

# APPLICATION FOR EMPLOYMENT

*PHELPS COUNTY SHERIFF'S DEPARTMENT ~ AN EQUAL OPPORTUNITY EMPLOYER*

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## SECTION I: PERSONAL INFORMATION

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? YES  NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED  
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES  NO

POSITION DESIRED:  
 DEPUTY  CORRECTIONS OFFICER  OTHER START SALARY  
 INFORMATION SPECIALIST  RESERVE DEPUTY DATE: DESIRED:

ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE  
OF YOUR PRESENT EMPLOYER?

HAVE YOU PREVIOUSLY APPLIED TO PCSD? WHEN?

REFERRED BY: \_\_\_\_\_

## SECTION II: EDUCATION

	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

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## SECTION III: GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY OR RESEARCH: \_\_\_\_\_

SPECIAL SKILLS: \_\_\_\_\_

ACTIVITIES: \_\_\_\_\_

MILITARY SERVICE: \_\_\_\_\_ RANK: \_\_\_\_\_ PRESENTLY SERVING IN ARNG OR RESERVES?  YES  NO

(CONTINUED ON THE NEXT PAGE)

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**SECTION IV: FORMER EMPLOYMENT (LIST LAST THREE EMPLOYERS, MOST RECENT FIRST).**

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

**SECTION V: REFERENCES (LIST THREE REFERENCES NO RELATIVES)**

	NAME	ADDRESS	BUSINESS	YEARS KNOWN
1				
2				
3				

IN CASE OF EMERGENCY NOTIFY:

NAME	ADDRESS	PHONE NO.
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"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTED ANSWERS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE DEPARTMENT'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME; AT EITHER MY OR THE DEPARTMENT'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE DEPARTMENT. I UNDERSTAND THAT NO DEPARTMENT REPRESENTATIVE, OTHER THAN THE SHERIFF, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE SHERIFF, HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOLLOWING."

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

INTERVIEWED BY:

1. _____	2. _____
3. _____	4. _____

REMARKS: \_\_\_\_\_

SELECTED TO PROCEED TO THE NEXT STEP IN THE INTERVIEW PROCESS

YES  NO