

Applicant's Full Name: Last	First	MI	Date Applied	Social Security Number	Date of Birth	Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
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Position(s) Applied For:

- | | | |
|---|--|---|
| <input type="checkbox"/> Investigative Unit | <input type="checkbox"/> Civil Process | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Detention | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Court Security/Bailiff |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Warrants | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Patrol | <input type="checkbox"/> Reserves | <input type="checkbox"/> Other - Describe _____ |

PRE-EMPLOYMENT APPLICATION

JASPER COUNTY SHERIFF'S OFFICE



A COPY OF THE EEOP SHORT FORM CAN BE OBTAINED FROM THE JASPER COUNTY CLERK'S OFFICE
 APPLICATION WILL BE KEPT FOR ONE YEAR ONLY

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H



Dear Applicant:

Thank you for applying to be a Sheriff's Deputy for the Jasper County Sheriff's Office. We want to take this opportunity to tell you that we are proud of our agency and the good work we do. We maintain high ethical standards at our office and always stress honesty and integrity.

During the course of the hiring process you will be asked to answer many questions and to provide much information about your life. We expect you to tell the truth at all times. We expect you to maintain a high level of integrity. If you lie, provide false information, or engage in deception during the process, you may be eliminated from further consideration.

By signing this notice you acknowledge that you understand the expectations of our office for honesty and integrity.

Again, thank you for your interest in The Jasper County Sheriff's Office and good luck.

Sheriff Randee Kaiser
Jasper County Sheriff's Office

Applicant Signature:

Date:

Honesty Statement

An intensive pre-employment review may appear intrusive and even embarrassing: however, the inquiries that are made are either pursuant to law or otherwise job-relevant in nature. Background investigators, who will review your application, do not make inquiries into areas of a person's background that have no legitimate bearing on their suitability for the position of public trust, for which you have applied

Fundamental to this process is your integrity and trustworthiness. The number one reason individuals "fail" pre-employment reviews is because they attempt to withhold job-relevant information from the prospective employer. Any attempt to do so will undoubtedly be quickly discovered, and it will unquestionably result in your disqualification from further consideration.

Quibbling, hair-splitting, or out-and-out untruthfulness, for the purpose of concealing relevant information, will not be tolerated. Deliberate deception of any type will disqualify you. There are no "perfect" applicants: indeed, there are no "perfect" people. The Jasper County Sheriff's Office evaluates issues in your past, both positive and negative, for the impact on your qualifications for this position. However, if you attempt to withhold information from us, we have no other option but to assume you are attempting to obtain this position by means of deception and you will be disqualified.

I attest that all of the statements made by me in this background questionnaire and the documents that I have submitted are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made with the intent to commit fraud, any fraudulent conduct, or any attempted deception by me or by others with my knowledge, approval or support, in any application, paper or document submitted, shall bar me from further examinations: or omissions of any information from this questionnaire may be cause for my rejection, removal from any eligibility list, or dismissal if employed.

I fully understood the questions in this background questionnaire and what was being inquired of me throughout this questionnaire. I further acknowledge the discovery of any omissions or discrepancies may be grounds for dismissal from the Jasper County Sheriff's Office hiring process.

Certification by Applicant

My signature below attests to the fact that I have read this form carefully and I understand that any attempt to be deceptive whatsoever, whether by omission or commission, to withhold job-relevant information from the Jasper County Sheriff's Office may result in my disqualification.

Signature: _____

Date: _____

PRE-EMPLOYMENT QUESTIONNAIRE

Applicant Name:	Social Security Number:
Position Applied For:	Referral Source:
Have you ever filed an application with this office? <input type="radio"/> YES <input type="radio"/> NO	
Have you ever been employed by Jasper County? <input type="radio"/> YES <input type="radio"/> NO	
If Yes, give dates and Division:	
Reason for leaving:	

NOTE: The information and answers to questions contained in this questionnaire will be verified by CVSA Examination and a complete Background Investigation. Omissions and falsification will be considered grounds for rejection of your application.

Please print (legibly) all responses. If you need more space to answer a question, attach an additional sheet, identify the question and write your response. **Leave no question blank or unanswered.** Write "None" if this is an appropriate answer. If a question does not apply to you, print "N/A" (not applicable). No question is intended as a medical inquiry. The American with Disabilities Act prohibits employers from making medically related inquiries prior to a conditional offer of employment. Therefore, if you are completing this questionnaire before you have received a conditional offer of employment, **do not;** divulge information concerning physical or medical conditions, either past or current.

The following questions are to determine if you meet the minimum qualifications of employment.

