



# SARPY COUNTY SHERIFF'S OFFICE



## Application For Employment

### INSTRUCTIONS

These instructions are provided as a guide to properly complete the Personal History Statement. It is essential that the information be accurate in all respects. The Personal History Statement shall be used as the basis for a background investigation that will determine your eligibility for employment with the Sarpy County Sheriff's Office.

The Personal History Statement should be printed legibly in ink. All questions should be answered to the best of your ability. If a question is not applicable to you, enter N/A in the space provided. Do not leave blank spaces.

You are responsible for obtaining correct addresses and phone numbers. If you are not sure of an address or phone number, check it by personal verification. Directory services or copies of local phone directories may be available at the local library or on the internet.

If there is insufficient space on the form for you to include all information required, use the Additional Response section or attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.

An accurate and complete form will help expedite the processing of your application. Deliberate omissions or falsifications will result in disqualification.

The Americans With Disabilities Act prohibits employers from making medically related inquiries prior to a Conditional Offer of Employment. Therefore, if you are completing the Personal History Statement prior to receiving a Conditional Offer of Employment, do not divulge information concerning physical or medical conditions, past or present. Federal Law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process, possible screening examinations, or to perform any essential elements of the position sought.

Be sure to read all directions on the application carefully. Incomplete applications will not be processed.

**Provide copies of all of the following:**

High School Diploma (or equivalent)  
College Diploma  
If past military, DD214

Any other relevant certificates of training  
Driver's License  
Social Security Card

|                                     |
|-------------------------------------|
| Printed Name (Last, First, Middle): |
| Social Security Number:             |
| Date:                               |

- Position:     Support Staff     Booking Clerk     Intern     Entry Security Officer  
                   Nurse     Youth Attendant     Impound Facility Operator  
                   Civil Process Server     Vehicle Inspector     Juvenile Service Officer

| 1. PERSONAL DATA   |                 |   |                 |                      |                |              |                             |
|--|-----------------|---|-----------------|----------------------|----------------|--------------|-----------------------------|
| LAST NAME:   |                 | FIRST NAME:   |                 |                      | MIDDLE NAME:   |              |                             |
| HOME PHONE:  | BUSINESS PHONE: |   | CELLULAR PHONE: |                      | EMAIL ADDRESS: |              |                             |
| CURRENT ADDRESS:   |                 | STREET ADDRESS:   |                 | CITY:                | STATE:         | ZIP CODE:    |                             |
| AGE:   | DATE OF BIRTH:  | SEX   | RACE:           | HEIGHT:              | WEIGHT:        | HAIR COLOR:  | EYE COLOR:                  |
| U.S. CITIZEN * <input type="checkbox"/> YES <input type="checkbox"/> NO  |                 | Are you legally able to work in the United States * <input type="checkbox"/> YES <input type="checkbox"/> NO  |                 |                      |                |              |                             |
| * Citizenship is mandatory for all positions required to attend the Law Enforcement Training Academy.  |                 | *If hired you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. |                 |                      |                |              |                             |
| SOCIAL SECURITY NUMBER:  |                 | LIST ANY OTHER NAMES YOU HAVE EVER USED (INCLUDE MAIDEN NAME):  |                 |                      |                |              |                             |
| DRIVER'S LICENSE: NUMBER   |                 | STATE   | EXPIRATION      | PLACE OF BIRTH: CITY |                | STATE        | COUNTRY                     |
| CHECK ONE: <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED  |                 |   |                 |                      |                |              |                             |
| A. LIST RELATIVES IN THE FOLLOWING ORDER: SPOUSE, FATHER, MOTHER, BROTHER(S), SISTER(S), CHILDREN AND EX-SPOUSE(S). INCLUDE MAIDEN NAMES WHEN APPLICABLE. IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSES PAGE OR A SEPARATE SHEET OF PAPER.           |                 |   |                 |                      |                |              |                             |
| NAME   |                 | ADDRESS   |                 |                      | PHONE NUMBER   | RELATIONSHIP | AGE                         |
|  |                 |   |                 |                      |                |              |                             |
|  |                 |   |                 |                      |                |              |                             |
|  |                 |   |                 |                      |                |              |                             |
|  |                 |   |                 |                      |                |              |                             |
|  |                 |   |                 |                      |                |              |                             |
|  |                 |   |                 |                      |                |              |                             |
|  |                 |   |                 |                      |                |              |                             |
|  |                 |   |                 |                      |                |              |                             |
|  |                 |   |                 |                      |                |              |                             |
| B. STARTING WITH YOUR PRESENT ADDRESS, LIST ALL MAILING ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST TEN (10) YEARS. INCLUDE YOUR ADDRESSES IN THE MILITARY SERVICE. IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSES PAGE OR A SEPARATE SHEET OF PAPER. |                 |   |                 |                      |                |              |                             |
| DATES:<br>FROM:<br>TO:   |                 | STREET ADDRESS:   |                 | CITY:                | STATE:         | ZIP CODE:    | RENTAL COMPANY OR LANDLORD: |
|  |                 |   |                 |                      |                |              |                             |
|  |                 |   |                 |                      |                |              |                             |
|  |                 |   |                 |                      |                |              |                             |
|  |                 |   |                 |                      |                |              |                             |
|  |                 |   |                 |                      |                |              |                             |

