

Number _____

Revised Dec 2010

For office use only

Date rec'd _____

Hardin County Sheriff's Office

100 Public Square Suite 101
Elizabethtown, Kentucky 42701

Type of position for which
you are applying.

Email Address: _____

Application for Employment



Fraud or deceit in any form in this application is punishable by law. Such cases by commission or omission can result in a jail sentence and/or denial of further consideration for the position.

The application must be printed in ink by applicant, not typewritten. All spaces must have an entry. If "no" or "none" applies, so state. If additional space is needed or desired a separate sheet of paper may be added.

Number your remarks on the separate piece of paper to correspond to the numbers referred to on this application.

Social Security # -- Home Phone # _____ Today's Date _____

DOB _____ Sex Male Female Work Phone _____ Cell Phone _____

Salary Required _____ Operators License # _____ State _____

1. _____
Last Name First Name Middle Name Maiden Name

2. Address _____
Street, R.F.D., or PO Box # City State Zip Code

3. Are you a U.S. Citizen? Yes No 4. Are you a Kentucky Resident? Yes No If yes what County _____

5. Place of Birth: State _____ City _____ County _____ Country _____

6. I am at least 21 years of age Yes No Height _____ Weight _____ Hair Color _____ Eye Color _____

7. Give residence addresses and dates of each residence for the past 10 years: _____

8. Specify all citations, arrests, felony and/or misdemeanor charges. Include dates, locations, by what agency, and whether convicted or not. _____

9. Have you ever been a defendant in any court action? Yes No If Yes please give details: _____

10. Have you been involved in a motor vehicle accident as an operator which resulted in injury or damage of \$100 or more in the past five years? Give details by listing dates, locations property damage, or injuries involved and action taken by police, courts, or Division of Driver Licensing in the Department of Transportation. _____

11. Have you ever been questioned about your involvement In a criminal activity? Yes No If Yes explain _____

12. Have you ever been in the military? Yes No If yes was your discharge honorable? Yes No If NO what type of discharge and why? _____

13. If 12 was no skip to 14. While in the military, were you ever arrested, convicted or any other disciplinary actions taken against you covered under the UCMJ? Yes No If yes explain _____

14. Fathers Name : _____

Address _____

Birthplace _____

HCSO Form #AP1

15. Mother's Name: _____

Address: _____ Birthplace _____

16. Spouse's Full Name: _____

Address: _____ Birthplace _____

17. Name and age of dependant children: _____

18. Name address and phone numbers of brothers and sisters: (attach an extra sheet if necessary): _____

19. If spouse is employed, list employer and position: _____

20. List names of other relatives working for Hardin County. Specify relationships and department: _____

21. Total extent you are financially obligated to others: _____ List complete addresses of all _____

22. Have you ever been declared bankrupt? Yes No If yes attach a separate sheet of paper listing full details.

23. Are you now are have you ever been a member of any organization, association, movement, group or combination of persons which advocate the overthrow of our constitutional form of government or any organization, association, movement, group or combination of persons which has adopted a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States or of seeking to alter the form of government of the United States by unconstitutional means? Yes No If yes attach an extra sheet of paper explaining all details.

24. Give five (5) personal references (not relatives or former employers) more than thirty (30) years of age we can contact as character references.

NAME	Business or Residence Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

25. Education & Training Name & Location of School (Give complete address High School Diploma or GED must be from an accredited institution and recognized by DOCJT):

School	Dates Attended	Cert/Diploma Received
Elementary _____	_____	_____
High School _____	_____	_____
College/University _____	_____	_____
Other Special Training _____	_____	_____

26. Write two or three paragraphs (in your own handwriting), telling something about yourself, why you are applying to the Hardin County Sheriff's Office, list your goals five or ten years from now. Attach a separate sheet of paper with that information.

27. Employment History: On the next page complete in detail giving names and addresses. Begin with present or last employers, include time in service and account for periods of unemployment. **All employment must be listed. Use the first two spaces to list the most recent employment.**

A. Employed from _____ to _____ title of position _____
 Average hrs worked per week _____ Starting Salary _____ Last Salary _____
 Reason for leaving _____ Name of employer _____
 Address _____
city state Zip Phone
 Kind of business _____ Name & title of your supervisor _____
 I served as supervisor from _____ to _____ Number of employees supervised _____
 Description of your duties while employed with this employer _____

B. Employed from _____ to _____ title of position _____
 Average hrs worked per week _____ Starting Salary _____ Last Salary _____
 Reason for leaving _____ Name of employer _____
 Address _____
city state Zip Phone
 Kind of business _____ Name & title of your supervisor _____
 I served as supervisor from _____ to _____ Number of employees supervised _____
 Description of your duties while employed with this employer _____

28. May we contact your current employer? Yes No If no why? _____

29. Use space provided below to list additional employment:

1 _____
Name address phone number
 Position & kind of work _____ Dates from/to _____ Salary _____
 2 _____
Name address phone number
 Position & kind of work _____ Dates from/to _____ Salary _____
 3 _____
Name address phone number
 Position & kind of work _____ Dates from/to _____ Salary _____
 4 _____
Name address phone number
 Position & kind of work _____ Dates from/to _____ Salary _____

30. As an applicant I attest that all information provided on this application is true and correct to the best of my knowledge. I further understand that if I am selected for possible employment I will be finger printed for a background NCIC and LINK investigation, required to submit to a 10 panel drug screening, psychological evaluation and a polygraph. All information on this application will be verified and references contacted. This application will be kept on file for a period of one (1) year and then shredded. You will be required to resubmit an application for each year you are interested in employment.

Signature of applicant _____ Printed name _____ date _____

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GENERAL AUTHORIZATION AND RELEASE:

I _____ do hereby authorize and grant my informed consent to permit the person receiving this form, to release to it's agents and/or representatives data classified as private which concerns me and which may be in your possession. The data, which I authorize to be released, consists of private data, which has been collected by you as a result of my contacts and associations with you and your agents and representatives. The information for which release is authorized includes all data, which has been collected, created, received, retained or disseminated in whatever form, which in any way relates to my dealings with your agency. I understand that the purpose of permitting the Hardin County Sheriff's Office to have access to this information is to determine my suitability for employment with the Hardin County Sheriff's Office. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the Hardin County Sheriff's Office including verification of my records and analysis by consultants of the Kentucky Law Enforcement Council who may review my suitability for employment.

This authorization shall be valid for a period of one (1) year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the department or you of that fact.

Signature

Date

Signed before me this the _____ day of _____.

Notaries Signature

Kentucky State at Large

My Commission Expires: _____