



# APPLICATION FOR EMPLOYMENT

## WARREN COUNTY

### SHERIFF'S DEPARTMENT

104 West Main Street, Suite A  
Warrenton, Missouri 63383  
Telephone: (636) 456-4332  
Fax: (636) 456-1811  
www.wcsdmo.net

### PERSONAL HISTORY STATEMENT

This employment application is for both civilian and deputy positions within the Sheriff's Department. Please make sure you thoroughly complete this application, including the narrative on page 9. A notary public must witness your signature on the waiver / release form on page 11. In compliance with Federal & State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, color, sex, national origin, age, veterans status, marital status, disability, or any other status protected by law. The personal history statement must be completed and submitted at the time of the initial interview or test date

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Last First Middle

POSITION APPLIED FOR: \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_ DESIRED SALARY: \_\_\_\_\_

#### INSTRUCTIONS:

1. Correctness, validity, and content of your answers herein are subject to investigation.
2. Answer all questions completely. If a question is not applicable, write "N/A". Write "Unknown" if you do not know the answer and cannot obtain the answer from your records.
3. Type, print, or write legibly. Illegible forms will not receive consideration. It is imperative that all information is accurate and up-to-date. Information on names, address, and references must be correct in order to process this application.

Home Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

-----  
**LAST FOUR ADDRESSES:**

1) Previous Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Rent: \_\_\_\_\_ Own: \_\_\_\_\_

If Rented, Name of Landlord: \_\_\_\_\_ PHONE: \_\_\_\_\_

2) Previous Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Rent: \_\_\_\_\_ Own: \_\_\_\_\_

If Rented, Name of Landlord: \_\_\_\_\_ PHONE: \_\_\_\_\_

3) Previous Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Rent: \_\_\_\_\_ Own: \_\_\_\_\_

If Rented, Name of Landlord: \_\_\_\_\_ PHONE: \_\_\_\_\_

4) Previous Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Rent: \_\_\_\_\_ Own: \_\_\_\_\_

If Rented, Name of Landlord: \_\_\_\_\_ PHONE: \_\_\_\_\_

-----  
**PERSONAL HISTORY:**

Marital Status: \_\_\_\_\_

If applicable, Maiden Name(s): \_\_\_\_\_

Any previous "also known as" (AKA): \_\_\_\_\_

Wife's Maiden Name: \_\_\_\_\_

Husband's Name: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_

-----  
Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which have adopted, or shown a policy of advocating or approving the commission of acts or force of violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

-----  
Have you ever stolen anything from an employer?

\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

-----  
Have you ever been arrested or charged with a criminal offense, misdemeanor or felony, to include traffic charges?

\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

-----  
Are you now, or have you ever been, a plaintiff or defendant in any civil action?

\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

-----  
Are you now, or have you been the subject of a restraining order?

\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you currently use any illegal or non-prescribed drugs including marijuana, methamphetamines, amphetamines, depressants, steroids, tranquilizers, cocaine, etc.? Do you abuse any prescription or non-prescription drugs?

\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
-----

Have you ever taken a polygraph or a computer voice stress analysis examination?

\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
-----

Are there any incidents in your life, whether or not you were directly involved, which if discovered by a subsequent investigation, would disqualify you as an applicant?

\_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
-----

**EDUCATION:**

Circle the highest grade level completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

Date of graduation from high school (or completion of GED): \_\_\_\_\_

Name of High School: \_\_\_\_\_

Address of High School: \_\_\_\_\_

College, University, or Trade School: \_\_\_\_\_

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

Major: \_\_\_\_\_ Attended From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Degree or Certificate: \_\_\_\_\_

**OTHER SPECIAL SCHOOLS, COURSES OF STUDY, OR CERTIFICATION:**

Name: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Certification: \_\_\_\_\_ Date Granted: \_\_\_\_\_

