## **Application for Employment Randolph County Sheriff's Office**

372 Hwy JJ, Huntsville, MO 65259 Phone 660-277-5095 Fax 660-277-5084

## -An Equal Opportunity Employer-

This policy is to provide equal opportunity to all qualified applicants and employees without regard to race, color, religion, sex, national origin, age, marital status, handicap, or disability.

Position Applied For:			Date of Application:		
NAME:	Last		First	Middle	
Current Residence:					
City:	State:	Zip:	How long at this reside	nce?	
Previous Residence:					
			How long at this reside		
Have you lived in any oth	er state?	If "YE	S" list location(s)		
Social Security Number:  Are you 21 years old or older?			Home Phone: ()  Do you have a valid Driver's Lice		
Driver's/Chauffeur's License Number:			State:		
Have you previously been emp	loyed by Randolp	h County?	Yes □ No		
If so, give date employed: Fron	1	To			
Are you legally eligible for emp (Proof of U.S. citizenship or imm					
Type of employment desired:	☐ Full-Time	☐ Part-Time	Will you work any shift requ	uired? □ Yes □ N	
Will you work overtime if requ	ired?   Yes	□ No			
Do you have any relatives curre	ently employed by	Randolph County	y? □ Yes □ No		
If "YES" give name(s) and rela	tionship(s):				

Have you ever been convicted of, or pled g	guilty to, any felony, misdemeanor, or	municipal ordinanc	e? □ Yes □ No	
f "YES" state type of crime, date occurred	l, city and state the crime occurred in	:	- <del>-</del>	
Oo you have any condition(s) that would ppplying:   Yes  No	revent you from performing the essen	ntial functions of the	o job for which you are	
f so, please describe or demonstrate how, ssential functions of the job:	with or without reasonable accommo	dations, you will be	able to perform the	
EDUCATION/TRAINING: please prov	ide information about your education	and training backgr	ound.	
What is the highest level of education you	have attained? (Circle One) 9 10	11 12		
Elementary / Junior High / High Sch	ool:			
Special Training, Technical Schools or Ar	med Forces Training:			
SCHOOL	COURSE NAME	DA	DATES ATTENDED	
COLLEGE:				
NAME	DATES ATTENDED	MAJOR	DEGREE/HOURS	
	<u> </u>			
summarize special skills and or qualification formation you would like us to consi		this application and	d/or list any additional	
Give name, address and telephone nun	nber of two character references w	ho are not related	to you and are not	
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## **WORK EXPERIENCE**: Start with your present or most recent job:

1.	Employer:	Telephone: (	)
	Address:		
	Position:		
	Main Duties:		
	Reason for leaving:		
i	Dates Employed:		
2.	Employer:	Telephone: (	)
	Address:		
	Position:		
	Main Duties:		
	Reason for leaving:		
	Dates Employed:		
3.	Employer:	Telephone: (	)
٥.	Address:		
	Position:		
	Main Duties:		
	Reason for leaving:		
	Dates Employed:		
If	ay we contact the employers listed above?  "NO", which employer(s) do you wish us not to contact?  ease give a brief autobiography of life including your immed		
	ork history:	iate failing, locations of festuer	ice, educational experience, and
_		19 to 19	

## PLEASE READ CAREFULLY AND SIGN IN INK. APPLICATIONS NOT SIGNED WILL NOT BE ACCEPTED.

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any false information contained in this application is just cause for rejection of this application and, if employed <u>sufficient cause for dismissal</u>.

I agree that my possible employment is subject to satisfactory replies from previous and current employers and references and that I hereby give said previous and current employers and references permission to release information to the Randolph County Sheriff's Office. I also authorize the Randolph County Sheriff's Office to contact my previous and present employers (except as stated on previous page of this application), references, and to review my driving record, criminal record, and / or other background data as it may relate to the position(s) for which I am applying or have been hired. I hereby release from liability the Randolph County Sheriff's Office and it's representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I understand that a medical examination may be required by the Randolph County Sheriff's Office, after an offer of employment is made and before I begin my employment duties, and the Randolph County Sheriff's Office may condition the employment offer on the results of the examination, provided all entering employees in the same job category are subject to such an examination regardless of disability.

I agree to conform to the rules and regulations of the Randolph County Sheriff's Office and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of the Sheriff of Randolph County. I understand that no representative of the Randolph County Sheriff's Office has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to this disclaimer.

Date	Signature