



Lincoln County Sheriff's Office

Application for Employment

LINCOLN COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER.

LINCOLN COUNTY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE OR DISABILITY. IT IS OUR INTENTION THAT ALL APPLICANTS BE GIVEN AN EQUAL OPPORTUNITY AND THAT SELECTION DECISIONS BE BASED ON JOB-RELATED FACTORS.

Position Applied for: _____

Name: _____
Last First Middle

AKA (Other names used): _____

Residence Address: _____
Street City State Zip

Mailing Address: _____
City State Zip

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Email: _____

Date of Birth: _____ Place of Birth: _____

Driver's License Number: _____ Expires: _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

EMERGENCY CONTACT INFORMATION

Primary:

Name: _____
Last First Middle

Residence Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Relationship: _____

Alternate:

Name: _____
Last First Middle

Residence Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Relationship: _____

LOCAL REFERENCES
Do NOT include relatives!

Name: _____
Last First Middle
Address: _____
Street City State Zip
Telephone: _____ Relationship: _____

Name: _____
Last First Middle
Address: _____
Street City State Zip
Telephone: _____ Relationship: _____

EDUCATION

(Circle last year completed): 9 10 11 12 or GED College: 1 2 3 4 Graduate: 1 2 3 4
Name of last High School Attended: _____
Name of College Attended: _____
Degrees or Special Courses of Training: _____
Foreign Language Skills: _____
P.O.S.T. Certification Number: _____
Please list any prior law enforcement or military experience: _____

EMPLOYMENT HISTORY

LIST ALL EMPLOYERS BEGINNING WITH THE MOST RECENT. ACCOUNT FOR ALL PERIODS OF TIME, INCLUDING MILITARY SERVICE, PERIODS OF UNEMPLOYMENT, SCHOOL, ETC. IF SELF EMPLOYED, GIVE FIRM NAME, NATURE OF BUSINESS AND INCLUDE BUSINESS REFERENCES. ATTACH ADDITIONAL PAGES AS NECESSARY.

Employer: _____ Ending Salary: _____
Dates of Employment – From: _____ TO _____
Reason for leaving: _____
Address: _____
Street City State Zip
Title: _____
Telephone: _____ Supervisor: _____
Please describe your duties and work experience: _____

EMPLOYMENT HISTORY (CONTINUED)

Employer: _____

Dates of Employment – From: _____ TO _____

Reason for leaving: _____

Address: _____
Street City State Zip

Title: _____

Telephone: _____ Supervisor: _____

Please describe your duties and work experience: _____

Employer: _____

Dates of Employment – From: _____ TO _____

Reason for leaving: _____

Address: _____
Street City State Zip

Title: _____

Telephone: _____ Supervisor: _____

Please describe your duties and work experience: _____

Employer: _____

Dates of Employment – From: _____ TO _____

Reason for leaving: _____

Address: _____
Street City State Zip

Title: _____

Telephone: _____ Supervisor: _____

Please describe your duties and work experience: _____

Please state why you would like to be employed by the Lincoln County Sheriff's Office: _____

Are you in any way related to anyone who is currently under the supervision of the Lincoln County Sheriff's Office? YES NO If yes, please name the person(s) and explain your relationship: _____

When would you be available for employment? _____

ARREST INFORMATION

Have you ever been arrested, charged, "questioned as an accused party" or convicted of a felony or misdemeanor, including court martial or military charges? (Omit traffic violations). YES NO
If yes, please provide complete details, including the location, dates and disposition of the case: _____

Have you ever been convicted of a crime? YES NO
If yes, please provide complete details, including the location, dates and current status: _____

LIQUOR AND DRUG USE

Please describe your use of intoxicating liquor: _____

Have you ever used any form of drugs or narcotics other than those prescribed by your physician?

YES NO If yes, please describe in detail: _____

Have you ever sold or furnished drugs or narcotics to anyone? YES NO If yes, please describe in detail: _____

HEALTH AND MISCELLANEOUS

Please describe any disabilities, handicaps, chronic illnesses or physical limitations which might affect your ability to perform assigned duties: _____

Are you now, or have you ever been a member of any subversive group/organization/society which would be non-supporting of the United States Government? YES NO If yes, please describe in detail: _____

Please list your hobbies, interests, etc. _____

