

## **APPLICATION INSTRUCTIONS** LAUREL COUNTY SHERIFF'S OFFICE LAUREL COUNTY, KENTUCKY

- A. Applicants must submit copies of the following documentation at the time a completed application is submitted:
  - a) Copy of high school diploma or GED Certificate.
  - b) Copy of birth certificate.
  - c) If applicable, a copy of military discharge form DD-214 (DD-214 must indicate "Type of Discharge" and "Character of Service").
  - d) Copy of a valid driver's license.
  - e) Copy of Social Security Card
- B. Application must be received in the Laurel County Sheriff's Office, 203 S. Broad St., London, KY. 40741, by 4:00 PM of the filing deadline day, \_\_\_\_\_\_. This includes mailed applications and all documentation listed above.

## We will NOT accept FAX copies of the application or the required documentation.

- C. Social Security Number (item 1)—Federal Law (P.L. 93-579, section 7) requires that you be informed when asked for your Social Security Number; that this number must be provided; and that it will be used for identification purposes in the examination, employment and payroll processes.
- D. Other names (item 7)—This information is requested for completion of the records check and background investigation.
- E. Police Record Check Release form (page 4)—A conviction or pending criminal charge does not necessarily mean you cannot be considered. The nature of the conviction or pending charge and how long ago it occurred is important. Give all facts so that a decision can be made. Note: You cannot be considered if there is a history of a felony conviction.
- F. EEOC Statistical Information (page 5) The Sheriff's Office abides by the principles of The Equal Employment Opportunity Commission. The Sheriff's Office requests that you voluntarily answer questions on this form relating to sex, race/ethnic group, and physical impairment. Whether or not you answer these questions will not affect your potential employment in any way.
- G. The applicant is responsible for notifying this office immediately of any change of information pertinent to the application form, such as address or telephone changes.

## LAUREL COUNTY SHERIFF'S OFFICE

203 S. Broad St London, Kentucky 40741 606-864-6600

## We are an Equal Opportunity Employer

**PRINT IN INK.** Answer each item completely and accurately. Incomplete answers may disqualify you or cause delays. **FALSE** answers may lead to rejection of application and/or dismissal. Please write letters "NA" (Not Applicable) in those sections which do not apply to you.

1. Social Se	ecurity Number	2. Title of Pos	sition (Cheo	ck only one)		3. Date o	of Application
		Deputy	CSO	Clerk			
4. Last Nar	ne			Jı	·/Sr		
First Nan	ne		Middle <b>N</b>	Name			
Address (	Number and Street)						
(Apartme	ent Number)	E-Mail A	Address: _				
City				State	Zij	p Code	
6. Home P	Phone:	Cell Phone:	:		Other Pho	ne:	
<b>8.</b> If you are	ther names, including e applying for a <b>Deput</b> e applying for a <b>Clerk</b>	y position are you a	ge 21 or old	ler? Yes	No No		
If no, do	<b>a U.S. Citizen?</b> Yes you have the right to w No	ork in the U.S.? If	yes, in v	have a valid d what state was	s license is		
	on and Training: Given a passed a GED test? Y	1	ion.	Circle Hig <u>High Schoo</u> Yrs	hest Grade <u>ol</u>		
Cabaala	Name & Address		ites To	Sem. Hrs.		Minor	
Schools High School	Name & Address	From Month/Year	To Month/Year	Sem. Hrs.	Major	Minor	Degree/Certificate Diploma:
or G.E.D.							Yes No
College/ University		Month/Year	Month/Year				Degree Earned
Business College		Month/Year	Month/Year				Certificate Earned
Graduate Work		Month/Year	Month/Year				Degree/Diploma
Vocational/ Military Technical		Month/Year	Month/Year	Clock Hours Weekly	Clock Hours Completed	Field of Study	Degree/Diploma Certificate Earned

**13.** License or Certificate: If a license, certificate or other authorization to practice a trade or profession is relevant, please list.

Name of Trade or Profession	License No:	Name & Address of Licensing Agency
	Date Issues:	
	Expiration Date:	

- 14. Have you ever served in the military? Yes
   No
   If yes, submit DD-214 and complete the following:

   Dates: From:
   To:
   Branch:
   Rank at discharge:

   Were you discharged in connection with a military court martial:
   Yes
   No
- 15. Are you related to an employee or employees currently employed with the Laurel County Sheriff's Office?
   Yes No If yes, please list names/relationship to you. Attach additional page if necessary.
  - 1.
     /\_\_\_\_\_\_

     relative's name
     /\_\_\_\_\_\_

     relative's name
     /\_\_\_\_\_\_
- 16. Employment Experience: LIST ALL WORK HISTORY. Begin with your most recent job and describe in detail each specific job including any military service or volunteer work you have had. Periods of unemployment should be noted. Do not leave any gaps in time sequence. It is very important that you describe your duties and responsibilities under each position listed. If you moved to a different position within the same organization in which your duties changed, describe that position as a separate job. You <u>MUST</u> provide this information on the application, as resumes are not considered official information.

