



## APPLICATION INSTRUCTIONS

### WHITLEY COUNTY SHERIFF'S DEPARTMENT WHITLEY COUNTY, KENTUCKY

- A. Applicants must submit copies of the following documentation at the time a completed application is submitted:
- Copy of high school diploma or GED certificate.
  - Copy of birth certificate.
  - If applicable, a copy of military discharge form DD-214 (DD-214 must indicate "Type of Discharge" and "Character of Service").
  - Copy of valid driver's license.
  - Copy of Social Security Card
- B. Application must be received in the Whitley County Sheriff's Department, 200 Main Street Suite #4, Williamsburg, Kentucky, 40769, by 4:00 PM of the filing deadline day, \_\_\_\_\_.
- This includes mailed applications and all documentation listed above.
- We will NOT accept FAX copies of the application or the required documentation.
- C. Social Security Number (item 1) – Federal Law (P.L. 93-579, section 7) requires that you be informed when asked for your Social Security Number; that this number must be provided; and that it will be used for identification purposes in the examination, employment and payroll processes.
- D. Other names (item 7) – This information is requested for completion of the records check and background investigation.
- E. Police Record Check Release form (page 4) – A conviction or pending criminal charge does not necessarily mean you cannot be considered. The nature of the conviction or pending charge and how long ago it occurred is important. Give all facts so that a decision can be made.  
Note: You cannot be considered if there is a history of a felony conviction.
- F. EEOC Statistical Information (page 5) – The Whitley Sheriff's Department abides by the principles of The Equal Employment Opportunity Commission. The Whitley Sheriff's Department requests that you voluntarily answer questions on this form relating to sex, race/ethnic group, and physical impairment. Whether or not you answer these questions will not affect your potential employment in any way.
- G. The applicant is responsible for notifying this office immediately of any change of information pertinent to the application form, such as address or telephone changes.



WHITLEY COUNTY SHERIFF'S  
DEPARTMENT

200 Main Street  
Suite #4  
Williamsburg,  
Kentucky 40769  
Office: 606-549-6006 Fax: 606-  
549-6082

We are an Equal Opportunity  
Employer

TYPE or PRINT IN BLACK INK. Answer each item completely and accurately. Incomplete answers may disqualify you or cause delays. FALSE answers may lead to rejection of application and/or dismissal. Please write letters "NA" (Not Applicable) in those sections which do not apply to you.

1. Social Security Number:  2. Date of Application:
3. Title of Position (Check Only One):  Deputy  Court Security Officer (CSO)  Clerk
4. Last Name:  First Name:  Middle Name:
5. Address:
6. E-Mail Address:
7. Home Phone:  Cell Phone:  Other:
8. List all other names, including maiden and nicknames, by which you are known or have been known.
9. If you are applying for a Deputy position, are you age 21 or older?  Yes  No
10. If you are applying for a Clerk position are you age 18 or older?  Yes  No
11. Are you a U.S. Citizen?  Yes  No. If no, do you have the right to work in the U.S.?  Yes  No
12. Do you have a valid driver's license?  Yes  No. If yes, in what state was the license issued?   
License No:  Exp. Date:

13. Education and Training: Give complete information.

Have you passed a GED test?  Yes  No  N/A

Highest Grade Completed:  High School  College  Grad School

	Schools Name & Address Degree/Certificate	Dates From: Mth/Yr	Dates To: Mth/Yr	Semester / Clock Hrs Wkly	Major	Minor	Degree, Diploma, Certificate Earned
H.S. or GED							<input type="checkbox"/> Yes <input type="checkbox"/> No
College / University							<input type="checkbox"/> Yes <input type="checkbox"/> No
Business College							<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate Work							<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational, Military, Technical					Hrs Completed:	Field of Study:	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. License or Certificate: If a license, certificate, or other authorization to practice a trade or profession is relevant, please list.

Name of Trade or Profession: \_\_\_\_\_

License No: \_\_\_\_\_

Name & Address of Licensing Agency: \_\_\_\_\_

15. Have you ever served in the military? Yes  No. If yes, submit DD-214 and complete the following:

Dates: From \_\_\_\_\_ To: \_\_\_\_\_

Branch: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Were you discharged in connection with a military court martial?  Yes  No

16. Are you related to an employee or employees currently employed with the Whitley County Sheriff's Department?  Yes  No.  
 If yes, please list names/relationships to you. Attach an additional page if necessary.

Name: \_\_\_\_\_ / Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ / Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ / Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ / Relationship: \_\_\_\_\_

17. Employment Experience: LIST ALL WORK HISTORY. Begin with your most recent job and describe in detail each specific job including any military service or volunteer work you have had. Periods of unemployment should be noted. Do not leave any gaps in the time sequence. It is very important that you describe your duties and responsibilities under each position listed. If you moved to a different position within the same organization in which your duties changed, describe that position as a separate job. You MUST provide this information on the application, as resumes are not considered official information.

Most Current Employer:		Address (City, State, Zip)	
Type of Business:	Your Position:		Phone Number:
Employment Dates: From: _____ To: _____		Salary: Starting: _____	Ending: _____
Primary Duties:          			
Supervisor's Name and Position:			Hours per week:
Reason for leaving:			



Fourth Most Current Employer:		Address (City, State, Zip)	
Type of Business:	Your Position:		Phone Number:
Employment Dates: From: _____ To: _____		Salary: Starting: _____	Ending: _____
Primary Duties:			
Supervisor's Name and Position:			Hours per week:
Reason for leaving:			

If additional forms for the above work history are needed, additional forms will be provided upon request.

