



JEFFERSON COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT

606 3rd Street

Fairbury, Nebraska 68352-2610

(402) 729-2284

The Jefferson 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, national origin, sex, age, marital status, pregnancy, mental or physical disability, genetic information, religion, military status, or any other prohibited basis of 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.

PERSONAL

Please check the position (s) desired:

Deputy Sheriff * Corrections Officer*
 Communications Officer Other _____

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

How did you learn about this position?

Advertisement Friend Walk-in Employment Agency

First Name		Middle Name		Last Name	
Current Street Address		City		State	Zip
Former addresses:					
Telephone Number(s)		Drivers License #	State	Social Security Number	
Home					
Work					
E-mail address					

Are you legally authorized to work in the United States? Yes _____ No _____

Are you available to work: Full Time _____ Part Time _____ Seasonal/Temporary _____

Date you would be available to begin work: _____

Have you ever been employed by Jefferson County before? Yes _____ No _____

If yes, what department/office and when? _____

Are you related to any Jefferson County Employee? Yes _____ No _____ If yes, name _____

Employment Experience

Please give accurate, complete employment records. Start with present or most recent employer.

1. Company Name	Phone
Address	Employed From: To:
Name of Supervisor/Title	Annual/Hourly wage
Your Job title/position	Reason For Leaving
2. Company Name	Phone
Address	Employed From: To:
Name of Supervisor/Title	Annual/Hourly wage
Your Job title/position	Reason For Leaving
3. Company Name	Phone
Address	Employed From: To:
Name of Supervisor/Title	Annual/Hourly wage
Your Job title/position	Reason For Leaving

4. Company Name	Phone
Address	Employed From:
Name of Supervisor/Title	Annual/Hourly wage
Your Job title/position	Reason For Leaving

Attach additional sheet if necessary. We may contact the employers listed unless you indicate those you do not want us to contact. **DO NOT contact Employer Number (s)** _____

Reason: _____

EDUCATION:

	Elementary	High School	College/Tech	Graduate	Law Enforcement
School name/ location					
Years completed	4 5 6 7 8	9 10 11 12	1 2 3 4 5	1 2 3 4	Date
Diploma/Degree					
Describe Course of Study					
Describe any honors you have received					

LICENSES AND CERTIFICATES:

If a license, certificate or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following questions:

Name of Trade or Profession

License Number

Granted by

City and/or State

Specialty

Licensed From: To:

Special Skills and Qualifications

Summarize special job-related skills acquired from employment or other experience:

Why do you feel you would make a capable employee for the position (s) desired?

Have you ever had experience in Law Enforcement? Yes _____ No _____

Where? _____ Dates: _____

Reason for leaving: _____

Law Violations

Have you ever been convicted of, pleaded guilty to, pleaded no contest or nolo contendere to, been paroled for, received probation or deferred judgment for, or received a suspended imposition/execution of sentence or judgment of any felony or misdemeanor (other than a minor traffic violation) in any jurisdiction Yes _____ No _____

Do you have any pending criminal charges in any jurisdiction (other than a minor traffic violation) that have not yet been fully resolved or disposed of? Yes _____ No _____

If yes to either question, please provide details below.

(Conviction or pending arrest will not necessarily disqualify you from employment. The recency, severity and pertinence of the conviction or pending arrest to the job will all be considered.)

Violation	Date	Place	Court	Disposition
1				
2				
3				
4				
5				

Personal references

Please list References who are not related to you and are not previous employers.

Name	Address	Telephone	Years	Occupation

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I further agree and understand that any misstatement or omission of material fact may constitute cause for dismissal from employment with Jefferson County. I also understand that to be considered for employment I must pass a pre-employment drug screen. I understand and agree that Jefferson County may make pre-employment inquiries into my ability to perform job-related functions, and that I may be offered employment conditioned upon the result of a medical examination.

I also acknowledge receipt of a job description for the position (s) I am applying for . I have read and understand all the job tasks required of the position.

This application for employment shall be considered current for a period of time not to exceed 6 months from the date of applications.

Signature _____ **Date** _____



Jefferson County Sheriff's Office
Sheriff Nick Georgi
606 3rd Street, Fairbury, Nebraska 68352

AUTHORIZATION

I herewith authorize Jefferson County, Nebraska its employers, or its agents to make or cause to be made any investigation or inquiry regarding my background and experience in areas 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 Jefferson County harmless for all lawful actions taken as a result of the data received.

This authorization shall expire six (6) months from the date of its execution.

SIGNATURE: _____

DATE: _____

Subscribed and Sworn to before me this _____ of _____, 20 ____.

My commission expires the _____ of _____, 20____

Notary Public _____

(Seal)



Jefferson County Sheriff's Office
Sheriff Nick Georgi
606 3rd Street, Fairbury, Nebraska 68352
Office 402-729-2284 Fax 402-729-2904

AUTHORIZATION TO RELEASE INFORMATION

REFERENCE:

Name: _____

Other Names: _____

Date of Birth: _____

Social Security Number: _____

To Whom it may concern:

As an applicant for a position with the Jefferson County Sheriff's Office, I am required to furnish information for use in determining my moral, physical, and mental qualifications.

I respectfully request and authorize you to permit the Jefferson County Sheriff's Office to review my personnel, credit, and medical records, and to copy any material contained therein for the purposes of their background investigation.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the requested information.

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

SIGNATURE: _____

DATE: _____