## 2. REFERENCES

LIST THREE (3) REFERENCES (NOT RELATIVES OR FORMER EMPLOYERS ) WHO ARE RESPONSIBLE ADULTS, AND WHO HAVE KNOWN YOU WELL FOR AT LEAST THE LAST FIVE (5) YEARS.

|   |             |                 |                         |                         |
|---|-------------|-----------------|-------------------------|-------------------------|
| 1. NAME (LAST, FIRST, MIDDLE INITIAL):  |             |                 | LENGTH OF RELATIONSHIP: | NATURE OF RELATIONSHIP: |
| ADDRESS: <input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS | HOME PHONE: | BUSINESS PHONE: | OCCUPATION:             |                         |
| STREET ADDRESS:   |             | CITY:           | STATE:                  | ZIP CODE:               |
| 2. NAME (LAST, FIRST, MIDDLE INITIAL):  |             |                 | LENGTH OF RELATIONSHIP: | NATURE OF RELATIONSHIP: |
| ADDRESS: <input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS | HOME PHONE: | BUSINESS PHONE: | OCCUPATION:             |                         |
| STREET ADDRESS:   |             | CITY:           | STATE:                  | ZIP CODE:               |
| 3. NAME (LAST, FIRST, MIDDLE INITIAL):  |             |                 | LENGTH OF RELATIONSHIP: | NATURE OF RELATIONSHIP: |
| ADDRESS: <input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS | HOME PHONE: | BUSINESS PHONE: | OCCUPATION:             |                         |
| STREET ADDRESS:   |             | CITY:           | STATE:                  | ZIP CODE:               |

## 3. EDUCATION

A. INDICATE BY CHECKING THE BOXES BELOW IF YOU HAVE ANY OF THE FOLLOWING:

HIGH SCHOOL DIPLOMA       G.E.D. CERTIFICATE       COLLEGE DEGREE

B. LIST ALL HIGH SCHOOLS, COLLEGES, TRADE SCHOOLS AND UNIVERSITIES YOU HAVE ATTENDED IN CHRONOLOGICAL ORDER

| DATES | NAME | ADDRESS | DIPLOMA OR CREDIT HRS. |
|-------|------|---------|------------------------|
|       |      |         |                        |
|       |      |         |                        |
|       |      |         |                        |
|       |      |         |                        |
|       |      |         |                        |

C. HAVE YOU EVER BEEN SUSPENDED, DISCIPLINED OR EXPELLED FROM ANY HIGH SCHOOL OR INSTITUTION OF HIGHER LEARNING.....?  YES  NO

IF YES, EXPLAIN ON ADDITIONAL RESPONSE PAGE.

## 4. AVAILABILITY

A. WHAT IS THE EARLIEST DATE YOU WOULD BE AVAILABLE FOR EMPLOYMENT?

B. HOW MUCH NOTICE DO YOU NEED PRIOR TO EMPLOYMENT?

## 5. EMPLOYMENT HISTORY

A. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT.....?  YES  NO  
IF YES, EXPLAIN ON ADDITIONAL RESPONSES PAGE.

B. MAY AN INVESTIGATING AGENCY CONTACT YOUR PRESENT EMPLOYER.....?  YES  NO  
IF NO, EXPLAIN ON ADDITIONAL RESPONSES PAGE.

