

Application for Employment

Position Applied For: _____

Lincoln County Sheriff's Office

Return To:

Attn: _____

Lincoln County Sheriff's Office
65 Business Park Drive
Troy, Missouri 63379



Lincoln County Sheriff's Office Required Documents Checklist

All applicants must electronically submit copies of the following documents. A failure to provide all of the required documents will result in a delay of the hiring process and failure to provide all the required documents will result in your file being administratively closed.

Applicant Name:

Sex:

Have you previously applied with Lincoln County Sheriff's Office? Yes No

Year(s) Applied

Check if **The following documents are required and must be provided by all applicants:**

- Birth Certificate (Government issued) or U.S. Passport
- Social Security Card
- Valid driver's license
- High School Diploma or State-Issued GED Certificate
- Unofficial College Transcript(s) or College Degree(s)
-

The following documents are also required (if applicable):

- Marriage Certificate (for current/most recent marriage)
- Divorce Decree(s) (for all divorces)
- DD214 (AND Letter of Good Standing for National Guard members)
- Veteran's Preference documents (if applicable)
- Bankruptcy discharge including list of creditors.
- Final court disposition of any/all arrest(s) (if ever arrested or required to appear in criminal court)
- Arrest report(s) for any/all arrest(s)

Lincoln County Sheriff's Office Review Only: Application Packet Review

- This packet has been reviewed and contains all documents required for processing.
- This packet has been reviewed and determined to be incomplete.

Department Representative/Title:

Date:

Application for Employment

We appreciate your interest in Lincoln County Sheriff's Office. Lincoln County Sheriff's Office is an equal employment opportunity employer. We encourage workplace diversity and make employment decisions without regard to race, ethnicity, religion, color, national origin, gender, sexual orientation, gender identity or expression, age, veteran status, marital status, ancestry, genetic information, disability, familial responsibilities, or any other factor protected by federal, state, local or host country law. This applies to recruiting, hiring, placement, promotions, transfers, terminations, compensation, administering benefits, training, disciplinary actions, performance assessments, layoffs, recalls, leaves of absence, and all other terms and conditions of employment. LCSO complies with applicable state and local laws governing non-discrimination in employment in every location in which the Company has facilities.

Instructions: Please print and complete all questions. Include any supplemental information that you feel would be helpful in our consideration of your qualifications. If you need additional space for your responses below, use the Comments/Other Accomplishments section of this questionnaire or attach additional sheets.

Applicant Identification

Date: _____

First Name: _____ Middle: _____ Last: _____
Address: _____ City: _____
State: _____ Country: _____ Postal/Zip: _____
Date of Birth: _____ Home Phone: _____ Mobile: _____
Email: _____ Place of Birth: _____ SSN: _____

Please indicate how you heard about the job opportunity available within our organization. _____

Are there any other names under which your employment or educational records, references, and other information in the application may be verified? Yes No

If so, please provide the other name(s): _____

Have you ever been an employee of Lincoln County Sheriff's Office? No, Currently Yes, Previously No

Are you authorized to work lawfully in United States? Yes No. Were you Naturalized? Yes No.

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B status)? Yes No

Are you at least 18 years old? Yes No

Security Information:

Do you presently hold a security clearance? Yes No If yes, state level: _____

Have you ever held a security clearance? Yes No If yes, state level and dates held: _____

Criminal History Information:

Please read the following section carefully and answer it thoroughly. If you have any type of criminal record history or other information in response to one or more of the questions below, you must disclose the information and supply the details on this application. Conviction will not necessarily disqualify an applicant from employment. Failure to answer these questions truthfully and accurately to the best of your ability will disqualify you from employment.

In the past seven years, have you ever had a finding or verdict of guilt imposed by a court or have you otherwise been convicted or found guilty of a felony crime, regardless of whether any fine, penalty or sentence was imposed, served, probated, suspended, deferred (as in deferred adjudication), or otherwise withheld or set aside (for example, a finding of guilt or sentence held in abeyance and later dismissed upon meeting certain conditions such as good behavior, community service, completion of a course, or other requirements)? Yes No

If yes, explain below. (Include full name under which you were convicted.)

