# Haskell County Sheriff's Office P. O. Box 853 Sublette, KS 67877 Phone (620) 675-2280 Fax (620) 675-2638 Troy Briggs, Sheriff

### APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, or the presence of a non job related medical condition or handicap.

#### PLEASE PRINT

Date of Application:	<del></del>		
Position(s) applied for:			_
How did you learn about this job?			
Name:			
Name:Last Mailing Address:	First		Middle
Address: Street	City	State	Zip
Telephone:	Social Sec	urity Number:	
E-mail address:			
Have you filed an application here	before, if YES	give date filed	
Have you ever been employed here	e before, if YES g	ive dates	
Are you employed now?	. May we contact your	present employer?	
Are you prevented from lawfully b Proof of citizens	pecoming employed in this hip or immigration status	=	
What date would you be available	for work?	<u> </u>	
Are you available to work full-time	e? Part tim	ue	
Employment with this agency requ	ires shift and holiday wor	k, is this a problem	?

Have you ever been charged with a felony crime?  Have you ever been convicted of a felony?
If yes please explain, including dates
Have you ever been charged with a misdemeanor crime?  Have you ever been convicted of a misdemeanor?
If yes, please explain, including dates
This position may require a valid driver's license; do you have a valid license?
If yes, what state issued your license, License number
Do you speak any languages other then English?  If yes, what languages  How proficient are you in these languages?
Please list any professional, trade, business or civic activities or offices held:
Please list any specialized schools or training that you have attended.
Please list any special skills, training or other qualifications.

Employment experience
Start with your present or last job. Include military service assignments and volunteer activities.

Employed from employed to	
Job title and job duties Supervisor employed to	
Supervisor employed to Reason for leaving	
Employed from employed to	
Employer name	
Address, city and town,	
Job title and job duties	
Supervisor	
Employed from employed to	
Reason for leaving	
Employer name	
Employer name	
Address, city and town,	
Job title and job duties	
Supervisor	
Employed from employed to	
Reason for leaving	
Employer name	
Address, city and town,	
Job title and job duties	
Supervisor	
Employed from employed to	
Reason for leaving	
Employer name	
Employer name	
Address, city and town,	
Job title and job duties	
Supervisor employed to	
Reason for leaving	

## References

Please list at least 3 individuals for references, not related to you, that we may contact. Include full names, addresses and telephone numbers, but do not list former employers.

Name:	<del></del>
Address:	
Phone Number(s):	
Relationship to Reference	
Name:	
Address:	
Phone Number(s):	
Relationship to Reference	
Name:	
Address:	
Phone Number(s):	
Relationship to Reference	
The information that I have	sted on this application is true and correct to the best of my knowledge.
Name	Date
background investigation of I hereby authorize all person any information about or con Any information obtained at of my employment.	ed for a position with this agency, the agency will conduct a through nyself. to whom this form is provided, in either original or duplicate form, to release terning me to the Haskell County Sheriff's Office. but me will be kept on file while this application is active or during the course candidate for employment, the background information will be destroyed.
Name	Date