- Yes No Do you currently possess a High School Diploma or GED?
- Yes No Are you currently a United States Citizen?
- Yes No Are you legally authorized to work in the US?
- Yes No Do you currently have a valid driver license?
- Yes No Are you at least 21 years of age (18 for Detention or Clerical positions)?

If you answer "Yes" to any of the following six questions, you may not meet the minimum acceptable hiring standards.

- Yes No Have you ever been convicted of a felony offense?
- Yes No Have you ever been convicted of a domestic violence offense or any charge that was reduced from the charge of domestic violence?
- Yes No Have you ever been convicted of more than one DWI/Excessive BAC offense?
- Yes No Have you been convicted of a DWI/Excessive BAC offense within the last five years?
- Yes No Have you used any illegal substances during the last 12 months?
- Yes No Have you ever been a member of a terrorist group, street gang, or other organization that promotes or participates in criminal activity?

Personal Information

Last Name:		First Name:		Middle Name:	
Street Address:		City:	County:	State:	Zip:
Home Phone:		Cell Phone:		Alternate Phone:	
EMAIL Address:			How long have you lived at the above address?		
Date of Birth:		Birthplace:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Height:	Weight:	Marital Status:	Alias Names (include maiden names if applicable):		

Secondary Address (if applicable: college, military)

Street Address:		City:	State:	Zip:
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Operator s License Information

License Number:	State:	Expiration Date:
Chauffeur s License Number:	State:	Expiration Date:
Has your license ever been suspended or revoked in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain where and why:		

List all relatives/family members employed by Jasper County

Name:	Division/Office:
Name:	Division/Office:

In case of emergency, notify:

Name:	Relationship:
Address:	City, State, ZIP:
Telephone:	Alternate Phone:
Name:	Relationship:
Address:	City, State, ZIP:
Telephone:	Alternate Phone:

Previous Addresses (Last 10 Years)

Street Address:	City:	County:	State:	Zip:
Street Address:	City:	County:	State:	Zip:
Street Address:	City:	County:	State:	Zip:
Street Address:	City:	County:	State:	Zip:
Street Address:	City:	County:	State:	Zip:

Education

High School:		
Address:		
Dates of Attendance:	Graduated: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Graduation:

General Equivalency (GED):	Date Obtained:
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Trade/Vocational School:	Major/Course of Study:	
Address:	City, State, ZIP:	
Dates of Attendance:	Graduated: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Graduation:

College / University:	Major/Course of Study:	
Address:	City, State, ZIP:	
Dates of Attendance:	Graduated: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Graduation:

College / University:	Major/Course of Study:	
Address:	City, State, ZIP:	
Dates of Attendance:	Graduated: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Graduation:

POST Certification: <input type="checkbox"/> YES <input type="checkbox"/> NO	Class:	
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Military Service

Branch:	Specialty (MOS):	Highest Rank Obtained:
Dates of Service:	Date of Discharge:	Honorable Discharge: <input type="checkbox"/> YES <input type="checkbox"/> NO
Were you ever subject to court martial? <input type="checkbox"/> YES <input type="checkbox"/> NO	Security Clearance: <input type="checkbox"/> YES <input type="checkbox"/> NO	Were you ever rejected for a security clearance? <input type="checkbox"/> YES <input type="checkbox"/> NO

Roommates: List those individuals with whom you have resided with since you were 18. **EXCLUDE** family members.

Name:	Telephone:
Address:	City, State, ZIP:
For How Long:	Occupation:

Name:	Telephone:
Address:	City, State, ZIP:
For How Long:	Occupation:

Name:	Telephone:
Address:	City, State, ZIP:
For How Long:	Occupation:

References: Please list five persons as personal references. **DO NOT** list family members, former employers, or anyone listed above. Use friends, neighbors, co-workers, school teachers, coaches, or other associates. If you cannot list five people then attach a sheet explaining why.

Name:	Relationship:
Address:	City, State, ZIP:
Phone:	Occupation:

Name:	Relationship:
Address:	City, State, ZIP:

Phone:	Occupation:
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References (Continued)

Name:	Relationship:
Address:	City, State, ZIP:
Phone:	Occupation:

Name:	Relationship:
Address:	City, State, ZIP:
Phone:	Occupation:

Name:	Relationship:
Address:	City, State, ZIP:
Phone:	Occupation:

Employment: Begin with your current employer and work backwards to your first.