In the past seven years, have you ever forfeited bail, accepted a plea bargain or otherwise entered a plea of guilty, no contest, nolo contendere, or any other plea of guilty in court in conjunction with the disposition of charges against you for a felony crime regardless of whether any fine, penalty or sentence was imposed, served, probated, suspended, deferred (as in deferred adjudication), or otherwise withhold or set aside (for example, a finding of guilt or sentence held in abeyance and later dismissed upon meeting certain conditions such as good behavior, community service, completion of a course, or other requirements)?

Yes No. Please explain.

In the past seven years, have you received a written warning, been officially reprimanded, suspended or disciplined for misconduct involving the use of any information technology system (computer system, network, or software)?

If yes, explain below.

In the past seven years, have you been a party to any public record civil court action (for example, received an injunction, restraining order, cease and desist order, etc.)?

Education: Your educational record will be considered only to the extent that it is relevant to the job sought.

College: _____ Address & Zip Code: _____

Degree: _____ Years of Study (From): _____ To: _____

College: _____ Address & Zip Code: _____

Degree: _____ Years of Study (From): _____ To: _____

College: _____ Address & Zip Code: _____

Degree: _____ Years of Study (From): _____ To: _____

Instructions: Please print and list every position that you have held for the past 10 years, starting with your most recent position. If you require additional space to detail your employment history, please request an Employment History Attachment from Human Resources Representative.

All employers including your current employer may be contacted to verify the information you provide. May we contact your current employer prior to any offer of employment? Yes No

Employment Background: Present or most recent employer.

Employer: _____

City: _____ State: _____ Zip: _____ Phone: _____

Country: _____ Hired (mm/yy): _____

Current and last Position & Duties: _____ Termed (mm/yy): _____

Reason for Leaving: _____ Starting Base Pay: _____

_____ Ending Base Pay: _____

Employer: _____

City: _____ State: _____ Zip: _____ Phone: _____

Country: _____ Hired (mm/yy): _____

Current and last Position & Duties: _____ Termed (mm/yy): _____

Reason for Leaving: _____ Starting Base Pay: _____

_____ Ending Base Pay: _____

Employer: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Country: _____ Hired (mm/yy): _____
 Current and last Position & Duties: _____ Termed (mm/yy): _____
 Starting Base Pay: _____
 Reason for Leaving: _____ Ending Base Pay: _____

Employer: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Country: _____ Hired (mm/yy): _____
 Current and last Position & Duties: _____ Termed (mm/yy): _____
 Starting Base Pay: _____
 Reason for Leaving: _____ Ending Base Pay: _____

Please explain any gaps in your employment. Periods of unemployment will not necessarily disqualify an applicant from employment. _____

Certifications

Provide any additional information regarding your qualifications, career objectives or any other details that could help us evaluate your candidacy. Start by entering the most relevant certification and continue adding certifications until you have entered all that you feel are important to disclose for this job. Do not list expired certifications.

Certification Name: _____	Certification Name: _____	Certification Name: _____
Number/ID: _____	Number/ID: _____	Number/ID: _____
Issuing Organization: _____	Issuing Organization: _____	Issuing Organization: _____
Country: _____	Country: _____	Country: _____
Issue Date (mm/yy): _____	Issue Date (mm/yy): _____	Issue Date (mm/yy): _____
Expiration Date (mm/yy): _____	Expiration Date (mm/yy): _____	Expiration Date (mm/yy): _____
Supplemental Comments _____	Supplemental Comments _____	Supplemental Comments _____

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Expiration Date (mm/yy): _____	Expiration Date (mm/yy): _____	Expiration Date (mm/yy): _____
Supplemental Comments _____	Supplemental Comments _____	Supplemental Comments _____

Professional References

Provide four professional references, connected to your most recent profession but not related / friend.

