



Sheriff Derick Wheetley

Scott County Sheriff's Office

P.O. Box 279

131 South New Madrid Street

Benton, Missouri 63736

Phone: 573-545-3525 Fax: 573-545-3527

APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought: Corrections Officer Clerical
 Court Bailiff Deputy Sheriff (Patrol Officer)
 Reserve Officer

How did you learn about the position?

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Office Phone _____
Other Phone _____
Email Address _____
Social Security Number _____
Date of Birth _____

List ALL other names you have used or names by which you may have been known, officially or unofficially, including nicknames, former names, maiden names and abbreviations:

On what date would you be available to work? _____

Desired Wage/Salary \$ _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction?

Yes No

Have you ever been involuntarily terminated or asked to resign from any position of employment?
Yes No

If yes, please describe circumstances:

EMPLOYMENT HISTORY

(Most recent first. Go back 10 years. Use another sheet if necessary.)

1. Employer _____

Job Title _____ Dates Employed _____

Prior Position Held within Company (if any): _____

Address _____ City _____ State _____

Zip _____ Phone _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____

2. Employer _____

Job Title _____ Dates Employed _____

Prior Position Held within Company (if any): _____

Address _____ City _____ State _____

Zip _____ Phone _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____

3. Employer _____

Job Title _____ Dates Employed _____

Prior Position Held within Company (if any): _____

Address _____ City _____ State _____

Zip _____ Phone _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please describe circumstances:

LIST ALL ARRESTS AND CONVICTIONS FOR VIOLATIONS OF ANY CRIMINAL STATUTES, BOTH MISDEMEANOR AND FELONY; INCLUDE RECEIVING A SUSPENDED IMPOSITION OF SENTENCE. THIS INFORMATION IS USED BY P.O.S.T. (Peace Officer Standards Training) IN DETERMINING IF YOU ARE ELIGIBLE TO BE CERTIFIED AS A PEACE OFFICER IN THE STATE OF MISSOURI:

BACKGROUND – ALL STATES				
Charge	Agency/ Location	Date	Court Where Filed	Disposition

LIST ALL TRAFFIC RELATED CONVICTIONS OF ANY STATE.

BACKGROUND – ALL STATES				
Charge	Agency/ Location	Date	Court Where Filed	Disposition

LIST FOUR (4) NON-FAMILY REFERENCES:

Name	Address	Phone #	Years Known

** If you need more area on any of the above, use a separate piece of paper and add it to the application. **

Do you now or have you ever used alcohol or prescription drugs to excess?

Yes No

If you answered yes, please explain:

If selected for employment, are you willing to submit to a pre-employment drug screening test?

Yes No

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held:

List other information pertinent to the employment you are seeking:

MILITARY SERVICE				
Branch	Career Field	Dates of Service	Highest Rank Held	Type of Discharge

Specialized Training:

List every state in which you have been a licensed driver and your operator's number in each state:

Have you ever had an Ex Parte Order or Order of Protection issued against you?

Yes No

If yes, please list: Court _____ Date _____
Location _____ Disposition _____

Is there any additional information that you would like to explain or provide that relates to your background but have not been asked? Yes No

If yes, please explain:

ANSWER

REQUIRED

Please attach copies of the following documents when returning your application:

High School Diploma or GED certificate
Birth Certificate/Certificate of Naturalization/ Other Citizenship Document
Social Security Card
Driver's License or State Identification
DD-214 (Veterans Only)
Training/POST Certificates/MO DPS License (if available)

Applicants will also be required to be fingerprinted and a criminal history check will be completed. In addition, applicant will also be given a pre-employment drug screen prior to final approval for employment.

Incomplete applications will not be processed.

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States.

I understand that the Sheriff's Office will check with the Missouri Department of Public Safety, the Missouri State Highway Patrol, the Federal Bureau of Investigation or other organizations for any criminal history in accordance with applicable statutes.

This application for employment shall be considered active for a period of one year. After one year, the application and all records will be destroyed. Any applicant wishing to be considered for employment beyond this time period will be required to submit another application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature/Authorization of Applicant

Date

Revised: November 12, 2018



AUTHORIZATION FOR RELEASE OF INFORMATION
01.25.2018

I, _____ hereby authorize any representative of the Missouri Department of Public Safety's Peace Officer Standards and Training (POST) Program to release any and all information and records relating to my peace officer license, and any and all continuing law enforcement education training information and records to the following individual:

Officer last four SSN: _____

Name: _____

Phone Number: _____

A photo static copy of this authorization will be considered as effective and valid as the original and shall not expire.

