

FOR OFFICIAL OFFICE USE ONLY - DO NOT WRITE IN THIS BOX

RECEIVED VIA - P M E W O

RECEIVED BY

DATE RECEIVED

GREELEY COUNTY SHERIFF'S OFFICE  
**APPLICATION FOR EMPLOYMENT**  
**COMMUNICATIONS**

---

YOUR PERSONAL INFORMATION

First Name

Last Name

List all other names you have used, including circumstances and time periods you used them.  
(For example: maiden name, former name(s), alias(es), and/or nickname(s).

E-mail Address

Phone

Cell Phone

Emergency Contact Name and Phone:

Are you a United States Citizen

No... Yes

If No - Are you eligible to work in the United States?

No Yes

Do you have a valid Kansas Driver's License

No... Yes

If No, please explain:

Driver's License Number                      State                      Type (Regular, CDL, Motorcycle, etc.)

Were you in the U.S. Armed Forces?

No                      Yes...

If Yes:

Branch:    Rank:

Dates on active Duty

From:    To:

Type of Discharge:

Additional Information about your time in the Military: (Optional)

---

---

## POSITION AND QUALIFICATIONS

Which position(s) are you applying for? (Mark all that apply.)

Dispatcher - Full Time

Dispatcher - Part Time

Dispatcher - Supervisor

Records Clerk

Seasonal or Temporary

Other - Please List

What shifts would you be willing to work? (Mark all that apply.)

Day

Swing

Night

Other

---

If applying for part time, please specify days you could work. (Mark all that apply.)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Can you perform the essential function of this job with or without reasonable accommodation?

No

Yes

If hired, how soon could you begin work?

State minimum salary you would expect:

---

What computer programs do you have experience with? (Mark all that apply.)

Internet Explorer

Firefox

Chrome

Microsoft Word

Microsoft Access

Microsoft Excel

E-mail

Web Designer

Windows

Safari

Avast

McAfee

Other

How much experience do you have with Windows based systems?

What technology equipment do you have experience using? (Mark all that apply.)

PC	Mac	Linux
Copier	Fax	Scanner
Printer	Business Telephone	2Way Radio
Pager	Adding Machine	Cell Phone
Other		

What other technologies do you have experience with?

Please list any professional or trade licenses you feel would be relevant to working in this office.

Which languages do you speak?

English  
Spanish  
German  
French  
Other

What languages can you read/write?

English  
Spanish  
German  
French  
Other

---

Can you type?

No      Yes...

Words Per Minute (WPM):

Please list any other qualifications you believe would be relevant.

---

---

## EDUCATION AND TRAINING

What is the highest level of school you have **completed**?

If you did not complete High School, do you have a High School Equivalency Diploma or Certificate? (Please list type and date of certification.)

### SCHOOLS ATTENDED - ATTACH EXTRA PAGES IF NEEDED

(Please list all schools attended since Jr. High.)

---

Name of School

Location of School

Course of Study

Credit Hours Completed

Date Began

Date Ended

Did you Graduate?

Yes

No

Degree  
Obtained:

---

Name of School

Location of School

Course of Study

Credit Hours Completed

Date Began

Date Ended

Did you Graduate?

Yes

No

Degree  
Obtained:

---

Name of School

Location of School

Course of Study

Credit Hours Completed

Date Began

Date Ended

Did you Graduate?

Yes

No

Degree  
Obtained:

---

Name of School

Location of School

Course of Study

Credit Hours Completed

Date Began

Date Ended

Did you Graduate?

Yes

No

Degree  
Obtained:

---

Have you ever been suspended or expelled from school?

No

Yes, explain:

Please write a concise statement of your experience and training, which you feel qualifies you for the position for which you are applying.

Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school that you would like us to know about:

---

---

## Personal References

3 persons other than relatives or former employers.

First Name

Last Name

E-mail Address

Phone

Relationship

Years Known

---

First Name

Last Name

E-mail Address

Phone

Relationship

Years Known

---

First Name

Last Name

E-mail Address

Phone

Relationship

Years Known

---

---

## Professional References

3 persons you have worked with or for. No relatives please.

First Name

Last Name

E-mail Address

Phone

Relationship

Years Known

---

First Name

Last Name

E-mail Address

Phone

Relationship

Years Known

---

First Name

Last Name

E-mail Address

Phone

Relationship

Years Known

---



---

## EMPLOYMENT HISTORY - FROM PRESENT BACK

PLEASE ACCOUNT FOR ALL TIME - IF UNEMPLOYED, WRITE U/E AND REASON  
ATTACH EXTRA PAGES IF NEEDED

---

Employer:

Employer  
Address:

Employer Phone:

Supervisor Name:

Dates Worked:

From:

To:

Position Held & Primary Duties:

Reason for leaving:

---

Employer:

Employer  
Address:

Employer Phone:

Supervisor Name:

Dates Worked:

From:

To:

Position Held & Primary Duties:

Reason for Leaving:

---

---

Employer:

Employer  
Address:

Employer Phone:

Supervisor Name:

Dates Worked: From:

To:

Position Held & Primary Duties:

Reason for Leaving:

---

Employer:

Employer  
Address:

Employer Phone:

Supervisor Name

Dates Worked: From:

To:

Position Held & Primary Duties:

Reason for Leaving:

---

---

---

---

ANSWER THE FOLLOWING QUESTIONS BY MARKING THE APPROPRIATE ANSWER. ANY RESPONSE MARKED "YES" MUST BE EXPLAINED. THERE IS EXTRA SPACE AFTER THE QUESTIONS FOR FURTHER EXPLANATION IF NEEDED. A "YES" RESPONSE TO ANY QUESTION DOES NOT NECESSARILY BAR YOU FROM EMPLOYMENT AS EACH CASE IS CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

A) Have you ever been convicted of a law violation (include moving traffic violations) other than a parking offense?

No

Yes, explain:

B) Were you dishonorably discharged from any branch of the U.S. Armed Forces?

No

Yes, explain:

C) Do you know any reason why you would not pass a security check?

No

Yes, explain:

D) Do you now of any reason why you would not pass a physical examination?

No

Yes, explain:

E) Have you had a major illness (e.g., heart disease, nervous breakdown) within the past five years?

No

Yes, explain:

F) Are you presently receiving medical or psychiatric treatment?

No

Yes, explain:

G) Has your law enforcement certification ever been suspended, revoked, relinquished or subject to discipline or investigation by any state's law enforcement certification agency?

No

Yes, explain:

H) Have you ever been fired or asked to resign from a job?

No

Yes, explain:

I) Have you ever been dismissed, asked to resign or had any disciplinary action taken against you from any volunteer position you have held?

No

Yes, explain:

J) Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?

No

Yes, explain:

K) Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer?

No

Yes, explain:

L) Do you or have you owned a business, or are you or were you a partner or corporate officer in any business or organization not listed previously as a current or former employer?

No

Yes, explain:

M) Have there ever been or are there currently any claims or lawsuits (however characterized) filed against you or your employing agency?

No

Yes - Currently Pending

Yes - None Pending

If Yes, list the agency, type of suit, approximate date, status/outcome, and short description.

N) Have you had any disciplinary or legal actions taken against you that has not been addressed in this section already?

No

Yes

If Yes, list the agency, type of action, approximate date, status/outcome, and short description.

Extra space for explanation of questions A-N. Please put question Letter with explanation.  
Attach extra pages if needed.

---

**I declare that the foregoing statements are true and correct to the best of my knowledge and belief. I realize that the falsification of any information on this application is grounds for disqualification or dismissal from employment.**

Signature

Date



---

AUTHORIZATION TO INVESTIGATE POLICE RECORD OF ALPPLICANT  
FOR EMPLOYMENT OF GREELEY COUNTY, KANSAS

I hereby authorize the Greeley County Sheriff's Department to investigate all law enforcement files and records available to it for the purpose of determining if I have ever been convicted of any criminal act or ordinance violation. I understand that information obtained through this investigation will be used to determine my suitability for employment.

Choose 1:      Accept              Decline

Signature

Date

---

APPLICANTS FOR EMPLOYMENT / STATISTICAL INFORMATION

This is to be completed by all applicants for employment with the Greeley County Sheriff's Department. The information taken from this is used for statistical purposes only, and is not used in and has no bearing on the selection process.

Position Applied For:

Race:

White  
Other

Black

Hispanic

American Indian

Sex:

Male

Female

Signature

Date

## WAIVER OF LIABILITY AND RELEASE FORM

In consideration of the Greeley County Sheriff's Office, hereinafter referred to as, "Agency", processing of my application for employment:

I,

hereby irrevocably agree to the following terms and considerations:

1. The term "background investigation" as used in this document refers to any agency and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the agency.

2. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, any officer, agent or employee of the Agency who may conduct my background investigation.

3. I hereby release from liability and promise to hold harmless, under any and all causes of legal action, any and all persons or entities who shall furnish any information or opinions to the officers, agents or employees of the Agency who conducted my background investigation.

4. I authorize any person or entity contacted by the Agency's officers, agents or employees during the course of my background investigation, to furnish to such officers, agents or employees any information or opinions they may have, and hereby expressly waive any and all privileges I may have, including but not limited to, the attorney-client privilege, the physician-patient privilege, the psychotherapist-patient privilege, the clergy-penitent privilege, the husband-wife privilege, and the accountant-client privilege.

5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background investigation.

6. I expressly waive all of my legal rights and causes of legal action to the extent that the Agency background investigation may violate or infringe upon these legal rights and causes of legal action.

7. I expressly agree that I will never, under any circumstances, attempt to obtain results of my background investigation as conducted by the Agency, realizing that such information must, of necessity, remain confidential.

This release from liability given by me to the political division, the Agency, its officers, agents, employees, and all others as mentioned above, shall to any right or action of any nature whatsoever that might accrue to myself, my heirs, or my personal representatives.

