



MARION COUNTY SHERIFF'S OFFICE

1703 MARION CITY ROAD
PALMYRA, MISSOURI 63461

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

THE MARION COUNTY SHERIFF'S OFFICE DOES NOT DISCRIMINATE IN EMPLOYMENT ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, POLITICAL AFFILIATION, SEXUAL ORIENTATION, MARITAL STATUS, DISABILITY, GENETIC INFORMATION, AGE, MEMBERSHIP IN AN EMPLOYEE ORGANIZATION, RETALIATION, PARENTAL STATUS, MILITARY SERVICE, OR OTHER NON-MERIT FACTOR.

PERSONAL INFORMATION

LAST NAME (LEGAL NAME)	FIRST NAME	MIDDLE NAME	TODAY'S DATE
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LIST ANY OTHER NAMES USED IF DIFFERENT FROM NAME ABOVE (FOR BACKGROUND VERIFICATION PURPOSES ONLY. THIS INFORMATION WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM BEING CONSIDERED FOR EMPLOYMENT.)

PRESENT ADDRESS	CITY, STATE	ZIP CODE	YEARS AT CURRENT RESIDENCE
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HOME PHONE	CELL PHONE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
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GENERAL INFORMATION

ARE YOU SUBJECT TO A NON-COMPETE AGREEMENT OR OTHER AGREEMENT WHICH WOULD PRECLUDE OR RESTRICT YOUR EMPLOYMENT WITH US?

(CIRCLE ONE)

IF SO, PLEASE DESCRIBE.

YES NO

POSITION APPLIED FOR:

(LIST POSITION HERE)

REFERENCES

PLEASE LIST AT LEAST 3 INDIVIDUALS WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES, PREFERABLY MANAGERS, PEERS, OR SUBORDINATES. DO NOT INCLUDE RELATIVES. (PLEASE COMPLETE EACH SECTION)

NAME	RELATIONSHIP	TITLE	COMPANY	HOME PHONE/WORK PHONE
1.				
2.				
3.				
4.				
5.				

HIRING POLICIES & PROCEDURES

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, SEX (INCLUDING PREGNANCY), COLOR, AGE, NATIONAL ORIGIN, DISABILITY OR ANY OTHER PROTECTED STATUS. WE BASE OUR HIRING DECISIONS ON A VARIETY OF FACTORS, INCLUDING SKILLS AND ABILITY TO PERFORM THE JOB, PRIOR EMPLOYMENT EXPERIENCE, EMPLOYMENT REFERENCES AS TO CHARACTER AND WILLINGNESS TO WORK, WILLINGNESS TO ACCEPT THE OFFERED SALARY, AND PERSONAL INTERVIEWS.

EMPLOYMENT INFORMATION

STARTING WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT, LIST ALL PREVIOUS EMPLOYERS INCLUDING SELF-EMPLOYMENT, MILITARY SERVICE, SUMMER AND PART-TIME JOBS FOR AT LEAST THE LAST 10 YEARS. MUST BE COMPLETED IN FULL FOR EACH EMPLOYER. WRITING "SEE RESUME" IS NOT ACCEPTABLE. USE ADDITIONAL SHEET, IF NECESSARY, TO COVER YEARS OF EMPLOYMENT. **ADDITIONALLY, ATTACH PROFESSIONAL RESUME.**

1.) ORGANIZATION NAME:		TITLE:	START DATE:	END DATE:
ADDRESS:			PHONE:	
NAME AND TITLE OF SUPERVISOR:		MAY WE CONTACT?	NOW AFTER ACCEPTANCE OF OFFER	
SALARY:	REASON FOR LEAVING:			

2.) ORGANIZATION NAME:		TITLE:	START DATE:	END DATE:
ADDRESS:			PHONE:	
NAME AND TITLE OF SUPERVISOR:		MAY WE CONTACT?	NOW AFTER ACCEPTANCE OF OFFER	
SALARY:	REASON FOR LEAVING:			

3.) ORGANIZATION NAME:		TITLE:	START DATE:	END DATE:
ADDRESS:			PHONE:	
NAME AND TITLE OF SUPERVISOR:		MAY WE CONTACT?	NOW AFTER ACCEPTANCE OF OFFER	
SALARY:	REASON FOR LEAVING:			

4.) ORGANIZATION NAME:		TITLE:	START DATE:	END DATE:
ADDRESS:			PHONE:	
NAME AND TITLE OF SUPERVISOR:		MAY WE CONTACT?	NOW AFTER ACCEPTANCE OF OFFER	
SALARY:	REASON FOR LEAVING:			

