

# SAUNDERS COUNTY SHERIFF'S OFFICE – Application for Employment

387 North Chestnut Street, Suite 3, Wahoo NE 68066  
Phone - 402-443-3718 \* FAX 402-443-5118

Date of Application \_\_\_\_\_

The Saunders County Sheriff's Office assures equal employment opportunity to applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, religion, national origin, sex, age, marital status, pregnancy, mental or physical disability, genetic information, military status, gender identity, sexual orientation, or any other prohibited basis on discrimination, as provided under applicable state and federal law.

**FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.**

Position(s) Applied For: \_\_\_\_\_ Deputy\* \_\_\_\_\_ Part-Time Deputy\*  
\_\_\_\_\_ Corrections Officer\*\* \_\_\_\_\_ Dispatcher\*\* \_\_\_\_\_ Clerical

*\*Must be at least 21 years of age and must have a high school education or equivalent.*

*\*\*Must be at least 19 years of age and must have a high school education or equivalent.*

How did you learn about this position? \_\_\_\_\_ Advertisement \_\_\_\_\_ Relative \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_

Name of person who referred you: \_\_\_\_\_  
**(PLEASE PRINT)**

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_  
(Include Area Code) (Home) (Cell) (Other Contact #)

Best time to contact you at home is \_\_\_\_\_ A.M. or P.M. Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Number and Name) (Apartment #) (City) (State) (ZIP Code)

How long have you lived at this address? \_\_\_\_\_  
(Years) (Months)

List all of your previous addresses or residences for the past ten years, excluding your present address, but including extended periods of stay (longer than one month) at school, for military service, for employment, etc.

FROM	TO	LOCATION			
(Month/Year)	(Month/Year)	(Street Number and Name)	(City)	(State)	(ZIP)
(County of Residence)		(Police Jurisdiction of Residence)			

\_\_\_\_\_  
(Month/Year) (Month/Year) (Street Number and Name) (City) (State) (ZIP)

\_\_\_\_\_  
(County of Residence)

\_\_\_\_\_  
(Police Jurisdiction of Residence)

\_\_\_\_\_  
(Month/Year) (Month/Year) (Street Number and Name) (City) (State) (ZIP)

\_\_\_\_\_  
(County of Residence)

\_\_\_\_\_  
(Police Jurisdiction of Residence)

Are you a citizen of the United States?  Yes  No

If you are a naturalized citizen, please furnish the following information concerning your naturalization:

Certificate Number \_\_\_\_\_ Date \_\_\_\_\_  
(Month) (Day) (Year)

Place \_\_\_\_\_  
(City) (County) (State)

Marital Status (Please Check One)

Single  Married  Widowed  Divorced  Separated

If you are not presently married, with whom do you reside?

\_\_\_\_\_  
(Name) (Relationship) (Birth Date) (Place of Birth)

\_\_\_\_\_  
(Name) (Relationship) (Birth Date) (Place of Birth)

\_\_\_\_\_  
(Name) (Relationship) (Birth Date) (Place of Birth)

\_\_\_\_\_  
(Name) (Relationship) (Birth Date) (Place of Birth)

If you have children, are you now supporting all children born to you, including adopted or stepchildren?

Yes  No If not, please state reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you now or have you ever been delinquent in child support payments? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any close friends or relatives employed by this department? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please indicate names and relationships:

(Name)	(Position/Job Title)	(Relationship)
(Name)	(Position/Job Title)	(Relationship)
(Name)	(Position/Job Title)	(Relationship)

**EDUCATION**

List all educational institutions, part-time and full-time, in the order attended. Please include all high schools, trade schools, correspondence and night schools, training seminars, business schools, colleges and universities. Indicate name and address of each school, dates attended and course of study.