### **READ CAREFULLY BEFORE SIGNING**

Choose 1:      Accept              Decline

Signature

Date

---

SUPPLEMENTAL INFORMATION SHEET:  
APPLICATION FOR EMPLOYMENT

This form supplements the County's standard application form, and is on a voluntary basis by applicants for positions in the Sheriff's Department. Applicants may choose to leave some items on this form unanswered at their discretion without fear of prejudicing the consideration of their applications. All information on the standard application form and all information provided voluntarily on this supplemental form is subject to verification through background investigation.

---

Full Name:

Social Security Number:

Place of Birth: (City and State)

---

**List all addresses, city, state and dates of residence for the past ten (10) years. Begin with your present address first. (Attach extra pages if needed.)**

---

Height

Weight

Do you wear eyeglasses or contact lenses?

Are you color-blind?

No      Yes

No      Yes

---



**List persons, excluding yourself, who are completely dependant on your support:** (Attach extra pages if needed.)

Full Name:

Age:

Relationship to You:

Full Name:

Age:

Relationship to You:

Full Name:

Age:

Relationship to You:

Full Name:

Age:

Relationship to You:

Full Name:

Age:

Relationship to You:

Full Name:

Age:

Relationship to You:

---

How much time have you lost from work during the last five (5) years due to illness or injury?

Have you ever drawn disability pension or compensation or otherwise been reimbursed for illness or injury?

No Yes

If Yes, please explain:

Have you ever been refused life insurance?

No Yes

If Yes, please explain:

Have you ever been refused auto insurance?

No Yes

If Yes, please explain:

Have you ever been involved in a traffic accident while you were driving?

No Yes

If Yes, please explain:

Has your driver's license ever been revoked?

No Yes

If Yes, please explain:

Do you own a vehicle?

No Yes

If No, do you have adequate transportation to get to work?

No Yes

Have you ever had your wages garnished?

No Yes

If Yes, please explain:

Do you use INTOXICATING liquor?

No                      Moderately                      Frequently

Do you smoke?

No                      Moderately                      Frequently

Have you ever used narcotics, prescription drugs, or other controlled substances other than at the direction of a physician?

No                      Yes

If Yes, please explain:

Would you be willing to take a polygraph examination ("Lie Detector Test") as part of the pre-employment background investigation process and , if employed, at any time if requested by the County?

No                      Yes

Have you ever taken part in organized, competitive athletics?

No                      Yes

If Yes, what sports and in what capacity did you participate?

What are your hobbies?

---

1) Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which advocates or approves the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

No - Skip to next section.                      Yes

If Yes, please explain, including name of organization, date of membership and location of each.

2) Have you ever made a financial or other material contribution to any organization of the type described in question 1 (above)?

No                      Yes

If Yes, please explain, including name of organization, date and location of each.

3) At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?

No                      Yes

If Yes, please explain, including name of organization, date and location of each.

---

Do you own a gun?

No

Yes...What type(s)?

Approximately how many rounds have you fired with each of the following caliber firearms?

.22    .38    .45    Other

Please write, in your own words, an essay of 250 words or more, what special qualifications and abilities you possess and the reasons for your application for employment with this office. Please do not exceed the space provided below.

---

**I declare that any information provided by me on this supplemental form has been provided on a voluntary basis, and that any information so provided is true and correct to the best of my knowledge and belief. I understand that falsification of any information so provided is grounds for disqualification or dismissal from employment.**

Signature

Date

---

I understand that by filling out and returning this application, the Agency may request the following actions of me:

- > Fingerprints
- > Drug Testing
- > Answer Additional Questions for Background Investigation
- > Submit to a Polygraph ("Lie Detector") Test
- > Provide Copies of:
  - Birth Certificate
  - High School Diploma or GED
  - College Diploma and/or Transcripts
  - Military Discharge
- > Other as deemed necessary for the Background Investigation and/or Interview process.

Choose 1:      Accept              Decline

Signature

Date

---

PLEASE REVIEW THIS ENTIRE APPLICATION AND ALL  
EXTRA PAGES FOR ACCURACY AND ERRORS BEFORE  
SIGNING AND RETURNING THIS APPLICATION

---

I hereby certify that each and every statement made on this form, and all supplemental forms, is true and complete to the best of my knowledge, and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I also acknowledge that I have a continuing duty to update all information contained in this document and, if employed by this Agency, I acknowledge that my failure to update this information may result in my discipline up to and including termination from employment. I understand that should an investigation disclose inaccurate, incomplete or misleading answers, my application may be rejected and my name removed from consideration for employment with the Agency, and if employed, my termination from employment.

Signature

Date

---

---

Have you attached extra pages; ie. further explanations, resume, copies of identification, qualifications, certificates, and/or other documents to this application?

No            Yes...

How many extra pages are attached?

What extra pages (if any) have you attached

---

---

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

---

Interviewer's Comments

Eligible for Hire:

NO...        YES

Not eligible because:

---