Signature of Licensee:

Date:

Subscribed and sworn to before me this _____ day of _____, 20_____. I am commissioned as a notary public within the county of _____, State of _____, and my commission expires on _____, 20_____.

NOTARY PUBLIC



SCOTT COUNTY SHERIFF'S OFFICE
CRIMINAL RECORDS INQUIRY

ATTENTION: Records

AGENCY:

FROM: Detective

Personal Information Section:

Applicant's Full Name: _____

Other Name(s) Used: _____

Sex: _____ Race: _____ DOB: _____ SSN: _____

Driver's License Number: _____ State: _____

The above named person applying with the Scott County Sheriff's Office has authorized a criminal and traffic record history for our background investigation. This would include felonies, misdemeanors, criminal summons, traffic citations, traffic accidents, disposition information, and reports or incidents of any nature. This is for employment purposes with the Scott County Sheriff's Office. Please forward this at your earliest convenience. If the applicant does have a criminal record, please attach/send copies of all available documentation. Your assistance is greatly appreciated.

Record Check:

Date:	Location:	Charge:	Disposition:

Releasing Personal:

Name/Title/Date

Agency/Phone #:



SCOTT COUNTY SHERIFF'S OFFICE

AUTHORIZATION FOR RELEASE OF

PERSON INFORMATION

I, _____, do hereby authorize a review of a full disclosure of all records concerning myself to any duly authorized agent of the Scott County Sheriff's Office, whether the said records are of public, private, or confidential nature. Furthermore, I grant permission for this agent to obtain photocopies of any records concerning myself, that he/she considers relevant to my application for employment with the Scott County Sheriff's Office.

The intent of this authorization is to give my consent to full and complete disclosure of the records of educational institutions, financial or credit institutions (including records of loans), the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances file by or against me; screening reports or any polygraph exam taken along with the results and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had interest.

I understand that any information obtained by a personal history background investigation, which is developed directly, or indirectly, in whole or in part, upon the release authorization will be considered in determining my suitability for employment by the Scott County Sheriff's Office. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that any information obtained by a personal history background investigation, regardless of the source of that information, that is intended to be used to determine suitability for employment by the Scott County Sheriff's Office, to the extent permitted by law. Unless otherwise provided by law or a valid court order, only an authorized agency of the Scott County Sheriff's Office will have access to my applicant file and the information contained therein.

I understand that the confidentiality provisions reference in the preceding paragraph do not apply to information obtained from any source during the background investigation that involves suspected or actual criminal conduct on my part for which I am subject to prosecution under the applicable statute of limitations. Under these circumstances, I understand that the Scott County Sheriff's Office may investigate my conduct, may report my actions to another law enforcement agency for investigation and prosecution, and may contact my current or former employers should my actions involve suspect or actual criminal misconduct against that employer or against an individual to whom my employer had a legal relationship.

Applicants Initials: _____

SCOTT COUNTY SHERIFF'S OFFICE

AUTHORIZATION FOR RELEASE OF PERSON INFORMATION

I understand and agree that if the release of this information is required by law, by a valid court order, or when criminal misconduct on my part is suspected, I release the County of Scott, the Scott County Sheriff's Office, and its agents and employees, from any and all liability which may be incurred as a result of the release of such information.

Furthermore, I understand and agree that the confidentiality provisions contained in the Scott County Sheriff's Office Authorization for Release of Personal Information shall supersede any similar or conflicting language contained in any other release.

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

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 or my signature.

By affixing my signature below, I affirm that I understand and agree to the terms and conditions imposed upon the Scott County Sheriff's Office and me as set forth in this Authorization for Release of Personal Information.

Print Name – Including Maiden Name

Phone Number

Address

Date of Birth

City, State, Zip

Social Security Number

Applicant's Signature – Including Maiden Name

Date

Subscribed and sworn before me, by the said _____ this _____
day of _____, 20____ to certify which witness my hand or seal of office.

NOTARY PUBLIC