

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____ SOCIAL SECURITY NUMBER _____

NAME _____ AGE _____ SEX _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NUMBER _____ OWN HOME _____ RENT _____

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

MARRIED _____ SINGLE _____ WIDOWED _____ DIVORCED _____ SEPARATED _____

NUMBER OF CHILDREN _____ DEPENDENTS OTHER THAN WIFE OR CHILDREN _____ U.S. CITIZEN _____

IF RELATED TO ANYONE IN OUR EMPLOYMENT

STATE NAME AND DEPARTMENT _____ REFERRED BY _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW _____ MAY WE INQUIRE _____

EVER APPLIED TO THE COMPANY BEFORE _____ WHEN _____ DRIVERS LICENSE# _____

EDUCATION	NAME AND LOCATION	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
GRAMMER				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR OTHER MINOR TRAFFIC VIOLATIONS YES____NO____

WHAT_____WHERE_____

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK_____

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY_____READ_____WRITE_____

U.S. MILITARY OR NAVAL SERVICES_____RANK_____NATIONAL GUARD OR RESERVE_____

ACTIVITIES OTHER THAN RELIGIOUS
CIVIC, ATHLETIC, FRATERNAL, ETC:_____

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED COLOR
OR NATIONAL ORIGIN OF ITS MEMBERS_____

THIS QUESTION MAY NOT BE ASKED IN STATES PROHIBITING SAME.

**NOTE* THIS INFORMATION MAY BE ASKED, BUT DISCRIMINATION BECAUSE OF SEX IS
PROHIBITED BY FEDERAL LAW. ALSO, DISCRIMINATION BY AGE PROHIBITED BY LAW IN STATES
WITH FAIR EMPLOYMENT PRACTICES.**

FORMER EMPLOYERS (LIST BELOW THE LAST FOUR EMPLOYERS STARTING WITH LAST ONE FIRST)

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

REFERENCES (GIVE BELOW THE NAMES OF 3 PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST 1 YEAR)

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

PHYSICAL RECORD

ANY PHYSICAL DEFECTS_____

HAVE YOU EVER BEEN INJURED_____GIVE DETAILS_____

CASE OF EMERGENCY NOTIFY_____
NAME ADDRESS PHONE NUMBER

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT
MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL, FURTHER, I UNDERSTAND
AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT
OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

DATE_____SIGNATURE_____



Kevin Molder | Sheriff

To Whom It May Concern:

The Poinsett County Sheriffs' Department is conducting a background investigation on
_____ race _____ sex _____ DOB _____
SSN _____ who has applied for a position within the Sheriff's Office.

It is requested that you furnish this office with any information that may be obtained from
your files regarding this person as requested in the enclosed letter. Your reply will be held in strict
confidence.

GENERAL WAIVER

I have made application for a position with the Poinsett County Sheriff's Office and I hereby authorize
their officers, employee or other agents to investigate and compile a complete history of my former
employment, credit, arrest, record, school record, etc.

I hereby release any law enforcement agency, place of credit, school, employer and all persons acting
under them from all liability for damages whatsoever for furnishing any information concerning me from
their files to the Poinsett County Sheriff's Office.

Applicants signature

Date

Sworn and subscribed before me _____ Notary Public
This _____ day of _____ 20_____,
My commission expires _____.

PERSONAL HISTORY STATEMENT

LAW ENFORCEMENT AGENCY

MONTH DAY YEAR

INSTRUCTION: FILL OUT QUESTIONNAIRE COMPLETELY AND ACCURATELY. ALL STATEMENTS IN YOUR QUESTIONNAIRE ARE SUBJECT TO VERIFICATION. INCORRECT STATEMENTS MAY BAR OR REMOVE YOU FROM EMPLOYMENT. IF SPACE PROVIDED IS INADEQUATE, ADD ADDITIONAL PAGES AND IDENTIFY INFORMATION BY ITEM NUMBER. IF A QUESTION DOES NOT APPLY TO YOU, INDICATE BY WRITING N/A IN THE ANSWER BLANK. TYPE OR PRINT LEGIBLY IN INK ALL RESPONSES.

