

HENRY COUNTY SHERIFF'S OFFICE

TO: ALL HENRY COUNTY SHERIFF'S OFFICE APPLICANTS

SUBJECT: TRUTHFULNESS

One of the most critically important issues defining the effectiveness of any organization is credibility. The integrity and truthfulness of the group's members, from the newest recruit to the head administrator is vital.

The need for an honest, impartial, and accurate representation of the facts is critical within a law enforcement agency. The success or failure of an organization rests with the degree of public support it receives. Public support is quickly eroded, towards an agency as a whole and towards its members as individuals, when a lack of credibility exists, even in one individual.

The very basis of an individual's integrity, both a perceived by the public and by friends and fellow workers, is at stake when the individual fails to tell the truth. The loss of integrity by an individual or group of individuals can quickly spread throughout an agency to the point where the agency loses its viability as a trusted organization.

As the Sheriff, it is my responsibility to maintain the effectiveness of the Henry County, Missouri Sheriff's Office as a viable law enforcement agency. I will not tolerate false statements or omissions of any kind by uniformed or civilian personnel or applicants to this agency.

Any statements, written or verbal, or omissions given by any applicant with the intent to deceive, will result in rejection from further consideration for employment.

J. Kent Oberkrom
Henry County Sheriff

INSTRUCTIONS

The proper and full completion of this form is critical. Due to the limited amount of time to conduct background investigations, an improperly completed or incomplete application will result in your disqualification from the application process.

1. The attached application must be completed fully for you to be considered for employment with the Henry County Sheriff's Office. Each question must be answered. There must be no blanks. If the question does not apply to you, write "N/A" in the space provided indicating that the question is not applicable. False statements will be cause for disqualification from the hiring process or termination of employment.
2. Complete each question fully. If more space is required than is provided on the application, attach a separate sheet of paper for each question providing the required information. Be certain to put your name and address at the top of the attached sheet, along with the question you are answering. Remember to include all applicable information. Incomplete answers may result in disqualification from the hiring process.
3. As part of the hiring process, a polygraph examination may be administered to you. In addition, the Henry County Sheriff's Office conducts both pre-employment drug testing and random drug testing during the term of employment of all Sheriff's Office personnel.
4. This application should be typed or may be completed using a black ink pen. All answers should be legible. Failure to provide legible answers may be cause for disqualification from the hiring process.
5. Applications should be returned to the Henry County Sheriff's Office located at 200 North Main Street, Clinton, Missouri 64735. Applicants will be notified of the times and dates of testing.

IMMEDIATE FAMILY INFORMATION:

	Name	Address	Occupation
Father	_____	_____	_____
Mother	_____	_____	_____
Sibling	_____	_____	_____
Sibling	_____	_____	_____
Sibling	_____	_____	_____
Sibling	_____	_____	_____
Children	_____	_____	_____
Children	_____	_____	_____
Children	_____	_____	_____
Children	_____	_____	_____

List all other employment applications filed within the past 12 months:

<u>Firm Name</u>	<u>City/State</u>	<u>Position Applied For</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST THE NAMES OF HENRY CO. SHERIFF'S OFF. EMPLOYEES THAT YOU ARE ACQUAINTED WITH:

BACKGROUND INFORMATION

LIST ADDRESSES FOR THE PAST TEN YEARS STARTING WITH PRESENT ADDRESS:

Dates	Address	City	County	State	Zip
_____ to _____	_____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____	_____

ARE YOU A CITIZEN OF THE UNITED STATES: () Yes () No

LIST ANY TRAFFIC TICKET OR SUMMONS THAT YOU HAVE EVER RECEIVED BEGINNING WITH THE MOST RECENT:

Month/Year	Charge	Location/Jurisdiction	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ALL STATES IN WHICH YOU HAVE EVER HELD A DRIVERS LICENSE:

State	Type of License	Expiration Date	License Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ARREST HISTORY:

Have you ever been convicted, arrested, charged, questioned, accused or warned for any offense or alleged violation of any statute, ordinance, law or regulation by any civilian or military law enforcement authority?

() Yes () No

If yes, describe below and attach a sheet of paper with the details of each incident:

Date	Charge	Law Enforcement Agency	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL REFERENCES

List four personal character references, other than employers or blood relatives, who are responsible adults that have known you well for a minimum of three years:

1. _____
(Name) (Address) (Phone)

(# of years known) (Occupation & Business Name) (Phone)

2. _____
(Name) (Address) (Phone)

(# of years known) (Occupation & Business Name) (Phone)

3. _____
(Name) (Address) (Phone)

(#of years known) (Occupation & Business Name) (Phone)

4. _____
(Name) (Address) (Phone)

(#of years known) (Occupation & Business Name) (Phone)

EDUCATION AND TRAINING

List all Elementary and Secondary Schools, Technical Schools, Colleges and Universities that you have attended:

Dates Attended	School Name	Location	Major	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

YOU ARE REQUIRED TO ATTACH A COPY OF YOUR HIGH SCHOOL DIPLOMA OR G.E.D. TO THIS APPLICATION.

Have you received any formal police training? () Yes () No

If yes, describe: _____

Are you a Certified Police Officer in Missouri? () Yes () No

If yes, attach a copy of your certificate.

EMPLOYMENT/WORK HISTORY

START WITH CURRENT OR MOST RECENT EMPLOYER AND LIST ALL PLACES OF EMPLOYMENT IN ORDER. INCLUDE MILITARY SERVICE AS WELL AS ANY FULL TIME, PART TIME, TEMPORARY AND SEASONAL EMPLOYMENT. (If you have prior military service attach a copy of your DD214).

