



# Decatur County Sheriff's Department Application for Employment

## GENERAL INSTRUCTIONS

THIS APPLICATION MUST BE PERSONALLY COMPLETED BY THE APPLICANT. ANSWER ALL QUESTIONS. IF THE QUESTION DOES NOT APPLY, STATE: "NONE" OR "DOES NOT APPLY." DO NOT INCLUDE YOUR ORIGINAL BIRTH CERTIFICATE. IT IS IMPORTANT TO CLEARLY AND LEGIBLY COMPLETE ALL CONTACT INFORMATION. APPLICATIONS WILL NOT BE CONSIDERED IF NOT COMPLETE IN ALL RESPECTS. ANY MISREPRESENTATION OF FACTS WILL DISQUALIFY THE APPLICANT. **DO NOT MAKE INQUIRY TO THE STATUS OF YOUR APPLICATION. IF YOUR CONTACT INFORMATION CHANGES, PROVIDE CHANGES BY RESUBMITTING THIS COVER SHEET.** COMPLETE APPLICATIONS WILL BE KEPT FOR ONE YEAR, AFTER THAT TIME THEY WILL BE CONSIDERED INACTIVE AND WILL BE DESTROYED.

Name: \_\_\_\_\_  
Last First Middle Maiden  
(if applicable)

Permanent Address: \_\_\_\_\_  
Street or Rural Route Apt. Number

\_\_\_\_\_  
City State Zip County

Telephone Numbers: (Include area codes)

(Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## BASIC ELIGIBILITY REQUIREMENTS

1. MUST BE A UNITED STATES CITIZEN
2. MUST BE AT LEAST 21 YEARS OF AGE WHEN APPOINTED (Law Enforcement Positions)
3. VISION REQUIREMENT: CORRECTABLE TO 20/50
4. MUST POSSESS A VALID DRIVERS LICENSE
5. MUST POSSESS A HIGH SCHOOL DIPLOMA OR EQUIVALENT
6. MUST BE WILLING TO SUBMIT TO PHYSICAL AND MENTAL EVALUATIONS
7. MUST BE WILLING TO SUBMIT TO SUBSTANCE ABUSE TESTING
8. MUST BE WILLING TO SUBMIT TO A BACKGROUND INVESTIGATION

**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
COMPLYING WITH ALL PROVISIONS OF  
THE AMERICANS WITH DISABILITIES ACT**

Position for which you are applying \_\_\_\_\_

**I. INITIAL REQUIREMENT DATA**

A. Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (Attach Copy of Birth Certificate)

Race: ☐ Asian ☐ Black ☐ Hispanic ☐ Native American ☐ White  
☐ Other (Specify) \_\_\_\_\_B. Are you a U.S. citizen? ☐ Yes ☐ No

If no, explain on a separate sheet and attach documentation.

Social Security Number: \_\_\_\_\_

(For background clearance and payroll information this number is required.  
The application **will not** be processed without it.)**II. EDUCATION DATA (Attach transcripts for all listed)**

List information for high school and all accredited colleges/universities you have attended.

Name and Address of School	Course of Study	Number of Hours Completed	GPA on a 4.0 Scale	Did you Graduate?	List Diploma or Degree

**III. LAW ENFORCEMENT EXPERIENCE**

A. Have you ever been employed as a sworn or merit police officer by a law enforcement agency?

☐ Yes ☐ No ☐ Full Time ☐ Reserve / VolunteerDid you complete a state certified law enforcement academy? ☐ Yes ☐ No

If yes, list the date of completion, location and academy name:

Date law enforcement training was completed: \_\_\_\_\_

Did you receive a certification upon completion of training? ☐ Yes ☐ No

Number of basic training weeks \_\_\_\_\_ Total training hours \_\_\_\_\_

Agency	Dates		List Full Time or Reserve and Highest Rank Held	Reason for Leaving
	From	To		

B. Are you eligible for re-employment? ☐ Yes ☐ No If no, explain fully on a separate sheet.

C. List any specialty training you have received.

D. Were you ever disciplined? ☐ Yes ☐ No If yes, explain fully on a separate sheet.

#### IV. MILITARY HISTORY AND STATUS

A. Have you ever served in the military on active duty?

Include initial active duty training with the National Guard and the Reserves.

☐ Yes ☐ No **If yes, attach a copy of your DD214.**

Military Branch	Dates		Highest Rank Attained and Rank at Separation	Type of Discharge and Re-Enlistment Code
	From	To		

B. Are you eligible to re-enlist? ☐ Yes ☐ No If no, explain fully on a separate sheet.

C. Are you currently on active duty (full-time)? ☐ Yes ☐ No

What is your expected end of service obligation date? \_\_\_\_\_

D. List any citations and awards received.

\_\_\_\_\_  
\_\_\_\_\_

E. Were you ever disciplined (court martial, article 15, captain's mast, etc.) while on duty?

☐ Yes ☐ No If yes, explain fully on a separate sheet.