<b>From Month/Year</b>	<b>To Month/Year</b>	<b>Name of School</b>	<b>Exact Address (City, State, ZIP)</b>	<b>Last Grade/Term</b>
----------------------------	--------------------------	---------------------------	---	----------------------------


Did you receive a high school diploma? \_\_\_\_\_Yes \_\_\_\_\_No

If not, do you have a high school equivalency certificate? \_\_\_\_\_Yes \_\_\_\_\_No Certificate # \_\_\_\_\_

If you attended college, what was your major? \_\_\_\_\_

What was your minor? \_\_\_\_\_

What degree(s), if any, were conferred? \_\_\_\_\_

If no degree was conferred, indicate the total number of credit hours earned \_\_\_\_\_

Were you ever dismissed from a school or college or was any other disciplinary action, including scholastic probation, ever taken against you? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please indicate below:

---

(School or College)	(Date)	(Type of Action)
---------------------	--------	------------------

---

(School or College)	(Date)	(Type of Action)
---------------------	--------	------------------

Have you ever received any police academy training?  Yes  No

If yes, please provide details:

---



---

Circle yes or no for each language listed below and indicate whether you are proficient/fluent:

Language	Understand	Read	Speak	Write
Braille	___Yes ___No	___Yes ___No	<u>NA</u> Yes <u>NA</u> No	<u>NA</u> Yes <u>NA</u> No
Chinese	___Yes ___No	___Yes ___No	___Yes ___No	___Yes ___No
French	___Yes ___No	___Yes ___No	___Yes ___No	___Yes ___No
German	___Yes ___No	___Yes ___No	___Yes ___No	___Yes ___No
Italian	___Yes ___No	___Yes ___No	___Yes ___No	___Yes ___No
Japanese	___Yes ___No	___Yes ___No	___Yes ___No	___Yes ___No
Russian	___Yes ___No	___Yes ___No	___Yes ___No	___Yes ___No
Sign Language	___Yes ___No	<u>NA</u> Yes <u>NA</u> No	___Yes ___No	<u>NA</u> Yes <u>NA</u> No
Spanish	___Yes ___No	___Yes ___No	___Yes ___No	___Yes ___No

Any other? Please list \_\_\_\_\_

Comments: \_\_\_\_\_

This position is subject to a veteran's preference. Are you eligible for and requesting a veteran's preference? /\_\_\_/ Yes

**[A veteran requesting preference must submit with his/her Application for Employment a copy of the veteran's Department of Defense Form 214. A spouse of a veteran requesting preference must submit with his/her Application for Employment a copy of the veteran's Department of Defense Form 214, a copy of the veteran's disability verification from the United States Department of Veteran Affairs demonstrating a 100 percent permanent disability rating, and proof of marriage to the veteran.]**

**EMPLOYMENT**

Please list your complete work history starting with your present job and working backwards to your first employment. Include all periods of unemployment, part-time employment, temporary or seasonal employment, military service, employment while a member of military service, and time in school. Account for all of your time and do not leave any lapses. Indicate the complete name of the company/firm, exact address including number and name of street, city, state, and ZIP code. Continue on the following pages, if necessary.

<b>Company/Firm Name</b>	Position/Job Duties	FROM Month/Year	TO Month/Year
--------------------------	---------------------	--------------------	------------------

Supervisor/Contact Person	Reason for Leaving	Salary	Phone Number
---------------------------	--------------------	--------	--------------

<b>Company/Firm Name</b>	Position/Job Duties	FROM Month/Year	TO Month/Year
--------------------------	---------------------	--------------------	------------------

Supervisor/Contact Person	Reason for Leaving	Salary	Phone Number
---------------------------	--------------------	--------	--------------

<b>Company/Firm Name</b>	Position/Job Duties	FROM Month/Year	TO Month/Year
--------------------------	---------------------	--------------------	------------------

Supervisor/Contact Person	Reason for Leaving	Salary	Phone Number
---------------------------	--------------------	--------	--------------

<b>Company/Firm Name</b>	Position/Job Duties	FROM Month/Year	TO Month/Year
--------------------------	---------------------	--------------------	------------------

Supervisor/Contact Person	Reason for Leaving	Salary	Phone Number
---------------------------	--------------------	--------	--------------

<b>Company/Firm Name</b>	Position/Job Duties	FROM Month/Year	TO Month/Year
--------------------------	---------------------	--------------------	------------------

Supervisor/Contact Person	Reason for Leaving	Salary	Phone Number
---------------------------	--------------------	--------	--------------

<b>Company/Firm Name</b>	Position/Job Duties	FROM Month/Year	TO Month/Year
--------------------------	---------------------	--------------------	------------------

Supervisor/Contact Person	Reason for Leaving	Salary	Phone Number
---------------------------	--------------------	--------	--------------

