Year received GED	Years of high school completed
High school	City / State / Zip	Year Graduated
Trade, Business, or Vocational	City / State / Zip	Field of study

License/Certificate	Field/Trade	License/Certificate #	Expiration date
College/University	City / State / Zip	Degree/Major of study	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No

--

5. WORK HISTORY - Beginning with your present or most recent job, list all employment for the past 10 years.

1. Employer	Phone Number	Job Title
Address / City / State / Zip	From	To
	/ /	/
Duties		
Supervisor	Name of Co-worker	
Reason for Leaving		
2. Employer	Phone Number	Job Title
Address / City / State / Zip	From	To
	/ /	/
Duties		
Supervisor	Name of Co-worker	
Reason for Leaving		
3. Employer	Phone Number	Job Title
Address / City / State / Zip	From	To
	/ /	/
Duties		
Supervisor	Name of Co-worker	
Reason for Leaving		
4. Employer	Phone Number	Job Title

Address / City / State / Zip	From	To
	/	/
Duties		
Supervisor	Name of Co-worker	
Reason for Leaving		

6. CRIMINAL HISTORY			
Have you ever been arrested, convicted, or pled guilty to a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No Misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date	Alleged Crime	Agency / City / State	Disposition of case
Have you ever been arrested, convicted, or pled guilty to domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date	County	Agency / City / State	Disposition of case
Are you currently on probation for any criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain.			
Have you ever illegally used, sold, or furnished drugs or narcotics to anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain.			

7. APPLICATION CERTIFICATION	
I understand my application will be active for six months and upon my written request, is renewable for an additional six months. I certify the information voluntarily provided herein is true and complete to the best of my knowledge. I verify that I have read and understand the application to the best of my ability and by signing it, signify that any deliberate misrepresentation or omission of information is cause for rejection of my application or subsequent dismissal from employment.	
Signature	Date
NODAWAY COUNTY SHERIFF'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER	

