

RON WADE – SHERIFF
Montgomery County, Kansas
300 E. Main St.
Independence, KS 67301

Independence Office 620-330-1066

Coffeyville Office 620-251-1126

Fax 620-331-1686

Application information sheet:

- Instructions:
1. Please read all the questions carefully & Completely.
 2. Answer all questions truthfully.
 3. Falsification or omission of any information requested will automatically disqualify you from appointment or termination from employment if employed at time of discovery.
 4. Please type or print all answers.
 5. If additional room is needed, use back of sheets.
 6. If you have questions or need help, contact the Testing Officer.

Position Applied For _____ Date _____

Name: _____

Must be at least 18 years of age for Dispatch/Clerk.

Age _____ Date of Birth ____ / ____ / ____ Phone# (____) _____

Birth Place, City _____ State _____ Country _____

Height _____ Weight _____ Hair _____ Eyes _____ Social Security #
____ / ____ / ____

Address: _____

City _____ State _____ Zip _____

Street Address _____

Street address if above is a post office box.

Length of time you have lived at the above address. Years _____ Months _____

Drivers License : State Issued _____ # _____

Have you ever worked or gone by a different name ? Yes ___ No ___ If yes what name(s) used _____

Are you a citizen of the United States ? Yes _____ No _____ *No Will Disqualify.*

Proof of U.S. citizenship will be required. (KSO 74-5605 requires U.S. Citizenship)

Attach a copy of birth certificate. & If applicable, Citizenship papers.

Education:

School Attended. (Start with High School, College, Etc.)

High School: _____

Address _____

State: _____ Zip: _____ Date Graduated: _____

If you did not graduate from High School, do you have a G.E.D. ? Yes ___ No ___
Applicants must have High School diploma or G.E.D. or equivalent. (K.S.O.-74-5605)

Place G.E.D. or Equivalent obtained: (If applicable)

School GED Obtained from; _____

Address: _____

State: _____ Zip: _____ Date Obtained: _____

College: _____

Address: _____

State: _____ Zip: _____ Date Graduated: _____

College: _____

Address: _____

State: _____ Zip: _____ Date Attended: _____

Degrees Attained: _____

If No degree how many hours of college credit do you have ? _____

Trade Schools: _____

Other Education: _____

Attach a copy of ALL school transcripts, and certificates starting with High School.
Failure to do so may disqualify applicant.

Military Service:

ATTACH A COPY OF ' DD - 214 LONG FORM ' AND ALL OTHER MILITARY RECORDS

Have you ever served in the Armed Services Yes _____ No _____ If Yes fill out below.

Branch of service : _____ Dates _____

Type of Discharge: _____

Basis for Discharge: _____

Your Serial Number: _____

Your rank at time of discharge: _____

Have you ever served in the National Guard ? _____

Address of unit: _____

Active or Inactive at this time ? _____

Disciplinary Action ? _____

Charge: _____

Finding: _____

Dates discipline: _____

Where occurred: _____

Punishment: _____

Were you or are you now a member of a reserve Unit ? _____

Active ? Yes ___ No ___ Current rank _____

Unit address: _____

Do you need to attend summer camp ? _____ Weekly drills ? _____

Additional information: _____

The following section is for the purpose of verifying employment eligibility. This information is used in the conduction of your background check. Reference (KSO-74-5605) Is of good moral character.

Applicant History:

Single _____ Married _____ Divorced _____ Widowed _____ Separated _____

Spouse's full name : _____

Spouse employed by: _____

How many residences have you lived in, in the past ten (10) years ? _____

Children: (include foster, step and adopted)

Name:	Age	Present address:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Former Marriage: (please give all information even if person is deceased) (Use back of page if needed)

Full Name of X – Spouse + (maiden) _____

Address: _____

Date of divorce or death: _____ Place: _____

Children of this marriage ? Phone # where X-Spouse can be contacted _____

Name	Age	Present Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

If additional space is needed please note and use back of this sheet .

Personal History continued:

The following section is for the purpose of verifying employment eligibility. This information is used in the conduction of your background check

Have you ever been arrested ? Yes _____ No _____

A III background will be conducted , so list all arrests if any. Finger prints will be submitted for criminal records check to K.B.I. & F.B.I.

