

Stewart County Sheriff's Office Employment Application

First Name

Last Name

E-mail Address

Phone

Address

Today's Date:

Driver's License Number

DL State

Expires

Social Security Number

Has your license ever been suspended or revoked? If yes, explain why.

Have you ever been arrested for a misdemeanor or felony? If yes, explain.

Have you ever been discharged or asked to resign from employment? If yes, explain.

Has your license ever been suspended or revoked? If yes, explain why.

If related to anyone at the Stewart County Sheriff's Office, state their name and position:

Have you ever applied for employment with the Stewart County Sheriff's Office? If yes, state position applied for and approximate date of application.

Which position are you applying for?

Date you can start:

Currently Employed

Yes

No

If so, may we contact your employer:

Yes

No

Education and Training

Highest Grade
Completed:

8

9

10

11

12

13+

Year Graduated:

G.E.D. Test:

Yes

No

Where passed:

Name and location of special training or other education/degrees :

Do you have any firearms experience and/or training? If yes, list.

Do you have any job related experiences, skills, or qualifications that may be of special benefit to the job for which you are applying?

Military Training:

Branch:

Entered:

Discharged:

Type of Discharge

Highest Rank

Reserve Status:

Branch of Reserve

Emergency Contact

Name:

Relation

Address:

Phone

References (List persons you have known at least one year. No relatives)

Name Business Years Known

Address Phone

Name Business Years Known

Address Phone

Name Business Years Known

Address Phone

Name Business Years Known

Address Phone

Name Business Years Known

Address Phone

Name Business Years Known

Address Phone

Previous Employment (list below previous employers for the past 10 years starting with most recent first)

Employer From To Wage

Address

Phone

Title

Job Description

Reason for Leaving

Employer From To Wage

Address

Phone

Title

Job Description

Reason for Leaving

Employer From To Wage

Address

Phone

Title

Job Description

Reason for Leaving

Employer From To Wage

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Job Description

Reason for Leaving

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Job Description

Reason for Leaving

Employer

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To

Wage

Address

Phone

Title

Job Description

Reason for Leaving

Employer

From

To

Wage

Address

Phone

Title

Job Description

Reason for Leaving

Remarks or Additional Information

Applicant Statement

I hereby certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that any falsified, misrepresented, incomplete, or omitted information may disqualify me from consideration of employment or result in my dismissal from employment.

I also understand that this application is not a contract for employment nor does it obligate the Stewart County Sheriff's Office in any way if I am not selected to fill a position. If employed, I understand that employment with the Stewart County Sheriff's Office is at-will and can be terminated without notice, at any time, for any reason, or for no reason.

I understand that any offer of employment will be conditional on successful completion of a number of requirements, including a health assessment, drug and/or alcohol test, and similar screenings required for the position. The results of the above screenings or assessments will be released to the Stewart County Sheriff's Office and may be a factor in determining my suitability for the position for which I have signed.

Signature

Date

To the Applicant: The Stewart County Sheriff's Office appreciate's your interest in seeking employment with us. Thank you.

All hiring procedures shall comply with all state and federal laws. Stewart County Sheriff's Office is an equal opportunity employer.

Applicant Authorization for Release of Information

I have applied for employment with the Stewart County Sheriff's Office. I am aware that my entire background will be thoroughly investigated and I hereby authorized a review of and full disclosure of all records, or any part thereof, concerning myself, to and by a duly authorized agent of the Stewart County Sheriff's Office, whether said records are of a public, private, and/or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records including, but not limited to, those held by educational, financial and credit institutions; Medical and/or psychiatric treatment and/or consultations, including records held by hospitals, clinics, private practitioners, and the United States Veteran's Administration; Employment and pre-employment records, including the results of background investigation reports and polygraph examination results, efficiency ratings and/or performance evaluations, records of complaint, arrest, trial, and/or convictions for alleged or actual violations of law, including criminal and/or traffic offense records, and records of a civil nature made by and/or against me.

I understand that any information obtained during the course of the background investigation which is developed directly or indirectly, in whole or in part, upon this *Authorization for Release of Information*, will be considered in determining my suitability for employment with the Stewart County Sheriff's Office. I further understand that in the event my employment application and/or resume is disapproved, not considered, or otherwise does not result in my appointment to the Stewart County Sheriff's Office, the source(s) of confidential information **cannot and will not be released and/or revealed to me**. Additionally, I agree to indemnify and hold harmless the person(s) to whom this *Authorization for Release of Information* is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney fees, arising out of, or by reason(s) for complying with the request for information that this *Authorization* provides.

It is further understood by me that a photocopy, including a facsimile copy of the actual original of this *Authorization for Release of Information* will be valid as an original hereof, even though the said photocopy or facsimile does not contain an original writing of my signature. This *Authorization*, or reproduction thereof, shall remain in effect for a period of two years from the date of execution of this document.

Applicant's Signature

Date

Witness Signature