---

**OTHER SKILLS:**

Please List: \_\_\_\_\_

---

**FOREIGN LANGUAGES:**

Please List: \_\_\_\_\_

---

**MILITARY SERVICE:**

Have you ever been an active member of the military service? \_\_\_\_\_

If yes, what branch of service: \_\_\_\_\_

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

Highest Rank Attained: \_\_\_\_\_

Describe Your Duties: \_\_\_\_\_

If you were released early from the military service, explain why? \_\_\_\_\_

What was your last duty station? \_\_\_\_\_

Your date of discharge: \_\_\_\_\_

Were you subject to any demotions or other disciplinary action while in the military service? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**EMPLOYMENT HISTORY – Please list all employers from the past ten years. You may photo-copy this page, and attach additional sheets as necessary.**

Current Employer: \_\_\_\_\_

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

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Highest Position Held: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List Three Co-Workers:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Leaving (Be Specific): \_\_\_\_\_

Previous Employer: \_\_\_\_\_

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

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Highest Position Held: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List Three Co-Workers:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Leaving (Be Specific): \_\_\_\_\_

**PERSONAL REFERENCES:** Please list the name, address, and telephone number of four personal references.

Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ How Long: \_\_\_\_\_

Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ How Long: \_\_\_\_\_

Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ How Long: \_\_\_\_\_

Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ How Long: \_\_\_\_\_

**Are you presently an applicant, or on an eligibility list with any other employer?** \_\_\_\_\_

**If yes, please list:**

Company Name: \_\_\_\_\_

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

Position Sought: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Position Sought: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Position Sought: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Position Sought: \_\_\_\_\_

**If acceptable for employment, are you willing to relinquish any other employment or employment offers in favor of employment with the Warren County Sheriff's Department?** \_\_\_\_\_

**If no, please explain:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**WAIVER / CONSENT TO RELEASE INFORMATION**

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

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

I am presently an applicant for employment with the Warren County Sheriff's Department in Missouri. I fully understand that the Warren County Sheriff's Department conducts a background investigation on all applicants, who are being considered for a position with the Warren County Sheriff's Department. This investigation includes, but is not limited to, an investigation of my past employment performance, school records, financial stability, military, police, driving record, and character traits.

I hereby authorize any person who is contacted by the Warren County Sheriff's Department personnel to release any information to the Warren County Sheriff's Department pertaining to the background investigation including, but not limited to, records or information relating to my past employment purpose, financial stability, schooling, military, police, driving records, and character traits for use by the Warren County Sheriff's Department in the consideration of my application for employment and for no other purpose.

I also understand that this application (and any and all papers and other exhibits submitted by me or any purpose, government agency, former employer, private business, or any other individual or group of individuals in support and attached hereto) becomes upon submission to the Warren County Sheriff's Department (in petition for employment), the property of the County of Warren, State of Missouri, and cannot and will not be returned to me under any circumstance whatsoever.

I authorize the Warren County Sheriff's Department to release any documents or information collected during the application process to any person or entity lawfully empowered to obtain such information or documents.

I further agree to release and hold harmless any person releasing such information to the Warren County Sheriff's Department from any and all liabilities or claims which I may have against that person arising out of the release of such information.

I further agree to release and hold harmless Warren County, its elected officials, officers, agents, and employees from any and all liability or claims which I may have arising out of the disclosure of such information to the Warren County Sheriff's Department for use by the Warren County Sheriff's Department in consideration of my application for employment and for such other purposes as may be related to any subsequent employment with the Warren County Sheriff's Department.

This authorization for the release of information shall be valid for one (01) year from the date hereof. Any release of claim or liability set forth herein shall survive the termination of the agreement.

I further certify that all statements made by me in the completion of this application are, to the best of my knowledge and recollection, accurate and true and I understand that any false answer (deceitfully made) or any fraud whatsoever, constitutes a basis for rejection of the application with no further consideration, or if I am hired and fraud and / or deceit is subsequently discovered, such fraud and deceit will become the grounds for my immediate dismissal from the Warren County Sheriff's Department.

I further acknowledge that I understand all employment with the Warren County Sheriff's Department is at the will and pleasure of the Sheriff, per Missouri State Statute 57.251.

This release, or photocopy of same, when presented by any authorized representative of the Warren County Sheriff's Department, will constitute my consent and authority to examine and obtain copies of records and to receive statements and information.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Witness my hand official seal. My commission expires on \_\_\_\_\_

Notary Public \_\_\_\_\_