If Yes Explain _____

Have you ever been convicted of any crime ? Yes _____ No _____

Note You **MUST** include any conviction, expunged record, diversion in criminal court and also anything equivalent under military code if there is a conviction or diversion while in the military. A felony conviction **will** disqualify applicant. A misdemeanor conviction **may** disqualify. **A failure to disclose either will automatically disqualify applicant or cause termination if employed at time of discovery. (KSO 74-5605) Determine if applicant has criminal record.**

If Yes Explain: _____

Have you ever been employed as a Law Enforcement officer anywhere ? Yes__ NO__ If yes where ?

Have you ever made application for Montgomery County Sheriff's Office before ? Yes __ No ____

If Yes: Date _____ Reason not employed. _____

Have you ever made application to any other Law Enforcement agencies ? Yes__ No____ If yes Where ?

Personal History Continued:

The following section is for the purpose of verifying employment eligibility. This information is used in the conduction of your background check

Have you ever been involved in a Traffic Accident ? Yes: ____ No: ____
A driving record will be obtained from MVD.

If yes please fill in below:

Place	Charge if any:	Conviction ?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever had your drivers license suspended or revoked ? Yes: ____ No: ____

If yes explain (give dates):

Are you willing to work shift work ? Yes: ____ No: ____

All employees of the Sheriff's Office are required to work shift work. If answer is No Applicant will be disqualified.

If No Please explain: _____

Are you willing to work overtime ? Yes: ____ No: ____

All Employees of the Sheriff's Office are subject to 24 hour emergency call. Refusal is subject for termination.

If No Explain: _____

Do you have any special skills, qualifications that you would like for us to consider ? Yes: __ No: __

If Yes Please List: _____

Personal History Continued:

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? Yes: ____ No: ____
A drug screen, physical examination and physiological examination will be administered after offer of employment as a condition of employment. Periodic drug screens are also a condition of continued employment. Under KSO-74-5605 Must be free from any physical or mental condition which might adversely affect the applicant's performance of duties.

If Yes Explain:

Do you require any special considerations to perform the activities of the position for which you have applied? Yes: ____ No: ____ If Yes Please explain below:

Please List any additional information you wish us to consider:

The following section is for the purpose of verifying employment eligibility. This information is used in the conduction of your background check. Reference (KSO-74-5605) Is of good moral character.

Family History:

Family Member:	Address:	Occupation:
Mother: _____	_____	_____
Father _____	_____	_____
Brother (s):		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Sister (s):		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has any member of your immediate family ever been arrested ? Yes ___ No ___ If Yes please explain.

Employment Record:

This part of the application is very important, be complete and specific.

Do you have any objections if we contact and inquire of your present employer questions regarding character, qualifications, current employment status, etc. Yes: ____ No: ____

If yes explain: _____

Beginning with your current employer (or last employer if unemployed) list in reverse order all the employers you have had in the last 10 (ten) years. Include any self - employment. **Give complete information requested.** .

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of business: _____

Your Position : _____ Dates of Employment _____

Your Duties: _____

Your supervisor: _____ Company Phone #. _____

Reason for leaving: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of business: _____

Your Position : _____ Dates of Employment _____

Your Duties: _____

Your supervisor: _____ Company Phone #. _____

Reason for leaving: _____

Employment record Continued:

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of business: _____

Your Position : _____ Dates of Employment _____

Your Duties: _____

Your supervisor: _____ Company Phone #. _____

Reason for leaving: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of business: _____

Your Position : _____ Dates of Employment _____

Your Duties: _____

Your supervisor: _____ Company Phone #. _____

Reason for leaving: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of business: _____

Your Position : _____ Dates of Employment _____

Your Duties: _____

Your supervisor: _____ Company Phone #. _____

Reason for leaving: _____

References:

List references, **NOT RELATIVES**. Please make sure you have complete and correct address. Letters will be sent to all listed. A reply is expected. A returned letter for **incomplete address or no contact will be entered into your application file and may have an adverse effect when read by oral board or other interested parties.**

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Are you acquainted with any members of this department Yes: ___ No: ___

Please List if yes: _____

Please read carefully and sign the statement below.