May we discuss your application with your present employer?     Yes     No

Were you ever dismissed or asked to resign from any employment?     Yes     No

If yes, give details of dismissals or forced resignations below:

<u>Employer</u>	<u>Address</u>	<u>Date</u>	<u>Reason for Dismissal</u>
-----------------	----------------	-------------	-----------------------------

---



---



---

Were you ever subjected to disciplinary action in connection with any employment?     Yes     No

If yes, give details of each account: \_\_\_\_\_

---

Have you ever applied for employment with this department or any other law enforcement agency or with any other governmental agencies?     Yes     No

If yes, give details, position(s) sought, dates, and agencies:

---



---

Are you now engaged in any business as an owner or partner (active or silent)?     Yes     No

If yes, give details: \_\_\_\_\_

---

List professional, trade, business or civic activities and offices held including volunteer activities or services.

---



---



---

**Additional Information:**

**Other Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

---



---



---

**Specialized Skills**

State any additional information you feel may be helpful to us in considering your application.

---

---

---

**MILITARY SERVICE**

Are you registered with the U.S. Selective Service?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If no, please state reason: \_\_\_\_\_

---

Have you ever served on active duty in the Army, Air Force, Coast Guard, Marine Corps, and Navy, R.O.T.C. or any other military or semi-military organization?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, indicate below all active military service:

Branch/Organization	Primary Duty	Rank

Date Entered	Date Discharged	Type of Discharge

Branch/Organization	Primary Duty	Rank

Date Entered	Date Discharged	Type of Discharge

Were you ever reduced in rank in the military?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, give details: \_\_\_\_\_

---

---

---

Were you ever court-martialed, tried on charges, subject to a Summary Court, Deck Court, Captain’s Mast, Company Punishment, or any other disciplinary action?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, give details: \_\_\_\_\_

---

Are you now or have you ever been a member of any Reserve or National Guard organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate the complete name and address of the unit:

Name of Unit	Address	City	State	ZIP
--------------	---------	------	-------	-----

Are you required to attend military training meetings? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please indicate how often (check one): \_\_\_ Weekly \_\_\_ Semi-monthly \_\_\_ Monthly \_\_\_ Annually

If annually, for how long of a period are you required to be in training? \_\_\_\_\_

If you were enrolled in specialist schools while in the military, specify the military school, the length of time attended, and what type of study.

---



---



---

List all commendations and citations awarded to you as a member of military service.

---



---



---



---



---



---



**ARRESTS, SUMMONSES AND CONVICTIONS**

Were you ever, as an adult, arrested, taken into custody, or imprisoned in this state, in any other state, in military service, or elsewhere? Have you been a suspect in a crime? Have you ever received a summons or citation, excluding traffic? Have you ever been arrested, where the original charge was reduced to a lesser crime? (Exclude all parking and other minor traffic violations.) \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give full details of every incident:

---

---

---

---

---

---

---

---

---

---

Were you ever, as an adult, convicted of a crime? \_\_\_\_\_Yes \_\_\_\_\_No What was the crime (s)? Give details below:

---

---

---

---

---

---

---

---

Indicate **ALL** arrests below:

Date	Charge	Location (City, County, State)	Court Disposition	Police Agency
------	--------	-----------------------------------	----------------------	------------------

---

---

---

---

Indicate below every traffic summons received in this state or elsewhere in the last three (3) years – exclude parking violations):

Date	Charge	Location (City, County, State)	Court Disposition	Police Agency
------	--------	-----------------------------------	----------------------	------------------

---

---

---

---

Has any member of your immediate family or close relative, including in-laws, or someone you currently reside with or are in a relationship with, ever been arrested, accused, convicted, or imprisoned for any reason? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give details.

