



**ADAIR COUNTY  
SHERIFF'S OFFICE**

215 N. Franklin St. Kirksville, MO 63501  
Phone: (660) 665-4644 Fax: (660) 785-3224

# Employment Application

Adair County considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, sexual orientation, disability, marital or veteran status, or any other legally protected status. Adair County is an equal opportunity employer.

Position Applied For:		
Deputy Sheriff <input type="checkbox"/>	Corrections <input type="checkbox"/>	Administrative Support <input type="checkbox"/>

Type of Employment Desired:				
Full Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	<b>PLEASE NOTE:</b> All Corrections positions are initially hired as part-time with the possibility of advancement to full time as positions become available.		
Are You Available to Work:	Overtime: <input type="checkbox"/>	Nights: <input type="checkbox"/>	Weekends: <input type="checkbox"/>	Holidays: <input type="checkbox"/>
Date Available to Begin Work:				

Personal Information:							
Last Name:		First Name:		Middle:			
Address:			Apt./Lot:		City:		
State:	ZIP Code:	Driver's License #:			State:		
Home Telephone # (Landline):		( ) -	Cell Telephone #:		( ) -		
Email Address:							

Adair County Information:		
Have you previously been employed by Adair County?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, when?	County department worked for?	

What is your primary interest in applying for a position with the Sheriff's Office?

### Work / Volunteer Experience:

Start with your current/most recent job and list your work history including part-time, temporary, or seasonal employment for the past five (5) years. Please use back of sheet if more space is needed to list the jobs.

Employer:		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temporary <input type="checkbox"/>
Address:		City:		State:
Telephone #:	( ) -	Employed (Month & Year):	From: /	To: /
Name of Supervisor:		Salary: \$	/hour	Job Title:
Description of Your Duties:				
Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while employed with the above employer?				No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, please explain:				

Employer:		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temporary <input type="checkbox"/>
Address:		City:		State:
Telephone #:	( ) -	Employed (Month & Year):	From: /	To: /
Name of Supervisor:		Salary: \$	/hour	Job Title:
Description of Your Duties:				
Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while employed with the above employer?				No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, please explain:				

Employer:		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temporary <input type="checkbox"/>
Address:		City:		State:
Telephone #:	( ) -	Employed (Month & Year):	From: /	To: /
Name of Supervisor:		Salary: \$	/hour	Job Title:
Description of Your Duties:				
Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while employed with the above employer?				No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, please explain:				

Employer:		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temporary <input type="checkbox"/>
Address:		City:		State:
Telephone #:	( ) -	Employed (Month & Year):	From: /	To: /
Name of Supervisor:		Salary: \$	/hour	Job Title:
Description of Your Duties:				

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while employed with the above employer?							No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, please explain:								
Employer:			Full-Time <input type="checkbox"/>			Part-Time <input type="checkbox"/>		Temporary <input type="checkbox"/>
Address:			City:			State:		
Telephone #:		( ) -	Employed (Month & Year):		From: /		To: /	
Name of Supervisor:			Salary: \$		/hour		Job Title:	
Description of Your Duties:								
Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while employed with the above employer?							No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, please explain:								
Employer:			Full-Time <input type="checkbox"/>			Part-Time <input type="checkbox"/>		Temporary <input type="checkbox"/>
Address:			City:			State:		
Telephone #:		( ) -	Employed (Month & Year):		From: /		To: /	
Name of Supervisor:			Salary: \$		/hour		Job Title:	
Description of Your Duties:								
Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while employed with the above employer?							No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, please explain:								

