



Lyon County Sheriff's Office Application For Employment



Mail to:
Lyon Sheriff's Office
Attn: Sheriff Brent White
PO Box 126
Eddyville, KY 42038

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, or any other legally protected status. **FAILURE TO COMPLETE ALL OF THE BELOW INFORMATION, IN A LEGIBLE FORMAT, MAY RESULT IN DISQUALIFICATION FROM FURTHER CONSIDERATION.**

(PLEASE PRINT)

Position(s) Applied For	Date of Application
<input type="checkbox"/> Clerical <input type="checkbox"/> Court Security <input type="checkbox"/> Deputy	

Last Name _____	First Name _____	Middle Name _____
Address: Number Direction	Street Name _____	Apt # _____
City: _____	State: _____	Zip: _____
Home Phone #: _____	Cell Phone #: _____	Work Phone # _____
Social Security Number (Voluntary) _____		
EMAIL ADDRESS (if applicable): _____		

Have you ever filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date _____		
Have you ever been employed with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date _____		
Do you have any friends or relatives that work here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name: _____	Relationship: _____	
Name: _____	Relationship: _____	
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status		
<i>Proof of citizenship or immigration status will be required upon employment</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date available for work ____ / ____ / ____	What is your desired salary range? _____	
Are you available to work:	<input type="checkbox"/> Full-Time (please indicate 1 2 3 shift)	
	<input type="checkbox"/> Part-Time (please indicate Mornings Afternoon Evenings)	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

Elementary School

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

High School:

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Grade Completed? 9th 10th 11th 12th G.E.D. Yes No
Did you Graduate? Yes No GPA _____

Undergraduate College:

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Years Completed? 1 2 3 4 Did you Graduate? Yes No
GPA _____ Degree(s) AA AS BA BS Other: _____
Major(s)/Minor(s): _____ Hours Completed: _____

Graduate School:

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Years Completed? 1 2 3 4 Did you Graduate? Yes No
GPA _____ Degree(s) _____ Other: _____
Major(s)/Minor(s): _____ Hours Completed: _____

Business or Technical School:

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Years Completed? 1 2 Did you Graduate? Yes No
GPA _____ Degree(s) _____ Other: _____
Major(s)/Minor(s): _____ Hours Completed: _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

DRIVERS LICENSE AND OTHER PERTINENT INFORMATION

Do you have a valid driver's license? **Yes** **No**

State Issued In: _____ **License Number:** _____

Have you, since the age of 18, ever been convicted of a felony or misdemeanor? (Conviction does not necessarily mean you will be removed from further consideration.)

Yes **No** **If yes, please give dates and an explanation:** _____

Have you had any traffic violations (tickets)? **Yes** **No** **If yes, list dates & states were tickets were issued and the disposition of the ticket.** _____

If you need additional space, please continue on a separate sheet of paper.

MILITARY

Have you served in the Military? **Yes** **No** **Branch of Service** _____

Date Entered: _____ **Date Discharged:** _____ **Final Rank** _____

Did you receive an Honorable Discharge? **Yes** **No**

What were your Primary Duties? _____

(Please attach a copy of your DD-214 to your application)

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

List below all present and past employment, beginning with your most recent

Name of Company: _____	
Address: _____	
Telephone #: _____	Job Title: _____
Dates Employed: To: _____	From: _____
Hourly Rate/Salary: Starting: _____	Final: _____
Supervisor: _____	Reason for Leaving: _____
Worked Performed: _____	

Name of Company: _____	
Address: _____	
Telephone #: _____	Job Title: _____
Dates Employed: To: _____	From: _____
Hourly Rate/Salary: Starting: _____	Final: _____
Supervisor: _____	Reason for Leaving: _____
Worked Performed: _____	

Name of Company: _____	
Address: _____	
Telephone #: _____	Job Title: _____
Dates Employed: To: _____	From: _____
Hourly Rate/Salary: Starting: _____	Final: _____
Supervisor: _____	Reason for Leaving: _____
Worked Performed: _____	

If you need additional space, please continue on a separate sheet of paper.

