

# HASKELL COUNTY SHERIFF'S OFFICE

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300 S. Inman  
P.O. Box 853  
Sublette, KS 67877  
Ph: (620)675-2289 ~ Fax: (620)675-2638

Dear Public Safety Applicant:

Thank you for your interest in a position with the Haskell County, KS Sheriff's Office. Our hiring process for a public safety position could take from 1 to 3 months, and we ask for your patience during the process. Enclosed you will find your employment application. For your convenience there is a checklist included in your packet. Please provide all of the information that is requested. Failure to do so could disqualify you from consideration for this position.

To be considered for the position you may be asked to participate in the following processes:

- Oral Interview Panel Review**
- Extensive Background Examination**

At a later date you may be asked to participate in further testing, i.e. medical examination, drug screening, and psychological examination. All procedures must be passed, but DOES NOT guarantee employment.

If an applicant is deferred, their application will remain on file for six months from the date of the original application, at which time the applicant can re-apply if still interested in employment.

Again, thank you for your interest in employment with the Haskell County Sheriff's Office. If you have any questions, please call 620-675-2289.

Respectfully,

Sheriff Troy M. Briggs  
Haskell County Sheriff's Office  
tbriggs2001@gmail.com  
620-675-2289

# HASKELL COUNTY SHERIFF'S OFFICE

## INSTRUCTIONS

### PLEASE READ CAREFULLY BEFORE BEGINNING

Please print or type all information you list in this application and questionnaire.

1. Copies of the following documents **must** accompany this application when submitted; otherwise, your application will not be considered:

- ⌚ **copy of high school diploma or GED certificate**
- ⌚ **copy of birth certificate**
- ⌚ **copy of current driver's license**
- ⌚ **copy of social security card**
- ⌚ **if you are a veteran, copy of DD-214**

**If you are a Certified Peace Officer please attach a copy of your basic certificate displaying your certification.**

2. You **will not** be considered for employment with the Haskell County Sheriff's Office, if any of the following exists:

- ⌚ **Conviction in any court for any felony offense**
- ⌚ **Conviction in any court for any drug-related offense**
- ⌚ **Conviction in any court for any domestic related incident**
- ⌚ **Any pending criminal action in any court**
- ⌚ **Presently under investigation for any criminal offense by this or any other law enforcement or criminal justice agency**
- ⌚ **Unable to obtain a Kansas driver's license**
- ⌚ **Unable to satisfactorily perform assigned duties or comply with regulation of the Kansas Peace Officers Standards and Training Council (KS-CPOST).**
- ⌚ **Less than 21 years of age at time of application**
- ⌚ **If you are not a U.S. citizen**

3. If you have any questions regarding this application or this specific position: contact the sheriff's office at 620-675-2289.

4. The following is a checklist for your convenience. The sheriff's office urges you to use it, as an incomplete application **may not** be processed. Upon completion of the application, refer to this checklist to make sure no information has been omitted.

# HASKELL COUNTY SHERIFF'S OFFICE

## CHECKLIST

All questions are answered. Those not applying to applicant are marked N/A or No.

I have attached a copy of the following documents:

- Certified Peace Officer Certificate (if applicable)**
- Copy of birth certificate**
- Copy of high school diploma or GED Certificate**
- Copy of valid driver's license**
- Copy of social security card**
- Copy of military discharge DD214 (if applicable)**

The application is signed, dated and notarized. Please do not sign any portion of the application that requires a Notary if you do not have one readily available, as the county has several Notaries for your convenience.

In addition to the required copies of documentation, I have attached the following:

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Upon returning this application to the Haskell County Sheriff's Office, 300 S. Inman/ PO Box 853 Sublette, KS 67877, you will be notified of when and where to report for further employment processing.

