

Madison County Sheriff's Department
Application for Employment
Personal Identification

Name

First _____ Middle _____ Last _____

Email _____ Home Phone _____ Mobile Phone _____

Address _____

Address Line 2 _____

City _____ State _____ Postal Code _____

Date of Birth ____/____/____ Age _____

Sex Male _____ Female _____

Social Security Number _____ Driver's License Number _____ State _____

Other Names You Have Gone Under:

First	Middle	Last	Date of Birth
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

Photo Attachment

Please attach a recent photo of yourself. Photo requirements:
Taken within the last 6 months to reflect your current appearance
Taken in full-face view directly facing the camera
With a neutral facial expression and both eyes open

Signature: _____ Date Signed ____/____/____

Madison County Sheriff's Department
Application for Employment
Waiver

I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself to any duly authorized agent of the Madison County Sheriff's Office, or any agency assisting them, whether the said records are public or private, and including those which may be deemed to be a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized for investigative resource material.

I authorize the full and complete disclosure of the records of educational institutions; financial or credit institutions; commercial or retail mercantile establishments and retail credit agencies; results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me and including but not limited to the records and recollections of attorneys at law, or other counsel representing or having represented me; and any records of any type whatsoever which concern any criminal charges involving me.

I further authorize the release of information concerning all of the above mentioned areas, or any other information which has a bearing on my fitness or ability to become an employee of the Madison County Sheriff's Office, even though such information is not contained in written records and regardless of whether such information is considered privileged or confidential in nature.

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

Signature: _____ Date Signed ___/___/_____

Madison County Sheriff's Department
Application for Employment
Employment Desired

Employment Desired

- Full-time
- Part-time
- Full- or Part- time

Position Applied For _____

Date available to work ___/___/_____

Explain _____

Have you worked for the County of Madison before?

- Yes
- No

What department or office? _____

Have you applied or tested for any other law enforcement or public service positions in the last twelve months? *

Yes *If yes, please provide details below.*

No

Where applied	Position applied for	Result of application

Signature: _____ Date Signed ___/___/_____

Madison County Sheriff's Department
Application for Employment
Military History

Military Veteran

_____ No

_____ Yes

Military Branch

Dates Served

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please attach a separate sheet if necessary.

Attach a copy of DD-214

Military preference points will NOT be granted without a valid DD-214

Law Enforcement Certification

Law Enforcement Certified

_____ No

_____ Yes Date Certified ___/___/____ State Certified _____

Certification Status

_____ Active _____ Inactive _____ Expired

_____ Revoked Please give reason _____

_____ Suspended Please give reason _____

Signature: _____ Date Signed ___/___/____

Education

Starting with high school, list all education and/or experience relating to the position applied for.

Name and Location of School	Course of Study	# of Years	Did you graduate?	Degree/Diploma?

Other education/experience

References

List at least two persons who have knowledge of your character, work history, etc.

Name	Address	Phone	Relationship	What does this person know about you?

May we contact your references?

- Yes
- No

May we contact your present employer?

- Yes
- No

Contact person at your present employer _____

You may include a resume with your application.

All the information listed by me on this application is true and correct to the best of my knowledge. I understand fully that any false and misleading statements may be cause for rejection of my application and/or if employed may be just cause for subsequent dismissal.

Signature: (Please type your full name signifying your agreement to this statement)

Signature: _____ Date Signed ___/___/_____

Madison County Sheriff's Department
Application for Employment
Character Affidavit

THE APPLICANT, AFFIRMING THAT EACH STATEMENT IS TRUE AND CORRECT, MUST INITIAL EACH OF THE FOLLOWING STATEMENTS in the following sections. If statement cannot be answered in the affirmative, you must give full details in the box below.

