

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

PRINT IN BLACK INK OR TYPE

Answer each item completely and accurately. Incomplete answers on this application may disqualify you or may cause delays.



Eric Perry, Sheriff

Carlisle County Sheriff's Department

Carlisle County Courthouse • 985 US Highway 62 • Bardwell, Kentucky 42023 • 270.628.3377

Application Position:

- ☐ Entry Level Deputy
☐ Special Deputy
☐ Clerical
☐ Other / Specify: _____

Personal Information

| | | | | |
|---|--|------------|---------------------|---|
| SSN# | <input type="text"/> | Home Phone | Mobile | Email |
| Last | First | MI | Other Name (if any) | Date of Birth |
| Street Address | City | State | Zip Code | |
| Are you a US Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/> | Are you a legal permanent resident? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Currently employed in Law Enforcement? YES <input type="checkbox"/> NO <input type="checkbox"/> | A previous employee in Law Enforcement? List dates: | | | |
| Do you have a valid driver's license if required by the position for which you are applying? YES <input type="checkbox"/> NO <input type="checkbox"/> License # | | | | |
| Has your driver's license or CDL been revoked or suspended? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please indicate period of suspension and reason: | | | | |
| Have you ever been convicted of violating any law (omit minor traffic violations)? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, list conviction(s), date(s), and place(s). <small>Conviction is not an automatic rejection. Specifics will be reviewed under KRS 335B.020.</small> | | | | |
| Date available for work | Shift availability: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotating | | Type of Work | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |

Education/Training

Complete accurately and circle highest grade or year completed at all levels of school below. Provide **originals** of following, if required: (1) GED certificate; (2) high school diploma/ transcript; (3) vocational/technical school transcript; or (4) college transcript with an official seal & Registrar's signature. NOTE: Education must be verified 90 days after hire/promotion or appointment will be terminated.

GED • High School - 9 10 11 12 • College - 1 2 3 4 • Graduate School - 1 2 3 4

| School | Name/Address of School | Dates Attended | | Date Graduated | Number of Hours | | Fields of Study | | Degree, Diploma, or Certificate Earned |
|---|------------------------|----------------|-------|----------------|-----------------|--------------|-----------------|-------|--|
| | | From | To | | Earned | Now Carrying | Major | Minor | |
| High School | | mm/yy | mm/yy | mm/yy | | | | | Diploma: YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Under Graduate College or University | | | | | ** | ** | | | Degree: |
| Graduate College or University | | | | | ** | ** | | | Degree: |
| Vocational Business Technical | | | | | *** | *** | | | Certificate: |
| Law Enforcement Academy or training program | | | | | | | | | |

Please indicate if college hours are semester or quarter. *Indicate number of vocation/technical school clock hours.

NAME: _____ SSN#: _____ DATE: _____

NAME: _____ SSN#: _____ DATE: _____

NAME: _____ SSN#: _____ DATE: _____

Employment History

EMPLOYMENT HISTORY: Begin with your most recent job and provide as much detail as possible. Be sure to complete each blank in this section thoroughly and accurately as changes you wish to make after submitting this application must be verified by the employer. If you changed positions within the same organization and your duties changed, describe each job in a separate block. When listing job duties, **list those that took most of your time first**. If your application reflects incomplete or conflicting information (including employment dates and average hours) you will receive partial or no credit for that job. NOTE: You must complete this application form as resumes are not considered official, but may be submitted if signed and dated .

May we contact your present employer? **YES** ☐ **NO** ☐ If no, explain: _____

| A | | Job Duties: |
|---|--|-------------|
| Employed from _____ to _____ | | |
| Title of Position: _____ Gr. _____ | | |
| Starting Salary: _____ Last Salary: _____ | | |
| Average hours worked per week: _____ | | |
| Reason for Leaving: _____ | | |
| Name of Employer: _____ | | |
| Address: _____ | | |
| Type of Business: _____ | | |
| Name of Supervisor: _____ | | |
| Supervisor's Phone: _____ | | |
| I was a Supervisor from _____ to _____ | Number I Supervised <input type="text"/> | |

| | |
|--|---|
| <p>Employed from _____ to _____</p> <p>Title of Position: _____ Gr. _____</p> <p>Starting Salary: _____ Last Salary: _____</p> <p>Average hours worked per week: _____</p> <p>Reason for Leaving: _____</p> <p>Name of Employer: _____</p> <p>Address: _____</p> <p>Type of Business: _____</p> <p>Name of Supervisor: _____</p> <p>Supervisor's Phone: _____</p> <p>I was a Supervisor from _____ to _____ Number I Supervised <input type="text"/></p> | <p>B Job Duties:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
|--|---|

| | C | Job Duties: |
|---|---|-------------|
| Employed from _____ to _____ | | |
| Title of Position: _____ Gr. _____ | | |
| Starting Salary: _____ Last Salary: _____ | | |
| Average hours worked per week: _____ | | |
| Reason for Leaving: _____ | | |
| Name of Employer: _____ | | |
| Address: _____ | | |
| Type of Business: _____ | | |
| Name of Supervisor: _____ | | |
| Supervisor's Phone: _____ | | |
| I was a Supervisor from _____ to _____ Number I Supervised <input type="text"/> | | |

