

# 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@gearycountysheriff.org](mailto:tammy.wachsnicht@gearycountysheriff.org),  
 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.? YES <input type="checkbox"/> NO <input type="checkbox"/>
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? YES <input type="checkbox"/> NO <input type="checkbox"/>
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"/>		

REFERENCES											
Name					Relationship						
Phone #					Years Known						
Name					Relationship						
Phone #					Years Known						
Name					Relationship						
Phone #					Years Known						
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											
<b>***THIS DISCLAIMER AND SIGNATURE PORTION OF THIS APPLICATION MUST BE NOTORIZED ***</b>											
<p>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:</p> <ul style="list-style-type: none"> <li>• Educational Background</li> <li>• References</li> <li>• Reputation</li> <li>• Criminal Record</li> <li>• Motor Vehicle Department</li> <li>• Records Employment History, Financial and Credit History</li> <li>• Military Service</li> </ul> <p>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.</p>											
Signature								Date			
<p>Subscribe and Sworn to before me the ____ day of _____, 20____.</p> <p>Notary Public in and for said County of _____.</p> <p>State of _____.</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Notary Public</p>											

**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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Native Hawaiian         | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> White/Caucasian        | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Hispanic/Latino         |   |   |

### Gender

- |                                 |                               |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> 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

**DANIEL JACKSON**  
Sheriff



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

## Authorization to Release Information

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

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

Toward this end, I authorize the 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 current and former employers, physicians, friends, acquaintances, credit reporting agencies, public or private agencies, and all other, to furnish the Geary County Sheriff's Office 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 authorized 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 authorization to release information shall be valid for any information supplied within one (1) year of the date of my signature.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for said County of Geary, State of Kansas.

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