### EMPLOYMENT:

C. BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL OF THE PLACES YOU HAVE WORKED DURING THE LAST TEN (10) YEAR PERIOD. OMIT NOTHING. KEEP IN PROPER SEQUENCE. LIST PERIODS OF SCHOOL, MILITARY SERVICE, UNEMPLOYMENT, TEMPORARY ASSIGNMENTS, VOLUNTEER SERVICE AND PART-TIME EMPLOYEMENT. IF YOU NEED MORE ROOM, USE THE ADDITIONAL RESPONSES PAGE OR A SEPARATE SHEET OF PAPER.

|                                   |      |       |          |             |            |
|-----------------------------------|------|-------|----------|-------------|------------|
| 1. DATES OF EMPLOYEMENT:<br>FROM: |      |       |          | TO:         | JOB TITLE: |
| NAME OF BUSINESS:                 |      |       |          | SUPERVISOR: |            |
| ADDRESS                           | CITY | STATE | ZIP CODE | COWORKER:   |            |

|                                   |      |                  |                |
|-----------------------------------|------|------------------|----------------|
| PHONE:                            |      | STARTING SALARY: | ENDING SALARY: |
| DESCRIBE YOUR DUTIES:             |      |                  |                |
|                                   |      |                  |                |
|                                   |      |                  |                |
| REASON FOR LEAVING:               |      |                  |                |
| 2. DATES OF EMPLOYEMENT:<br>FROM: |      | TO:              | JOB TITLE:     |
| NAME OF BUSINESS:                 |      | SUPERVISOR:      |                |
| ADDRESS                           | CITY | STATE            | ZIP CODE       |
| COWORKER:                         |      |                  |                |
| PHONE:                            |      | STARTING SALARY: | ENDING SALARY: |
| DESCRIBE YOUR DUTIES:             |      |                  |                |
|                                   |      |                  |                |
|                                   |      |                  |                |
| REASON FOR LEAVING:               |      |                  |                |
| 3. DATES OF EMPLOYEMENT:<br>FROM: |      | TO:              | JOB TITLE:     |
| NAME OF BUSINESS:                 |      | SUPERVISOR:      |                |
| ADDRESS                           | CITY | STATE            | ZIP CODE       |
| COWORKER:                         |      |                  |                |
| PHONE:                            |      | STARTING SALARY: | ENDING SALARY: |
| DESCRIBE YOUR DUTIES:             |      |                  |                |
|                                   |      |                  |                |
|                                   |      |                  |                |
| REASON FOR LEAVING:               |      |                  |                |
| 4. DATES OF EMPLOYEMENT:<br>FROM: |      | TO:              | JOB TITLE:     |
| NAME OF BUSINESS:                 |      | SUPERVISOR:      |                |
| ADDRESS                           | CITY | STATE            | ZIP CODE       |
| COWORKER:                         |      |                  |                |
| PHONE:                            |      | STARTING SALARY: | ENDING SALARY: |
| DESCRIBE YOUR DUTIES:             |      |                  |                |
|                                   |      |                  |                |
|                                   |      |                  |                |
| REASON FOR LEAVING:               |      |                  |                |