Name: _____	Company Name: _____	Designation: _____
Address: _____	Email: _____	Phone: _____

Name: _____ Company Name: _____ Designation: _____
 Address: _____ Email: _____ Phone: _____

Name: _____ Company Name: _____ Designation: _____
 Address: _____ Email: _____ Phone: _____

Name: _____ Company Name: _____ Designation: _____
 Address: _____ Email: _____ Phone: _____

Personal References

Provide two personal references (NOT RELATIVES OR IN – LAWS) who have known you well for past three (3) years or more:

Name: _____ Relation: _____ How Long Acquainted: _____
 Address & Zip Code: _____ Email: _____ Phone: _____

Name: _____ Relation: _____ How Long Acquainted: _____
 Address & Zip Code: _____ Email: _____ Phone: _____

Driving History

List all driver’s or chauffeurs licenses you hold now or have previously held. Indicate if you have ever had your license revoked or suspended.

State	Type of License	Expiration Date	License Number	Revoked or Suspended

Have you ever been sentenced to a driver’s improvement school? Yes No.

List all driving citations or summons you have received as an adult or juvenile. Begin with the most recent.

Diversity: Please provide the information requested below and in the attached form regarding diversity. Submission of this information is STRICTLY VOLUNTARY.

**AFFIRMATIVE ACTION
SELF-IDENTIFICATION INFORMATION**

Completion of the information below by the applicant is voluntary.

We consider all applicants for positions without regard to ethnic background, race, religion, sex, sexual orientation or identity, national origin, age, veteran, Vietnam Era veteran, disabled veteran, National Guard, reserve, disability, pregnancy, or any other similarly protected status.

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is **STRICTLY VOLUNTARY** and refusal to provide it will not subject you to any adverse personnel decision or action. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. Your cooperation is appreciated. This information is not a part of your official application for employment and will be filed separately from the application. It will not be used in any hiring decision.

1 Gender

Male Female I choose not to self-identify

2 Ethnicity

Hispanic or Latino Not Hispanic or Latino I choose not to self-identify.

3 Race

American Indian or Alaska Native Asian/Native Hawaiian or Other Pacific Islander Black or African American White Two or more races
 I choose not to self-identify.

4 Protected veteran: Do you consider yourself a protected veteran?

Yes No I choose not to self-identify.

5 Armed Forces service medal veteran

Armed Forces service medal veteran Not an Armed Forces services medal veteran I choose not to self-identify.

6 Disabled veteran

Disabled veteran Not a Disabled veteran I choose not to self-identify.

7 Recently separated veteran

Recently separated veteran Not a Recently separated veteran I choose not to self-identify.

8 Active-duty wartime or campaign badge veteran

Active-duty wartime or campaign badge veteran Not an Active-duty wartime or campaign badge veteran I choose not to self-identify.

EEO Policy:

Lincoln County Sheriff's Office is an Equal Opportunity Employer of Minorities/Women/Individuals with Disabilities/Protected Veterans. Lincoln County Sheriff's Office provides reasonable accommodation for qualified individuals in accordance with applicable federal law. The company will provide reasonable accommodation for the known physical or mental limitations of qualified employees and applicants with disabilities unless doing so would impose an undue hardship on the company's operations.

I understand and agree that this application is not an offer of employment or a contract. I understand and agree that, I will be employed "at-will," meaning that either the Company or I may terminate my employment at any time for any reason, with or without cause or notice. I also understand that any handbooks, manuals, policies, and procedures maintained by the Company are not contractual and may be amended or abolished at the sole discretion of the Company at any time.

Further, should I become an employee of the Company, I will adhere to the Company's Code of Ethics and Standards of Conduct and all other policies and procedures governing my conduct as an employee. I will report in good faith any and all suspected legal, policy, and/or procedural violations. I will conduct the Company's business in an ethical, professional, and legal manner. Furthermore, I acknowledge that the Company has established a Drug-Free Awareness Program. Should I become employed with a business unit that conducts pre-employment drug testing, I acknowledge that I will be required to pass a drug screening test as a condition of my employment. Should I become an employee of the Company, I will abide by the terms of the Company's Drug Abuse Policy and related management instructions. I will, in addition, obey all of the laws of the United States and of all localities, states, and nations where the Company does business.

