

Have you ever been convicted of/or charged with a crime? Yes No

Misdemeanor or Felony? _____ Alleged Crime _____

Are you a Veteran of the U.S. Military Service? Yes No

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying?

Yes No

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability?

Yes No

If yes, please indicate: _____

Please indicate any foreign language(s) that you may possess knowledge of:

Speak: _____ Write: _____ Read: _____

Speak: _____ Write: _____ Read: _____

List professional, trade business or civil activities and offices held (exclude those which indicate race, color, religion, sex or national origin):

Give name, address and telephone number of three references who are not related to you and are not previous employers:

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with physical or mental handicaps.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be so identified, please indicate and sign below.

Handicapped Individual

Disabled Veteran

Vietnam Era Veteran

Signature of Applicant

Please list all employment for the last 10 years starting with your present or latest job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1. Employer: _____
Address: _____
Job Title: _____ Salary/Hourly Wage: _____
Supervisor: _____ Phone# of Supervisor _____
Employed from _____ to _____
Reason for leaving: _____
2. Employer: _____
Address: _____
Job Title: _____ Salary/Hourly Wage: _____
Supervisor: _____ Phone# of Supervisor _____
Employed from _____ to _____
Reason for leaving: _____
3. Employer: _____
Address: _____
Job Title: _____ Salary/Hourly Wage: _____
Supervisor: _____ Phone# of Supervisor _____
Employed from _____ to _____
Reason for leaving: _____

If you need additional space, please ask for or use a separate sheet of paper.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience:

EDUCATION

High School(s) attended: _____

Diploma received? Yes No GED Equivalent? Yes

College/University/Trade School(s) Attended:

List all educational contact phone numbers:

Course of study: _____ Diploma received? Yes No

POST EDUCATION

Are you Missouri POST Certified? Yes No

If yes Academy attended

Address of Academy _____

Phone # of Academy _____

****Please attach copy of POST license****

Describe any specialized training, apprenticeship, skills, etc.:

Please state any additional information you feel may be helpful to us in considering your application:

Agreement

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

I authorize investigation of all statements contained in the application for employment as be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment. I authorize release of any credit reports, past employment records from any financial institution and/or past or present employer.

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, regulations and policies of this office.

Signature of Applicant

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONERN:

I, _____, hereby authorize you to release any and all information regarding my employment, credit, arrest and conviction record, and any other information, whether personal or otherwise, that may be on my records or information that may be pertinent to the hiring process with the Livingston County Sheriff's Office. I further release you from all liability for releasing such information.

Signature

Date

Print name

Witness

Date