Current Employer:		Title / Position Held:	
Address:		City, State, ZIP:	
Phone:	Date Hired:	Date Left:	Immediate Supervisor:
Reason for leaving:			
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been late for work?		How many times?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been the subject of an internal investigation?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever received any discipline for a violation of work rules?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been the subject of a customer / employee complaint?		
Explain any circumstances regarding investigations, discipline, and complaints:			

Previous Employer:		Title / Position Held:	
Address:		City, State, ZIP:	
Phone:	Date Hired:	Date Left:	Immediate Supervisor:

Reason for leaving:		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been late for work?	How many times?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been the subject of an internal investigation?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever received any discipline for a violation of work rules?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been the subject of a customer / employee complaint?	
Explain any circumstances regarding investigations, discipline, and complaints:		

Employment (Continued)

Previous Employer:		Title / Position Held:	
Address:		City, State, ZIP:	
Phone:	Date Hired:	Date Left:	Immediate Supervisor:
Reason for leaving:			
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been late for work?	How many times?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been the subject of an internal investigation?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever received any discipline for a violation of work rules?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been the subject of a customer / employee complaint?		
Explain any circumstances regarding investigations, discipline, and complaints:			

Previous Employer:		Title / Position Held:	
Address:		City, State, ZIP:	
Phone:	Date Hired:	Date Left:	Immediate Supervisor:
Reason for leaving:			
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been late for work?	How many times?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been the subject of an internal investigation?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever received any discipline for a violation of work rules?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been the subject of a customer / employee complaint?		
Explain any circumstances regarding investigations, discipline, and complaints:			

Previous Employer:		Title / Position Held:	
Address:		City, State, ZIP:	
Phone:	Date Hired:	Date Left:	Immediate Supervisor:
Reason for leaving:			
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been late for work?	How many times?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been the subject of an internal investigation?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever received any discipline for a violation of work rules?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been the subject of a customer / employee complaint?		
Explain any circumstances regarding investigations, discipline, and complaints:			

Previous Employer:		Title / Position Held:	
Address:		City, State, ZIP:	
Phone:	Date Hired:	Date Left:	Immediate Supervisor:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been late for work?	How many times?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been the subject of an internal investigation?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever received any discipline for a violation of work rules?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been the subject of a customer / employee complaint?		
Explain any circumstances regarding investigations, discipline, and complaints:			

Driving Record / Status

How long have you been a licensed driver?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a license in another state? If Yes, what State:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your license ever been suspended or revoked?
If Yes, explain:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any pending traffic tickets / citations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been cited or issued a summons for a traffic offense?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been placed on "High Risk" insurance?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been arrested or charged with a DWI or Excessive BAC offense?

List all traffic violations, arrests, or convictions (Include Warnings).

Date	Violation	Location / Court	Police Agency

List all traffic crashes where you were the driver: Include any non-reported crashes.

Date	Location	Police Agency	INJURIES	YOUR FAULT
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Criminal Record

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been arrested, charged, or convicted of any crime?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been the subject of a criminal complaint or case?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been investigated for a criminal offense?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been indicted by a Grand Jury?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been incarcerated?

Explain any of the above circumstances regarding arrests, charges, complaints, or criminal offenses:

List all criminal violations, arrests or convictions.

Date	Violation	Location / Court	Police Agency

Police Reports: List any incidents where you were party to an official police report, complaint, or investigation (not already mentioned above). Include any incidents involving police contact.

Date	Location	Police Agency	Type of Incident

Unlawful Activity: Have you ever committed, participated, or conspired to commit any of the following serious crimes for which you were not arrested or charged?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Murder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rape	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Pornography
<input type="checkbox"/> Yes <input type="checkbox"/> No	Theft	<input type="checkbox"/> Yes <input type="checkbox"/> No	DWI	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Trafficking
<input type="checkbox"/> Yes <input type="checkbox"/> No	Arson	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attempted Murder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Thefts over \$500.00
<input type="checkbox"/> Yes <input type="checkbox"/> No	Assault	<input type="checkbox"/> Yes <input type="checkbox"/> No	Manslaughter	<input type="checkbox"/> Yes <input type="checkbox"/> No	Domestic Violence
<input type="checkbox"/> Yes <input type="checkbox"/> No	Robbery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual Assault		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Burglary	<input type="checkbox"/> Yes <input type="checkbox"/> No	Prostitution		

Explain any of the above circumstances regarding criminal offenses:

List the types of illegal / controlled substances that you have ever used. Indicate how many times and when last used. Drugs include marijuana, cocaine, crack cocaine, heroin, methamphetamine, PCP, hallucinogens, opiates, steroids, non-prescribed, or other substances.

Drug	How Many Times Used	Last Time Used

Civil Suits / Orders

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have you ever been the subject of a protection order?
Explain:	

Financial Record / Standing

Creditor	Total Debt	Monthly Payment	Are You Delinquent?

