

Pulaski County Sheriff's Office

Employment Application

	Ir	ncomplete application	ns will not be gi	ven employment considersation	on	
			Personal Info	ormation		
Name (Last, First, MI)						
Street Address						
City, State, Zip	***************************************	The second secon				
			N. S. D. Harrison, and a second secon			
Sex:	nale	Date of Birth		Email Address		
Home Phone			Cellular Ph	ione		
Emergency Contact: Name: Phone Number: Address:						
Social Security Numbe	r		Drivers Lic	ense Number / State / Expirat	ion	
			Employment	Desired		
Position Applied For:			Date Availa			
Desired hours: (full tir	ne, part time	2.)	Can you w	ork all shifts?		
Č	•					
How did you hear abo	ut this positi	on?				
			Educati			
High School	Name & Ad	ldress		Diploma / GED (Specify)	Years of Study	
College	Name & Ac	ldress		Degree	Years of Study	
Vocational	Name & Address			Certification	Years of Study	
List any other forms of education or training not listed above which make help qualify you for this position.						
					1	
		Em	nployment In	formation		
Have you ever been employed with this or any other Sheriff's Department or Police				☐ Yes ☐ No		
f "Yes" specify when a					LI TES LI NO	
Do vou have any frienc	ls or family e	employed by this age	ncy if "Yes" pro	ovide their names and		
Do you have any friends or family employed by this agency if "Yes" provide their names and relationship to you					☐ Yes ☐ No	
Name				Relationship		
Name				Relationship		
Name			Relationship			

		Employment Hist	
arrent Employer	Start Date	End date	Functions of final position:
ddress			1
City	State	Zip Code	
	State	Zip code	2
hone Number			3
ob Position	Supervisor:	and the same of th	4
Reason for Leaving:			
What value did you bring to	this employer?	return som en	
, and a second			
Previous Employer	Start Date	End date	Functions of final position:
Address			1
City	State	Zip Code	2
Phone Number			
none number			3
ob Position	Supervisor:		4
Reason for Leaving:			
What value did you bring to	this employer?		
Previous Employer	Start Date	End date	Functions of final position:
revious Employer	Start Date	Liid date	runctions of final position:
address	The first control of the control of		
			1
ity	State	Zip Code	2
hone Number			
			3
	Supervisor:		
ob Position	Supervisor:		4
ob Position	Supervisor:		4

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		Employment His	story
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Address			1
City	State	7in Codo	
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ddress			
			1
City	State	Zip Code	2
hone Number			
none number			3
ob Position	Supervisor:		4
Jacon for Logging			7.
eason for Leaving:			
Vhat value did you bring	to this employer?		
	Add	itional Personal In	formation
ist any professional, trad			which you are currently involved:
		2	
		4	
			you can speak, read or write
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		air I 🛭	□ Speak □ Read □ Write
hinese	□ Fluent □ Good □ F		30 1 Dr 1 Dr.
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Identify what Skills or Certification you possess related to your desired position.		
If hired, what value would you add this this agency.		
If hired are there any accommodations the agency would need to provide so that you can perform all essential functions and duties of the desired position.	□ Yes	□ No
If "YES", please explain:	<u> </u>	***************************************
Are You Currently Employed ?	□ Yes	□ No
May we contact your employer? If "No" Explain	□ Yes	□ No
Are you currently on "lay off" status and subject to recall?	□ Yes	□ No
If hired, can you provide proof of U.S citizenship, or proof of your legal right work in the U.S.? You will be required to complete I9 Employee Eligibility to work Form .	□ Yes	□ No
If hired, do you have reliable means of transportation to and from work? If "No" please explain	□ Yes	□ No
If hired, would you be able to travel or work overtime as needed or assigned?	□ Yes	□ No
Driving is required for a position with this agency and considered a condition of employment, Have you ever been convicted of Driving Under the Influence, or any traffic violation resulting in a loss of driving privilege	□ Yes	□No
If "YES" please explain		
Personal Background Information A criminal History inquiry will be conducted on each applicant, this agency will no automatica	lly ovaluda a	aligant-
based upon criminal history without first reviewing the necessary details.	ny exclude app	Difficants
Warning: your failure to accurately and honestly and completely answer each question may refrom consideration of employment. Any information later determined to be falsely described of incomplete will result in your termination from employment.	esult in your el or factually ina	limination ccurate or
Have you ever been convicted of a felony or misdemeanor?	□ Yes	□ No
If "YES" explain		
Have you ever been the subject of a court ordered restraining order or order of protection?	□ Yes	□ No
If "YES" explain	L-	*
Have you over been arrected or accused of Domestic Rattery?	П ∨ос	ПМо

liave you ever been arrested or accused or bomesuc battery:	ם וכז בו ועט
If "YES" explain	<u> </u>
Have you ever lost your privilege to carry or possess a firearm?	□ Yes □ No
If "YES" explain	
Have you ever been the subject of a criminal investigation regardless of conviction?	□ Yes □ No
If "YES" explain	
Have you ever been accused of Sexual Assault or Sexual Abuse?	□ Yes □ No
If "YES" explain	
Have you ever been the subject of an investigation involving the victimization of another person?	□ Yes □ No
If "YES" explain	
Have you ever been civilly or administratively adjudicated to have engaged in Domestic Battery, Sexual Assault, Sexual Abuse, Misconduct and or the victimization or abuse of another person.	□ Yes □ No
If "YES" explain	
Have you ever been the subject of an investigation involving the Department of Children and Family Services?	□ Yes □ No
If "YES" explain	•
Have you been terminated from employment or resigned in lieu of termination for Sexual Abuse, Sexual Assault, Sexual Harassment and/or other victimizations of another person?	□ Yes □ No
If "YES" explain	
Have you ever imitated an act of violence in the work place?	□ Yes □ No
If "YES" explain	<u> </u>
Personal Background Information	
Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, mental health institution, of other institution?	□ Yes □ No
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 if the victim did not consent or was unable to consent or refused?	□ Yes □ No
If "YES" explain	
Are you currently under indictment or any criminal offense?	□ Yes □ No
If "YES" explain	
Are you currently awaiting trial for any criminal offence.	□ Vas □ No

