



PIKE COUNTY SHERIFF'S OFFICE

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability/ handicap, marital or veteran status, sexual orientation, ancestry, or any other legally protected status.

AVAILABILITY

Position applying for: Corrections (<input type="checkbox"/>) Deputy (<input type="checkbox"/>) Investigations (<input type="checkbox"/>) Personnel (<input type="checkbox"/>) Any (<input type="checkbox"/>)					Date available to start: _____			
Desired Salary \$								
Desired Schedule: (<input type="checkbox"/>) Full Time (<input type="checkbox"/>) Part Time	Circle days available and hours available each day: _____	Sun	Mon	Tues	Wed	Thurs	Fri	Sat

PERSONAL INFORMATION

Last name:		First name:			M.I.	
Address: From _____ To _____		City			St	Zip
Address: From _____ To _____		City			St	Zip
Address: From _____ To _____		City			St	Zip
Email 1:				Email 2		
Day Phone:		Evening Phone:		Social Security Number:		Date of Birth:
Driver's License Number and State Where Issued:						
Are you a U.S. citizen (If "No", explain):		(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No				

EDUCATION

High School	Name:		Degree	Years	Graduated?
	City:	St:			
College	Name:		Degree		
	City:	St:			
Other	Name:		Degree		
	City:	St:			

ACADEMIC AND PROFESSIONAL ACTIVITIES AND ACHIEVEMENTS

Academic and professional activities and achievements, awards, publications, or technical professional societies. Indicate type or name.
 Exclude organizations which indicate race, creed, color, sex, age, religion, disability, or national origin of its members.

Date awarded:

EMPLOYEMENT HISTORY

List employment, starting with your most recent position. Account for any time during this period in which you were unemployed by relating the nature of your activities. If you have no prior employment history, include personal references to be contacted.

May we contact your present employer? () Yes () No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/ Salary		Reason for Leaving
	Start	End	
Job Title			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/ Salary		Reason for Leaving
	Start	End	
Job Title			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/ Salary		Reason for Leaving
	Start	End	
Job Title			

MISCELLANEOUS

	Circle One	
1. Have you ever been a defendant in a court martial, Article 15, Captain's Mast or other nonjudicial punishment?	Yes	No
2. Has a judgement ever been issued against you?	Yes	No
3. Have you ever declared bankruptcy?	Yes	No
4. Have you ever been arrested or charged with a crime?	Yes	No
5. Have you ever received any alternatives to sentencing such as probation before judgement, pretrial diversion, non-adjudication of guilt or have you ever had an expungement?	Yes	No
6. Have you ever been found guilty or pled guilty or no contest to a crime?	Yes	No
7. Have you ever been refused a surety bond or turned down for employment that required a surety bond?	Yes	No

PERSON TO CONTACT IN CASE OF EMERGENCY

Full Name	Telephone Number(s)	Relationship to You?
Address		
Place of Employment	Telephone Number(s)	
Address		

PLEASE READ THIS STATEMENT CAREFULLY

I hereby affirm that the information given by me on this application for employment is complete and accurate. I understand that any falsification will be immediate grounds for dismissal. I authorize a thorough investigation to be made in connection with this application concerning my character, general reputation, personal characteristics, employment, education background, and criminal record, whichever is applicable. I understand that this investigation may include personal interviews with third parties such as family members, business associates, financial sources, friends, neighbors, and others with whom I am acquainted.

It is my understanding that as a pre-requisite to consideration for employment, I must agree to submit to any postemployment examinations, physical or other, as the Sheriff's Office may require. The company will pay the reasonable cost of any such examination which may be required.

I understand and agree that any falsification or omission either on this form or in my response to questions asked during any interview or other examination process is grounds for immediate termination of my employment no matter when the falsification or omission is discovered.

If I am hired, I agree that my employment and compensation can be terminated with or without cause and without notice at any time, at the option of the Pike County Sheriff's Office or myself. I understand that no representative of the Pike County Sheriff's Office other than the Sheriff has the authority to enter into an agreement for any specified period of time or to make any agreement contrary to the foregoing. I further understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation.

I have read and affirm as my own the above statements.

Signature _____ Date _____

FOR PERSONNEL USE ONLY

Arrange Interview: () Yes () No

Remarks/ Notes:

Employed: () Yes () No Date of Employment: _____

Job Title: _____

Hourly Rate/ Salary _____ By/ Title: _____