|   |                                       |                |  |
|---|---------------------------------------|----------------|--|
| 5. DATES OF EMPLOYEMENT:<br>FROM: _____ TO: _____ |                                       | JOB TITLE:     |  |
| NAME OF BUSINESS:                                 |                                       | SUPERVISOR:    |  |
| ADDRESS _____                                     | CITY _____ STATE _____ ZIP CODE _____ | COWORKER:      |  |
| PHONE:  | STARTING SALARY:                      | ENDING SALARY: |  |
| DESCRIBE YOUR DUTIES:                             |                                       |                |  |
|   |                                       |                |  |
| REASON FOR LEAVING:                               |                                       |                |  |
| 6. DATES OF EMPLOYEMENT:<br>FROM: _____ TO: _____ |                                       | JOB TITLE:     |  |
| NAME OF BUSINESS:                                 |                                       | SUPERVISOR:    |  |
| ADDRESS _____                                     | CITY _____ STATE _____ ZIP CODE _____ | COWORKER:      |  |
| PHONE:  | STARTING SALARY:                      | ENDING SALARY: |  |
| DESCRIBE YOUR DUTIES:                             |                                       |                |  |
|   |                                       |                |  |
| REASON FOR LEAVING:                               |                                       |                |  |
| 7. DATES OF EMPLOYEMENT:<br>FROM: _____ TO: _____ |                                       | JOB TITLE:     |  |
| NAME OF BUSINESS:                                 |                                       | SUPERVISOR:    |  |
| ADDRESS _____                                     | CITY _____ STATE _____ ZIP CODE _____ | COWORKER:      |  |
| PHONE:  | STARTING SALARY:                      | ENDING SALARY: |  |
| DESCRIBE YOUR DUTIES:                             |                                       |                |  |
|   |                                       |                |  |
| REASON FOR LEAVING:                               |                                       |                |  |
| 8. DATES OF EMPLOYEMENT:<br>FROM: _____ TO: _____ |                                       | JOB TITLE:     |  |
| NAME OF BUSINESS:                                 |                                       | SUPERVISOR:    |  |
| ADDRESS _____                                     | CITY _____ STATE _____ ZIP CODE _____ | COWORKER:      |  |
| PHONE:  | STARTING SALARY:                      | ENDING SALARY: |  |
| DESCRIBE YOUR DUTIES:                             |                                       |                |  |
|   |                                       |                |  |
| REASON FOR LEAVING:                               |                                       |                |  |

**D. HAVE YOU EVER APPLIED FOR ANY POSITION WITH ANY LAW ENFORCEMENT AGENCY.....?**  YES  NO  
 IF YES, COMPLETE BELOW. IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSES PAGE.

| DATE | POSITION | LAW ENFORCEMENT AGENCY | DISPOSITION |
|------|----------|------------------------|-------------|
|      |          |                        |             |
|      |          |                        |             |
|      |          |                        |             |

**6. LEGAL HISTORY**

THE FOLLOWING QUESTIONS PERTAIN TO YOUR EXPERIENCES IN THIS COUNTRY AND ALL OTHER COUNTRIES AS BOTH A JUVENILE AND AN ADULT. **DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS.** EXPLAIN ALL "YES" ANSWERS IN DETAIL ON THE ADDITIONAL RESPONSES PAGE.

- A. HAVE YOU EVER HAD ANY CONTACT WITH ANY LAW ENFORCEMENT OFFICER IN AN OFFICIAL CAPACITY..?**  YES  NO
- C. HAVE YOU EVER BEEN DETAINED BY A LAW ENFORCEMENT OFFICIAL.....?**  YES  NO
- D. HAVE YOU EVER BEEN ACCUSED OF A CRIME.....?**  YES  NO
- E. HAVE YOU EVER BEEN CHARGED WITH A CRIME.....?**  YES  NO
- F. HAVE YOU EVER BEEN ARRESTED.....?**  YES  NO
- G. HAVE YOU EVER BEEN CONVICTED OF A CRIME.....?**  YES  NO
- H. HAVE YOU EVER BEEN BOOKED INTO JAIL.....?**  YES  NO
- I. HAVE YOU EVER RECEIVED A CRIMINAL CITATION.....?**  YES  NO
- J. HAVE ANY MEMBERS OF YOUR IMMEDIATE FAMILY EVER BEEN CONVICTED OR HELD IN ANY DETENTION FACILITY, JAIL OR PRISON.....?**  YES  NO
- K. HAS LAW ENFORCEMENT EVER BEEN CALLED TO YOUR HOME FOR ANY REASON.....?**  YES  NO
- L. HAVE YOU EVER BEEN SERVED WITH A POTECTION/RESTRAINING ORDER.....?**  YES  NO

**M. IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, LIST THE INCIDENT BELOW AND MAKE CERTAIN YOU HAVE EXPLAINED IT ON THE ADDITIONAL RESPONSES PAGE. ALL INCIDENTS MUST BE EXPLAINED IN DETAIL.**

| SECTION # (A-K) | DATE | REASON/CHARGE | LAW ENFORCEMENT AGENCY/CITY/STATE | DISPOSITION/SENTENCE |
|-----------------|------|---------------|-----------------------------------|----------------------|
|                 |      |               |                                   |                      |
|                 |      |               |                                   |                      |
|                 |      |               |                                   |                      |
|                 |      |               |                                   |                      |
|                 |      |               |                                   |                      |
|                 |      |               |                                   |                      |
|                 |      |               |                                   |                      |

**7. DRIVING HISTORY**

**A. HAVE YOU EVER HAD A DRIVER'S LICENSE OR YOUR DRIVING PRIVILEGES CANCELED, REFUSED, REVOKED, OR SUSPENDED.....?**  YES  NO  
 IF YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE INCLUDING REASON FOR THE ACTION AND DATES.

