

St. Francois County Sheriff
1550 Doubet Road • Farmington, Missouri 63640
Phone (573) 756-3252 or 431-2777

EMPLOYMENT APPLICATION

OFFICE USE ONLY

APPROVED

DISAPPROVED

REASONS:

BY: _____

INSTRUCTIONS: *Please print or type all information.* The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. Eligibility for hire may be based on a rating of this application; therefore, completeness and accuracy is of the utmost importance. Use Black Ink.

Section A

Position Applied For: _____ Social Security Number: _____

Last Name: _____ First: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work/Message Phone: _____ E-Mail: _____

Please Check Appropriate Response

Section B

1. Have you ever worked for St. Francois County ? Yes No

If yes, please give date(s) of employment. _____

2. Are you a U.S. citizen? Yes No

If no, are you authorized by Immigration and Naturalization to work in the U.S.? Yes No

Alien #A: _____

Admission #: _____

3. Will you work night/evening shift? Yes No

Will you work weekends? Yes No

4. Have you ever been fired, forced to resign, or resigned in lieu of termination? Yes No

If yes, please explain below:

Employer's Name: _____ Date: _____

Reason: _____

5. Have you ever used of been known by any other name(s) or Social Security Numbers Yes No If yes, give name and/or SSN.

Name: _____

Social Security Number: _____

Dates used: _____

6. Have you ever been found guilty of, had adjudication withheld, or pled no contest to any violation of law? Yes No

If yes, please give details below:

Date: _____

Agency: _____

Offense/Charge: _____

Felony Misdemeanor

Disposition: _____

Note: A conviction does not automatically mean you cannot be employed by St. Francois County. The nature of the offense, how long ago it occurred, etc., are given consideration.

Attach additional sheets as needed.

7. Were you in the U. S. Armed Forces?: Yes No
Did you receive an honorable discharge? Yes No

If yes, the member 4 copy of your DD214 must accompany this application.

8. DRIVER'S LICENSE INFORMATION **Section C**

Do you have a valid Driver's License? _____ Driver's License Number: _____ State: _____ Expiration Date: _____ CDL Class: _____ Endorsements: _____	Has your license ever been suspended? <input type="radio"/> Yes <input type="radio"/> No Has your license ever been revoked? <input type="radio"/> Yes <input type="radio"/> No If yes, please provide dates and explain: _____ _____
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9. PLEASE LIST ALL TRAFFIC CITATIONS RECEIVED WITHIN THE LAST SEVEN (7) YEARS (driving under the influence, driving while intoxicated, etc., should be listed under number 6 on page 1).

Date: _____ Agency: _____ Offense/Charge: _____ Points: _____ Disposition: _____ Date: _____ Agency: _____ Offense/Charge: _____ Points: _____ Disposition: _____	Date: _____ Agency: _____ Offense/Charge: _____ Points: _____ Disposition: _____ Date: _____ Agency: _____ Offense/Charge: _____ Points: _____ Disposition: _____
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If you have more than four citations within the last seven years, please attach a separate sheet in the same format.

1. EDUCATION AND SPECIAL TRAINING **Section D**

Do you have a High School Diploma? <input type="radio"/> Yes <input type="radio"/> No Date Obtained: _____ GED? <input type="radio"/> Yes <input type="radio"/> No Date Obtained: _____ If not, highest grade completed: _____ Name and location of last High School attended: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Name City State </div>		
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List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.) Below:

Name and Location	Total Hours Completed	Hours required for certification	Course/Subject Taken	Certificates Received

List Colleges and Universities Attended Below:

Name and Location	Credit Hours Received		Did you graduate?		Major/Minor Degree Field of Program of Study	Type of Degree Received
	Sem.	Qtr.	Yes	No		

INSTRUCTIONS: Beginning with your present or most recent job, describe your paid work experience for the past ten (10) years and list a minimum of three (3) employers. List each promotion or transfer as a separate job even if they were with the same employer. Include Military, part time, and self-employment. List all gaps in work history in spaces provided. If you have more than four (4) separate periods of employment, sign and attach sheets in the same format as below. Resumes will not be accepted as official applications.

