



**Lafayette County Sheriff's Department**  
*10 South 11<sup>th</sup> Street Lexington, Missouri 64067*  
*Phone: 660-259-3622 Fax: 660-259-2545*

## **APPLICATION FOR EMPLOYMENT**

### **NOTICE TO APPLICANTS**

We consider applicants for all positions without regard to race, color, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status. We believe in and support equal opportunity employment and will fulfill our obligation to the fullest.

### **INSTRUCTIONS TO APPLICANTS**

Use typewriter or ***PRINT*** in ink. Applications not properly filled out will not be considered. Read the application thoroughly before you answer any questions. All questions must be answered. If additional space is needed, attach a separate piece of paper. Applications will be considered for a period not to exceed 90 days.

**POSITION APPLYING FOR:** Deputy ( ) Detention ( ) Reserve ( ) Communications ( )  
Clerk ( ) Kitchen ( ) Full Time ( ) Part Time ( )

**Date of Application** \_\_\_\_\_

Name of Applicant Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

List addresses you have lived at for the past ten (10) years. Most recent first.

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**MINIMUM REQUIREMENTS**

- Must be 21 years of age. Must be a resident of the State of Missouri. Must possess a valid Driver’s license. No record of drug or alcohol convictions, suspensions or revocations.
- Must have no Felony convictions and shall be of good moral character with no disqualifying criminal histories.
- Must be able to read and write the English language.
- Must submit to pre-employment alcohol and drug screening.
- Must have High School Diploma or G.E.D.
- All entries or answers on this application must be truthful and specific.

How did you learn about us? \_\_\_\_\_

Have you filed an application with us before? \_\_\_\_\_

Have you been employed by us before? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ May we contact them? \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

From most recent

Employer \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates Employed \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_ Work Performed \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates Employed \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_ Work Performed \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates Employed \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_ Work Performed \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates Employed \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_ Work Performed \_\_\_\_\_

Describe any job related military experience\_\_\_\_\_

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List any professional, trade, business or civic organizations and offices held\_\_\_\_\_

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List any other qualifications you have that may benefit you in this position\_\_\_\_\_

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**EDUCATION**

High School Graduate?\_\_\_\_\_ High School Name\_\_\_\_\_

Address\_\_\_\_\_

Year Graduated\_\_\_\_\_ (Attach copy of diploma)

College Graduate?\_\_\_\_\_ Name of College\_\_\_\_\_

Address\_\_\_\_\_

Year Graduated\_\_\_\_\_ Field of Study\_\_\_\_\_ Degree?\_\_\_\_\_

(Attach copy of diploma)

Other Education:\_\_\_\_\_

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**PRIOR LAW ENFORCEMENT EXPERIENCE**

Agency\_\_\_\_\_ Address\_\_\_\_\_

Date Appointed\_\_\_\_\_ Date Resigned\_\_\_\_\_

Agency\_\_\_\_\_ Address\_\_\_\_\_

Date Appointed\_\_\_\_\_ Date Resigned\_\_\_\_\_

Agency\_\_\_\_\_ Address\_\_\_\_\_

Date Appointed\_\_\_\_\_ Date Resigned\_\_\_\_\_

**PERSONAL REFERENCES**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

**QUESTIONNAIRE**

Social Security Number? \_\_\_\_\_

Have you been arrested or finger printed for any reason? \_\_\_\_\_

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

Have you ever been convicted of a Felony? \_\_\_\_\_

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

Are you of good moral character and free from any criminal history? \_\_\_\_\_

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

Are you currently a certified and licensed Missouri Peace Officer? \_\_\_\_\_

If yes, attach copy of certificate.

Do you possess a valid Missouri Driver's License? \_\_\_\_\_

If yes, attach copy of license.