**B. LIST ALL VALID DRIVER'S OR CHAUFFEUR'S LICENSES YOU NOW HOLD:**

| ISSUE DATE | TYPE OF LICENSE | EXPIRATION DATE | STATE | LICENSE NUMBER |
|------------|-----------------|-----------------|-------|----------------|
|            |                 |                 |       |                |
|            |                 |                 |       |                |
|            |                 |                 |       |                |

**C. HAVE YOU EVER ATTENDED A DRIVER IMPROVEMENT SCHOOL.....?**  YES  NO  
 IF YES, COMPLETE BELOW

|                                 |                                  |                                |
|---------------------------------|----------------------------------|--------------------------------|
| WHEN DID YOU ATTEND THE SCHOOL? | WHERE DID YOU ATTEND THE SCHOOL? | WHY DID YOU ATTEND THE SCHOOL? |
|                                 |                                  |                                |

**D. LIST EACH AND EVERY TRAFFIC CITATION, SUMMONS AND WRITTEN WARNING YOU HAVE RECEIVED WITHIN THE LAST SEVEN (7) YEARS. LIST THE OFFENSES IN CHRONOLOGICAL ORDER BEGINNING WITH THE MOST RECENT. EXCLUDE PARKING TICKETS. IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSES PAGE.**

| MONTH/YEAR | CHARGE | CITY OR STATE | DISPOSITION/RESULT |
|------------|--------|---------------|--------------------|
|            |        |               |                    |

| MONTH/YEAR | CHARGE | CITY OR STATE | DISPOSITION/RESULT |
|------------|--------|---------------|--------------------|
|            |        |               |                    |
|            |        |               |                    |
|            |        |               |                    |
|            |        |               |                    |
|            |        |               |                    |

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE.

- E. HAVE YOU EVER BEEN CHARGED WITH DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS.....?  YES  NO
- F. HAVE YOU EVER BEEN INVOLVED WITH CARELESS OR WRECKLESS DRIVING.....?  YES  NO
- G. HAVE YOU EVER BEEN INVOLVED IN A TRAFFIC ACCIDENT THAT WAS YOUR FAULT.....?  YES  NO

**8. GAMBLING**

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE.

- A. DO YOU NOW, OR HAVE YOU EVER HAD ANY GAMBLING DEBTS.....?  YES  NO
- B. HAVE YOU EVER USED AN EMPLOYER'S MONEY TO GAMBLE.....?  YES  NO
- C. HAVE YOU EVER WORKED FOR A GAMBLING OPERATION, OR BOOKED ANY BETS.....?  YES  NO

**9. DRUG AND ALCOHOL USAGE**

- A. HAVE YOU EVER TRIED OR USED ANY NARCOTIC OR DRUG WITHOUT A DOCTOR'S PRESCRIPTION.....?  YES  NO  
IF YES, EXPLAIN ON ADDITIONAL RESPONSES PAGE.

B. IF YOU HAVE TRIED, USED, OR INGESTED ANY OF THE DRUGS LISTED BELOW, CHECK THE "YES" BOX. IF YOU HAVE NOT, CHECK THE "NO" BOX. INCLUDE THE NUMBER OF TIMES USED AND DATES.

