

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

PRINT IN BLACK INK OR TYPE

Answer each item completely and accurately. Incomplete answers on this application may disqualify you or may cause delays.



William Gilbert, Sheriff
Carlisle County Sheriff's Department

Carlisle County Courthouse • 985 US Highway 62 • Bardwell, Kentucky 42023 • 270.628.3377

Application Position:

- Entry Level Deputy
- Special Deputy
- Clerical
- Other / Specify: _____

Personal Information					
SSN#	<input type="text"/>	Home Phone	Mobile	Email	
Last	First	MI	Other Name (if any)		Date of Birth
Street Address		City	State	Zip Code	
Are you a US Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you a legal permanent resident? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Currently employed in Law Enforcement? YES <input type="checkbox"/> NO <input type="checkbox"/>		A previous employee in Law Enforcement? List dates: _____			
Do you have a valid driver's license if required by the position for which you are applying? YES <input type="checkbox"/> NO <input type="checkbox"/>					License #
Has your driver's license or CDL been revoked or suspended? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please indicate period of suspension and reason: _____					
Have you ever been convicted of violating any law (omit minor traffic violations)? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, list conviction(s), date(s), and place(s). <small>Conviction is not an automatic rejection. Specifics will be reviewed under KRS 335B.020.</small>					
Date available for work	Shift availability:		Type of Work		
	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night	<input type="checkbox"/> Rotating	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

Education/Training

Complete accurately and circle highest grade or year completed at all levels of school below. Provide **originals** of following, if required: (1) GED certificate; (2) high school diploma/ transcript; (3) vocational/technical school transcript; or (4) college transcript with an official seal & Registrar's signature. NOTE: Education must be verified 90 days after hire/promotion or appointment will be terminated.

GED • High School - 9 10 11 12 • College - 1 2 3 4 • Graduate School - 1 2 3 4

School	Name/Address of School	Dates Attended		Date Graduated	Number of Hours		Fields of Study		Degree, Diploma, or Certificate Earned
		From	To		Earned	Now Carrying	Major	Minor	
High School		mm/yy	mm/yy	mm/yy					Diploma: YES <input type="checkbox"/> NO <input type="checkbox"/>
Under Graduate College or University					**	**			Degree:
Graduate College or University					**	**			Degree:
Vocational Business Technical					***	***			Certificate:
Law Enforcement Academy or training program									

Please indicate if college hours are semester or quarter. *Indicate number of vocation/technical school clock hours.

Licenses/Certifications or Language Proficiency

If you have a license/certificate related to a position, please provide a copy. Examples are Police Officer's Professional Standards (POPS) Certification for peace officers as outlined in 503 KAR 1 :140 and KRS 15.382, a license to practice law, teacher certification, nurse license, etc.

a. I hold a current license or certification as indicated below.

License or Certification Title & Number	Original Issue Date	Current Expiration Date	Name, Address & Phone of Licensing Agency

b. List additional languages you speak proficiently.			
c. List additional languages you read or write proficiently.			

Professional Organizations: Indicate current membership in professional organizations.

Organization	Title	Date Membership Expires

Character References: Other than relatives, former employers, or supervisors.

Name	Address	Phone Number

Completion of this section voluntary

Information in the section is for statistical purposes and may be used for compliance with Equal Employment Opportunity requirements.

SEX Male Female RACE White Black Hispanic Asian/Pacific Islande American Indiana or Alaskan Native Other

IMPORTANT- THIS SECTION MUST BE COMPLETED

SIGNATURE- Please read and sign the following statement: 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 an Investigation at any time show falsification, I will not be considered for employment or, if employed, I could be dismissed. I hereby authorize the Carlisle County Sheriff's Office and agencies to whom my name Is certified I referred to make all necessary Investigations concerning me, my work habits, character, or my action In any transaction. I authorize the Carlisle County Sheriff's Office to receive my academic records or other material pertinent to my qualifications, and further authorize and request each former employer, person given as a reference, educational Institution, or organization (including law enforcement agencies) to provide all information that may be sought In connection with my application. I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of employment. I also understand that the Carlisle County Sheriff's Office is a drug free workplace and that substance abuse testing may be requested during this application process or, If employed, at the discretion of the Sheriff.

DATE: _____ SIGNATURE: _____



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William Gilbert, Sheriff

AUTHORIZATION FOR RECORD CHECK

Position Applied for: _____

PLEASE PRINT FULL NAME CLEARLY (Including Middle Initial)

Name: _____

Maiden/Previous Names: _____

Social Security Number: _____ - _____ - _____ (REQUIRED)

Date of Birth: _____ / _____ / _____ (REQUIRED)
Month Day Year

Current Address:

Street Number & Name: _____

City: _____ State: _____ Zip Code: _____

Previous Addresses (if less than 3 years at current address): _____

Street Number & Name: _____

City: _____ State: _____ Zip Code: _____

Street Number & Name: _____

City: _____ State: _____ Zip Code: _____

Street Number & Name: _____

City: _____ State: _____ Zip Code: _____

I, _____, do hereby authorize Carlisle County Sheriff's Office to search any and all police record(s) regarding my application for employment.

Signature: _____ Date: _____