#### V. FAMILY DATA

A. Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated

B. Spouse's Maiden Name (if applicable): \_\_\_\_\_

C. Dependents (if applicable)

Name	Age	Relationship

D. Are you legally required to make child support payments? ☐ Yes ☐ No

Are you current on child support payments? ☐ Yes ☐ No

If no, explain. \_\_\_\_\_

## VI. EMPLOYMENT DATA

- A. Have you ever been discharged from, or resigned to prevent being discharged, from a position of employment? ☐ Yes ☐ No If yes, explain fully on a separate sheet.
- B. List chronologically (beginning with the most recent employment)  
**all past and current employment including part-time.** (Use additional sheets, if necessary)

Name of Employer or Business: \_\_\_\_\_

Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Month Year Month Year

Reason for Leaving: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Phone : \_\_\_\_\_

Name of Employer or Business: \_\_\_\_\_

Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Month Year Month Year

Reason for Leaving: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Phone : \_\_\_\_\_

Name of Employer or Business: \_\_\_\_\_

Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Month Year Month Year

Reason for Leaving: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Phone : \_\_\_\_\_

Name of Employer or Business: \_\_\_\_\_

Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Month Year Month Year

Reason for Leaving: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Phone : \_\_\_\_\_

Name of Employer or Business: \_\_\_\_\_

Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Month Year Month Year

Reason for Leaving: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Phone : \_\_\_\_\_

Name of Employer or Business: \_\_\_\_\_

Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Month Year Month Year

Reason for Leaving: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Phone : \_\_\_\_\_

Name of Employer or Business: \_\_\_\_\_

Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Month Year Month Year

Reason for Leaving: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Phone : \_\_\_\_\_

Name of Employer or Business: \_\_\_\_\_

Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Month Year Month Year

Reason for Leaving: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Phone : \_\_\_\_\_

Name of Employer or Business: \_\_\_\_\_

Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Month Year Month Year

Reason for Leaving: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Phone : \_\_\_\_\_

**VII. REFERENCES (Do not list relatives as references.)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**List all residences during the last five years other than present.**

[illegible]

## VIII. VEHICLE CRASH AND ARREST RECORD

A. Do you currently possess a valid operator driver license? ☐ Yes ☐ No

Expiration Date: \_\_\_\_\_ License Number: \_\_\_\_\_

Has your driver license ever been suspended/revoked? ☐ Yes ☐ No

If yes, explain. \_\_\_\_\_

B. List all vehicle crashes in which you have been involved as a driver give date(s) and location(s).

[illegible]

C. Have you ever received a ticket for a traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe below.			
Date	Location	Charge	Fine or Sentence
D. Have you ever been arrested for a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe below.			
Date	Location	Charge	Fine or Sentence
E. Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain on a separate sheet of paper.			
F. Have you ever been arrested for an act that would have been a crime had it been committed by an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe below.			
Date	Location	Charge/Offense	Disposition of Case
G. Have you ever been or are you currently involved as a plaintiff, defendant, petitioner or respondent in any civil court case? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fully explain or on a separate sheet.			
<b>IX. MISCELLANEOUS</b>			
A. Do you own your own home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much is current mortgage indebtedness? _____			
B. What is the amount of your indebtedness, other than home? _____			
C. Annual Income:     Applicant _____ Spouse _____			
D. Are you a proprietor or part owner of any business or firm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe nature of business. _____ _____			
Are there any business license(s) in your name, (i.e., liquor license)? <input type="checkbox"/> Yes <input type="checkbox"/> No _____			
E. Do you currently possess a handgun permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
F. Have you ever been denied a handgun permit or had a handgun permit revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why? _____ _____			

Mount photograph  
in  
this space.

Affix Securely

Photograph to be front view, head and shoulders,  
2½" square, and taken within the past six months.

**Other photographs are not acceptable.**

**I certify:**

- 1. All required items are included with this application.**
  - A. Birth Certificate (copy only)**
  - B. High School and, if applicable, college transcripts  
(grade reports are not accepted)**
  - C. Military - DD214 (if applicable), DD217 (if active duty)**
    - **If active duty, letter of endorsement from military commander**
    - **Any supporting letters of commendations from military personnel file**
    - **Copies of specialized training certificates and awards**
  - D. Previous law enforcement documentation**
    - **Copy of law enforcement academy certificate**
    - **Copies of commendations and awards**
  - E. Photograph - 2½" x 2½" head and shoulders**

I swear or affirm under penalty of perjury all information contained  
in this application is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Check application carefully - be certain all items are complete before mailing.

**This application will be returned to you if all information is not complete  
and all required documents are not attached.**



## **AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, hereby authorize any person, agency, partnership, or corporation having any information concerning my **CREDIT RECORD, EDUCATIONAL RECORD, MEDICAL RECORD, EMPLOYMENT RECORD, MILITARY RECORD, OR SELECTIVE SERVICE RECORD**, to release such information to the Decatur County Sheriff's Department. This information is to be used for possible employment with the Decatur County Sheriff's Department and will not be available for public inspection.

I hereby release such person, agency, partnership or corporation from any liability which may be incurred in releasing this information to the Decatur County Sheriff's Department, including liability under any Federal Law.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Printed Name of Witness)

\_\_\_\_\_  
(Date)