PERSONAL:

1. NAME _____ FIRST MIDDLE LAST SOCIAL SECURITY NUMBER _____/_____/_____

NICKNAMES OR ALIAS' _____

2. HEIGHT _____ INCHES WEIGHT _____ LBS.

3. PRESENT MAILING ADDRESS: _____
STREET AND NUMBER CITY STATE ZIP CODE

PERMANENT MAILING ADDRESS: _____

STREET AND NUMBER	CITY	STATE	ZIP CODE
_____	_____	_____	_____

TELEPHONE NUMBER: HOME: _____ BUSINESS: _____

4. DATE OF BIRTH: _____ PLACE OF BIRTH: _____

5. CITIZENSHIP: U.S. BORN U.S. NATURALIZED OTHER-SPECIFY

6. LIST ORGANIZATION, CLUBS AND ASSOCIATIONS OF WHICH YOU ARE OR HAVE BEEN A MEMBER, OR WITH WHICH YOU ARE OR HAVE BEEN ASSOCIATED.

7. LIST HOBBIES AND/OR SPECIAL SKILLS. _____

MARITAL

8. MARITAL STATUS (CHECK ONE) SINGLE MARRIED DIVORCED
 ENGAGED SEPARATED WIDOWED

9. NAME OF SPOUSE OR FIANCEE _____

10. IF MARRIED, ARE YOU LIVING WITH YOUR SPOUSE? ____ YES ____ NO

IF NOT STATE REASONS: _____

11. HAVE YOU EVER BEEN SEPARATED OR DIVORCE? ____ YES ____ NO
IF YES, GIVE DATE AND LOCATION OF COURT OR JURISDICTION.

12. GIVE THE FOLLOWING INFORMATION CONCERNING YOUR SPOUSE'S
PARENTS:

NAME

ADDRESS

FATHER

MOTHER

13. LIST BELOW EVERY CHILD BORN TO YOU.

NAME BIRTHDATE PLACE OF BIRTH WITH WHOM RESIDES

14. ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO YOU,
ADOPTED BY YOU AND STEPCHILDREN? ____ YES ____ NO

15. HAVE YOU EVER BEEN INVOLVED AS DEFENDANT IN A PATERNITY PROCEEDING?
____ YES ____ NO
IF YES, GIVE DATE AND COURT JURISDICTION: _____

REFERENCES:

16. GIVE THE NAMES OF FIVE RESPONSIBLE PERSONS, OTHER THAN RELATIVES OR
PAST EMPLOYERS, WHO COULD PROVIDE INFORMATION ABOUT YOUR
CHARACTER, ABILITY, EXPERIENCE, PERSONALITY AND OTHER QUALITIES:

NAME

ADDRESS

TELEPHONE

1. _____

2. _____

3. _____

4. _____

5. _____

FAMILY HISTORY:

17. LIST YOUR PARENTS, BROTHERS AND SISTERS:

	NAME	ADDRESS	TELEPHONE
FATHER			
MOTHER			
BRO. /SIS.			
BRO. /SIS.			
BRO. /SIS.			

18. HAS ANY MEMBER OF YOUR IMMEDIATE FAMILY EVER BEEN ARRESTED FOR OR CONVICTED OF A FELONY OFFENSE? ☐ YES ☐ NO
IF YES, COMPLETE THE FOLLOWING:

DATE	LOCATION	CHARGE	DISPOSITION

FINANCIAL:

19. DO YOU HAVE LIFE INSURANCE AND/ OR HOSPITALIZATION INSURANCE?
☐ YES ☐ NO

20. HAVE A SAVING ACCOUNT? ☐ YES ☐ NO
BANK _____ CITY AND STATE _____
BANK _____ CITY AND STATE _____

21. HAVE A CHECKING ACCOUNT? ☐ YES ☐ NO
BANK _____ CITY AND STATE _____
BANK _____ CITY AND STATE _____

22. DO YOU OWN OR HAVE AN INTEREST IN ANY TYPE OF BUSINESS DEALING IN ALCOHOL? ☐ YES ☐ NO

IF YES, GIVE NAME, LOCATION AND TYPE OF BUSINESS.