Should I become an employee of the Company, I understand that, by virtue of my employment, I may gain access to confidential and proprietary information regarding Company business. I understand that the Company has a legitimate business need to protect such information and, as a condition of employment, I agree to sign and abide by an agreement governing the protection and disclosure of such confidential and proprietary information and for the assignment of inventions. (Please ask the Company Human Resources representative for a copy.)

I am not subject to a confidentiality agreement, non-compete and/or non-solicitation agreement, with a current or former employer.

Pursuant to the Immigration Reform and Control Act, the Company is required to employ only those individuals who are authorized to work lawfully in the United States. Accordingly, upon hiring, I will be required to demonstrate my eligibility to work in the United States. Failure to do so will result in termination or revocation of the offer of employment.

I certify that I have read, understand and will adhere to the above statements. I also certify that the information furnished in this application and during the application process is true, accurate, and complete to the best of my knowledge and belief and I understand that any misrepresentation or omission of fact on this or any record submitted pertinent to employment will constitute grounds for refusal to hire me or my immediate dismissal, regardless of when the false answer or omissions are discovered.

Signature of Applicant: _____

Date: ____ / ____ / ____

**Supplement for Additional Work History*

Employer: _____
City: _____ State: _____ Zip: _____ Phone: _____
Country: _____ Hired (mm/yy): _____
Current and last Position & Duties: _____ Termed (mm/yy): _____
Starting Base Pay: _____
Reason for Leaving: _____ Ending Base Pay: _____

Employer: _____
City: _____ State: _____ Zip: _____ Phone: _____
Country: _____ Hired (mm/yy): _____
Current and last Position & Duties: _____ Termed (mm/yy): _____
Starting Base Pay: _____
Reason for Leaving: _____ Ending Base Pay: _____

Employer: _____
City: _____ State: _____ Zip: _____ Phone: _____
Country: _____ Hired (mm/yy): _____
Current and last Position & Duties: _____ Termed (mm/yy): _____
Starting Base Pay: _____
Reason for Leaving: _____ Ending Base Pay: _____

Employer: _____
City: _____ State: _____ Zip: _____ Phone: _____
Country: _____ Hired (mm/yy): _____
Current and last Position & Duties: _____ Termed (mm/yy): _____
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 Current and last Position & Duties: _____ Termed (mm/yy): _____
 Starting Base Pay: _____
 Reason for Leaving: _____ Ending Base Pay: _____

Employer: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Country: _____ Hired (mm/yy): _____
 Current and last Position & Duties: _____ Termed (mm/yy): _____
 Starting Base Pay: _____
 Reason for Leaving: _____ Ending Base Pay: _____

Please explain any gaps in your employment. Periods of unemployment will not necessarily disqualify an applicant from employment. _____

Certifications

Provide any additional information regarding your qualifications, career objectives or any other details that could help us evaluate your candidacy. Start by entering the most relevant certification and continue adding certifications until you have entered all that you feel are important to disclose for this job. Do not list expired certifications.

Certification Name: _____	Certification Name: _____	Certification Name: _____
Number/ID: _____	Number/ID: _____	Number/ID: _____
Issuing Organization: _____	Issuing Organization: _____	Issuing Organization: _____
Country: _____	Country: _____	Country: _____
Issue Date (mm/yy): _____	Issue Date (mm/yy): _____	Issue Date (mm/yy): _____
Expiration Date (mm/yy): _____	Expiration Date (mm/yy): _____	Expiration Date (mm/yy): _____
Supplemental Comments _____	Supplemental Comments _____	Supplemental Comments _____

Certification Name: _____	Certification Name: _____	Certification Name: _____
Number/ID: _____	Number/ID: _____	Number/ID: _____
Issuing Organization: _____	Issuing Organization: _____	Issuing Organization: _____
Country: _____	Country: _____	Country: _____
Issue Date (mm/yy): _____	Issue Date (mm/yy): _____	Issue Date (mm/yy): _____
Expiration Date (mm/yy): _____	Expiration Date (mm/yy): _____	Expiration Date (mm/yy): _____
Supplemental Comments _____	Supplemental Comments _____	Supplemental Comments _____

Professional References

Provide four professional references, connected to your most recent profession but not related / friend.

