

PAWNEE COUNTY SHERIFF'S OFFICE

116 WEST 8TH STREET; LARNED, KS 67550
PHONE 620-285-2211 FAX 620-285-7073



SHERIFF
SCOTT KING

UNDERSHERIFF
DEREK SLACK

Which Position are you applying for? () Deputy Sheriff () Jail Deputy () Clerical Staff

Instructions to Applicant

To receive a permanent position as an employee with this agency, Applicant, at the time of employment, must meet the following criteria in order to qualify for employment.

- Applicant must be at least eighteen years of age to apply for the position of Clerical Staff or Jail Deputy and at least twenty one years of age to apply for the position of Deputy Sheriff.
- Applicant must be a citizen of the United States.
- Applicant must be free of any felony convictions including any felony convictions that have been expunged.
- Applicant should not have any felony behaviors involving the use, production, transportation, or sale of illegal drugs or narcotics.
- If applicant has military experience, discharges must be under honorable conditions.
- Applicant must have a High School diploma or its equivalent.
- Applicant must currently have or be able to obtain a valid driver's license prior to employment date.
- Applicant may be required to meet certain job related sight and hearing standards required to meet essential job functions.
- As a condition of employment, applicant may be required to pass the following:

Physical Agility Test
Background Investigation
Psychological Examination

Polygraph
Drug screening
Medical Examination

The completion of this form is a requirement for consideration of employment by this agency.

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All Statements are subject to verification.

Inaccuracies or incomplete statements may prevent applicant from being hired by this agency.

In accordance with the Privacy Act of 1974, disclosure of the applicant's social security number is voluntary. The social security number will be used for identification purposes to ensure that proper records are obtained.

I have read and understand the above instructions and agree to the terms and conditions of completing the application.

Name _____ Date _____
Applicant Signature

Personal Information:

Name _____
Last First Middle

Address _____
Street City State Zip Code

_____ Date of Birth Social Security Number

Home Phone _____ Cellular Phone _____

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Have you had any extended work absences for reasons other than earned leave? () Yes () No
If Yes, Explain the circumstances:

Have you ever been convicted of a felony or serious misdemeanor including expunged felony or misdemeanor records, or any military jurisdiction in which a crime would be considered a felony or misdemeanor in the State of Kansas? () Yes () No If Yes, Explain the circumstances:

Have you ever been fired or pressured to resign an employment position? () Yes () No If Yes, explain the circumstances:

Would any problem result if your present employer was contacted during the course of the background investigation? () Yes () No If Yes, Explain the circumstances:

List any and all skills acquired that may be relevant to the job for which applying for:

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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 applied for. Inquires will be confined to job relevant matters. They should have knowledge of your qualifications.

Name _____ City _____ State _____
Phone _____ Relationship _____

Name _____ City _____ State _____
Phone _____ Relationship _____

Name _____ City _____ State _____
Phone _____ Relationship _____

Name _____ City _____ State _____
Phone _____ Relationship _____

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Residences:

Below, list all the residences in the last ten years. If rented, list the landlords name also:

Street City State Zip code Dates
Landlord_____

Street City State Zip code Dates
Landlord_____

Street City State Zip code Dates
Landlord_____

Street City State Zip code Dates
Landlord_____

Street City State Zip code Dates
Landlord_____

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Experience and Employment:

Beginning with your most current employment:

Dates	Name and Address of Employer	Supervisor
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Title or Duties	Reason for Leaving	Rate of Pay
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Dates	Name and Address of Employer	Supervisor
-------	------------------------------	------------

Title or Duties	Reason for Leaving	Rate of Pay
-----------------	--------------------	-------------

Dates	Name and Address of Employer	Supervisor
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Title or Duties	Reason for Leaving	Rate of Pay
-----------------	--------------------	-------------

Dates	Name and Address of Employer	Supervisor
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Title or Duties	Reason for Leaving	Rate of Pay
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Have your wages ever been garnished? () Yes () No If Yes, explain the circumstances including when, where, and why.

Have you ever been delinquent on income or other tax payments?
() Yes () No If Yes, explain the circumstances including when, where, and why.

Are you or have you ever been involved as a Plaintiff or Defendant in any Civil Court Action?
() Yes () No If Yes, explain the circumstances including when, where, why, including the name and location of court.

Legal:

Have you have ever been arrested or convicted of any crime, (excluding traffic citations)? If so give the following information: ****the fact that your record may have been affected by sealing, expungement, a release, or a pardon, has specific legal implications as to how one should answer this question. *** Seek legal advice before answering this section.

Date	Police Agency	Circumstances

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Motor Vehicle Operation:

Since positions with our agency require that you drive a motor vehicle, an investigation of your driving history and status must be made. In the space below, list any and all other states you had or currently have a driver's license through:

Driver's License Number	State	Name issued under
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Driver's License Number	State	Name issued under
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List any and all traffic citations you have received in the last five years:

Violation	Location	Date
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Violation	Location	Date
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Violation	Location	Date
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Violation	Location	Date
-----------	----------	------

Violation	Location	Date
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CONSENT TO RELEASE INFORMATION

The undersigned, being an applicant for a position with the Pawnee County Sheriff's Office, does hereby consent to the release by you, your organization, or others of any and all moral, educational, physical, mental, business, financial, criminal and work performance information pertaining to the undersigned to the Pawnee County Sheriff's Office of the State of Kansas. Furthermore, this release shall include all records of disciplinary actions and / or internal investigations pertaining to past or present employment and employment performance, to include performance evaluations. The applicant does further consent that all agencies, businesses, organizations and individuals contacted are hereby released from any and all responsibility and / or liability to furnishing said information to the Pawnee County Sheriff's Office of the State of Kansas and the individual acting on behalf of the Pawnee County Sheriff's Office, State of Kansas. The applicant further agrees that a photocopy of this document shall have and carry the same consent purposes as the original document.

This Consent to Release Information shall expire sixty (60) days from the date indicated below.

_____ Date _____ Signature of Applicant

State of Kansas)
) SS:
County of Pawnee)

Subscribed and sworn to before me, this _____ day of _____, 20_____.

Seal _____ Notary Public

My Commission Expires: _____