23. DO YOU OWN OR ARE YOU BUYING YOUR OWN HOME? ☐ YES ☐ NO
IS THERE A MORTGAGE ON THE PROPERTY? ☐ YES ☐ NO

BANK OR COMPANY _____ CITY AND STATE _____

24. DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE? ☐ YES ☐ NO
IF YES, GIVE NAME OF AGENCY HOLDING MORTGAGE.

BANK COMPANY _____ CITY AND STATE _____

25. LIST MOTOR VEHICLES THAT YOU OWN OR ARE BUYING OR LEASING:

	MAKE	MODEL	YEAR	AMOUNT OWED
1.				
2.				
3.				

26. WHAT INCOME OTHER THAN SALARY DO YOU HAVE AT PRESENT?
INCLUDE SPOUSE'S SALARY.

27. LIST CREDIT REFERENCES.

NAME OF FIRM	AMOUNT OWED

STREET ADDRESS	CITY AND STATE

NAME OF FIRM	AMOUNT OWED

STREET ADDRESS	CITY AND STATE

NAME OF FIRM	AMOUNT OWED

STREET ADDRESS	CITY AND STATE

NAME OF FIRM	AMOUNT OWED

STREET ADDRESS	CITY AND STATE

NAME OF FIRM	AMOUNT OWED

STREET ADDRESS	CITY AND STATE

NAME OR FIRM	AMOUNT OWED

STREET ADDRESS	CITY AND STATE

28. WHAT IS YOUR TOTAL INDEBTEDNESS AT PRESENT? _____
29. HAVE YOUR CREDITORS TREATED YOU FAIRLY? _____. IF NOT, EXPLAIN: _____
30. HAVE YOU EVER BEEN SUED? ____ YES ____ NO. IF YES, GIVE DETAILS: _____

RESIDENCES:

31. LIST ADDRESSES FOR PAST 10 YEARS STARTING WITH PRESENT ADDRESS AT TOP:

FROM		TO		ADDRESS/RESIDENCE	CITY & STATE	LANDLORD
MO.	YR.	MO.	YR.			
1.				PRESENT		
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

WORK HISTORY:

32. ARE YOU NOW OR HAVE YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER, OR CORPORATE BOARD MEMBER? ____ YES ____ NO.
IF YES, GIVE DETAILS BELOW: _____
33. IF YOU HAVE EVER BEEN DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE, GIVE DETAILS: _____
34. HAVE YOUR EMPLOYERS ALWAYS TREATED YOU FAIRLY? ____ YES ____ NO.
IF NO, EXPLAIN: _____

35. DO YOU OBJECT TO WEARING A UNIFORM? ____ YES ____ NO

36. DO YOU OBJECT TO WORKING NIGHTS? ____ YES ____ NO

37. DO YOU OBJECT TO WORKING SHIFTS? ____ YES ____ NO

38. LIST ALL JOBS YOU HAVE HELD IN THE LAST TEN YEARS. PUT YOUR PRESENT OR MOST RECENT JOB FIRST. IF YOU NEED MORE SPACE, YOU MAY ATTACH ADDITIONAL SHEETS, INCLUDE MILITARY SERVICE IN PROPER TIME SEQUENCE AND TEMPORARY PART-TIME JOBS.

A. TITLE OF PRESENT OR LAST POSITION _____	STARTING SALARY _____	LAST SALARY _____
EMPLOYER _____	ADDRESS _____	
DATE EMPLOYED _____	NAME AND TITLE OF SUPERVISOR _____	
DATE SEPARATED: _____	NO. EMPLOYEES SUPERVISED BY YOU: _____	
FULL-TIME YRS. MOS. DUTIES _____		

IF PART-TIME # OF HOURS WORKED PER WEEK: _____		
REASON FOR LEAVING: _____		

B. TITLE OF PRESENT OR LAST POSITION _____	STARTING SALARY _____	LAST SALARY _____
EMPLOYER _____	ADDRESS _____	
DATE EMPLOYED _____	NAME AND TITLE OF SUPERVISOR _____	
DATE SEPARATED: _____	NO. EMPLOYEES SUPERVISED BY YOU: _____	
FULL-TIME YRS. MOS. DUTIES _____		

