

## APPLICATION FOR EMPLOYMENT WARREN COUNTY SHERIFF'S DEPARTMENT

104 West Main Street, Suite A Warrenton, Missouri 63383 Telephone: (636) 456-4332 Fax: (636) 456-1811 www.wcsdmo.net

## PERSONAL HISTORY STATEMENT

This employment application is for both civilian and deputy positions within the Sheriff's Department. Please make sure you thoroughly complete this application. A notary public must witness your signature on the waiver / release form. In compliance with Federal & State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, color, sex, national origin, age, veterans status, marital status, disability, or any other status protected by law. The personal history statement must be completed and submitted at the time of the initial interview or test date

NAME:			DATE:
Last	First	Middle	
POSITION APPLIED FOR:			
DATE AVAILABLE:		DESI	RED SALARY:
INSTRUCTIONS:			
do not know the answer at 3. Type, print, or write leg information is accurate at in order to process this a	npletely. If a questice and cannot obtain the gibly. Illegible form and up-to-date. Inforpplication.	on is not applicable, write answer from your records will not receive construction on names, additionally and the second	te "N/A". Write "Unknown" if you ords. sideration. It is imperative that all ress, and references must be correct
			•••••
Home Address:			
City, State, and Zip Code:			
Home Phone:		_ Cellular Phone:	

Date of Birth: _			_ Place of Birth:		
Eye Color:	Hair Colo	or:	_ Height:	Weight:	
Social Security	Number:				
Driver's License	e Number:				
State of Issue: _					
•••••	•••••		•••••	•••••	•••••
LAST FOUR A	ADDRESSES:				
1) Previous Ad	dress:				
From:	To:	Rent:	Own:		
If Rented, Name	e of Landlord:			PHONE:	
2) Previous Ad	dress:				
From:	To:	Rent:	Own:		
If Rented, Name	e of Landlord:			PHONE:	
3) Previous Ad	dress:				
From:	To:	Rent:	Own:		
If Rented, Name	e of Landlord:			PHONE:	
4) Previous Ad	dress:				
From:	To:	Rent:	Own:		
				PHONE:	
PERSONAL H		•••••	•••••		•••••
Marital Status:					
If applicable, M	aiden Name(s):				
Any previous "a	also known as" (AKA	A):			
Wife's Maiden	Name:				

Do you currently use any illegal or non-prescribed drugs including marijuana, methamphetamines, amphetamines, depressants, steroids, tranquilizers, cocaine, etc.? Do you abuse any prescription or non-prescription drugs?			
If yes, please explain:			
Have you ever taken a polygraph or a computer voice stress analysis examination?			
If yes, please explain:			
Are there any incidents in your life, whether or not you were directly involved, which if discovered by a subsequent investigation, would disqualify you as an applicant?			
If yes, please explain:			
EDUCATION:			
Circle the highest grade level completed: 6 7 8 9 10 11 12 13 14 15 16 17 18			
Date of graduation from high school (or completion of GED):			
Name of High School:			
Address of High School:			
College, University, or Trade School:			
Address:			
Major:			
Type of Degree or Certificate:			
OTHER SPECIAL SCHOOLS, COURSES OF STUDY, OR CERTIFICATION:			
Name:			
Course of Study:			

	Date Granted:
	•••••
OTHER SKILLS:	
Please List:	
FOREIGN LANGUAGES:	
MILITARY SERVICE:	
Have you ever been an active member of the mil	itary service?
If yes, what branch of service:	
From:	To:
Highest Rank Attained:	
Describe Your Duties:	
If you were released early from the military servi	ice, explain why?
What was your last duty station?	
	iplinary action while in the military service?

## EMPLOYMENT HISTORY – Please list all employers from the past ten years. You may photo-copy this page, and attach additional sheets as necessary.

Current Employer:		
Employed From:		
Highest Position Held:		
Supervisor's Name:		
List Three Co-Workers:		
Name:	Phone:	
Name:	Phone:	
Name:	Phone:	
Reason for Leaving (Be Specific):		
Pravious Employar		
	To:	
Supervisor's Name:	Phone:	
List Three Co-Workers:		
Name:	Phone:	
Name:	Phone:	
Name:	Phone:	
Reason for Leaving (Be Specific):		

references.		
Name:		
Address:		
City, State, Zip Code:		
Telephone Number:	Relationship:	How Long:
Name:		
Address:		
City, State, Zip Code:		
Telephone Number:	Relationship:	How Long:
Name:		
Address:		
City, State, Zip Code:		
Telephone Number:	Relationship:	How Long:
Name:		
Address:		
City, State, Zip Code:		
Telephone Number:	Relationship:	How Long:

PERSONAL REFERENCES: Please list the name, address, and telephone number of four personal

Are you presently an applicant, or on an eligibility list with any other employer?  If yes, please list:
Company Name:
Address:
Position Sought:
Company Name:
Address:
Position Sought:
Company Name:
Address:
Position Sought:
Company Name:
Address:
Position Sought:
If acceptable for employment, are you willing to relinquish any other employment or employment offer in favor of employment with the Warren County Sheriff's Department?
If no, please explain:

## WAIVER / CONSENT TO RELEASE INFORMATION

Applicant's Name:	
Date of Birth:	Social Security Number:
Warren County Sheriff's Department conducts a with the Warren County Sheriff's Department.	the Warren County Sheriff's Department in Missouri. I fully understand that the background investigation on all applicants, who are being considered for a position. This investigation includes, but is not limited to, an investigation of my past al stability, military, police, driving record, and character traits.
Warren County Sheriff's Department pertaining to relating to my past employment purpose, financia	y the Warren County Sheriff's Department personnel to release any information to the to the background investigation including, but not limited to, records or information al stability, schooling, military, police, driving records, and character traits for use by insideration of my application for employment and for no other purpose.
former employer, private business, or any other	ad all papers and other exhibits submitted by me or any purpose, government agency individual or group of individuals in support and attached hereto) becomes upor rtment (in petition for employment), the property of the County of Warren, State one under any circumstance whatsoever.
I authorize the Warren County Sheriff's Department to any person or entity lawfully empowered to obt	ent to release any documents or information collected during the application process tain such information or documents.
	person releasing such information to the Warren County Sheriff's Department from against that person arising out of the release of such information.
liability or claims which I may have arising out of	rren County, its elected officials, officers, agents, and employees from any and all of the disclosure of such information to the Warren County Sheriff's Department for in consideration of my application for employment and for such other purposes as the the Warren County Sheriff's Department.
This authorization for the release of information si set forth herein shall survive the termination of the	shall be valid for one (01) year from the date hereof. Any release of claim or liability e agreement.
accurate and true and I understand that any false a the application with no further consideration, or	the completion of this application are, to the best of my knowledge and recollection answer (deceitfully made) or any fraud whatsoever, constitutes a basis for rejection of if I am hired and fraud and / or deceit is subsequently discovered, such fraud and dismissal from the Warren County Sheriff's Department.
I further acknowledge that I understand all employ Sheriff, per Missouri State Statute 57.251.	yment with the Warren County Sheriff's Department is at the will and pleasure of the
	ted by any authorized representative of the Warren County Sheriff's Department, will not obtain copies of records and to receive statements and information.
Applicant's Signature:	Date:
Subscribed and Sworn to before me this _	day of, 20
Witness my hand official seal. My comm	nission expires on
Notary Public	

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