

**EMPLOYMENT
APPLICATION**



BOONE COUNTY
Human Resources Department
613 E. Ash, Room 102
Columbia, MO 65201
(573) 886-4395
Fax: (573) 886-4444

An Affirmative Action/Equal Opportunity Institution

Name: _____	_____	_____	_____	Social Security #: _____	Date: _____
(Last)	(First)	(MI)			
Address: _____	_____	_____	_____	_____	_____
(Street)	(City)	(State)	(Zip)		
Home Phone: _ (_____) _____	_____	Day Phone: _ (_____) _____	_____	_____	_____
Job Opportunity #: _____	_____	Position Applying for: _____	_____	Department: _____	_____

PLEASE TYPE OR PRINT LEGIBLY IN INK.

Type of Employment Preferred

Indicate type of employment available to work.

- Full-time
- Part-time
- Temporary
- Summer Only
- Any of the above

Check Shifts available to work.

- 7am-3pm
- 8am-5pm
- 3pm-11:30pm
- 11pm-7:30am
- 6am-6pm
- 6pm-6am
- Weekends only
- Rotating Shift
- Other _____

How soon will you be available? _____ I do not wish to be considered for positions with a salary below \$ _____

Education

Circle highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12 Other 1 2 College 1 2 3 4 5 6 +

Do you have a high school diploma or equivalent? _____ Yes _____ No

Do you have a valid Driver's License? _____ Yes _____ No If yes, state issued by: _____

If yes, circle driver's license class: _____ Other _____

Endorsements? _____ Tanker _____ Air Brake Other _____

Please list all education beginning with high school.

Name and location Course of Study Total Hours Degree Completed

High School

Technical/Vocational

College

College

Graduate School

High school and/or college transcripts may be requested.

Employment

List all present and previous employment experiences including military and volunteer service. Additional employment sheets are available if needed. You may attach supporting documents (resume, letter of reference, etc.) but you must complete the employment section. This information will be used in reference checks necessary for further consideration. Failure to answer all items in the following section may eliminate you from further consideration. You must list sufficient employment experience, education, skills, and certifications in the following section to document that you meet the minimum qualifications for the position(s) for which you apply.

Employer

Job Title

If currently employed, may we contact for references? _____ Yes _____ No

Address (Street, City, State, Zip)

Salary: Beginning / Ending

()
Telephone

Name of Supervisor

Month Day Year To Month Day Year

Reason for Leaving

Full Time: _____ Part Time: _____ If part-time, how many hours per week? _____

Describe Duties: _____

Employer _____ **Job Title** _____
If currently employed, may we contact for references? Yes No

Address (Street, City, State, Zip) _____ Salary: Beginning _____ / _____ Ending _____
(_____) _____
Telephone _____ Name of Supervisor _____

Month Day Year To Month Day Year _____ Reason for Leaving _____

Full Time: Part Time: If part-time, how many hours per week? _____

Describe Duties: _____

Employer _____ **Job Title** _____
If currently employed, may we contact for references? Yes No

Address (Street, City, State, Zip) _____ Salary: Beginning _____ / _____ Ending _____
(_____) _____
Telephone _____ Name of Supervisor _____

Month Day Year To Month Day Year _____ Reason for Leaving _____

Full Time: Part Time: If part-time, how many hours per week? _____

Describe Duties: _____

Employer _____ **Job Title** _____
If currently employed, may we contact for references? Yes No

Address (Street, City, State, Zip) _____ Salary: Beginning _____ / _____ Ending _____
(_____) _____
Telephone _____ Name of Supervisor _____

Month Day Year To Month Day Year _____ Reason for Leaving _____

Full Time: Part Time: If part-time, how many hours per week? _____

Describe Duties: _____

Employer _____ Job Title _____
If currently employed, may we contact for references? ____Yes____No

Address (Street, City, State, Zip) _____ Salary: Beginning _____ / _____ Ending _____
(_____)
Telephone _____ Name of Supervisor _____

Month _____ Day _____ Year _____ To _____ Month _____ Day _____ Year _____ Reason for Leaving _____

Full Time: ____ Part Time: ____ If part-time, how many hours per week? _____

Describe Duties: _____

Employer _____ Job Title _____
If currently employed, may we contact for references? ____Yes____No

Address (Street, City, State, Zip) _____ Salary: Beginning _____ / _____ Ending _____
(_____)
Telephone _____ Name of Supervisor _____

Month _____ Day _____ Year _____ To _____ Month _____ Day _____ Year _____ Reason for Leaving _____