Section E

(Job 1) Present or most Recent Employer						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____	
						Your Job Title: _____	
Hours per Week _____						Supervisor's Name and Title: _____	
Starting Salary		\$ _____		per _____		Reason For Leaving Position: _____	
Last Salary		\$ _____		per _____		May we contact your present employer? <input type="radio"/> Yes <input type="radio"/> No	
Specific Duties: _____							

Number of Employees supervised (if applicable): _____							

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL FROM (mo/yr): _____ TO (mo/yr): _____

(Job 2) Present or most Recent Employer						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____	
						Your Job Title: _____	
Hours per Week _____						Supervisor's Name and Title: _____	
Starting Salary		\$ _____		per _____		Reason For Leaving Position: _____	
Last Salary		\$ _____		per _____			
Specific Duties: _____							

Number of Employees supervised (if applicable): _____							

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL FROM (mo/yr): _____ TO (mo/yr): _____

(Job 3) Present or most Recent Employer						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____	
						Your Job Title: _____	
Hours per Week _____						Supervisor's Name and Title: _____	
Starting Salary		\$ _____		per _____		Reason For Leaving Position: _____	
Last Salary		\$ _____		per _____			
Specific Duties: _____							

Number of Employees supervised (if applicable): _____							

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL FROM (mo/yr): _____ TO (mo/yr): _____

(Job 4) Present or most Recent Employer						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____	
						Your Job Title: _____	
Hours per Week _____						Supervisor's Name and Title: _____	
Starting Salary		\$ _____		per _____		Reason For Leaving Position: _____	
Last Salary		\$ _____		per _____			
Specific Duties: _____							

Number of Employees supervised (if applicable): _____							

NOTE: We may contact previous employers to verify employment information.

Did You:

- Include your social security number?
- Answer all questions completely?
- Cover a full 10-year employment history?
- Explain all gaps in employment? All periods in which you were not employed must be accounted for.
- Complete application supplement, if applicable?
- Submit copies of documents requested (Missouri Police Officer License, LE Training Certificates, Drivers' License, Birth Certificate, DD214) if applicable?
- Sign and date the application?

Please read this statement carefully before signing below :

The St. Francois County Sheriff's Department is an Equal Opportunity Employer.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the St. Francois County Sheriff's Department is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time.

Copies of Education Documents, Birth Certificate, Photo Identification, and Social Security Card must be submitted prior to employment. All information is subject to investigation and verification.

Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of urine, which may be tested for use of drugs and/or controlled substances.

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.

SIGN YOUR NAME HERE

DATE

NOTES:

- Applicants must provide copies of documents required with application. Please include your social security number on all documents submitted.

**NOTICE TO APPLICANT OF INTENT
TO OBTAIN A CONSUMER REPORT**

Dear Applicant,

In connection with your application for employment, we would like to procure certain background information concerning you, which is contained in a consumer report. A consumer report may contain information regarding your driving record and/or criminal background.

Before we procure a consumer report, you must authorize such procurement in writing. You have the right to decline authorization for us to procure a consumer report. However, we will not consider you further for employment if you so decline. On the bottom of this form, you will find a release, which will allow us to obtain a consumer report. Please read the release carefully before signing it and indicating your choice regarding disclosure.

RELEASE TO PROCURE A CONSUMER REPORT

I have read the "Notice to Applicant of Intent to Obtain Consumer Report."

I understand that I have the right to decline authorization for the St. Francois County Sheriff's Department to procure a consumer report concerning me.