|                            | YES                      | NO                       | TOTAL #<br>TIMES<br>USED | # TIMES<br>USED SINCE<br>21 <sup>ST</sup><br>BDAY | DATE OF<br>LAST<br>USE |   | YES                      | NO                       | TOTAL #<br>TIMES<br>USED | # TIMES<br>USED SINCE<br>21 <sup>ST</sup><br>BDAY | DATE OF<br>LAST<br>USE |
|----------------------------|--------------------------|--------------------------|--------------------------|---|------------------------|---|--------------------------|--------------------------|--------------------------|---|------------------------|
| MARIJUANA                  | <input type="checkbox"/> | <input type="checkbox"/> | ( )                      | ( )   | _____                  | COCAINE   | <input type="checkbox"/> | <input type="checkbox"/> | ( )                      | ( )   | _____                  |
| INHALANTS                  | <input type="checkbox"/> | <input type="checkbox"/> | ( )                      | ( )   | _____                  | HEROIN  | <input type="checkbox"/> | <input type="checkbox"/> | ( )                      | ( )   | _____                  |
| THAI STICKS                | <input type="checkbox"/> | <input type="checkbox"/> | ( )                      | ( )   | _____                  | OPIUM   | <input type="checkbox"/> | <input type="checkbox"/> | ( )                      | ( )   | _____                  |
| BARBITURATES               | <input type="checkbox"/> | <input type="checkbox"/> | ( )                      | ( )   | _____                  | INJECTABLE STEROIDS   | <input type="checkbox"/> | <input type="checkbox"/> | ( )                      | ( )   | _____                  |
| AMPHETAMINES (Speed, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | ( )                      | ( )   | _____                  | ORAL STEROIDS   | <input type="checkbox"/> | <input type="checkbox"/> | ( )                      | ( )   | _____                  |
| HASHISH                    | <input type="checkbox"/> | <input type="checkbox"/> | ( )                      | ( )   | _____                  | HALLUCINOGENIC  | <input type="checkbox"/> | <input type="checkbox"/> | ( )                      | ( )   | _____                  |
| METHAMPHETAMINES           | <input type="checkbox"/> | <input type="checkbox"/> | ( )                      | ( )   | _____                  | SUBSTANCES (LSD, PCP,<br>Mescaline, Mushrooms, Ecstasy, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | ( )                      | ( )   | _____                  |

C. IF YOU HAVE TRIED OR USED ANY OF THE DRUGS LISTED ABOVE OR IF YOU HAVE TRIED OR USED ANY OTHER DRUG WITHOUT A DOCTOR'S PRESCRIPTION, EXPLAIN IN DETAIL BELOW. IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSES PAGE. YOU MUST INCLUDE DATES AND NUMBER OF TIMES USED.

|  |
|--|
|  |
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|  |
|  |
|  |
|  |
|  |

D. IF YOU HAVE EVER PURCHASED, SOLD, OR HAD IN YOUR POSSESSION ANY OF THE DRUGS LISTED ABOVE IN SECTION (B), EXPLAIN IN DETAIL BELOW. IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSES PAGE.

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

- A. DO YOU DRIVE AFTER CONSUMING ALCOHOLIC BEVERAGES.....?  YES  NO  
IF YES, HOW MANY DRINKS CONSUMED PER HOUR BEFORE DRIVING? \_\_\_\_\_
- B. HAVE YOU EVER PURCHASED ALCOHOL FOR A MINOR? IF YES EXPLAIN IN DETAIL USING THE ADDITIONAL RESPONSES PAGE  YES  NO

## 10. ORGANIZATION MEMBERSHIP

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE.

|   |  |
|---|--|
| <b>A. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF NEBRASKA.....?</b> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>B. ARE YOU NOW IN A GROUP WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS.....?</b>   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>C. HAVE YOU EVER PARTICIPATED IN ANY DEMONSTRATION, STRIKE, PICKET LINE OR DELEGATION SPONSORED BY ANY GROUP OR ORGANIZATIONS AS A PROTEST MEASURE.....?</b>   | <input type="checkbox"/> YES <input type="checkbox"/> NO |

## 11. MILITARY STATUS

|  |  |
|--|--|
| <b>A. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, R.O.T.C. OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION.....?</b><br>IF YES, LIST EACH SERVICE PERIOD SEPARATELY BELOW. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|--|

| MONTH/YEAR ENTERED | BRANCH/ORGANIZATION | DISCHARGE DATE | TYPE OF DISCHARGE | HIGHEST RANK |
|--------------------|---------------------|----------------|-------------------|--------------|
|                    |                     |                |                   |              |
|                    |                     |                |                   |              |
|                    |                     |                |                   |              |