Full Time: ____ Part Time: ____ If part-time, how many hours per week? _____

Describe Duties: _____

Employer _____ Job Title _____
If currently employed, may we contact for references? ____Yes____No

Address (Street, City, State, Zip) _____ Salary: Beginning _____ / _____ Ending _____
(_____)
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Describe Duties: _____

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Describe Duties: _____

Employer _____ Job Title _____
If currently employed, may we contact for references? ____Yes____No

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(_____)
Telephone _____ Name of Supervisor _____

Month _____ Day _____ Year _____ To _____ Month _____ Day _____ Year _____ Reason for Leaving _____

Full Time: ____ Part Time: ____ If part-time, how many hours per week? _____

Describe Duties: _____

Employer _____ Job Title _____
If currently employed, may we contact for references? ____Yes____No

Address (Street, City, State, Zip) _____ Salary: Beginning _____ / _____ Ending _____
(_____)
Telephone _____ Name of Supervisor _____

Month _____ Day _____ Year _____ To _____ Month _____ Day _____ Year _____ Reason for Leaving _____

Full Time: ____ Part Time: ____ If part-time, how many hours per week? _____

Describe Duties: _____

BOONE COUNTY SHERIFF'S DEPARTMENT

AUTHORIZATION TO RELEASE INFORMATION

			Sex	Race	Date of Birth		
Last Name	First Name	Middle Name			Month	Day	Year
			SSN:				
Place of birth City	County		State		Country		

This release, when presented by a duly authorized representative of the Boone County Sheriff's Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Boone County Sheriff's Department: Employment; Educational; Medical; Drug Testing; Psychological; Selective Service; Police and Criminal; Motor vehicle and Driving; Financial and Credit; Polygraph Examinations; and the UNDELETED copy of the separation document and medical records of the National Personnel Records and Military Personnel Records Centers.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Boone County Sheriff's Department. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the Boone County Sheriff's Department, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the Boone County Sheriff's Department. I understand that all materials pertaining to this background investigation become the property of the Boone County Sheriff's Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source(s) of information will not be revealed to me, except that I understand that under the provisions of the Fair Credit Reporting Act, 15 U.S.C. §1561 et seq., I may request a copy of any consumer report from the consumer reporting agency that compiled the report.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature: _____ **Date:** _____

Human Resources Use Only.					
Typing score: %	_____	WPM	_____	Errors	_____
		Correct WPM	_____	Date	_____
Typing score: %	_____	WPM	_____	Errors	_____
		Correct WPM	_____	Date	_____

Application Referral Sources

What prompted your application?

Please choose one of the following.

<input type="checkbox"/> Boone County Staff Member: _____	<input type="checkbox"/> Other website: _____
<input type="checkbox"/> Boone County Job Posting	<input type="checkbox"/> KRCG Job Link
<input type="checkbox"/> Boone County Web Site	<input type="checkbox"/> Radio Ad: _____
<input type="checkbox"/> Newspaper Name: _____	<input type="checkbox"/> Cable Access Channel #: _____
<input type="checkbox"/> Community Employment Contact: _____	<input type="checkbox"/> Newsletter Name: _____
<input type="checkbox"/> Missouri State Employment Service	<input type="checkbox"/> Recruitment Fair: _____
<input type="checkbox"/> Career Related Publication: _____	<input type="checkbox"/> Walk-In
<input type="checkbox"/> School or University Contact: _____	<input type="checkbox"/> Other: _____

Affirmative Action Activity

The county of Boone is required by Federal Law to report specific information of Affirmative Action. The completion of this information is voluntary and will be kept confidential. Refusal to provide this information will not subject you to adverse treatment. NOTICE OF NONDISCRIMINATION – Applicants for employment, employees, sources of referral of applicants for employment, and all unions, are hereby notified that this institution does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, disability or status as a disabled veteran, veteran of the Vietnam Era or sexual orientation. Any person having inquiries concerning the County of Boone’s compliance with the regulations implementing Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, or Section 504 of the Rehabilitation Act of 1973, is directed to contact the Director, Human Resources, County of Boone, 601 East Walnut, Johnson Building, 2nd Floor, Columbia, Missouri 65201, 573-886-4395.

