

**JOHNSON COUNTY
SHERIFF'S OFFICE**



APPLICATION FOR EMPLOYMENT

639 Fort Street, Buffalo, WY 82834 • 307-684-5581

An Equal Opportunity Employer

Instructions: This record will be confidential. All information will be used as a basis for a detailed investigation of your background, and must be accurately reported. Fill in all of the blanks. If a question does not apply write "DNA". If additional space is needed, use the back of the page or attach additional sheets. This application is used not only in consideration for your employment, but is also kept as part of your permanent record if you are employed. This application form and its attachments are official property of the Johnson County Sheriff's Office and cannot be returned, reused or copied after being processed.

POSITION(S) APPLIED FOR: _____ DATE: _____

PERSONAL HISTORY

Your Legal Name: _____
Last First Middle

Other Names: _____
Nicknames, maiden names, or other names by which you have been known.

Physical Address: _____
Street City State Zip Code

Home Phone Number: _____ Cell Phone Number: _____

Social Security Number: _____ Date of Birth: _____ Age: _____ Sex: _____

Driver's License: _____
Number State of Issue Date Expires

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Place of Birth: _____ Citizenship: _____
City County State

Identifying Scars, Marks or Tattoos: _____

Marital Status: Single: _____ Married: _____ Widowed: _____ Divorced: _____ Separated: _____

Name of Spouse: _____

Spouse's Employer: _____
Employer Position Gross Monthly Salary

Cell Phone Number: _____ Work Phone Number: _____

FAMILY HISTORY

Please list all children and immediate relatives:

Full Name	Address	Relationship	Date of Birth

RESIDENCE HISTORY

Please list all addresses where you have lived during the past ten years starting with the most recent address. Do not list present address. List date by month and year.

Address	From	To

EMPLOYMENT HISTORY

List names of employers in consecutive order with present or most recent employer listed first. Please account for all periods of time including military service and any periods of unemployment. When listing military service, give name and rank of last immediate superior. If self-employed, give firm name and supply business references. Attach extra pages if necessary. Note: Your current employer will be contacted.

Name of Employer:	Job Title or Duties:
Address:	Telephone Number:
	Date From: To:
Supervisor:	Pay Rate:
Reason for Leaving:	
Name of Employer:	Job Title or Duties:
Address:	Telephone Number:
	Date From: To:
Supervisor:	Pay Rate:
Reason for Leaving:	
Name of Employer:	Job Title or Duties:
Address:	Telephone Number:
	Date From: To:
Supervisor:	Pay Rate:
Reason for Leaving:	
Name of Employer:	Job Title or Duties:
Address:	Telephone Number:
	Date From: To:
Supervisor:	Pay Rate:
Reason for Leaving:	
Name of Employer:	Job Title or Duties:
Address:	Telephone Number:
	Date From: To:
Supervisor:	Pay Rate:
Reason for Leaving:	

List any trades and work skills that you have _____

MEDICAL HISTORY

Have you ever had or been examined for any major illness, injury or physical defect? Yes / No

Have you ever had a surgical operation? Yes / No

Do you now have any illness or physical defect? Yes / No

If the answer to any of the above questions is yes, please explain fully: _____

Please describe your current state of health: _____

ARREST AND TRAFFIC HISTORY

List any arrests and/or citations received from any law enforcement agency?

Date	Charges	Name of Agency	Age at Time	Disposition

Has your driver's license ever been suspended or revoked? Yes / No

Have you ever been finger printed by a law enforcement agency? Yes / No

Have you ever been required to attend a hearing in reference to your driving record? Yes / No

Has any member of your immediate family ever been arrested? Yes / No

If you have listed any arrests, citations or answered yes to any of the above questions, please explain fully:

EDUCATIONAL HISTORY

Name of School	Dates Attended: From - To	City, State	Graduate Y/N

Please list any special training, skills, foreign languages spoken, etc. that would be of benefit in the job for which you are applying:

MILITARY HISTORY

Branch of Service	Dates of Service: From - To	Highest Rank Obtained	Type of Discharge

Are you currently a member of U.S. Military Reserve or National Guard? Yes / No

If yes, please indicate Branch of Service and Reserve Status: _____

Are you a disabled veteran? Yes / No

Have you ever filed a claim for disability? Yes / No

Are you receiving an allowance for any type of disability? Yes / No

Please list any military training and/or skills that would be of benefit in the job for which you are applying:

FINANCIAL HISTORY

List all current outstanding debts involving you, your spouse, and ex-spouse.

Name of Firm	Address	Original Amount	Monthly Payment	Balance

If you are presently renting your home: _____
Landlord's Name
Phone Number
Monthly Rent

Have you ever filed for or declared bankruptcy? Yes / No

Have you ever had your wages garnished? Yes / No

Have you ever been a party to a small claim or other court action? Yes / No

Have you ever had a judgment rendered against you? Yes / No

Have you ever been delinquent on payments? Yes / No

Have you ever been refused credit? Yes / No

Have you ever had any property repossessed? Yes / No

Do you or your spouse have any immediate civil action pending against you? Yes / No

If you have answered yes to any of the above questions, please explain fully:

MISCELLANEOUS

Have you ever been a member of a Police Reserve or Auxiliary Unit? Yes / No

Have you ever been discharged or asked to resign from any position or employment? Yes / No

Have you previously applied for employment with any other law enforcement agency? Yes / No

Do you have any relatives who are currently employed by Johnson County? Yes / No

Are you now or have you ever been a member of any organization, association, movement or group or combination of persons which advocates the overthrow of our constitutional form of government or change in our process of law by any means other than the democratic procedures provided by our present form of government, or which has adopted a policy of advocates or approving the acts or force of violence to deny other persons their rights under the constitution of the United States by unconstitutional means? Yes / No

If you have answered yes to any of the above questions, please explain fully:

If it became necessary in the performance of your duties, could you use deadly force in defense of your life or the life of someone else? Yes / No Please explain: _____

Why is becoming an employee with the Johnson County Sheriff's Office important to you?

How have you prepared yourself to be an employee of the Johnson County Sheriff's Office?

PERSONAL REFERENCES

List three persons who know you well enough to provide current and past information about you. Do not list relatives or former employers:

Name:	Home Phone:
Address:	Work Phone:
	Years Known:

Name:	Home Phone:
Address:	Work Phone:
	Years Known:

Name:	Home Phone:
Address:	Work Phone:
	Years Known:

Please attach a recent photograph:

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, and person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

I agree that I will not divulge to anyone, other than as I may be directed by the Johnson County Sheriff's Office, any information acquired by me during my employment except as may be required by law. I have read, understand, and by my signature consent to these statements.

Today's Date

Applicant's Signature

Johnson County Sheriff's Office

Pre –Employment PREA Questionnaire

As outlined by the Prison Rape Elimination Act (PREA), the Johnson County Sheriff's Office shall ask all applicants and employees, who may have contact with inmates, about previous conduct described below in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees.

DOJ § 115.17

(a) The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who—

- (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
- (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Have you ever engaged in or been found responsible for engaging in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? (If yes, explain.)

Have you ever been convicted of engaging or attempting to engage in sexual activity (in the community) facilitated by force, overt or implied threats of force, or coercion, or where the victim did not consent, was unable to consent or refused? (If yes, explain.)

Have you ever been civilly or administratively adjudicated for engaging or attempting to engage in sexual activity (in the community) facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent, was unable to consent or refused? (If yes, explain.)

Applicant Signature: _____ Date: _____