IF PART-TIME # OF HOURS WORKED PER WEEK: _____		
REASON FOR LEAVING: _____		

C. TITLE OF PRESENT OR LAST POSITION _____	STARTING SALARY _____	LAST SALARY _____
EMPLOYER _____	ADDRESS _____	
DATE EMPLOYED _____	NAME AND TITLE OF SUPERVISOR _____	
DATE SEPARATED: _____	NO. EMPLOYEES SUPERVISED BY YOU: _____	
FULL-TIME YRS. MOS. DUTIES _____		

IF PART-TIME # OF HOURS WORKED PER WEEK: _____		
REASON FOR LEAVING: _____		

STARTING

LAST

D. TITLE OF PRESENT OR LAST POSITION _____ SALARY _____ SALARY _____
EMPLOYER _____ ADDRESS _____
DATE EMPLOYED _____ NAME AND TITLE OF SUPERVISOR _____
DATE SEPARATED: _____ NO. EMPLOYEES SUPERVISED BY YOU: _____
FULL-TIME YRS. MOS. DUTIES _____

IF PART-TIME # OF HOURS WORKED PER WEEK: _____
REASON FOR LEAVING: _____

E. TITLE OF PRESENT OR LAST POSITION _____ STARTING _____ LAST _____
EMPLOYER _____ ADDRESS _____
DATE EMPLOYED _____ NAME AND TITLE OF SUPERVISOR _____
DATE SEPARATED: _____ NO. EMPLOYEES SUPERVISED BY YOU: _____
FULL-TIME YRS. MOS. DUTIES _____

IF PART-TIME # OF HOURS WORKED PER WEEK: _____
REASON FOR LEAVING: _____

F. TITLE OF PRESENT OR LAST POSITION _____ STARTING _____ LAST _____
EMPLOYER _____ ADDRESS _____
DATE EMPLOYED _____ NAME AND TITLE OF SUPERVISOR _____
DATE SEPARATED: _____ NO. EMPLOYEES SUPERVISED BY YOU: _____
FULL-TIME YRS. MOS. DUTIES _____

IF PART-TIME # OF HOURS WORKED PER WEEK: _____
REASON FOR LEAVING: _____

G. TITLE OF PRESENT OR LAST POSITION _____ STARTING _____ LAST _____
EMPLOYER _____ ADDRESS _____
DATE EMPLOYED _____ NAME AND TITLE OF SUPERVISOR _____
DATE SEPARATED: _____ NO. EMPLOYEES SUPERVISED BY YOU: _____
FULL-TIME YRS. MOS. DUTIES _____

IF PART-TIME # OF HOURS WORKED PER WEEK: _____
REASON FOR LEAVING: _____

39. HAVE YOU PREVIOUSLY SUBMITTED AN APPLICATION FOR EMPLOYMENT WITH THIS AGENCY ? ☐ YES ☐ NO. APPROXIMATE DATE: _____

MILITARY SERVICE

40. WERE YOU EVER IN THE U.S. MILITARY SERVICE OR ANY OTHER MILITARY ORGANIZATION ? ☐ YES ☐ NO

BRANCH OF SERVICE _____ UNIT _____ DATE OF ENLISTMENT _____
DATE OF DISCHARGE _____ SERVICE NUMBER _____ HIGHEST RANK _____

41. LIST MEDALS AND DECORATIONS: _____

42. TYPE OF DISCHARGE: _____

43. IF YOU ARE PRESENTLY A MEMBER OF THE NATIONAL GUARD OR ANY MILITARY RESERVE, GIVE THE UNIT, LOCATION, AND DESCRIBE YOUR OBLIGATION: _____

44. LIST ALL SCHOOLS ATTENDED:

NAME OF SCHOOL	LOCATION CITY AND STATE	FROM MO. & YR.	TO MO. & YR.	YEAR COMPLETED
GRADE				

HIGH
SCHOOL

COLLEGE OR
UNIVERSITY

45. DID YOU EITHER GRADUATE FROM HIGH SCHOOL OR PASS THE HIGH SCHOOL EQUIVALENCY TEST ? ☐ YES ☐ NO

46. LIST COLLEGE DEGREES RECEIVED AND MAJOR FIELD OF EACH. INCLUDE INCOMPLETE COURSES: _____

47. WERE YOU EVER EXPELLED FROM ANY SCHOOL OR WERE YOU EVER DISCIPLINED BY ANY SCHOOL OFFICIAL?
☐ YES ☐ NO. IF YES, EXPLAIN: _____

ARREST AND MILITARY DISCIPLINARY

ANSWER ALL OF THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY. ANY FALSIFICATIONS OR MISSTATEMENTS OF FACT MAY BE SUFFICIENT TO DISQUALIFY YOU. (EXCLUDE MINOR TRAFFIC VIOLATIONS).