1. _____ to _____
(Dates) (Name of Employer) (Address) (Phone)

(Description of Duties)

(Supervisor's Name) (Detailed description of reason for leaving*)

2. _____ to _____
(Dates) (Name of Employer) (Address) (Phone)

(Description of Duties)

(Supervisor's Name) (Detailed description of reason for leaving*)

3. _____ to _____
(Dates) (Name of Employer) (Address) (Phone)

(Description of Duties)

(Supervisor's Name) (Detailed description of reason for leaving*)

4. _____ to _____
(Dates) (Name of Employer) (Address) (Phone)

(Description of Duties)

(Supervisor's Name) (Detailed description of reason for leaving*)

5. _____ to _____
(Dates) (Name of Employer) (Address) (Phone)

(Description of Duties)

(Supervisor's Name) (Detailed description for reason for leaving*)

6. _____ to _____
(Dates) (Name of Employer) (Address) (Phone)

(Description of Duties)

(Supervisor's Name) (Detailed description for reason for leaving*)

7. _____ to _____
(Dates) (Name of Employer) (Address) (Phone)

(Description of Duties)

(Supervisor's Name) (Detailed description for reason for leaving*)

*Note: Neither "Personal Reasons", "Personality conflict with supervisor", nor "I will explain later" are acceptable responses. If more space is required than is provided, follow the instructions in paragraph 2 on page 2.

APPLICANT CERTIFICATION

Do you have any knowledge or information, in addition to that specifically called for in the proceeding questions, which is relevant, directly or indirectly, in connection with an investigation of your eligibility or fitness for appointment to the Henry County Sheriff's Office. Including, but not limited to, information or knowledge concerning your character, physical or mental condition, temperance, habits, employment, education, subversive activities, family, associations, criminal record, traffic violations, residence, or other matter?

() YES () NO

If yes, attach sheet with details.

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, COMPLETE AND ACCURATE.

(Signature of Applicant)

(Date)

HENRY COUNTY SHERIFF'S OFFICE

Drug Use Report

Print Name: _____ Date of Birth: _____
Address: _____ City, State, Zip: _____
Social Security Number: _____

Please complete the following drug usage form. Answer each category. Keep in mind that you will be taking a pre-employment polygraph. **Any deviation from this form when compared to the polygraph may result in disqualification.** Place an "X" in the appropriate blank.

Have you ever **tried, used,** or are you presently **using:**

	Yes	No	Last Used	# of Times Used
1. Morphine				
2. Cocaine (crack, rock, girl)				
3. Heroin (boy smack)				
4. Methamphetamine (crank, speed)				
5. LSD (acid)				
6. Marijuana (grass, weed, ganja)				
7. PCP (angel dust, sherm ,water)				
8. Dilaudid				
9. Hashish				
10. Opium				
11. Prescription Drugs not prescribed to you.				
12. Anabolic Steroids				
13. Inhaled Solvents				
14. Other Hallucinogens mushrooms, mescaline, etc.)				
15. Designer Drugs (MDMA, Ecstasy, etc.)				
16. Others				

Please initial verifying that you have read and understood this form._____

**APPLICATION FOR EMPLOYMENT
IMMUNIZATION RECORD**

HENRY COUNTY SHERIFF'S OFFICE

Please answer the following questions to the best of your ability.

1. Have you ever been immunized for Hepatitis? () Yes () No
Date series was completed: _____
Dr.'s name and/or Clinic: _____

2. Have you been immunized for Tetanus and Diphtheria? () Yes () No
Date of last booster shot: _____
Dr.'s name and/or Clinic: _____

3. Have you been immunized for Influenza? () Yes () No
Date of last immunization: _____
Dr.'s name and/or Clinic: _____

4. Have you been immunized for Meningitis? () Yes () No
Date of last immunization: _____
Dr.'s name and/or Clinic: _____

5. Have you been immunized for Tuberculosis? () Yes () No
Date of last immunization: _____
Dr.'s name and/or Clinic: _____

Signature

Date

Henry County Sheriff's Office

Applicant certification, Release of Information and Authorizations

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if prior to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for denial of employment. I also understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions may be just cause for termination of my employment. Further, I understand that by requesting this information, no promise of employment is being made.

I, the undersigned, do hereby authorize the Henry County Sheriff's Office and/or its designated provider to conduct an investigation with respect to my application for employment and my qualifications and fitness for the position I have applied for and for employment with the County. I release the County, my former employers, and personal references from any liability or damage caused by giving and receiving information or opinions as to my employment or character. Information obtained may include residential, achievement, job performance, attendance, employment history, personal references, credit reports, medical records, driving records, and criminal history records.

I agree to hold the County harmless and in no event shall the County be liable to me for special, indirect, or consequential damages for the refusal of employment due to information obtained during my background security check. Any information obtained through former employers and/or personal references will become property of the County of Henry.

I authorize the Henry County Sheriff's Office in Missouri or its designated provider to perform pre-employment urine drug screening. I understand that I must successfully pass the drug screening in order to be eligible to begin employment with the County of Henry. I understand I have the right to request a copy of the County's Substance Abuse Policy.

Applicant

Signature _____ Date _____

*Henry County is committed to workforce diversity and a drug-free workplace. **Pre-employment drug testing is required.** Women, minorities, and individuals with disabilities are encouraged to apply.*