Logan County Sheriff's Department
Employment Application Form

Applications are considered for employment without regard to race, color religion, sex, national origin, ethnicity, age, marital status, veteran status, medical condition or disability.

Please read acknowledgements (page 6, section I), then complete application.

A – Personal Information

Last Name:_____ First Name:_____ MI:_____

Social Security #:_____ Date of Birth:_____

Present Address:_____

_____

Permanent Address:_____

_____

Phone #:_____Emergency Phone #:_____

Have you applied for employment or been employed with this department before? Y_____ N_____

If yes, give position(s) and date(s):_____

B-Employment Interest

Type of Employment Desired: Full Time _____ Part Time_____ Temporary/Seasonal _____

Date available to work: _____

What position are you seeking:_____

Minimum Salary Requirements:_____

Will you perform shift work? Y_____ N_____ Can you travel? Y_____ N_____

Are you on layoff or subject to recall? Y_____ N_____

Does anyone in your immediate family work here? Y_____ N_____

If yes, list name(s) and Department(s) _____

C – Educational Record

Name & Location of School

Elementary:_____

Diploma/Degree & Year Received:_____

High School:_____

Diploma/Degree & Year Received:_____

College University:_____

Diploma/Degree & Year Received:_____

Graduate/Professional:_____

Diploma/Degree & Year Received:_____

Major Field of Study:_____

Area(s) of Specialized Training:_____

_____

Title of Thesis & Special Research Project(s):_____

_____

Honors Received:_____

_____

Vocational or Technical School Attended:_____

_____

Special Skill(s) or Certificate(s) Received:_____

_____

Short hand: Y_____ N_____ WPM_____ Typing: Y_____ N_____ WPM_____

D – Employment Experience

Previous Employment: Start with your present or past job and list all employment experiences. If additional space is needed, use an extra sheet of paper.

Employer:_____

Duties:_____

Address:_____

Job Title:_____ Supervisor:_____

Dates Employed:_____ Hourly Rate: _____

Reason for Leaving:_____

Employer:_____

Duties:_____

Address:_____

Job Title:_____ Supervisor:_____

Dates Employed:_____ Hourly Rate: _____

Reason for Leaving:_____

Employer:_____

Duties:_____

Address:_____

Job Title:_____ Supervisor:_____

Dates Employed:_____ Hourly Rate: _____

Reason for Leaving:_____

May we call your present employer now? Yes _____ No_____

If not, when may we call? _____ Phone _____

E – Special Considerations

If a License or Certificate is needed to perform the work in the position applied for, please complete.

Drivers License Number:_____

Name of Trade or Profession License Number:_____

List any skills and abilities that you possess that will be helpful in doing the job applied for:

_____

_____

_____

_____

_____

F – References

Give the name of two references; do not include relatives or previous employers:

Name:_____ Relationship:_____

Address:_____

Phone Number:_____

Name:_____ Relationship:_____

Address:_____

Phone Number:_____

G – Activities

List offices held in school, civic clubs or business organizations. You may omit those that indicate sex, race, religion, ethnicity or national origin.

_____

_____

_____

_____

H – Additional Information

Branch of U.S. Military Service from (month/year) to (month/year): _____

_____

Highest Rank Attained:_____

Military Occupation Specialty and/or Major Duties: _____

_____

_____

This employer is subject to Section 503 of the Rehabilitation Act, Section 402 of the Vietnam Era Veterans Readjustment Assistance Act, and the Americans with Disabilities Act. If you have a disability that will require reasonable accommodations during pre-employment applications/testing procedures, please let us know. You may be required to provide documentation verifying the need for accommodations. This information will not subject you to any adverse treatment.

Are you a Vietnam Era Veteran? Y_____ N_____

If yes, month and year active duty completed:_____

Additional Comments:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I – Acknowledgements

PLEASE READ THE FOLLOWING BEFORE COMPLETING APPLICATION

- I certify that the answers given herein are true and complete to the best of my knowledge.

  Yes _____ No_____

- I authorize investigations of all statements contained in this employment application and additional job-related background investigation as may be necessary in arriving at an employment decision.

  Yes _____ No_____

- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

  Yes _____ No_____

- I understand that neither this document nor any verbal promises made by the employer or representative employee may be constituted as an employment contract.

  Yes _____ No_____

- I understand and acknowledge that, unless otherwise defined by law, policies and procedures, or rules and regulations, any employment relationship with this organization is of an "at-will" nature, which means that either the employee or employer may terminate the employment relationship at any time, with or without cause of advance notice.

  Yes _____ No_____

- I understand that this application is the property of the employer, and will be considered active for six months from the date signed. I understand that this application must be signed and dated before I will receive employment consideration.

  Yes _____ No_____

Signature:_____ Date:_____

NOTE: A resume may be attached to this application to provide additional information, but may not be substituted for a completed and signed Employment Application Form.
Equal Opportunity Employer