48. HAVE YOU EVER BEEN ARRESTED OR DETAINED BY POLICE? ☐ YES ☐ NO. IF YES, GIVE DETAILS BELOW:
CRIME CHARGED _____ POLICE AGENCY _____

58. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED? ☐ YES ☐ NO. IF YES, STATE WHICH AND GIVE REASONS: _____

59. WAS YOUR LICENSE EVER RESTORED. ☐ YES ☐ NO. WHEN? _____

60. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S LICENSE BY ANY STATE?
☐ YES ☐ NO

61. HAVE YOUR DRIVING PRIVILEGES EVER BEEN RESTRICTED? ☐ YES ☐ NO
IF YES, GIVE DETAILS: _____

62. HAS A MOTOR VEHICLE BEING DRIVEN BY YOU EVER BEEN INVOLVED IN AN ACCIDENT? ☐ YES ☐ NO. IF YES, GIVE COMPLETE DETAILS FOR EACH ACCIDENT WHETHER COLLISION OR NON-COLLISION:

DATE: _____ POLICE INVESTIGATION? ☐ YES ☐ NO
LOCATION: _____ CAUSE OF ACCIDENT: _____

DATE: _____ POLICE INVESTIGATION? ☐ YES ☐ NO
LOCATION: _____ CAUSE OF ACCIDENT: _____

63. LIST ANY CONVICTIONS FOR MINOR TRAFFIC VIOLATIONS:

LOCATION	APPROX. DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION
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ATTITUDES

64. WHAT DO YOU CONSIDER TO BE THE CURRENT SOCIAL PROBLEMS OF GREATEST CONCERN? _____

65. WHAT ARE YOUR EXPERIENCES AND BELIEFS CONCERNING THE USE OF ALCOHOLIC BEVERAGES? _____

66. WHAT ARE YOUR EXPERIENCES AND BELIEFS CONCERNING THE USE OF MARIJUANA AND/OR OTHER MIND-ALTERING DRUGS? _____

67. WHAT ARE YOUR FEELINGS ABOUT THE USE OF DEADLY FORCE IF IT BECOMES NECESSARY IN THE PERFORMANCE OF OFFICIAL DUTIES? _____

CAREER OBJECTIVES

68. EXPLAIN BRIEFLY YOUR REASON FOR APPLYING FOR THIS POSITION: _____

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS QUESTIONNAIRE ARE TRUE AND COMPLETE AND UNDERSTAND THAT ANY MISSTATEMENTS OF MATERIAL FACTS WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

SIGNATURE IN FULL

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC, THIS _____ DAY
OF _____, 20_____
MY COMMISSION EXPIRES _____



Kevin Molder | Sheriff

To Whom It May Concern:

The Poinsett County Sheriffs' Department is conducting a background investigation on _____ race _____ sex _____ DOB _____
SSN _____ who has applied for a position within the Sheriff's Office.

It is requested that you furnish this office with any information that may be obtained from your files regarding this person as requested in the enclosed letter. Your reply will be held in strict confidence.

GENERAL WAIVER

I have made application for a position with the Poinsett County Sheriff's Office and I hereby authorize their officers, employee or other agents to investigate and compile a complete history of my former employment, credit, arrest, record, school record, etc.

I hereby release any law enforcement agency, place of credit, school, employer and all persons acting under them from all liability for damages whatsoever for furnishing any information concerning me from their files to the Poinsett County Sheriff's Office.

Applicants signature

Date

Sworn and subscribed before me _____ Notary Public
This _____ day of _____ 20_____,
My commission expires _____.