



KENT COUNTY SHERIFF'S OFFICE

EMPLOYMENT APPLICATION

INSTRUCTIONS FOR COMPLETING APPLICATION

- Every form must be fully completed. If it's not applicable to you, place N/A in that field. DO NOT write "see resume" in any place on your application. You may attach your resume, but we also want a completed application.
- The "Authorization For Release Of Information" must be signed in the presence of a notary public. If you do not have access to a notary, we will provide one for you.
- When you list references, include their entire address (which includes city, state and zip codes). As proper etiquette dictates, make sure you have permission from your references to list them on your application. It's detrimental to your prospective employment here when we receive phone calls from references stating they don't know you.
- The application asks for (3) three references; list (3) three references.
- Please write neatly and legibly. When listing employment during the last (10) ten years, provide the complete address (includes city, state and zip codes) and list any gaps in your employment history by writing the "From" and "To" dates you were employed, and write unemployed.

Failure to comply with these instructions may render you ineligible for employment for (1) one year from application date.



KENT COUNTY SHERIFF'S OFFICE

EMPLOYMENT APPLICATION

POSITION APPLIED FOR: _____

EMAIL ADDRESS: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____ CELL PHONE: _____

Have you been previously employed by Kent County? Yes _____ No _____ If yes, When? _____

Check one or more types of employment you will accept: () Permanent () Temporary () Part Time

List any relatives employed by Kent County: _____

How did you hear about this position? _____

PREVIOUS EMPLOYMENT: List all employment (including military service) for the past 10 years. Begin with your present position and work back. Resume may be attached for additional qualifying experience. Please complete entire application.

Under what names have you been employed? _____

From _____ To _____ Job Title _____ Salary _____

Firm Name _____ Address _____

Reason for Leaving _____ Phone _____

Description of Work _____

Immediate Supervisor _____ May we contact () Yes () No

From _____ To _____ Job Title _____ Salary _____

Firm Name _____ Address _____

Reason for Leaving _____ Phone _____

Description of Work _____

Immediate Supervisor _____ May we contact () Yes () No

From _____ To _____ Job Title _____ Salary _____

Firm Name _____ Address _____

Reason for Leaving _____ Phone _____

Description of Work _____

Immediate Supervisor _____ May we contact () Yes () No

From _____ To _____ Job Title _____ Salary _____

Firm Name _____ Address _____

Reason for Leaving _____ Phone _____

Description of Work _____

Immediate Supervisor _____ May we contact () Yes () No

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Firm Name _____ Address _____

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Description of Work _____

Immediate Supervisor _____ May we contact () Yes () No

From _____ To _____ Job Title _____ Salary _____

Firm Name _____ Address _____

Reason for Leaving _____ Phone _____

Description of Work _____

Immediate Supervisor _____ May we contact () Yes () No

From _____ To _____ Job Title _____ Salary _____

Firm Name _____ Address _____

Reason for Leaving _____ Phone _____

Description of Work _____

Immediate Supervisor _____ May we contact () Yes () No

From _____ To _____ Job Title _____ Salary _____

Firm Name _____ Address _____

Reason for Leaving _____ Phone _____

Description of Work _____

Immediate Supervisor _____ May we contact () Yes () No

From _____ To _____ Job Title _____ Salary _____

Firm Name _____ Address _____

Reason for Leaving _____ Phone _____

Description of Work _____

Immediate Supervisor _____ May we contact () Yes () No

From _____ To _____ Job Title _____ Salary _____

Firm Name _____ Address _____

Reason for Leaving _____ Phone _____

Description of Work _____

Immediate Supervisor _____ May we contact () Yes () No

From _____ To _____ Job Title _____ Salary _____

Firm Name _____ Address _____

Reason for Leaving _____ Phone _____

Description of Work _____

Immediate Supervisor _____ May we contact () Yes () No

From _____ To _____ Job Title _____ Salary _____

Firm Name _____ Address _____

Reason for Leaving _____ Phone _____

Description of Work _____

Immediate Supervisor _____ May we contact () Yes () No

LIST ALL LICENSES OR CERTIFICATIONS YOU MAY HOLD: (DRIVERS, ELECTRICIAN, ETC.)

Type _____ Number _____ Expiration Date _____

Type _____ Number _____ Expiration Date _____

Type _____ Number _____ Expiration Date _____

Type _____ Number _____ Expiration Date _____

Type _____ Number _____ Expiration Date _____

PROVIDE THE NAME AND ADDRESS OF THREE PERSONS (NO RELATIVES) WHO HAVE KNOWLEDGE OF YOUR CHARACTER, EXPERIENCE OR ABILITY.

Name: _____ Address: _____ Telephone Number _____

SPECIFY EQUIPMENT, OFFICE MACHINES, COMPUTER PROGRAMS, ETC. THAT YOU ARE ABLE TO OPERATE:

YOU MAY INDICATE ANY ADDITIONAL EXPERIENCE AND TRAINING YOU HAVE HAD WHICH IN YOUR OPINION WOULD QUALIFY YOU FOR THE POSITION YOU SEEK:

I certify that all answers given by me are true, accurate and complete. I understand that any falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documentation) will be cause for denial of employment or immediate termination of employment regardless of when or how discovered.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Kent County Sheriff's Office is an "at will" employment relationship, which means that I may resign at any time and the Kent County Sheriff's Office may terminate my employment at any time without cause. I further understand that this "at will" employment relationship may not be changed by any written documentation or by conduct unless the change is specially acknowledged in writing by the Commissioners' Court.

I authorize the investigation of all statements and information contained in the application and any accompanying or required documentation. I further authorize checking with any and all references listed in this application.

If employed, I agree to engage in no outside activity which would involve material conflict of interest which could reflect adversely on the Kent County Sheriff's Office. I understand this decision is to rest with Kent County Sheriff.

I agree to hold in strictest confidence any information concerning the Kent County Sheriff's Office. If I am employed by the Kent County Sheriff's Office, I agree to conform to the employment policy of the Kent County Sheriff's Office.

I understand that completion of this application does not guarantee that I will be employed by the Kent County Sheriff's Office.

I acknowledge that I have read and understand the above statement. I hereby affirm that the answers and information provided in this application and any accompanying documents is true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

Today's Date: _____ Applicant's Signature: _____

The Kent County Sheriff's Office does not discriminate on the basis of race, color, national origin, sex, religion, age or handicapped status in employment or the provisions of services.

Date Application Received by the Kent County Sheriff's Office: _____



KENT COUNTY SHERIFF'S OFFICE

EMPLOYMENT APPLICATION

AUTHORITY FOR RELEASE OF INFORMATION

Last Name: _____ First Name: _____ Middle _____

Place of Birth: _____ State: _____ Country _____

Date of Birth: _____ Sex: _____ Race _____ SS# _____

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Kent County Sheriff's Office, whether the said records are of public, private or confidential nature. **I authorize the Kent County Sheriff's Office to act as my agent in obtaining any personnel information maintained by your organization.**

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; records of the Social Security Administration; financial or credit institutions; including records of deposits, withdrawals and balances of checking and saving accounts, and loans, and also records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records; including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wherever located, and to include the records and recollections of attorney attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Kent County Sheriff's Office to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the source of information specifically identified herein.

I understand that any information obtained by a personal history background investigation that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Kent County Sheriff's Office. I understand that all materials pertaining to this background investigation becomes the property of the Kent County Sheriff's Office.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damage, loss and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof; even though the said photocopy does not contain an original writing of my signature.

Signature: _____ Date: _____

Subscribed and Sworn before me this _____ day of _____ 20__

My Commission expires _____ 20__

Notary Signature: _____

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