Name: _____	Company Name: _____	Designation: _____
Address: _____	Email: _____	Phone: _____

Name: _____ Company Name: _____ Designation: _____
 Address: _____ Email: _____ Phone: _____

Name: _____ Company Name: _____ Designation: _____
 Address: _____ Email: _____ Phone: _____

Name: _____ Company Name: _____ Designation: _____
 Address: _____ Email: _____ Phone: _____

Personal References

Provide two personal references (NOT RELATIVES OR IN – LAWS) who have known you well for past three (3) years or more:

Name: _____ Relation: _____ How Long Acquainted: _____
 Address & Zip Code: _____ Email: _____ Phone: _____

Name: _____ Relation: _____ How Long Acquainted: _____
 Address & Zip Code: _____ Email: _____ Phone: _____

Driving History

List all driver’s or chauffeurs licenses you hold now or have previously held. Indicate if you have ever had your license revoked or suspended.

State	Type of License	Expiration Date	License Number	Revoked or Suspended

Have you ever been sentenced to a driver’s improvement school? Yes No.

List all driving citations or summons you have received as an adult or juvenile. Begin with the most recent.



Title:

Drug And Alcohol Testing Consent Form

Number:

4.4-1

Unit Issuing:

Human Resources

Approved by:

Manager - HR

Date Issued:

1/1/2021

Revised / Reviewed:

NA

Version #:

1.0

Page:

1 of 1

I, the undersigned, do hereby give my consent to the certified collector, clinic, hospital, drug and alcohol screening official or laboratory designated by Lincoln County Sheriff's Office to perform appropriate drug and alcohol testing on me.

I further give my permission to the designated certified collector, clinic, hospital, drug and alcohol screening official or laboratory, and its employees or agents, to release the results of these tests to Lincoln County Sheriff's Office or its representatives.

Pre-Employment Drug Testing

I acknowledge offers of employment are contingent upon satisfactory results of these tests. If the results of the drug and alcohol screening are deemed unsatisfactory at any time, the employment offer may be withdrawn and/or employment relationship terminated

Employment Drug Testing

I agree as a condition of continuing employment to permit and submit to periodic drug and alcohol testing. This can include providing specimens of urine samples and/or oral fluids. If the results of the drug and alcohol screening are deemed unsatisfactory at any time, the employment relationship will be terminated and I will not be eligible for rehire.

I understand refusal or failure to submit to such testing, falsification of a test, or a positive drug and/or alcohol screen will result in immediate suspension of my employment without pay and subject to termination of my employment.

I understand if a positive drug and/or alcohol test is received, I will have the right to request independent testing of the same sample for verification of the test result. If an independent testing is elected, I understand I will be responsible for the costs.

I further understand the results of such testing may be disclosed to authorize company management if such is required in my current employment. These test results will be considered in determining whether my employment at Lincoln County Sheriff's Office will continue.

I have read and understand the above.

Signature of Employee

Print Name

Date



Lincoln County Sheriff's Office

WAIVER AND AUTHORISATION TO RELEASE INFORMATION

To whom it may concern:

I authorize you to furnish Lincoln County Sheriff's Office with any and all information that you have concerning me, including, but not limited to, **records of internal investigations, work record, information concerning my reputation, my medical records, my military service records and my financial status.** Information of a confidential or privileged nature may be included. Your reply will be used to assist in determining my qualifications and fitness for the position that I am seeking with the county.

I am aware and understand my rights under Title 15, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by Lincoln County Sheriff's Office in conjunction with their employment procedures.

I hereby release you, your organization, and others from any liability or damage, which may be caused from furnishing the information requested.

Applicant's Name (Printed)

Date of Birth

Signature of Applicant

Date Signed

Note: A photocopy of this waiver and release authorization shall be considered as valid as the original.