

APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE: _____

NAME: _____ SS #: _____
(LAST) (FIRST) (MI)

PRESENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

PERMANENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

PHONE NO.: _____ ARE YOU 18 YEARS OR OLDER YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU EMPLOYED NOW? _____ IF SO CAN WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

REFERRED BY: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

(CONTINUED ON NEXT PAGE)

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

SPECIAL SKILLS: _____

ACTIVITIES: (CIVIC, STHLETIC, ETC.) _____

(EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS)

U.S. MILITARY OR NAVAL SERVICE: _____ RANK: _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES: _____

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYER, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

IN CASE OF EMERGENCY NOTIFY: _____ PHONE NO: _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE DEPARTMENT'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. AT ANY TIME, AT EITHER MY OR THE DEPARTMENT'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE DEPARTMENT. I UNDERSTAND THAT NO DEPARTMENT REPRESENTATIVE, OTHER THAN IT'S SHERIFF, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE SHERIFF, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYEMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE: _____

SIGNATURE: _____

PULASKI COUNTY SHERIFF'S DEPARTMENT

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any Pulaski County Sheriff's Department officer or other authorized representative of the Pulaski County Sheriff's Department bearing this release to obtain any information in your files, whether public, private or confidential, pertaining to and including, but not limited to: my employment and pre-employment records, including background reports, evaluations, complaints and grievances filed by me or against me; military records; financial and credit history including records of loans, records of commercial or retail credit agencies, credit reports and/or ratings; criminal history including arrests and convictions; educational records including academic achievement, attendance, athletic, personal history and disciplinary records; records of medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U.S. Veteran's Administration the records and recollections of attorneys at law or other counsel, whether representing me or to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Pulaski County Sheriff's Department. Consent is granted for the Pulaski County Sheriff's Department to furnish such information as is described to third parties in the course of fulfilling its official responsibility. I hereby release you as custodian of such records and any school, college, university or other educational institution, police agency, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, retail business establishment, or police agency including its officer, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by Federal statute or regulation. I have been advised by the Pulaski County Sheriff's Department will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the below listed address. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. Should there be any question as to visibility of this release, you may contact me as indicated below.

Full Name (Signature) _____
(INCLUDE MAIDEN & ANY OTHER PREVIOUSLY USED NAMES)

Full Name (Typed or Printed) _____
(INCLUDE MAIDEN & ANY OTHER PREVIOUSLY USED NAMES)

Date of Birth: ___ / ___ / ___ Social Security Number: _____

Place of Birth (County, State) _____

Current Physical Address: _____

Phone Number: _____ Today's Date: _____

Witness Signature: _____

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be printed legibly in ink or typed. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.
7. As you complete the questionnaire, you may be uncertain about how to answer a particular question. In that case, you should circle the question, and the background investigator will discuss it with you at a later date.

PERSONAL HISTORY STATEMENT

Personal

The following information is requested of you for verification and contact purposes:

1. Your Full Name (please print or type):

Other names (including nicknames) you have used or been known by:

2. Please list complete address(es) at which you can be contacted:

Physical: _____

Mailing: _____

3. Please list the telephone number(s) at which you can be contacted:

() _____

() _____

4. Birthdate : _____ Social Security Number: _____

Relatives and References

During the course of the background investigation persons who know you will be asked to comment upon your suitability for the position. Inquiries will be confined to job-relevant matters.

5. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write N/A.		
If living, name of your:	Address at which person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
Father:	_____ ()Home ()Work ()Other	_____ ()Home ()Work ()Other
Mother:	_____ ()Home ()Work ()Other	_____ ()Home ()Work ()Other
Father-in-Law:	_____ ()Home ()Work ()Other	_____ ()Home ()Work ()Other
Mother-in-Law:	_____ ()Home ()Work ()Other	_____ ()Home ()Work ()Other
Spouse:	_____ ()Home ()Work ()Other	_____ ()Home ()Work ()Other

7. In the space below, please list as references, 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives and former employees.