ARREST HISTORY

OTHER THAN TRAFFIC CITATIONS, HAVE YOU, AS AN ADULT OR JUVENILE, BEEN ARRESTED, CONVICTED, CHARGED, QUESTIONED, ACCUSED, OR DETAINED FOR ANY CRIMINAL REASON BY A LAW ENFORCEMENT OFFICER, OR MILITARY POLICE AUTHORITY, EITHER IN THE UNITED STATES OF AMERICA OR IN ANY FOREIGN COUNTRY? (IF YES, DESCRIBE BELOW)	(CIRCLE ONE) YES NO
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DATE	CHARGE	DEPARTMENT/AGENCY	LOCATION (CITY, COUNTY, STATE)	DISPOSITION

HAVE YOU EVER BEEN SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS, OTHER THAN TRAFFIC? YES NO	IF YES, EXPLAIN
HAVE THE POLICE EVER BEEN CALLED TO YOUR CURRENT OR PREVIOUS ADDRESSES FOR ANY REASON? YES NO	IF YES, EXPLAIN
ARE YOU NOW UNDER ANY INVESTIGATION FOR ANY VIOLATIONS OF THE LAW? YES NO	IF YES, EXPLAIN

DRIVING HISTORY

LIST ALL DRIVER'S AND/OR CHAUFFEUR'S LICENSES YOU NOW HOLD OR HAVE PREVIOUSLY HELD, EITHER IN MISSOURI OR ANY OTHER STATE.

STATE	TYPE OF LICENSE	LICENSE NUMBER	EXPIRATION DATE

HAVE ANY OF THE ABOVE LICENSES EVER BEEN SUSPENDED OR REVOKED? YES NO	IF YES, EXPLAIN
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LIST ALL DRIVING CITATIONS/TICKETS OR SUMMONSES YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, BEGINNING WITH THE MOST RECENT.

MONTH/YEAR	CHARGE	ISSUING AGENCY – CITY/STATE	DISPOSITION

U.S. MILITARY SERVICE

BRANCH OF SERVICE	TECHNICAL SPECIALIZATION	RANK ATTAINED

POST CERTIFICATION

TRAINING ACADEMY ATTENDED	LICENSING STATE	POST NUMBER

EDUCATION HISTORY

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DEGREE/AREA OF STUDY	NUMBER OF YEARS ATTENDED	GRADUATED (CIRCLE ONE)
HIGH SCHOOL	NAME ADDRESS			YES NO
	CITY STATE ZIP			
COLLEGE	NAME ADDRESS			YES NO
	CITY STATE ZIP			
GRADUATE SCHOOL	NAME ADDRESS			YES NO
	CITY STATE ZIP			
OTHER/TRADE SCHOOL	NAME ADDRESS			YES NO
	CITY STATE ZIP			

ACKNOWLEDGEMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION.

I AFFIRM THAT I AM MAKING THIS APPLICATION BECAUSE I AM SINCERELY INTERESTED IN BEING HIRED BY THE MARION COUNTY SHERIFF'S OFFICE AND NOT FOR ANY OTHER PURPOSE.

I CERTIFY THAT ALL STATEMENTS I HAVE MADE ON THIS APPLICATION, ON MY RESUME, OR OTHER SUPPLEMENTARY MATERIALS ARE TRUE AND CORRECT. I HEREBY AUTHORIZE THE MARION COUNTY SHERIFF'S OFFICE TO INVESTIGATE THE ACCURACY OF THIS INFORMATION FROM ANY PERSON OR ORGANIZATION AND I RELEASE THE MARION COUNTY SHERIFF'S OFFICE AND ALL PERSONS AND ORGANIZATIONS FROM ALL CLAIMS OR LIABILITIES OF ANY NATURE ARISING FROM SUCH INVESTIGATIONS OR THE SUPPLYING OF INFORMATION FOR SUCH INVESTIGATIONS. I UNDERSTAND THAT IF I AM BEING CONSIDERED FOR A POSITION WHICH REQUIRES DRIVING A MARION COUNTY SHERIFF'S OFFICE VEHICLE, A REPORT EXAMINING MY DRIVING RECORD MAY ALSO BE REQUESTED, AND I SIMILARLY RELEASE ALL PERSONS AND ORGANIZATIONS FROM ALL CLAIMS OR LIABILITIES OF ANY NATURE ARISING FROM SUCH EXAMINATION OR THE SUPPLYING OF INFORMATION FOR SUCH EXAMINATION. I ACKNOWLEDGE THAT ANY FALSE STATEMENT, SIGNIFICANT OMISSION, OR MISREPRESENTATION ON THIS APPLICATION OR SUPPLEMENTARY MATERIALS WILL BE CAUSE FOR REFUSAL TO HIRE OR, IF EMPLOYMENT HAS ALREADY BEGUN, FOR IMMEDIATE DISMISSAL AT ANY TIME DURING THE PERIOD OF MY EMPLOYMENT.