I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that should an investigation at any time show falsification, I may be excluded from consideration for employment, or if employed, I may be terminated from employment.

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

# AUTHORIZATION FOR RELEASE OF RECORDS

I, \_\_\_\_\_, hereby authorize the Whitley County Sheriff's Department to request any law enforcement agency, former employer, or credit bureau to release all information (including, but not limited to traffic violation(s), conviction(s), pending criminal charge(s), and credit records) to the Whitley County Sheriff's Department or its representatives that may be sought in connection with this application for employment with the Whitley County Sheriff's Department. A photocopy of this release shall be considered as effective and binding as the original hand-executed copy.

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CRIMINAL HISTORY CHECK RELEASE

The Whitley County Sheriff's Department must check the conviction records of all applicants for positions which involve care and custody of persons or handling of significant amounts of Whitley County money or property. Under Kentucky law, a felony conviction automatically excludes applicants from employment in "non-elective, peace officer" positions. A false or incomplete answer on this and any other application form is grounds for subsequent dismissal of an employee, or for automatic rejection of the application if hiring has not been initiated.

### PLEASE PRINT

Name:

Address:

City: State: Zip Code:

Date of Birth:

Social Security Number:

Maiden/Alias/Nicknames:

List all past and pending traffic citations, criminal charges, and convictions.

Date	Location (City, State)	Name of Charge	Disposition of Charge

Have you ever been convicted of, or pleaded guilty to a felony?  Yes  No

I do hereby attest that all the above is correct to the best of my knowledge. In addition, I hereby authorize the Whitley County Sheriff's Department to search the criminal record for any or all convictions pertaining to me. This information is part of my application for employment.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



THIS FORM MUST BE RETURNED WITH THE APPLICATION FORM.  
 WHITLEY COUNTY SHERIFF'S DEPARTMENT SUPPLEMENTAL PAGE FOR  
 EMPLOYMENT EXPERIENCE:

Continue Work History Applicant's Name:

Employer:		Address (City, State, Zip)	
Type of Business:	Your Position:		Phone Number:
Employment Dates: From:	To:	Salary: Starting:	Ending:
Primary Duties:			
Supervisor's Name and Position:			Hours per week:
Reason for leaving:			

Employer:		Address (City, State, Zip)	
Type of Business:	Your Position:		Phone Number:
Employment Dates: From:	To:	Salary: Starting:	Ending:
Primary Duties:			
Supervisor's Name and Position:			Hours per week:
Reason for leaving:			

# STATEMENT OF TRUTHFULNESS AND PERMISSION TO INVESTIGATE

(to be signed in the presence of a Notary Public) READ CAREFULLY BEFORE SIGNING!

I certify that I am the person named above and within this application, and that the facts and information given within this application are true and complete to the best of my knowledge. In signing this statement, I do so with the understanding that the truthfulness of all statements herein will be investigated and if any are found incorrect, incomplete, or misleading, may render me ineligible for employment with the Whitley County Sheriff's Department. I hereby grant permission to the Whitley County Sheriff's Department to investigate any information contained in this application. I understand that this application is not a contract of employment. I hereby release the Whitley County Sheriff's Department and its agents from all liability in making any investigation and inquiry relative to information contained in the application forms. I understand that if employed, false or misleading statements given in this application or interview(s), or the failure to provide or document the requested information, may result in discharge of employment. I understand that I am required to abide by all rules, regulations, and policies of the Whitley County Sheriff's Department if I am accepted for employment and that if so accepted I will serve a probationary period of at least twelve (12) months. I hereby authorize any City, County, State, Federal Agency, or former employer or any individual listed in this application form to furnish to any deputy or Officer of the Whitley County Sheriff's Department any information concerning me necessary to process this application. A copy and/or facsimile copy of this authorization shall be considered as valid as the original. I agree to submit to a pre-employment drug screen and a post offer medical examination if requested by the Whitley County Sheriff.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Subscribed and sworn to by \_\_\_\_\_, before me, a Notary Public, this  
\_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_ Notary Public (seal) My commission expires: \_\_\_\_\_

# AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any sworn Deputy/Police Officer or other authorized representative of the Whitley County Sheriff's Department bearing this release, or a copy thereof, within six (6) months of its date, to obtain information from your files pertaining to my employment, credit, financial status, credit history, or educational records, including but not limited to credit history, academics, achievements, attendance, athletics, personal (non-medical) history, employment history, financial payments and obligations, and disciplinary records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Whitley County Sheriff's Department. Consent is granted for the Whitley County Sheriff's Department to furnish such information as is described above, as 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 educational institution, credit bureau, lending institutions, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel both individually and 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. I hereby acknowledge that information obtained in the background investigation is confidential and will not be released to the applicant. I acknowledge that this is important in order to obtain objective and unbiased information. I will not attempt to obtain from the Whitley County Sheriff's Department a copy of any background information obtained by the Whitley County Sheriff's Department. A copy of this authority to release will be as valid as the original. Should there be any question as to the validity of this release, you may contact me as indicated below.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed full name: \_\_\_\_\_

Current address: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of

\_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_ Notary Public (seal) My commission expires: \_\_\_\_\_