Name	Address where person can be contacted (Including City, State, and Zip Code)	Telephone at which person can be contacted.
	_____ ()Home ()Work ()Other	_____ ()Home ()Work ()Other
	_____ ()Home ()Work ()Other	_____ ()Home ()Work ()Other
	_____ ()Home ()Work ()Other	_____ ()Home ()Work ()Other
	_____ ()Home ()Work ()Other	_____ ()Home ()Work ()Other
	_____ ()Home ()Work ()Other	_____ ()Home ()Work ()Other

Education

8. Please indicate your current education situation by checking one of the appropriate boxes.

- I possess a high school diploma from a U.S. Institution.
- I passed the G.E.D. (General Educational Development) test.
- I possess a two-year college degree.
- I possess a four-year college or university degree.
- I do not currently have a high school diploma or its equivalent.

9. Please indicate below all schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Location of School (City and State)	Dates Attended From Mo/Yr To Mo/Yr	School References (Teachers, counselors, etc.)

Employer Information	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	From ___ / ___ To ___ / ___
Name:	Titles and Duties (for ID purposes)	Name of Supervisor
Address:	Reason for Leaving:	Name of Co-Worker(s)
Telephone:		
<input type="checkbox"/> Military Service	<input type="checkbox"/> Not Employed	From ___ / ___ To ___ / ___
Employer Information	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	From ___ / ___ To ___ / ___
Name:	Titles and Duties (for ID purposes)	Name of Supervisor
Address:	Reason for Leaving:	Name of Co-Worker(s)
Telephone:		
<input type="checkbox"/> Military Service	<input type="checkbox"/> Not Employed	From ___ / ___ To ___ / ___
Employer Information	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	From ___ / ___ To ___ / ___
Name:	Titles and Duties (for ID purposes)	Name of Supervisor
Address:	Reason for Leaving:	Name of Co-Worker(s)
Telephone:		
<input type="checkbox"/> Military Service	<input type="checkbox"/> Not Employed	From ___ / ___ To ___ / ___
Employer Information	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	From ___ / ___ To ___ / ___
Name:	Titles and Duties (for ID purposes)	Name of Supervisor
Address:	Reason for Leaving:	Name of Co-Worker(s)
Telephone:		
<input type="checkbox"/> Military Service	<input type="checkbox"/> Not Employed	From ___ / ___ To ___ / ___

12. Would any problem result if your present employer was contacted during the course of the background investigation?

Yes No If "No", when should contact be made? _____

13. If you have had no prior employment, please explain in the spaces below: _____

Military Service

21. If you are a male under age 26, please provide the following:

Selective Service Number	Approximate Date of Registration	Address at Time of Registration
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22. Have you ever served in the armed forces, Nation Guard or military services: Yes No
If "yes" please supply the following information:

Branch of Service	Service Number	Dates of Service ____/____ to ____/____	Type of Discharge
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23. Are you currently participating in any military reserve or National Guard program? Yes No

24. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? Yes No

If "yes" please give details (include branch of service, when, where, circumstances).

Criminal History Information

25. Have you ever been arrested? Yes No

If yes, please explain: _____

26. Have you ever been convicted of a misdemeanor? Yes No

If yes, please complete:

Date	Charge	Disposition

If more, please attach to application.

27. Have you ever been convicted of a felony? Yes No

If yes, please complete:

Date	Charge	Disposition

If more, please attach to application.

I hereby certify that all statements made in this personal history statement are true and complete, and I understand that my misstatements of material facts will subject me to disqualification or dismissal.

Signature in Full:

Date Completed:



AUTHORIZATION FOR RELEASE OF INFORMATION

01.18.2018

I, _____ hereby authorize any representative of the Missouri Department of Public Safety's Peace Officer Standards and Training (POST) Program to release any and all information and records relating to my peace officer license, and any and all continuing law enforcement education training information and records to the following law enforcement agency:

Officer last four SSN: _____

Agency Name: Pulaski County Sheriff's Department

Contact Person: Lt. Pam Sherrell

Phone Number: 573-774-4796

A photo static copy of this authorization will be considered as effective and valid as the original and shall not expire.

Signature of Licensee:

Date:

Subscribed and sworn to before me this _____ day of _____, 20___. I am commissioned as a notary public within the county of _____, state of _____, and my commission expires on _____, 20__.

NOTARY PUBLIC