Law Enforcement Acquaintances

Name:	Agency:
Rank:	Phone:
How known?	For how long?

Name:	Agency:
Rank:	Phone:
How known?	For how long?

Name:	Agency:
Rank:	Phone:
How known?	For how long?

Name:	Agency:
Rank:	Phone:
How known?	For how long?

Full Disclosure

Is there anything in your past or present, not specifically asked for in this questionnaire, which, if became known, would embarrass you or the Jasper County Sheriff's Office? Anything which would cause you to be compromised in the discharge of your duties? Unless it is directly related to your ability to do police work, your answer to this question will not affect your application. You are being asked to fully appraise the Sheriff's Office of your background to prevent the possibility of being compromised in the future. 👉 Yes 👉 No

If "Yes", explain below in detail:

Additional Information

<input type="checkbox"/> Yes 👉 No Have you ever applied to any other law enforcement agencies?
If "Yes", provide agency name, date, phone number, application date, and status of application:

<input type="checkbox"/> Yes 👉 No Have you ever been the subject of a background investigation conducted by a law enforcement agency, which was considering you for employment?
If "Yes", provide agency name, date, phone number, name of the investigator, and status of the investigation:

<input type="checkbox"/> Yes 👉 No Have you ever been rejected by or have you withdrawn from any background investigation and/or hiring process?
If "Yes", provide agency name, date, phone number, investigator name, and reason for the withdrawal or rejection:

Specialized Training or Skills

Indicate what foreign languages you speak, read, and/or write.

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

Social Media: List any accounts you have and your username if applicable.

Facebook:	Instagram:	Vine:
Twitter:	Tumblr:	You Tube:
Other:	Other:	Other:

GROOMING INFORMATION FORM

Below is a summary excerpt from the Jasper County Sheriff's Office Standard Operating Guideline concerning personal tattoos and intentional mutilation. Please read this policy and indicate at the bottom of the form whether or not you will be able to comply with this policy.

Employees and Applicants are not allowed to possess body art on the hands, face, neck, and head. Employees and Applicants should not have body art that includes hate symbols, vulgar words, or offensive images.

All employees who currently possess body art below these standards shall be made aware of the policy, and their current body art photographed and added to their personnel file. It will be determined on a case by case review whether current employees will need to cover tattoos.

Applicants testing for employment shall be made aware of this policy when initially interviewed and must disclose if they possess any body art which would be in violation. Teeth, whether natural, capped, or veneered, shall not be ornamented with designs, jewels, initials, etc.

If employees are working a detail where approved shorts are allowed, there can be no tattoos, piercings, etc. showing on exposed areas of the body. If so, long slacks or trousers will be worn.

Are you currently in compliance with this policy? () Y () No

If you answered no, please provide an explanation in the space provided below.

By signing the form below, you are indicating that you will be able to comply with the above policy prior to employment.

I hereby certify the above information is true, correct, and complete based on my personal knowledge and belief. I understand that providing false or fraudulent information may be grounds for adverse action, up to and including termination of employment.

Name:

Signature:

Date:

Application Packet Checklist Required Documents

Required forms needed to complete background investigation.

Copy of Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Copy Naturalization Papers/Work Visa	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Copy of Driver License	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Copy of High School Transcripts & Diploma or GED Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Copy of Transcripts of all College or Universities attended	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Copy of DD-214 (long form)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Copy of POST Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Any additional Certificates of Training listed on your application	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Supporting Documentation

List of Certificates and/or Awards	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
In-service Training Records	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Copy of last two Performance Evaluations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

I understand the documents above should be copies as I may not get them back.

Signature:	Date:
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Is there anything in your background, which has not been addressed, that we should know before beginning your background investigation?



Jasper County Sheriff's Office

231 S. Main
Carthage, MO 64836
Sheriff Randee Kaiser
417-358-8177
Fax: 417-627-0993

BACKGROUND INVESTIGATION WAIVER

Please read the following statements carefully and sign in the space provided.

I certify the answers given herein are true and complete to the best of my knowledge. By my signature below, I voluntarily grant the Jasper County Sheriff's Office, its officers and agents, the authority to investigate my background and all statements made in this application. I understand such inquiry as herein agreed to shall bear the utmost degree of confidentiality and will be guarded and protected from disclosure.

I respectfully request and authorize you to furnish the Jasper County Sheriff's Office any and all information you may have concerning me, my work record, my reputation, my financial and credit status. This information is to be used to assist the Jasper County Sheriff's Office in determining my qualifications and fitness for the position I am seeking at the Jasper County Sheriff's Office.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

Applicants Full Name Signature

Date