**B. LIST ALL MILITARY SERVICE NUMBERS:**

|                                     |                                 |
|-------------------------------------|---------------------------------|
| <b>C. SELECTIVE SERVICE NUMBER:</b> | <b>CURRENT MILITARY STATUS:</b> |
|-------------------------------------|---------------------------------|

|   |  |
|---|--|
| <b>D. DID YOU EVER RECEIVE ANY DISCIPLINARY ACTION WHILE SERVING IN THE MILITARY.....?</b><br>IF YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|--|

|  |  |
|--|--|
| <b>E. ARE YOU CURRENTLY IN THE MILITARY.....?</b><br>IF YES, COMPLETE BELOW. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|--|

|                                |                             |                                   |               |
|--------------------------------|-----------------------------|-----------------------------------|---------------|
| <b>F. CURRENT UNIT'S NAME:</b> | <b>IMMEDIATE COMMANDER:</b> | <b>ADDRESS, CITY, STATE, ZIP:</b> | <b>PHONE:</b> |
|--------------------------------|-----------------------------|-----------------------------------|---------------|

## 12. FINANCIAL HISTORY

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON THE ADDITIONAL RESPONSES PAGE.

|  |  |
|--|--|
| <b>A. HAVE YOU EVER DECLARED BANKRUPTCY.....?</b>  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>B. HAVE ANY OF YOUR BILLS BEEN TURNED OVER TO A COLLECTION AGENCY.....?</b>   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>C. HAVE YOU EVER PURCHASED GOODS THAT WERE LATER REPOSSESSED.....?</b>  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>D. HAVE YOUR WAGES EVER BEEN GARNISHED.....?</b>  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>E. HAVE YOU EVER BEEN DELINQUENT ON ANY INCOME OR STATE TAXES.....?</b>   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>F. DO YOU HAVE INCOME FROM ANY SOURCE OTHER THAN YOUR PRINCIPAL OCCUPATION.....?</b><br>IF YES, WHAT IS THE SOURCE OF THE INCOME: _____<br>WHAT IS THE AMOUNT OF THE INCOME: \$ _____ PER _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**G. LIST EACH MONTHLY FINANCIAL OBLIGATION INCLUDING: RENT, MORTGAGES, VEHICLE PAYMENTS, LOANS, CHARGE ACCOUNTS, INSURANCE, CREDIT CARDS, CHILD SUPPORT PAYMENTS, AND ANY OTHER DEBTS OR MONTHLY PAYMENTS. IF MORE SPACE IS REQUIRED, USE THE ADDITIONAL RESPONSES PAGE.**

| NAME OF MONTHLY PAYMENT/INSTITUTION<br>(E.G. CHASE BANK, STATE FARM, JOAN SMITH) | REASON FOR PAYMENT/ITEM PURCHASED<br>(E.G. MORTGAGE, INSURANCE, CHILD SUPPORT) | AMOUNT OF PAYMENT |
|--|--|-------------------|
|  |  | \$                |
|  |  | \$                |
|  |  | \$                |
|  |  | \$                |
|  |  | \$                |
|  |  | \$                |
|  |  | \$                |