NAME: _____ SSN#: _____ DATE: _____

SSN#:

DATE:

Employment History

| D | | Job Duties: |
|---|--|-------------|
| Employed from _____ to _____ | | |
| Title of Position: _____ Gr. _____ | | |
| Starting Salary: _____ Last Salary: _____ | | |
| Average hours worked per week: _____ | | |
| Reason for Leaving: _____ | | |
| Name of Employer: _____ | | |
| Address: _____ | | |
| Type of Business: _____ | | |
| Name of Supervisor: _____ | | |
| Supervisor's Phone: _____ | | |
| I was a Supervisor from _____ to _____ | Number I Supervised <input type="text"/> | |

| | E | Job Duties: |
|---|--|-------------|
| Employed from _____ to _____ | | |
| Title of Position: _____ Gr. _____ | | |
| Starting Salary: _____ Last Salary: _____ | | |
| Average hours worked per week: _____ | | |
| Reason for Leaving: _____ | | |
| Name of Employer: _____ | | |
| Address: _____ | | |
| Type of Business: _____ | | |
| Name of Supervisor: _____ | | |
| Supervisor's Phone: _____ | | |
| I was a Supervisor from _____ to _____ | Number I Supervised <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> | |

| | |
|---|--|
| Employed from _____ to _____ | F Job Duties: |
| Title of Position: _____ Gr. _____ | |
| Starting Salary: _____ Last Salary: _____ | |
| Average hours worked per week: _____ | |
| Reason for Leaving: _____ | |
| Name of Employer: _____ | |
| Address: _____ | |
| Type of Business: _____ | |
| Name of Supervisor: _____ | |
| Supervisor's Phone: _____ | |
| I was a Supervisor from _____ to _____ | Number I Supervised <input type="text"/> |

Licenses/Certifications or Language Proficiency

If you have a license/certificate related to a position, please provide a copy.

Examples are Police Officer's Professional Standards (POPS) Certification for peace officers as outlined in 503 KAR 1 :140 and KRS 15.382, a license to practice law, teacher certification, nurse license, etc.

a. I hold a current license or certification as indicated below.

| License or Certification Title & Number | Original Issue Date | Current Expiration Date | Name, Address & Phone of Licensing Agency |
|---|---------------------|-------------------------|---|
| | | | |
| | | | |

b. List additional languages you speak proficiently.

c. List additional languages you read or write proficiently.

Professional Organizations: Indicate current membership in professional organizations.

| Organization | Title | Date Membership Expires |
|--------------|-------|-------------------------|
| | | |
| | | |

Character References: Other than relatives, former employers, or supervisors.

| Name | Address | Phone Number |
|------|---------|--------------|
| | | |
| | | |
| | | |

Completion of this section voluntary

Information in the section is for statistical purposes and may be used for compliance with Equal Employment Opportunity requirements.

SEX ☐ Male ☐ Female RACE ☐ White ☐ Black ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian or Alaskan Native ☐ Other

IMPORTANT- THIS SECTION MUST BE COMPLETED

SIGNATURE- Please read and sign the following statement: I certify, under penalty of Law, that the Information given in this application is correct and complete to the best of my knowledge. I am aware that, should an investigation at any time show falsification, I will not be considered for employment or, if employed, I could be dismissed. I hereby authorize the Carlisle County Sheriff's Office and agencies to whom my name is certified I referred to make all necessary investigations concerning me, my work habits, character, or my action in any transaction. I authorize the Carlisle County Sheriff's Office to receive my academic records or other material pertinent to my qualifications, and further authorize and request each former employer, person given as a reference, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with my application. I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of employment. I also understand that the Carlisle County Sheriff's Office is a drug free workplace and that substance abuse testing may be requested during this application process or, if employed, at the discretion of the Sheriff.

DATE: _____ SIGNATURE: _____

The Carlisle County Sheriff's Office does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, sexual orientation, gender identity, ancestry or veteran status in the admission or access to employment.



Carlisle County Sheriff's Department

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Bardwell, Kentucky 42023 • 270.628.3377



Eric Perry, Sheriff

AUTHORIZATION FOR RECORD CHECK

Position Applied for: _____

PLEASE PRINT FULL NAME CLEARLY (Including Middle Initial)

Name: _____

Maiden/Previous Names: _____

Social Security Number: _____ (REQUIRED)

Date of Birth: _____ (REQUIRED)
Month / Day / Year

Current Address:

Street Number & Name: _____

City: _____ State: _____ Zip Code: _____

Previous Addresses (if less than 3 years at current address):

Street Number & Name: _____

City: _____ State: _____ Zip Code: _____

Street Number & Name: _____

City: _____ State: _____ Zip Code: _____

Street Number & Name: _____

City: _____ State: _____ Zip Code: _____

I, _____, do hereby authorize Carlisle County Sheriff's Office to search any and all police record(s) regarding my application for employment.

Signature: _____ Date: _____