JOB RELATED ACTIVITIES/ACHIEVEMENTS/CERTIFICATIONS: List professional, trade, business, or civic activities and offices held (you may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status), and also other Achievements, Honors, Training Skills, Licenses, Registrations, or Certifications (e.g., Adult or Child CPR, First Aid, Lifesaving, Water, Safety Instructor, CDL, EMT, RN, LN, LINK/NCIC, etc).

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing		
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand		
WPM _____	WPM _____		
POPS Certified <input type="checkbox"/> Yes	<input type="checkbox"/> No		
POPS Certified Number: _____			

REFERENCES

Give name, address, and telephone number of three references **WHO ARE NOT RELATED TO YOU** and are not previous employers. **It is suggested you provide 3 letters of reference with your application** (as this may help expedite the hiring process). **FAILURE TO PROVIDE ALL OF THE BELOW INFORMATION, IN LEGIBLE FORMAT, MAY RESULT IN DISQUALIFICATION FROM FURTHER CONSIDERATION.**

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone #: Home: _____ Cell: _____ Work: _____

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone #: Home: _____ Cell: _____ Work: _____

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone #: Home: _____ Cell: _____ Work: _____

APPLICANT'S STATEMENT

I agree to submit to and satisfactorily complete the following examinations/evaluations, when required, and understand that such requirements will be conducted by a qualified party of the Sheriff's Office choosing: drug screen, physical examination, psychological evaluation, physical agility examination, and any other necessary examination or evaluation. I also agree to submit to reexaminations or reevaluations when required. I authorize the release of any medical information to the Lyon County Sheriff's Office. I understand and acknowledge that I will forever release and hold harmless from any and all liability the Lyon County Sheriff's Office or any party(ies) for injuries or illness which result from the physical examination, physical agility test, or any other requirement of the employment process. I hereby release liability, relinquish, and waive any and all claims against the Lyon County Sheriff's Office or any other involved party(ies) and will hold such harmless and will file no suit against the Lyon County Sheriff's Office or any other involved party(ies). I authorize the Lyon County Sheriff's Office and/or its chosen representative to investigate all information necessary to reach an employment decision. I hereby authorize all persons, schools, current and previous employers, current and previous neighborhoods/acquaintances/family members (for certain positions), and organizations named in this application, accompanying attachments, resume, or obtained through any other information supplied orally or in writing, to release to the Lyon County Sheriff's Office or its chosen representative all information necessary to reach an employment decision. Such information may include, but is not limited to, my employment background, job performance, driving record, attendance record, character, personal characteristics, general reputation, criminal history, educational background, ability, accident history, alcohol and controlled substance testing and training records, and any other information necessary to arrive at an employment decision. When required, I agree to participate and satisfactorily complete, in accordance with applicable law, a polygraph examination and any other assessment, examination, or evaluation necessary to reach an employment decision. I agree to cooperate in all investigations necessary for the Lyon County Sheriff's Office to reach an employment decision. I hereby release liability, relinquish, and waive any and all claims against the Lyon County Sheriff's Office or any other involved party(ies) and will hold such harmless and will file no suit against the Lyon County Sheriff's Office or any other involved party(ies), with respect to the information supplied or investigations, assessments, examinations, or other evaluations conducted.

If applicable to the position for which I am applying, and/or as required by applicable law, I hereby authorize release of information from my drug and alcohol testing records by my current and/or previous employers listed within this application or any supplements thereto. I understand that information released by my current and/or previous employers may consist of, but is not limited to, the following: alcohol tests with a result of 0.04 or higher; verified positive drug tests; refusals to be tested; violations of DOT agency drug and alcohol testing regulations; information obtained from previous and/or current employers of a drug or alcohol rule violation; documentation, if any, of completion of the return-to-duty process following a rule violation.

I understand that a photocopy of this form shall constitute written authorization for all external and internal sources to obtain or release any information that is necessary to assist the Lyon County Sheriff's Office in reaching an employment decision, the same as if it were the original form. I will forever release and hold harmless from any and all liability any sources which provide information to the Lyon County Sheriff's Office, regardless of the outcome which results from the release of such information. I understand that unless required by applicable law, that I will not be informed of, or provided with, any information or facts developed or obtained through the selection or investigation process.

I acknowledge that I have read and fully understand the contents and requirements of this document, and that I have knowingly, intelligently, and voluntarily executed same. I agree to the conditions of this application for employment.

Applicant's Signature (required by all applicants)

Date