---

---

---

---

---

Have the police ever been called to your residence (your current and former residences) for any reason?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain in full detail: \_\_\_\_\_

---

---

---

---

---

Were you ever summoned or subpoenaed to court in a civil action or proceeding; or were you ever a party (plaintiff or defendant) in a civil action, in this state or elsewhere? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, indicate below:

---

Date	Action/Proceeding	Plaintiff/Defendant/Witness	Court Disposition
------	-------------------	-----------------------------	-------------------

---

Date	Action/Proceeding	Plaintiff/Defendant/Witness	Court Disposition
------	-------------------	-----------------------------	-------------------

---

Date	Action/Proceeding	Plaintiff/Defendant/Witness	Court Disposition
------	-------------------	-----------------------------	-------------------

---

Date	Action/Proceeding	Plaintiff/Defendant/Witness	Court Disposition
------	-------------------	-----------------------------	-------------------

---

Date	Action/Proceeding	Plaintiff/Defendant/Witness	Court Disposition
------	-------------------	-----------------------------	-------------------

**Action:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Outcome:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Details:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Provide four character references (not relatives, in-laws, or past/present employers) who have known you well for the past five years. Examples of appropriate references would include head of household, business or professional people, former teachers or social acquaintances.

---

Full Name		Address (Include City/State/ZIP)
-----------	--	----------------------------------

---

Occupation	Business	Address (Include City/State/ZIP)
------------	----------	----------------------------------

---

Years Known	Phone Number	Business Phone Number
-------------	--------------	-----------------------

---

Full Name		Address (Include City/State/ZIP)
-----------	--	----------------------------------

---

Occupation	Business	Address (Include City/State/ZIP)
------------	----------	----------------------------------

---

Years Known	Phone Number	Business Phone Number
-------------	--------------	-----------------------

---

Full Name		Address (Include City/State/ZIP)
-----------	--	----------------------------------

---

Occupation	Business	Address (Include City/State/ZIP)
------------	----------	----------------------------------

---

Years Known	Phone Number	Business Phone Number
-------------	--------------	-----------------------

---

Full Name		Address (Include City/State/ZIP)
-----------	--	----------------------------------

---

Occupation	Business	Address (Include City/State/ZIP)
------------	----------	----------------------------------

---

Years Known	Phone Number	Business Phone Number
-------------	--------------	-----------------------

---

Please list all of your active email addresses:

---



---

**DRIVING RECORD**

Indicate below your driver's license information:

License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Was your license ever (check one, if applicable)

\_\_\_\_\_ Surrendered      \_\_\_\_\_ Suspended, Revoked, Impounded, or Cancelled

**If suspended, revoked, impounded, or cancelled, state reason:**

\_\_\_\_\_

Is your current license suspended or revoked?      \_\_\_\_\_ Yes      \_\_\_\_\_ No      **If yes, please state reason:**

\_\_\_\_\_

Are you now, or have you ever been a member of an organization or religion which advocates the overthrow of the Government, either at the Local, State or National level or seeks to alter the form of Government of the United States or any State Government by any unlawful or unconstitutional means?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

**Please explain:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any knowledge or information, in addition to that specifically called for in the preceding questions, which is or which may be relevant, directly or indirectly, in connection with the investigation of your eligibility or fitness for appointment to the department? This would include, but not be limited to, knowledge or information concerning your character, temperament, habits, employment, education, subversive activities, family, associations, criminal record, traffic violations, residence or otherwise?      \_\_\_\_\_ Yes      \_\_\_\_\_ No      **If yes, give details:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SAUNDERS COUNTY SHERIFF'S OFFICE**

**RELEASE OF INFORMATION/APPLICANT'S STATEMENT**

I herewith authorize the Saunders County Sheriff's Office, its employees or agents to make or cause to be made any investigation or inquiry regarding my background and experiences that may be related to my application for employment. I further release any former employers, schools, or individuals from any liability in connection with their statements and hold the County of Saunders harmless for all lawful actions taken as a result of this background investigation.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between the Saunders County Sheriff's Office and myself for either employment or for the providing of any benefit arising from employment. No promises regarding employment have been made to me. I understand that if any employment relationship is established, I have the right to terminate my employment at any time and the Saunders County Sheriff's Office retains the same right, regardless of any oral representations to the contrary. Any changes in this "at will" employment relationship must be made in writing and approved by the County Board.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

This authorization will expire at the conclusion of this pre-employment background investigation.

Application Information

Name \_\_\_\_\_

Other Names Used \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

I also hereby certify that there were no willful misrepresentations, omissions, or falsifications in the previously submitted employment application or statements made to the Saunders County Sheriff's Office. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or resignation of employment.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

**NOTE: UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.**