Most Current Employer:			Address (City, State, Zip)		
Type of Business:	Your Position	n:		Phone Number:	
Employment Dates:			Salary:		
From:	To:		Starting:	Ending:	
Primary Duties:					
Supervisor's Name and Position:				Hours per week:	
Reason for leaving:					

Second Most Current Employer:	Addre	ss (City, State, Zip)	
Type of Business:	Your Position:		Phone Number:
Employment Dates:		Salary:	
From:	To:	Starting:	Ending:
Primary Duties:			
Supervisor's Name and Position:			Hours per week:
Reason for leaving:			

Third Most Current Employer:		Address	s (City, State, Zip)		
Tyme of Duciness:	Your Position			Phone Number:	
Type of Business:	Your Position	1.		Phone Number.	
Employment Dates:			Salary:		
From:	To:		Starting:	Ending:	
Primary Duties:					
Supervisor's Name and Position:				Hours per week:	
Reason for leaving:					

Fourth Most Current Employer:		Address	s (City, State, Zip)		
Type of Business:	Your Position	n:		Phone Number:	
Employment Dates:			Salary:		
From:	To:		Starting:	Ending	•
Primary Duties:					
Supervisor's Name and Position:				Hours per v	week:
Reason for leaving:					

#### If additional forms for the above work history are needed, additional forms will be provided upon request.

I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that should investigation at any time show falsification, I may be excluded from consideration for employment, or if employed, I may be terminated from employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **AUTHORIZATION FOR RELEASE OF RECORDS**

I, \_\_\_\_\_\_, hereby authorize the Laurel County Sheriff's Office to request any law enforcement agency, former employer, or credit bureau to release all information (including, but not limited to traffic violation(s), conviction(s), pending criminal charge(s), and credit records) to the Laurel County Sheriff's Office or its representatives that may be sought in connection with this application for employment with the Laurel County Sheriff's Office.

A photocopy of this release shall be considered as effective and binding as the original hand-executed copy.

Social Security Number

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

# CRIMINAL HISTORY CHECK RELEASE

The Laurel County Sheriff's Office must check the conviction records of all applicants for positions which involve care and custody of persons or handling of significant amounts of Laurel County money or property. Under Kentucky law, a felony conviction automatically excludes applicants from employment in "non-elective, peace officer" positions. A false or incomplete answer on this and any other application form is grounds for subsequent dismissal of an employee, or for automatic rejection of the application if hiring has not been initiated.

PLEASE PRINT

Name:	
Address:	
City:	State: Zip Code:
Date of Birth:	Social Security Number:
Maiden/Alias/Nicknames:	

List all past and pending traffic citations, criminal charges and convictions.

Date	Location (city, state)	Nature of Charge	Disposition of Charge

Have you ever been convicted of, or pleaded guilty to a felony? Yes No

I do hereby attest that all the above is correct to the best of my knowledge. In addition, I hereby authorize Laurel County Sheriff's Office to search the criminal record for any or all convictions pertaining to me. This information is part of my application for employment.

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

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

THIS FORM MUST BE RETURNED WITH THE APPLICATION FORM

## LAUREL COUNTY SHERIFF'S OFFICE SUPPLEMENTAL PAGE FOR EMPLOYMENT EXPERIENCE: Continue Work History

# Applicant's Name: \_\_\_\_\_

Employer:		Address	s (City, State, Zip)		
Type of Business:	Your Position	1:		Phone N	umber:
Employment Dates:	•		Salary:		
From:	To:		Starting:		Ending:
Primary Duties:					
Supervisor's Name and Position:				Но	ours per week:
Reason for leaving:				·	

Employer:			Address (City, State, Zip)		
Type of Business:	Your Position	n:		Phone Number:	
Employment Dates:			Salary:		
From:	To:		Starting:	Ending:	
Primary Duties:					
5					
Supervisor's Name and Position:				Hours per week:	
1				1	
Reason for leaving:					
e					

Employer:		Address (City, State, Zip)		
Type of Business:	Your Position		Phone Number:	
Employment Dates:		Salary:		
From:	To:	Startin	g: Ending:	
Primary Duties:				
Supervisor's Name and Position:			Hours per week:	
Reason for leaving:				