

# Worth County Sheriff's Office Application for Employment

(Print neatly and complete all blanks)

Worth County is an Equal Opportunity Employer

## Personal

Full Name: \_\_\_\_\_  
(Last) (First) (Middle) / Maiden name if married

Current Address: \_\_\_\_\_  
(Number) (Street) (City/State/Zip Code)

Telephone Numbers: \_\_\_\_\_  
(Home) (Cell)

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

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## Employment Desired

Position(s) applied for: \_\_\_\_\_ Date of Application \_\_\_\_\_

Have you ever filed an application with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give a date \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give a date \_\_\_\_\_

Do you have any friends or relatives, other than spouse that work here? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state name and relationship \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?  
Proof of citizenship or immigration status will be required upon employment

\_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently on "Lay Off" Status and subject to call? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you travel if a job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been bonded? If Yes, for whom & what reason \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been or currently are involved in a civil litigation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicated reason & result of \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

Date Available to Start work: \_\_\_\_\_ Best time to contact you: \_\_\_\_:\_\_\_\_ am/pm

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**Education**

Do you have a Highs School Diploma or GED? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Last School attended: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Circle last year of school completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

Circle highest degree earned: High School Diploma GED Certificate AA BD MD PHD Other

College/Technical: \_\_\_\_\_

\_\_\_\_\_

(Course of Study /Diploma)

Other Training or Skills \_\_\_\_\_

\_\_\_\_\_

Specialized Skills: \_\_\_\_\_ Terminal \_\_\_\_\_ Computer \_\_\_\_\_ Typewriter  
(WPM \_\_\_\_\_) \_\_\_\_\_ Foreign Language (Which?) \_\_\_\_\_

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

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**Military Educational Background**

Date of Service \_\_\_\_\_ Branch \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Describe any job related training received in the United States Military:

\_\_\_\_\_

\_\_\_\_\_

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**Arrest Background**

List dates/location/reason

Traffic Offense

Non-Traffic Offense

_____	_____
_____	_____
_____	_____

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**Work Experience**

Former Employment: (List employers, starting with the current or most recent. Explain all gaps in time of employment)

**Company Name** \_\_\_\_\_ **Job Title** \_\_\_\_\_

Full Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

**Company Name** \_\_\_\_\_ **Job Title** \_\_\_\_\_

Full Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

**Company Name** \_\_\_\_\_ **Job Title** \_\_\_\_\_

Full Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

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**References** (Do not include family members or past supervisors)

<u>Name/Phone number</u>	<u>Best Time to Call</u>	<u>Occupation</u>

State any additional information you feel may be helpful to us in considering your application.

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**Applicants Statement**

I certify that answers given herein are true and complete.

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

This application for employment shall be considered active for a period time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is 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 interviews(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_