# HASKELL COUNTY SHERIFF'S OFFICE

## APPLICATION FOR EMPLOYMENT

***Applicants are considered for all positions without regards to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.***

Date of Application: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

How did you learn about this job? \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Have you filed an application here prior? \_\_\_\_\_

If YES give date: \_\_\_\_\_

Have you been employed here prior? \_\_\_\_\_

If Yes give dates: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

If Yes give dates: \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT CONTINUED**

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
\_\_\_\_\_ *Proof of citizenship or immigration status may be required upon employment.*

What date would you be available for work? \_\_\_\_\_

Are you available to work full-time? \_\_\_\_\_ Part Time? \_\_\_\_\_

Employment with this agency requires shift and holiday work, is this a problem? \_\_\_\_\_

Do you speak/ write any languages other than English? \_\_\_\_\_

If yes, what language(s): \_\_\_\_\_

How proficient are you in these language(s): \_\_\_\_\_

Please list any professional, trade, business, or civic activities or offices held:

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Please list any specialized schools or training that you have attended:

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Please list any special skills, training, or other qualifications:

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Please list any current or completed military experience (including branch, unit, commanding officer, and service dates:

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# HASKELL COUNTY SHERIFF'S OFFICE



## REFERENCES

**Please list 3-5 Personal/ Business References.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

# HASKELL COUNTY SHERIFF'S OFFICE

## CRIMINAL/ TRAFFIC RECORD

If you have ever been convicted of an offense against the law or are now under charges for any offense against the law, please provide the following information.

### Felonies, Misdemeanors (either civilian or military):

Crime/Charge	Court	Date	Crime/Charge	Court	Date
Disposition of Case (dismissed, fined, probation)			Disposition of Case (dismissed, fined, probation)		
Crime/Charge	Court	Date	Crime/Charge	Court	Date
Disposition of Case (dismissed, fined, probation)			Disposition of Case (dismissed, fined, probation)		

### Convictions (traffic, including pleas and no contest):

Crime/Charge	Court	Date	Crime/Charge	Court	Date
Disposition of Case (dismissed, fined, probation)			Disposition of Case (dismissed, fined, probation)		
Crime/Charge	Court	Date	Crime/Charge	Court	Date
Disposition of Case (dismissed, fined, probation)			Disposition of Case (dismissed, fined, probation)		

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## PREVIOUS ADDRESSES

List the information requested regarding all addresses at which you have resided within the past 10 years, excluding present address. Begin with the most recent and list up to five.

**Address** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

Own  Rent      If rent list landlord's name: \_\_\_\_\_

Roommates: \_\_\_\_\_

**Address** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

Own  Rent      If rent list landlord's name: \_\_\_\_\_

Roommates: \_\_\_\_\_

**Address** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

Own  Rent      If rent list landlord's name: \_\_\_\_\_

Roommates: \_\_\_\_\_

**Address** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

Own  Rent      If rent list landlord's name: \_\_\_\_\_

Roommates: \_\_\_\_\_

**Address** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

Own  Rent      If rent list landlord's name: \_\_\_\_\_

Roommates: \_\_\_\_\_



# HASKELL COUNTY SHERIFF'S OFFICE

## LAW ENFORCEMENT EXPERIENCE

Notice: Complete the next two sections only if you are currently or have been a law enforcement officer. This does not include private security experience.

Are you currently a peace officer?  Yes  No

\_\_\_\_\_  
Certification #

\_\_\_\_\_  
State of Certification

\_\_\_\_\_  
Name of Academy you Attended

\_\_\_\_\_  
Address of Academy

\_\_\_\_\_  
Years of Law Enforcement Experience

Have you ever qualified with a weapon?  Yes  No

WEAPON MAKE	SERIAL NUMBER	CALIBER	SCORE	DATE	INSTRUCTOR/ INSTITUTION

Have you ever been the subject of an internal/administrative investigation?  Yes  No

If "Yes" attach an explanation to this application giving full and complete details.

# HASKELL COUNTY SHERIFF'S OFFICE

## LAW ENFORCEMENT EXPERIENCE CONTINUED

Check any of the areas in which you have received specialized training:

- |                                                         |                                                              |
|---------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> HOMICIDE INVESTIGATION         | <input type="checkbox"/> LAW ENFORCEMENT MANAGEMENT          |
| <input type="checkbox"/> RAPE INVESTIGATION             | <input type="checkbox"/> HUMAN RESOURCES SUPERVISION         |
| <input type="checkbox"/> ROBBERY INVESTIGATION          | <input type="checkbox"/> SEX CRIMES                          |
| <input type="checkbox"/> BURGLARY INVESTIGATION         | <input type="checkbox"/> COURTROOM PROCEDURES                |
| <input type="checkbox"/> AUTO THEFT INVESTIGATION       | <input type="checkbox"/> EVIDENCE PRESENTATION               |
| <input type="checkbox"/> ARSON INVESTIGATION            | <input type="checkbox"/> FIRST AID                           |
| <input type="checkbox"/> CRIME SCENE TECHNICIAN         | <input type="checkbox"/> CPR                                 |
| <input type="checkbox"/> FORGERY INVESTIGATION          | <input type="checkbox"/> EMT/ADVANCED EMT                    |
| <input type="checkbox"/> PARTOL TECHNIQUES              | <input type="checkbox"/> SELF PROTECTION/MECHANICS OF ARREST |
| <input type="checkbox"/> TRAFFIC ACCIDENT INVESTIGATION | <input type="checkbox"/> PURSUIT/DEFENSIVE DRIVING           |
| <input type="checkbox"/> CRIME PREVENTION               | <input type="checkbox"/> FIREARMS                            |
| <input type="checkbox"/> JUVENILE                       | <input type="checkbox"/> SWAT/ERT                            |
| <input type="checkbox"/> DRUG INVESTIGATION             | <input type="checkbox"/> REPORT WRITING                      |
| <input type="checkbox"/> CRIMINAL INVESTIGATION         | <input type="checkbox"/> INTERVIEWS & INTERROGATIONS         |
| <input type="checkbox"/> OTHER: _____                   | <input type="checkbox"/> I.T.I. SOFTWARE                     |

### Law Enforcement Experience

- PATROL       DETECTIVE       TRAFFIC       SUPERVISION       S.R.O.
- OTHER \_\_\_\_\_

# HASKELL COUNTY SHERIFF'S OFFICE

## DRIVING HISTORY

Can you operate a motor vehicle?  Yes  No

Do you possess a valid State of Kansas operator's license?  Yes  No

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Year issued

\_\_\_\_\_  
Expiration Date

Have you ever possessed an operator's license issued by any state other than Kansas?  Yes  No

If yes, give state and license number: \_\_\_\_\_

State

Number

Have you successfully completed a safe driving or driver's education course?

Yes  No If yes, who sponsored the course? \_\_\_\_\_

Has your license ever been suspended or revoked?  Yes  No

If yes, state whether a suspension or revocation and reason.  
\_\_\_\_\_

Was your license restored?  Yes  No When? \_\_\_\_\_

Have you ever been refused an operator's license by any state?  Yes  No

If yes, give details. \_\_\_\_\_

Have you ever been involved in a motor vehicle accident?  Yes  No

If yes, give complete details for each accident whether collision or non-collision:

**Date:** \_\_\_\_\_ Police Investigation?  Yes  No

Location: \_\_\_\_\_

Cause of Accident: \_\_\_\_\_

Injuries?  Yes  No Who was legally at fault? \_\_\_\_\_

**Date:** \_\_\_\_\_ Police Investigation?  Yes  No

Location: \_\_\_\_\_

Cause of Accident: \_\_\_\_\_

Injuries?  Yes  No Who was legally at fault? \_\_\_\_\_

# HASKELL COUNTY SHERIFF'S OFFICE

## EMPLOYMENT HISTORY

Start with your present or last job.

Employer Name: \_\_\_\_\_  
Address, City, and State: \_\_\_\_\_  
Job Title and/or Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Employed from: \_\_\_\_\_ Employed To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address, City, and State: \_\_\_\_\_  
Job Title and/or Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Employed from: \_\_\_\_\_ Employed To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address, City, and State: \_\_\_\_\_  
Job Title and/or Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Employed from: \_\_\_\_\_ Employed To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address, City, and State: \_\_\_\_\_  
Job Title and/or Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Employed from: \_\_\_\_\_ Employed To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

# HASKELL COUNTY SHERIFF'S OFFICE

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## EMPLOYMENT HISTORY CONTINUED

Employer Name: \_\_\_\_\_  
Address, City, and State: \_\_\_\_\_  
Job Title and/or Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Employed from: \_\_\_\_\_ Employed To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Have you ever been fired from or permitted to resign employment for breach of trust, embezzlement, theft, or any other crime? Yes No