Education:				
List all high schools attended. (If GED, give number location, and date.)				
Name of School	Complete Address	Dates Attended (Month/Year)	Graduated	
		From: / To: /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		From: / To: /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Higher Education				
Name of College/University	Complete Address	Still Attending	Major	Type of Degree
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (Specify)				
Name of School	Complete Address	Dates Attended (Month/Year)	Graduated	
		From: / To: /	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Special Qualifications / Skills:												
Typing Speed:	wpm	List Microsoft Programs Proficient In (If any)										
Foreign Language												
Language	Reading			Speaking			Understanding			Writing		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Deputy Sheriff Applicants:												
Are you a Certified Peace Officer in Missouri?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Certificate #:				Date issued:	/ /	
Name of Academy:						Date Completed:	/ /		(Attach copy of Missouri State Certification)			
Are you currently enrolled in an Academy in Missouri?				<input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, name of Academy:						Date of Graduation:	/ /					
Are you, or have you ever been a State Certified Peace Officer in any other state?							<input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, what State(s):						Certificate #:				Date issued:	/ /	
<p><b>All applicants, briefly summarize professional job-related skills and qualifications acquired from employment or other experience. Please include any specialized training, apprenticeship, skills and extra-curricular activities. Describe any job related training received in the U.S. military. State any additional information you feel may be helpful to us in considering your application. (Use back of sheet if more space is needed.)</b></p>												

Military Service:									
Have you served in the U.S. Armed Forces?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Grade upon discharge:			
Branch of Service:				Years Served (Month/Year):		From: /		To: /	
Are you a member of U.S. Reserve or National Guard?				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Active <input type="checkbox"/> Inactive			
Branch and Station, or Unit and Location:									
Indicate Reserve/Guard obligation, if any:									



Personal / Professional References: (Do not include family members.)			
Name	Phone Number:	Best Time to Call:	Occupation:
	- -		
	- -		
	- -		

Before submitting your application, consider the following information about the Adair County Sheriff's Office's selection process. Application screening and/or testing, extensive background inquiries and interviews are utilized prior to a conditional offer of employment. After a *Conditional Offer of Probationary Employment*, all positions are subject, but not limited, to a truth detection and drug screening, and are subject to a probationary period. In addition, all commissioned positions require psychological, physical fitness, and medical examinations.

Applicant's Certification:			
I affirm under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge. I am aware that withholding pertinent information or including information found to be grossly inaccurate will be cause for refusing further consideration of my application. I understand this is not to be considered as an indication of probable appointment nor an obligation upon the Sheriff's Office to make an appointment, but a part of the selection process only. I will, if accepted for probable appointment, submit my fingerprints.			
Applicant's Signature:		Date:	



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# Authorization for Release of Information

Position Applied For:					
Deputy Sheriff <input type="checkbox"/>		Corrections <input type="checkbox"/>		Administrative Support <input type="checkbox"/>	
Personal Information:					
Last Name:		First Name:		Middle:	
Address:		Apt./Lot:	City:		
State:	ZIP Code:	Telephone #:		( ) -	
Date of Birth (for purpose of criminal background check) (mm/dd/yyyy):				/ /	

I hereby authorize the release of all information and records concerning myself to any agent of the County of Adair/Adair County Sheriff's Office.

The intent of this authorization is to give my consent for complete disclosure of information regarding my background, reputation and character. This includes, but is not limited to: records of educational institutions; military records; employment and pre-employment records; training records; financial or credit records; complaints or grievances filed by or against me; records of investigation, complaint, arrest, trial and/or convictions for alleged or actual violations of law; the results of polygraph examinations; records of civil complaints made by or against me; and verbal or written statements by any person; however personal or confidential they may appear to be. I respectfully request and direct you to release all such information upon the request of any representative of the Adair County Sheriff's Office, regardless of any agreement to the contrary I may have previously made with you.

I understand that the above information is for use by the Adair County Sheriff's Office in conducting a background investigation to determine my suitability for employment, and will be kept confidential. I understand that all materials obtained become the property of the Adair County Sheriff's Office. In the event my application is disapproved, the specific reason therefore cannot be revealed to me.

I understand that I have rights guaranteed by law to privacy with regards to the disclosure and access of records or information concerning me, and this information will be held in strict confidence and would only be released in compliance with current Missouri Public Records Laws.

For and in consideration of the acceptance and processing of my application for employment, I agree to hold the Adair County Sheriff's Office, its agents, and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Adair County Sheriff's Office.

I agree to indemnify and hold harmless any person or organization, and their agents and employees, to whom this request is presented, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with request.

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

State of Missouri  
County of Adair

Subscribed and affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Seal/Stamp: