

GEARY COUNTY SHERIFF'S DEPARTMENT

826 N. FRANKLIN STREET
 JUNCTION CITY, KS 66441
 (785) 762-6583



CORRECTION OFFICER EMPLOYMENT APPLICATION

APPLICATION PROCEDURES

1. You **must** complete all parts of the application. (Resumes are welcome as a supplement, but may not be submitted in place of the employment application). Failure to respond to all parts of the application will result in you not being considered for the vacancy.
2. This application and the waivers must be notarized. If needed, a notary will be available at the Geary County Detention Center, Monday-Friday from 8AM-5PM. (DO NOT SIGN ANY FORM THAT REQUIRES A NOTARY, THE NOTARY MUST BE PRESENT TO WITNESS YOUR SIGNATURES)
3. Any questions or concerns or to turn in your completed and notarized application/waivers, contact: Tammy Wachsnicht ; (785) 210-3667 ; tammy.wachsnicht@jcks.com, Monday – Friday, 8AM-5PM.

APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address			Apartment/Unit #			
City	State		ZIP			
Phone		E-mail Address				
Driver's license #, State of issue		Social Security #		Date of Birth		
Other Names Used						
Where did you hear about this vacancy?						
This position is a 12 hour shift, you may be required to work, days, night, weekends and holidays. Are you able to work this type of schedule?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain,		
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		
Are you a high school graduate or its equivalent?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you 18 years of age or older?		
List any language that you can speak other than English (including sign language):						
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		
Has your driver's license ever been suspended or revoked?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Do you currently have any traffic charges or any criminal charges pending against you?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Are there currently any restraining, no contact or protection orders in effect listing you as the defendant?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

APPLICANT INFORMATION (CONTINUED)

Have you ever been arrested?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Have you ever been convicted, placed on diversion or had any expunged convictions, for any crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Have you ever had contact with law enforcement regarding any domestic violence related incident or been charged with domestic violence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Have you in the past or are you currently involved in civil litigation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Have you ever illegally used, possessed or sold a controlled substance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

PREVIOUS EMPLOYMENT

Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		

PREVIOUS EMPLOYMENT (CONTINUED)

Company				Phone			
Address				Supervisor			
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

MILITARY SERVICE

Branch				From		To	
Rank at Discharge					Type of Discharge		
If other than honorable, explain							

EDUCATION

High School				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

DISCLAIMER AND SIGNATURE

*****THIS DISCLAIMER AND SIGNATURE PORTION OF THIS APPLICATION MUST BE NOTORIZED *****

I _____ hereby certify that the information contained in my application for employment is true and correct to the best of my knowledge. I understand that should investigation disclose material misrepresentations or falsification, my application may be disqualified, or if employed, my employment and all rights and privileges of my employment, may be immediately terminated. I authorize the investigation of the information contained herein by the designated public safety agency to verify its accuracy. I further authorize the designated agency to conduct any other job related inquiries necessary to determine my fitness for the position I am applying for. I understand that said investigation may cover the following:

- Educational Background
- References
- Reputation
- Criminal Record
- Motor Vehicle Department
- Records Employment History, Financial and Credit History
- Military Service

I understand that if I am offered employment, I may be required to undergo complete physical and psychological examination, substance abuse screening and in some jurisdictions, polygraph examination as a condition of employment. If employed, I accept as a condition of employment, that periodic checks may be made of both my driving record and criminal history during my employment with the employment agency. I understand that if such checks disclose criminal activity or other disqualifying activity, I may be subject to criminal prosecution and/or employee discipline, up to and including termination from employment.

Signature				Date	
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Subscribe and Sworn to before me the _____ day of _____, 20_____.

Notary Public in and for said County of _____.
State of _____.

Notary Public

Applicant Self-Identification Form
AN EQUAL OPPORTUNITY EMPLOYER

Position Applied For: _____

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company. We consider all applicants for all positions without regard to race, sex, religion, national origin, age, marital status, the presence of non-job related medical condition or handicap, or any other legally protected status.

Racial or Ethnic Group

- Native Hawaiian
- American Indian/Alaskan
- Asian/Pacific Islander
- Black/African American
- Hispanic/Latino
- White/Caucasian
- Other

Gender

- Female
- Male

Military Service

- I participated in a United States military operation for which an Armed Forces Service Medal was awarded, while serving on active duty in the Armed Forces, pursuant to Executive Order No. 12985 (61 Fed. Reg. 1209).
- I served on active duty during a war or in a campaign for which a campaign badge has been authorized.
- I am a disabled Veteran.*
- Recently separated Veteran*
- I am not a Veteran.

Disability

- I am an individual with a disability.*

Participation:

- I have received this form and decline to provide the required information.

Self-Identification Form Definitions

1. The term "Disabled Veteran" means-
 - a. A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation under laws administered by the Department of Veterans Affairs for a disability; or
 - b. A person who was discharged or released from active duty because of a service-connected disability.
2. The term "recently Separated Veteran" applies to any veteran during the three-year period beginning on the date of discharge or release from active duty
3. An "individual with a disability" means any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities; has a record of such impairment; or is regarded as having such impairment.

GEARY COUNTY SHERIFF'S DEPARTMENT

TONY WOLF
Sheriff



826 N. Franklin St
Junction City, KS 66441-0867
(785) 238-2261 (Office)
(785) 762-5085 (Fax)

Authorization to Release Information

Name of Applicant _____
Please print your full name

Date of Birth _____ SSN# _____

As an applicant for a position with the **Geary County Sheriff's Department** I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information submitted to this agency is **confidential** and will be used only for investigating my suitability for law enforcement employment.

Toward this end, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies, and all other, to furnish to the **Geary County Sheriff's Department** any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of Applicant _____

Subscribe and Sworn to before me the ____ day of _____, 20____.

Notary Public in and for said County of _____.

State of _____.

Notary Public

GEARY COUNTY SHERIFF'S DEPARTMENT

TONY WOLF
Sheriff



826 N. Franklin St.
Junction City, KS 66441-0867
(785) 238-2261 (Office)
(785) 762-5058 (Fax)

Pre-Employment Investigation Discovery Waiver

As an applicant to the **Geary County Sheriff's Department** for the position of _____, I recognize that an employing law enforcement agency has a legal, as well as a moral obligation, to take every reasonable effort to ensure that persons employed by them as peace officers, or in other positions, conform to the very highest standards.

Therefore, I release and hold harmless the **Geary County Sheriff's Department** and their officers, agents, or assigns, now and in the future, from any claim or damages in law of inequity on behalf of myself, my heirs and assigns, for their refusal to make available any and all of the information contained in this pre-employment investigation, including, but not limited to, the identity(ies) of any person(s) and/or organizations(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.

Dated this ____ day of _____, 20 _____.

Signature of Applicant

Subscribe and Sworn to before me the ____ day of

_____, 20_____.

Notary Public in and for said County of _____.

State of _____.

Notary Public

GEARY COUNTY SHERIFF'S DEPARTMENT

TONY WOLF
Sheriff



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Authorization for Disclosure of Social Networking Information

I, _____, give my permission for the Geary County Sheriff's Department Background Investigations Division to have access to my personal social networking accounts. If my accounts are set to "private" I will log into the account in the presence of the Background Investigator and allow him/her to review the contents of the account(s). Access to the account(s) must be granted immediately upon request.

I understand that the information present on my personal social networking account(s) is part of my background investigation. Any information that is racist, sexist or would bring discredit upon my candidacy for the position that I am applying for, may disqualify me from further consideration with the Sheriff's Department.

I understand that refusal to allow the Sheriff's Department Background Investigations Division access to my personal social networking account(s) will disqualify me from further consideration for employment with the Sheriff's Department.

By signing this document, I am agreeing to provide the Sheriff's Department immediate access to my personal social networking accounts.

- I do not have a social networking account
- I do authorize the Sheriff's Department access to my social networking account(s)
- I do not authorize the Sheriff's Department access to my social networking account(s)

Candidate Signature

Date

Investigators Signature

Date

Social Networking Account Name

Additional Social Networking Account Names