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Inte you currently awaiting trial for any criminal offense.				□ 162 □ IAO
If "YES" explain				
Are you currently serving a sentence of probation or parole				□ Yes □ No
If "YES" explain				
	Pe	ersonal Re	ference	
Below: List three pe	rsons, not related to you	who have k	nowledge of you work performand	e with in 5 years
Name:			Occupation:	
Company Name:		Address:		
Telephone:	E-Mail	<u> </u>	Relationship & Years Acquainted	
Name:			Occupation:	
Company Name:		Address:		
Telephone:	E-Mail		Relationship & Years Acquainted	
Name:			Occupation:	
Company Name:		Address:		
Telephone:	E-Mail		Relationship & Years Acquainted	
Use space b			stion asked previously on this app	lication.
	(Use Add	litional Pape	er if Necessary)	
	l each statement carefull I Employment Opportu		each acknowledging your underst	anding
Pulaski County is committed to the make employment decisions based qualifications, referenced work his obtained through an oral interview local laws providing for equal employment Pulaski due to race, religion, color, national	e principles of equal emp d on merit. Merit based of story, back ground invest v process. We are commit eloyment opportunities, a County maintains a wor al orgin, physical, or men	oloyment op decisions are tigative info itted to com as well as al k environm ital disabllit	portunity and is committed to e determined by the applicants rmation, and information plying with all Federal, State and I laws related to the terms and ent that is free of discrimination y, age, or any other protected	Initial
status as determined by Federal, S employment, including, but not lin transfers, leaves of absence, comp accommodate those with physical undue hardship would be place on	nited to hiring, placemen ensation, and training. Pr or mental limitationsof a	nt, promotio ulaski Coun	n, termination, layoff, recall, ty will make reasonable efforts to	

Pulaski County declares zero tolerance for any form of unlawful discrimination, including sexual harassment, Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as: Unwelcomed sexual advances, request for sexual favors, any other verbal or physical conduct of a sexual nature constitutes sexual harassment. when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individuals employment: (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting individuals; (3) Such conduct has the purpose or effect of unreasonably interfering with an individuals work performance or creating an intimidating, hostile or offensive work environment.	Initial
Dosclosure Concerning "Drug Free Workplace and Drug/Alcohol Testing Pulaski County operates under the Federal Drug Free Workplace Requirements. If you are offered a position with Pulaski county, you will be subjected to drug/alcohol testing as a condition of employment. Additionally testing will be repeated through out your employment Your failure to timely submit to drug/alcohol testing or your failure to pass such testing will result in revocation of any qualifying employment offers. Your failure to timely submit to drug/alcohol testing or your failure to pass future testing will result in your immediate termination. Negative "Clean" test results are required as a condition of employment.	Initial
Testing Authorization	
If Offered a position with Pulaski County, I hereby agree to any legally permitted physical, psychological, skill, drug/alcohol, or medical test required by this agency as a condition of employment.	Initial
At-Will Employment I understand and agree that if I am employed, my employment will be "at-will" which means that Pulaski County may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise Pulaski County will respect my right to terminate the employment relationship at any time, with or without cause and with or without notice. I further understand that any prior promise or representation contrary to the forgoing is binding on Pulaski County unless made in writing and signed by the Pulaski County Board of Commissioners	Initial
Agency Obligation	
I understand and agree that Pulaski County's acceptance of the application is not to in any way imply or infer that a position for which I am qualified is open or that the agency has agreed to hire me. I understand that the agency is under no obligation to hire me as the reult of accepting this application.	Initial
A consiste bilities. Do on on all tilities	
Accountability - Responsibility I understand it shall be my responsibility to maintain strict adherence to all facility policies, post orders, protocols, all lawful orders either written or verbal. My failure to maintain accountability for the described responsibilities can result in disciplinary action up to include termination.	Initial
Complete and Accurate Information	
I hereby attest that I have not withheld any information that might adversely affect my chance for employ given by me are accurate, truthful, and complete to the best of my ability. I further attest that I personally understand that any omission or misstatement of the material facts on this application, or any other document, shall be grounds for rejection of this application or for immediate discharge if i am employed elasped before discovery.	completed this application. I ment used to secure
Applicants Signature	
Additional Information	
Please provide any additional information you would like the agency to know	

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	For Department Use Only	
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Interview Checklist		
1. Application reviewed on	Date:	Ву:
2. Denial letter sent	Date:	By:
3. Interview letter sent		
	Date:	Ву:
4. Interview scheduled for	Date:	Ву:
☐ Applicant failed to show for interview		

Additional			
Notes:			
	-		
	*************************************	Signature of Interviewer	-
☐ Recommend - For Hire		Sheriff's S	ignature
☐ Recommend - Do Not Hire			
☐ Recommend - Hold for Reconsideration			
□ Recommend - Hold for Reinterview			
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