ALL EMPLOYEES OF THE MARION COUNTY SHERIFF'S OFFICE SERVE A SIX-MONTH PROBATIONARY PERIOD FROM THE DATE OF ORIGINAL EMPLOYMENT. DURING THIS TIME, THEY CAN DEMONSTRATE THEY CAN PERFORM EFFECTIVELY THEIR OUTLINED DUTIES. AT THE END OF THIS PROBATIONARY PERIOD IF THEIR SERVICE REFLECTS SATISFACTORY PERFORMANCE, THEIR STATUS BECOMES PERMANENT; IF UNSATISFACTORY, THEIR EMPLOYMENT IS TERMINATED. EMPLOYMENT IS SECURED ONLY BASED ON QUALIFICATIONS FOR A GIVEN POSITION. EMPLOYEES ARE RETAINED ONLY BASED ON SATISFACTORY PERFORMANCE OF DUTIES; AND ADVANCEMENT WITHIN THE OFFICE IS BASED ON DEMONSTRATED ABILITY AND MERIT.

SIGNATURE _____

DATE _____

AUTHORIZATION TO RELEASE INFORMATION



MARION COUNTY
SHERIFF'S OFFICE

1703 Marion City Road
Palmyra, Missouri 63461
Phone: 573.769.2077 Fax: 573.769.2080
www.mcsomo.com

TO WHOM IT MAY CONCERN:

I HEREBY REQUEST AND AUTHORIZE YOU TO FURNISH THE MARION COUNTY SHERIFF'S OFFICE WITH ANY AND ALL INFORMATION THEY MAY REQUEST CONCERNING MY WORK RECORD. INCLUDING DISCIPLINARY INFORMATION, EDUCATIONAL HISTORY, MILITARY RECORD, TRAFFIC RECORD, CRIMINAL RECORD, MEDICAL HISTORY, AND GENERAL REPUTATION. I ALSO REQUEST AND AUTHORIZE YOU TO FURNISH ANY ORGANIZATION OR INDIVIDUAL CONDUCTING THE BACKGROUND INVESTIGATION ON BEHALF OF THE MARION COUNTY SHERIFF'S OFFICE WITH THIS SAME INFORMATION.

THIS AUTHORIZATION IS SPECIFICALLY INTENDED TO INCLUDE ANY AND ALL INFORMATION OF A CONFIDENTIAL OR PRIVILEGED NATURE, INCLUDING INTERNAL AFFAIRS OR PROFESSIONAL STANDARDS INVESTIGATIONS. AS WELL AS PHOTOCOPIES OF SUCH DOCUMENTS, IF REQUESTED. THE INFORMATION WILL BE USED FOR THE PURPOSE OF DETERMINING MY ELIGIBILITY FOR EMPLOYMENT WITH THE MARION COUNTY SHERIFF'S OFFICE.

I HEREBY RELEASE THE MARION COUNTY SHERIFF'S OFFICE FROM ANY LIABILITY WHICH MAY OR COULD RESULT FROM THE USE OF SUCH INFORMATION IN DETERMINING MY QUALIFICATIONS FOR EMPLOYMENT WITH THE MARION COUNTY SHERIFF'S OFFICE.

I ALSO HEREBY RELEASE ANY PERSON, ENTITY, OR ORGANIZATION PROVIDING INFORMATION PURSUANT TO THIS RELEASE FROM ANY LIABILITY WHICH MAY OR COULD RESULT FROM FURNISHING THE INFORMATION REQUESTED OR FROM ANY SUBSEQUENT USE OF SUCH INFORMATION IN DETERMINING MY QUALIFICATIONS FOR EMPLOYMENT WITH THE MARION COUNTY SHERIFF'S OFFICE.

A PHOTOCOPY OR FACSIMILE OF THIS RELEASE WILL BE VALID AS AN ORIGINAL THEREOF FOR ONE YEAR FROM DATE OF EXECUTION.

APPLICANT'S FULL NAME (PRINT) _____

ALL OTHER NAMES USED BY APPLICANT _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

CURRENT ADDRESS _____

APPLICANT'S SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

INTERVIEW CONDUCTED BY: _____

SECONDARY INTERVIEW CONDUCTED BY: _____

INTERVIEWEE CONCERNS/QUESTIONS: _____

INTERVIEW COMMENTS: _____

CONDITIONAL OFFER MADE BY: _____ DATE: _____

RESPONSE: _____

TERMS: _____