Name: _____
Last First MI

Ethnic Origin (Check One)

<input type="checkbox"/> Caucasian	Birth Date: _____ Month Day Year
<input type="checkbox"/> African-American	
<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Asian/Pacific Islander	
<input type="checkbox"/> American Indian/Alaskan Native	
	Male _____ Female _____

Yes _____ No _____ United States Veteran	Yes _____ No _____ U. S. Citizen
Yes _____ No _____ Vietnam Era Veteran VIETNAM ERA VETERAN NOTE: You must have served between August 5, 1964 and May 5, 1975 and have been honorably discharged or released from duty for a service-connected disability.	If no, do you have an immigration status that permits you to work? _____ Type of status and expiration date



**BOONE COUNTY SHERIFF'S DEPARTMENT
APPLICATION ADDENDUM**

NOTICE: This addendum to the County of Boone's application is required for positions in the nature of the services which are provided by this Department.

Name: _____ SS#: _____

Date of Birth: _____ Operator's or Chauffeur's License #: _____

Has your operator's/chauffeur's ever been suspended or revoked? _____

List all traffic violations you have received, excluding parking tickets:

<u>DATE</u>	<u>LOCATION</u>	<u>OFFENSE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RESIDENCES

List all locations where you actually lived, regardless of the period of time you resided there, from today back. If you were in the service, list dates and branch only. Do not list mailing address unless you actually lived at these locations during the period of time in question. Attach an extra sheet if needed.

<u>FROM</u>	<u>TO</u>	<u>STREET ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>LANDLORD & ADDRESS & TELEPHONE #</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CONTINUED ON NEXT PAGE

RESIDENCES (CONTINUED):

<u>FROM</u>	<u>TO</u>	<u>STREET ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>LANDLORD & ADDRESS & TELEPHONE #</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

What is your visual acuity? With Glasses: Left Eye _____/20 Right Eye _____/20
 Without Glasses: Left Eye _____/20 Right Eye _____/20

Have you received certification from a Basic Law Enforcement Training Academy? _____
 Date: _____ Hours of certification? _____

Please be certain to include any special skills as they apply to the position for which you are applying for (i.e. ability to speak/read/write foreign languages and skilled to perform photography/darkroom, martial arts, C.P.R., sign language, weapons use, etc.)

What are your occupational and career goals?

Briefly describe the type of work which you would like to do and would best use your training and experience.

How do you believe your background qualifies you for the position for which you are applying and would make you an asset to the Boone County Sheriff's Department?

Answer the following question only if you are applying for the following position: Patrol, Investigator, Correction Officer, Civil Process, Transport, and Crime Prevention:

Does your conscience preclude the bearing of arms? _____

PLEASE READ CAREFULLY AND SIGN – I certify that the above statements are correct, and if employed, understand that any false information in the application or its supporting documents will be sufficient grounds for termination without notice. I further agree that all rules, orders and regulations of the County of Boone affecting my employment shall constitute a part of my appointment or employment. My signature authorizes the County of Boone to review my previous employment, driving and criminal records, and other background data as it may relate to the position(s) for which I am applying. I understand and agree that if I am employed in a position which requires me to operate a County owned vehicle, my driving record shall be reviewed on an annual basis. I understand that at such time as my employment with Boone County is terminated by retirement or otherwise, I must return all of my employer's property in my custody before I am entitled to final payments of any amounts due me on separation.

Signature of Applicant: _____ **Date:** _____



QUALIFICATION FORM

COMPLETE ONLY IF YOU ARE APPLYING FOR DEPUTY SHERIFF OR CORRECTIONAL OFFICER POSITIONS.

Amendments to the federal Gun Control Act prohibit any person who has ever been convicted of a misdemeanor involving domestic violence from possessing any firearm or ammunition. The law defines a misdemeanor crime of domestic violence as an offense, under either state or federal law, where the crime has “as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with the victim as a spouse, parent or guardian of the victim.”

1. Have you ever been convicted of a misdemeanor crime of domestic violence?

Yes _____ No _____

2. If “Yes”, provide the following information with respect to the conviction(s):

Court/Jurisdiction _____ Statute/Charge _____

Docket/Case Number _____ Date of Judgment _____

Internal disciplinary action, including dismissal, may be undertaken if you refuse to answer or if you fail to reply full and truthfully. Neither your answers nor any information or evidence gained by reason of your answers can be used against you in any criminal prosecution for a violation of this law. However, the answers you give and information or evidence resulting therefrom may be used against you in a prosecution for knowingly and willfully providing false statements or information, and/or in the course of internal disciplinary proceedings.

I hereby certify that the above information is true, correct and complete based on my personal knowledge and belief. I understand that providing false or fraudulent information may be grounds for adverse action, up to and including termination of employment.

Date _____

Name (print or type) _____

Signature _____