**ATTENTION-THIS STATEMENT MUST BE SIGNED**

**READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING:**

I AFFIRM THIS APPLICATION CONTAINS NO MISREPRESENTATION OR FALSIFICATIONS AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT SHOULD AN INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION, OMISSION, OR FALSIFICATION, MY APPLICATION WILL BE REJECTED OR, IF EMPLOYED BY THE COUNTY, I MAY BE TERMINATED FROM EMPLOYMENT. I UNDERSTAND THAT I MUST PASS A CRIMINAL BACKGROUND INVESTIGATION, CREDIT CHECK AND PASS TESTING FOR ALCOHOL AND SUBSTANCE USE/ABUSE, AS A CONDITION OF EMPLOYMENT, AND THAT I MAY BE REQUIRED TO UNDERGO AN EVALUATION TO DETERMINE WHETHER I CAN PERFORM THE JOB DUTIES OF THE POSITION AND A POLYGRAPH EXAMINATION. I ALSO UNDERSTAND THAT DIRECT DEPOSIT OF PAY IS A CONDITION OF EMPLOYMENT. I UNDERSTAND THAT IF I AM EMPLOYED, I WILL SERVE AN INTRODUCTORY PERIOD OF AT LEAST SIX (6) MONTHS AND SUBJECT TO TERMINATION WITHOUT RIGHT TO APPEAL DURING THIS INTRODUCTORY PERIOD. I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME AND SARPY COUNTY RETAINS THE SAME RIGHT, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY. I FURTHER AUTHORIZE ANY AND ALL OF MY CURRENT OR PREVIOUS EMPLOYERS, ASSOCIATES, OR REFERENCES TO PROVIDE THE PERSONNEL DEPARTMENT, THE SHERIFF'S OFFICE, ANY COUNTY OFFICE/DEPARTMENT, AND/OR REPRESENTATIVE ANY INFORMATION CONCERNING MY EMPLOYMENT RECORD OR CHARACTER. I HEREBY HOLD HARMLESS AND RELEASE FROM ANY AND ALL LIABILITY OR DAMAGE WHICH MAY RESULT FROM FURNISHING OR RECEIVING INFORMATION REQUESTED BY SARPY COUNTY, SARPY COUNTY PERSONNEL DEPARTMENT, SARPY COUNTY SHERIFF'S OFFICE AND ANY AND ALL OF ITS AUTHORIZED AGENTS. I ALSO INDEMNIFY SARPY COUNTY AGAINST ANY LIABILITY THAT MIGHT RESULT FROM MAKING SUCH INVESTIGATIONS. ADDITIONALLY, I AUTHORIZE THAT COPIES OF THIS APPLICATION MAY BE FURNISHED TO INTERESTED COUNTY OFFICES/DEPARTMENTS OR OTHER PARTIES WITH AN INTEREST THAT SARPY COUNTY DEEMS APPROPRIATE. FINALLY, I UNDERSTAND THAT NOTHING CONTAINED IN THIS EMPLOYMENT APPLICATION OR IN THE GRANTING OF AN INTERVIEW IS INTENDED TO CREATE A CONTRACT BETWEEN SARPY COUNTY AND MYSELF FOR EITHER EMPLOYMENT OR FOR THE PROVIDING OF ANY BENEFIT ARISING FROM EMPLOYMENT. NO PROMISES OF EMPLOYMENT HAVE BEEN MADE TO ME.

\_\_\_\_\_  
Full Name of Applicant (Printed)

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

\_\_\_\_\_  
Date Completed



# SARPY COUNTY SHERIFF'S OFFICE



## Waiver of Liability

I understand that in becoming an applicant for a position with the Sarpy County Sheriff's Office, I must furnish information concerning my moral and educational qualifications.

I further understand that Sarpy County, Nebraska, and any of its authorized agents or appointed or elected officials or their agents will make inquiries, gather information, and otherwise access my background and qualifications for employment.

Background investigations may include a records check of any conviction record which may be solicited from local, state, and federal law enforcement agencies. This may also include fingerprint identification.

With full knowledge of these requirements, I hereby waive my rights and submit voluntarily to:

- 1. All Background Inquiries \_\_\_\_\_  
INITIALS
- 2. Interview(s) \_\_\_\_\_  
INITIALS
- 3. Fingerprint Identification \_\_\_\_\_  
INITIALS
- 4. Polygraph Examination \_\_\_\_\_  
INITIALS

Further, I hereby hold harmless and release from any and all liability: Sarpy County, Sarpy County Civil Service/Personnel Department, Sarpy County Sheriff's Office and any and all of its authorized agents for processing this application.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



# SARPY COUNTY SHERIFF'S OFFICE

## Authorization for Release of Information Agreement



Applicant's Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Sarpy County Sheriff's Office. The Sheriff's Office needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Sarpy County Sheriff's Office.

I hereby authorize any representative of the Sarpy County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Sarpy County Sheriff's Office, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Sarpy County Sheriff's Office to consider in determining my suitability for employment in that agency. It is my specific intent to provide access to personnel information however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency rates, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I present have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of \_\_\_\_\_ organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it, I direct you to release such information upon request of the duly accredited representative of the Sarpy County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting this information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Sarpy County Sheriff's Office's acceptance and processing of my application for employment, I agree to hold the Sarpy County Sheriff's Office, its agent and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Sarpy County Sheriff's Office. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Sarpy County Sheriff's Office in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one (1) year from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.



**SARPY COUNTY SHERIFF'S OFFICE**  
**Application Supplement:**  
**Immigration Reform and Control**  
**Act of 1986**



Date \_\_\_\_\_

I, \_\_\_\_\_ understand that to be eligible for employment with Sarpy  
(Please print name)

County I must submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date