Notice to applicants

I Fully understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any facts in my application, resume, or any other materials, or during any interview can be justification for refusal of employment or if employed, termination from the Montgomery County Sheriff's Office, Montgomery County, Kansas .
2. Any offer of employment I may receive from the Montgomery County Sheriff's Office is contingent upon my successful completion of the departments total pre-employment screening process, including the receiving of references that is considered satisfactory. Also satisfactory completion of any post - employment physical and mental examination that the department may require.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that if employed, I may be required to submit to an alcohol or drug screen at anytime at the discretion of the Montgomery County Sheriff's Office.
4. In processing my application for employment, the Montgomery County Sheriff's Office may verify all the information provided by me or may produce or have prepared an investigative consumer report for the purpose concerning my prior employment, military records, education, character, general relation, personal characteristics, criminal record, and mode of living.
5. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment records, including a statement of the reason for my termination of employment, work performance, abilities, and other qualities pertinent to my qualifications of employment. I hereby release them all *from* any and all liability for damages arising from furnishing the requested information.
6. **Please be advised that a consumer report from the Credit Bureau will be obtained by the Montgomery County Sheriff's Office for employment purposes. These disclosures must be provided to applicants prior to obtaining a credit report for employment purposes.**
7. In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of the department and understand that my employment and compensation can be terminated with or without cause or notice, at anytime, at the option of either the Montgomery County Sheriff's Office or myself. I further understand that no representative of the Montgomery County Sheriff's Office other than the Sheriff or Undersheriff has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made shall not be enforceable unless it is in writing and signed by me and one of the individuals designated above.

Signature : _____

Date: _____

Print Name: _____

Witness: _____

Date: _____

Testing Officer: _____

Date: _____

Authorization to use Credit Report for Employment Purposes
To be signed by Applicant

I hereby give the **Montgomery County Sheriff's Office, Montgomery County, Kansas**, the right to make a thorough investigation of my past employment, education, and activities and I release from all liability all persons, companies, schools, and corporations supplying such information. I agree that the **Montgomery County Sheriff's Office** may investigate my credit file for purposes of promoting, reassigning, or retaining me as an employee.

Print Applicant Full Name

Social Security Number

Current Address

Home Telephone Number

Applicant Signature

Date

Witness Signature

A summary of Your Rights Under the Fair Credit Reporting Act. Is attached to this document.

A Summary of Your Rights Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and others businesses. You can find the complete text of the FCRA, 15 U.S.C. §§ 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- * **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- * **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- * **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- * **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the source.
- * **You can dispute inaccurate items with the source of the information.** If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- * **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- * **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- * **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to a employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers with out your permission.
- * **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurer may file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the list indefinitely.
- * **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

For questions or concerns regarding:

Please contact:

CRA's creditors and others not listed below

Federal Trade Commission
Consumer Response Center - FCRA
Washington, DC 20580 @202-326-3761

National banks, federal branches/agencies of foreign banks
(word "National" or initials "N.A." appear in or after banks name)

Office of the Comptroller of the Currency
Compliance Manager, Mail stop 6-6
Washington, DC 20219 @800-613-6743

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)
Affairs

Federal Reserve Board
Division of Consumer & Community
Washington, DC 20551 @202-452-3693

Savings associations and federally chartered savings banks
(word "Federal" or initials "F.S.B." appear in federal institution's name.)

Office of Thrift Supervision
Consumer Programs
Washington, DC 20552 @800-842-6929

Federal Credit unions
(words "Federal Credit Union" appear in institution's name)

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314 @703-518-6360

State-chartered banks that are not members of the Federal Reserve System

Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, DC 20429 @800-934-FDIC

Air, Surface, or rail common carriers regulated by former Civil Aeronautics Board or interstate Commerce Commission

Department of Transportation
Office of Financial Management
Washington, DC 20590 @202-366-1306

Activities subject to the Packers and Stockyards Act, 1921

Department of Agriculture
Office of Deputy Administrator - GIPSA
Washington, DC 20250 @202-720-7051