Understanding these rights,

_____ I authorize the St. Francois County Sheriff's Department to procure a consumer report concerning me.

_____ I do not authorize the St. Francois County Sheriff's Department to procure a consumer report concerning me.

NAME (Print Please) _____

SOCIAL SECURITY NUMBER _____

SIGNATURE _____

DATE _____

St. Francois County Sheriff

EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION SURVEY

TO ALL APPLICANTS: The following information is being gathered by the St. Francois County Sheriff's Department for research, affirmative action, and federal EEO reporting requirements. If you choose not to answer any of the items, you will not be subject to adverse treatment; however, we urge you to do so and assure you that this information will not be used to evaluate your application, and will be kept confidential.

JOB/POSITION APPLIED FOR: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH (Month/Day/Year): _____

SEX

- Male
- Female

Race/Ethnic Categories (Check One)

- Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- American Indian or Alaskan native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Other: Includes all persons not covered by a specific category. If this category is checked, indicate specific ethnicity or natural origin:

HOW DID YOU LEARN OF THIS POSITION

- Ad in newspaper _____
- Ad in trade journal _____
- Ad on radio _____
- Complete interest form and received notification
- Job Line
- City bulletin board/walk-in
- Friend/City Employee
- Internet _____
- Job Fair _____
- Agency Referral _____

INSTRUCTIONS FOR COMPLETING THE St. Francois County Sheriff's Department Employment Application Form

Section A: Personal & Biographical Information

- Indicate the position you are applying for, (i.e. Patrol Deputy, Detention Deputy, Clerical).
- Fill in remainder of information as required.

Section B: Citizenship/Criminal/Miscellaneous Information

1. You must check YES if you have ever been employed by St. Francois County in any capacity, for any elected county official or department. Otherwise, check NO
2. Are you a U.S. Citizen? If you check YES, go to next question. If you check NO, you must provide your Resident Alien Registration number issued by the Immigration and Naturalization Service and attach a copy of your work permit.
3. Check appropriate boxes
4. If you check YES, give a detailed explanation of the circumstances surrounding your termination or resignation.
5. Check appropriate box. If you have previously used or have been known by any other names, or have had or used other Social Security Numbers they must be listed. Maiden names or names used as the result of previous marriages must also be listed here. Use additional sheets as necessary.
6. If you check YES, provide detailed explanation of the circumstances surrounding the arrest, charge and disposition (including any SIS or SES), as well as the Court of jurisdiction. Use additional sheets if necessary. *Do not include traffic offenses, traffic offenses will be listed in Section C.*
7. Check appropriate boxes. If you received an honorable discharge, attach a copy of your DD-214.

Section C: Driver's History

8. List all drivers' licenses from all States that you have had or currently have. Include licenses in all names that you have ever used.
9. List all traffic citations you have received in the last 7 years regardless of the disposition of the charge. Include the original charge. Indicate the final outcome of the charge under disposition. Example: Original Charge – Speed 70/55. Disposition: Reduced to Equipment Violation.

Section D: Education and Training

Complete required information. Attach copies of all related certificated or diplomas. Use additional sheets as needed in the same format.

Section E: Employment History

Begin with your present or most recent employer. Provide required information in detail. It is imperative that you provide a complete 10-year employment history. **All gaps in employment must be accounted for.** If you had a period of unemployment longer than 30 days, provide the name and phone number for a person or persons that can verify your whereabouts during this period.

Complete the checklist and read the statement on the last page of the application. Sign and Date the application. Resumes may be submitted at this time, but will not be accepted as official applications or in lieu of an official application form.

Complete application forms must be mailed to:

St. Francois County Sheriff
Personnel Office
1550 Doubet Road
Farmington MO 63640

Detach instruction before mailing

Attach copies of the following documents:

Birth Certificate, High School Diploma or GED, Drivers' License, Military Discharge (DD-214, if applicable), LE Academy Certificates (470,600), POST License (if applicable).

DO NOT E-MAIL YOUR COMPLETED APPLICATION FORM.

DO NOT FAX YOUR COMPLETED APPLICATION FORM.

DO NOT DELIVER COMPLETED APPLICATIONS DIRECTLY TO THE SHERIFF OR
COMMAND STAFF UNLESS PREVIOUSLY DIRECTED TO DO SO.