Have you ever been fired from or permitted to resign employment for abuse of authority or for any disciplinary reasons? Yes No

Comments from Above Questions:

\_\_\_\_\_  
\_\_\_\_\_

IF IT BECAME NECESSARY IN THE COURSE OF LAW ENFORCEMENT DUTIES TO TAKE A HUMAN LIFE, WOULD YOU TAKE THAT LIFE? Yes No

As a law enforcement officer when would you take the life of another human? Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS QUESTIONNAIRE ARE TRUE AND COMPLETE, AND UNDERSTAND THAT ANY MISSTATEMENTS OF MATERIAL FACTS WILL SUBJECT ME TO DISQUALIFICATION AS AN APPLICANT, OR DISMISSAL, IF HIRED.**

\_\_\_\_\_  
Date completed

\_\_\_\_\_  
Signature in full

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Notary (Signature and Seal Stamp)

\_\_\_\_\_  
Date

# HASKELL COUNTY SHERIFF'S OFFICE

## REFERENCE RELEASE STATEMENT

I authorize the addressed individual, company, or institution to furnish the Haskell County Sheriff's Office with any information that they may have concerning me which they have on record or otherwise; and I release such individual, company, or institution and the Haskell County Sheriff's Office from any and all liability for any damage whatsoever incurred in furnishing such information. A photocopy of my signature on this page will suffice as an original.

Printed Name of Applicant

Date of Birth

Signature of applicant

Date of Signature

**Applicant – do not write below this line**

**To:**

Haskell County Sheriff's Office  
C/O Undersheriff Derrick Ploutz  
PO Box 853  
Sublette, KS 67877

To Whom It May Concern:

The job applicant named above has applied for employment with the Haskell County Sheriff's Office and listed your organization as a present or previous employer. The sheriff's office would very much appreciate your help and cooperation by candidly evaluating this applicant's performance while employed by your organization. You may return this form to us by mail or call our representative named above. Thank you.

PLEASE RATE THE FOLLOWING	EXCELLENT	GOOD	FAIR	POOR
Responsiveness to Supervision				
Cooperation				
Quality of Work				
Self-Initiation				
Timeliness of Work				
Attendance/Punctuality				

Dates of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Would you Reemploy: \_\_\_\_\_

If not, why: \_\_\_\_\_

Please attach additional comments.

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

# HASKELL COUNTY SHERIFF'S OFFICE

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## AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize representatives of the Haskell County Sheriff's Office, bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment and/or educational records, including but not limited to, academic achievement, attendance, athletic, and disciplinary records. I hereby direct you to release such information upon request of bearer. This release is executed with full knowledge and understanding that the information is for the official use of my public safety application. Consent is granted for the Haskell County Sheriff's Office to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other education institution, or other consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually or collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me at the address indicated below.

I understand that my application will be subject to verification through a comprehensive background investigation. Falsification and/or misrepresentation of facts during any phase of the employment process will be grounds for termination of the applicant's employment process and/or dismissal.

Full Name: \_\_\_\_\_  
Printed Signature

Date of Birth: \_\_\_\_\_ Day Time Telephone: \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip Code

### MUST BE NOTARIZED

\_\_\_\_\_  
Full Signature Date

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

Must have signature and seal/stamp

# HASKELL COUNTY SHERIFF'S OFFICE

## RELEASE OF CRIMINAL HISTORY CONSENT FORM

**The intent of this authorization is to give my ongoing consent for full and complete disclosure of my criminal history.**

_____ Last Name	_____ First Name	_____ Middle Name	
_____ Street Address	_____ City	_____ State	_____ Zip Code
_____ Social Security Number	_____ Date of Birth		

Authorize:   The Haskell County Sheriff's Office  
                  300 S. Inman  
                  PO Box 853  
                  Sublette, KS 67877

to receive my criminal history record from the NCIC database. I understand this request will only be used for employment purposes.

Where information provided through your criminal history indicates criminal changes outside the State of Kansas, it is your responsibility as an applicant to provide the Haskell County Sheriff's Office with a copy of all criminal history records in all other applicable states. Failure to provide the required information may result in the disqualification of your application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public  
Must have signature and seal

\_\_\_\_\_  
Date