Do you have a driving conviction record? \_\_\_\_\_

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

Do you have a driving accident record? \_\_\_\_\_

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

**Describe in your own words, why you would like to work for this department.**

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**APPLICANT’S STATEMENT**

I CERTIFY THAT THE ANSWERS GIVEN HEREIN ARE TRUE, COMPLETE, AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN, AS MAY BE NECESSARY, TO CONSIDER THIS APPLICATION FOR EMPLOYMENT.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION CONTAINED HEREIN, OR IN ANY SUBSEQUENT INTERVIEWS, WILL RESULT IN TERMINATION. I FURTHER UNDERSTAND THAT THIS JOB MAY REQUIRE THAT I WORK OVERTIME, ANY SHIFT WITHIN A 24 HOUR PERIOD, AND THE NECESSITY TO BE CALLED IN TO WORK FROM MY TIME OFF. I ALSO UNDERSTAND THAT I WILL BE REQUIRED TO ABIDE BY ALL RULES AND POLICIES OF THE LAFAYETTE COUNTY SHERIFF’S DEPARTMENT.

I HEREBY UNDERSTAND AND AGREE TO THE “**APPLICANT’S STATEMENT**”

Signature \_\_\_\_\_ Printed \_\_\_\_\_

Date \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION

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To: \_\_\_\_\_

1.\_\_\_\_ I understand that I am applying for employment with the Lafayette County Sheriff's Department, County of Lafayette, Missouri and acknowledge that the burden of proving my qualifications for such employment is at all times upon me. I further understand that a full investigation will be made of my background, character and financial responsibility by the Lafayette County Sheriff's Department and I accept any risk of adverse public notice, embarrassment, criticism or financial loss which may result from action with respect to my application. This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and other similar legal provisions.

2.\_\_\_\_ I hereby authorize and request all persons to whom this request is presented, having information relating to or concerning me, to furnish such information to a duly appointed deputy of the Lafayette County Sheriff's Department, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

3.\_\_\_\_ I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit a duly appointed deputy of the Lafayette County Sheriff's Department to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

4.\_\_\_\_ If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution, or an officer of the same, I hereby authorize and request that a duly appointed deputy of the Lafayette County Sheriff's Department be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to, past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit records, passbook records and general ledger folio sheets.

5.\_\_\_\_ If the person to whom this request is presented is a criminal justice agency or repository of records of criminal history whether within or without the State of Missouri, I hereby authorize and request that a duly appointed deputy of the Lafayette County Sheriff's Department be permitted to review and obtain copies of any and all documents, records, investigations, photographs or other information pertaining to me, including but not limited to, arrests, charges, convictions, dispositions, investigations and intelligence information, disciplinary actions, commendations and any other employment action.

6.\_\_\_\_ I do hereby make, constitute and appoint, any duly appointed deputy of the Lafayette County Sheriff's Department my true and lawful attorney in fact for me in my name, place and stead, and on my behalf and for use and benefit:

- (a) to request, review, copy, sign for otherwise act of investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might or could do of personally presented;

- (b) to name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request;
- (c) to place the name of the Lafayette County Sheriff's Department officer presenting this request in the appropriate location on this request.

7.\_\_\_\_ I grant to said attorney in fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper and necessary to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of his power of attorney and the rights and powers herein granted.

8.\_\_\_\_ This power of attorney ends eighteen months from the date of execution.

9.\_\_\_\_ I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby releases, remise and forever discharge the person to whom this request is presented, and his agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, may have to claim to have against the person to whom this request is presented, or his agents or employees, arising out of or by any reason of complying with this request.

10\_\_\_\_ I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise and forever discharge the Lafayette County Sheriff's Department, and its agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the Lafayette County Sheriff's Department, or its agents or employees, arising out of or by reason of complying with this request.

11.\_\_\_\_ A reproduction of this request by the Xerox or similar photocopy process shall be for all intents and purposes as valid as the original.

12.\_\_\_\_ ***I acknowledge that I have read the foregoing and understand the content and import thereof.***

In witness whereof, I have executed this request at Lexington, Missouri, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for said County and State