Statement	Initials
1. I have NOT used marijuana for any purpose in the last two years preceding this application.	
2. I have NOT used illegal drugs or narcotics other than marijuana in the five years preceding this application for admission.	
3. I have NOT been convicted of a felony or any crime which carried a possible penalty of one year or more imprisonment or any crime which would have carried such a penalty if committed in Nebraska (Class I Misdemeanor)	
4. I have NOT been convicted of Driving Under the Influence / Driving While Intoxicated in the four years immediately preceding this application	
5. I have NOT been convicted of either a federal or state misdemeanor which has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed against a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.	
6. I have NOT received a punitive discharge from the United States Armed Forces. Punitive discharges are discharges classified as Dishonorable or Bad Conduct	
7. I have NOT been denied law enforcement certification status, or had my certification revoked or currently suspended in the state or another jurisdiction.	
8. I have NOT been convicted of any crime involving the threat of or the actual use of physical violence that would constitute a Class I Misdemeanor in this state.	
9. I have NOT been convicted of any crime involving the threat of or the actual sexual assault or abuse.	
10. I have NOT been convicted of any crime of physical violence or sexual abuse against a child or children.	
11. I have NOT been adjudicated or convicted of a crime of domestic violence as defined in the United States Code, 18 U.S.C. 922(g)(9), that would disqualify me from possessing a firearm.	
12. I am NOT subject to an order of protection that would disqualify me from possessing a firearm under the provisions of United States Code, U.S.C. 922(g)(8).	

Have your EVER been cited, arrested or convicted of any moving traffic violation with the exception of minor parking violations?

_____ Yes

_____ No

If YES, provide complete information regarding the offense and a narrative description of the circumstances on the following form.

Traffic Violation	Citing/arresting agency, city and state	Date of offense	Disposition	Narrative

Have you ever been party in civil litigation?

_____ Yes

_____ No

Details

Signature: _____ Date Signed ___/___/___

Madison County Sheriff's Department
Application for Employment
Character Declarations

All the following questions must be answered. Any "Yes" answers will require explanation in the box below.

1. Have you ever had a complaint filed against you in any civil, criminal, or administrative forum, alleging fraud, deceit, misrepresentation, or forgery?

Yes

No

Details

2. Have you ever had a civil case dismissed because of a finding of abuse of legal process including the filing of a frivolous lawsuit?

Yes

No

Details

3. Have you ever had a professional license that you hold be under investigation? Yes

No

Details

4. Is a professional license that you hold currently under investigation?

Yes

No

Details

5. Have you ever filed a petition for bankruptcy or had a credit or charge account turned over to a collection agency, or a credit card or charge account debt charged off or revoked?

Yes

No

Details

6. Are you currently in violation of a court order to include an order for child support?

Yes

No

Details

7. Have you had a law enforcement certification or any other professional license/certificate revoked or suspended in this state or any other state?

Yes

No

Details

8. Have you ever been terminated, suspended, disciplined, or permitted to resign in lieu of termination from any job?

Yes

No

Details

Signature: _____ Date Signed ___/___/___

Madison County Sheriff's Department
Application for Employment
Statement of Health

Do you currently have any condition or impairment (including but not limited to substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) which in any way currently affects or if untreated could affect your ability to perform the duties of an employee of the Sheriff's Department in a competent and professional manner?

Yes (Explain below)

No

I have answered all the questions on this affidavit true and correct to the best of my knowledge. I understand fully that any false and misleading statements may be cause for rejection of my application and/or if employed may be just cause for subsequent dismissal.

Signature: _____ Date Signed ___/___/___

Madison County Sheriff's Department
Application for Employment
Pre-Employment Information

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, military status, age, marital status, or the presence of a non-job-related medical condition or handicap.

So that we can comply with Federal/State Equal Opportunity Employment record keeping requirements and other legal requirements, please complete this form.

This Pre-Employment Information will be detached and kept in a confidential file separate from the Employment Application, and shall not be used in making any hiring decision or any selection procedure.

Position applied for _____

Name
First _____ Middle _____ Last _____

Email _____ Home Phone _____ Mobile Phone _____

Address _____

Address Line 2 _____

City _____ State _____ Postal Code _____

Date of Birth ____/____/____ Age _____ Sex _____ Male _____ Female

Are you a U.S. Citizen? _____ Yes _____ No

If not, do you possess an Alien (Work) Registration Card? _____ Yes _____ No

Race/Ethnic Group

Caucasian
 Black
 Hispanic

Asian/Pacific Islander
 American Indian/Alaskan Native

Marital Status

Single
 Married
 Divorced

Widowed
 Separated
 Other _____

Are you a veteran?

Yes
 No

Service Dates _____

Are you a disabled veteran?

Yes
 No

V.A. Disability Rate _____ (%)

How were you referred to us?

Self
 Friends
 Employee
 School
 Ad

Nebraska Job Service
 Employment Agency
 Internet
 Other _____

Signature: _____ Date Signed ___/___/___