



PRIOR EMPLOYMENT INFORMATION  
EMPLOYMENT INFORMATION FOR THE LAST TEN YEARS  
MOST RECENT FIRST, TYPE, OR PRINT ALL INFORMATION

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EMPLOYER	ADDRESS	TELEPHONE
<hr/>		
DATES OF EMPLOYMENT	REASON FOR LEAVING	SUPERVISOR
<hr/>		
STARTING SALARY	ENDING SALARY	POSITION HELD

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EDUCATION:

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HIGH SCHOOL ATTENDED

ADDRESS

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ATTENDED FROM-----TO

GRADUATE

G.E.D.

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COLLEGE ATTENDED

ADDRESS

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COURSE OF STUDIES

DEGREE ATTAINED

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COLLEGE ATTENDED

ADDRESS

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COURSE OF STUDIES

DEGREE ATTAINED

LIST ANY VOCATIONAL AND/OR TECHNICAL SCHOOLS ATTENDED,  
COURSE OF STUDY, AND IF YOU RECEIVED A DIPLOMA

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NAME OF SCHOOL

ADDRESS

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COURSE OF STUDY

DIPLOMA

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NAME OF SCHOOL

ADDRESS

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COURSE OF STUDY

DIPLOMA

OTHER EDUCATIONAL ACHIEVEMENTS

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FORMER RESIDENCES

GIVE COMPLETE ADDRESSES FOR THE LAST TEN YEARS AND DATES RESIDED IN EACH

STREET #	RR#	P.O. BOX #	CITY	STATE	FROM	TO

GIVE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF (4) REFERENCES NOT RELATED TO YOU

FULL NAME AND ADDRESS	TELEPHONE NUMBERS
1) _____	
2) _____	
3) _____	
4) _____	

LIST ANY INFORMATION THAT YOU WOULD LIKE TO BE CONSIDERED

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HAVE ANY OF YOUR RELATIVES BEEN CONVICTED OF A CRIMINAL OFFENSE? \_\_\_\_\_

IF ANSWER IS YES, GIVE NAME, OFFENSE, NAME OF COURT, AND FINAL DISPOSITION.

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**FINANCIAL DATA**

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TO WHOM INDEBTED	FOR WHAT	ARE PYMTS CURRENT	AMOUNT OWED

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HAVE YOU EVER BEEN SUBJECTED TO CIVIL LITIGATION? \_\_\_\_\_

HAVE YOU EVER FILED BANKRUPTCY? \_\_\_\_\_

HAVE YOUR WAGES EVER BEEN GARNISHED? \_\_\_\_\_

**ARREST AND LAW VIOLATIONS**

HAVE YOU EVER BEEN ARRESTED? \_\_\_\_\_ ACCUSED OF A LAW VIOLATION? \_\_\_\_\_

IF THE ANSWER TO EITHER OF THE ABOVE IS YES, GIVE DATES, LOCATIONS, DETAILS AND CHARGES \_\_\_\_\_

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**MEMBERSHIPS**

HAVE YOU EVER BEEN A MEMBER ON AN ORGANIZATION THAT ADVOCATED THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES OF AMERICA? \_\_\_\_\_

LIST MEMBERSHIPS ID FRATERNAL, PROFESSIONAL AND ALL OTHER ORGANIZATIONS:

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MEDICAL INFORMATION

HAVE YOU EVER BEEN DENIED LIFE OR MEDICAL INSURANCE? \_\_\_\_\_

DO YOU, OR HAVE YOU EVER RECEIVED PAYMENTS FOR A MEDICAL DISABILITY? \_\_\_\_\_

HAVE YOU EVER BEEN THE VICTIM OF A SERIOUS ACCIDENTAL INJURY? \_\_\_\_\_

HAVE YOU EVER HAD A SERIOUS DISEASE? \_\_\_\_\_

HAVE YOU EVER BEEN TREATED FOR MENTAL ILLNESS? \_\_\_\_\_

IF YOU ANSWERED YES TO ANY OF THE ABOVE GIVE DETAILS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GIVE NAMES AND ADDRESS OF YOUR FAMILY DOCTOR

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN TREATED FOR:

ASTHMA \_\_\_\_\_ DRUG ADDICTION \_\_\_\_\_

HEART TROUBLE \_\_\_\_\_ ALCOHOLISM \_\_\_\_\_

HYPERTENSION \_\_\_\_\_ MENTAL ILLNESS \_\_\_\_\_

DIABETES \_\_\_\_\_ VENEREAL DISEASE \_\_\_\_\_

EPILEPSY OR SEIZURES \_\_\_\_\_ TUBERCULOSIS \_\_\_\_\_

LIST ANY STAYS IN A HOSPITAL, THE REASON WHY, AND THE DATES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN DENIED EMPLOYMENT FOR MEDICAL REASONS? \_\_\_\_\_

WOULD YOU PARTICIPATE IN A PSYCHOLOGICAL TEST BEFORE EMPLOYMENT, AT THE EXPENSE OF THIS DEPARTMENT, BY A PSYCHOLOGIST DESIGNATED BY THIS DEPARTMENT? \_\_\_\_\_

WOULD YOU SUBMIT TO A POLYGRAPH TEST PRIOR TO EMPLOYMENT TO VERIFY THE INFORMATION ON THIS APPLICATION? \_\_\_\_\_

WOULD YOU SUBMIT TO A POLYGRAPH TEST DURING YOUR TERM OF EMPLOYMENT IF IT WAS DEEMED NECESSARY BY THE SHERIFF? \_\_\_\_\_

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# OFFICE OF SHERIFF

CRAWFORD COUNTY, MISSOURI

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**RANDY E. MARTIN, SHERIFF**

**PO BOX BE, STEELVILLE, MO 65565**

**TELEPHONE 573-775-2125**

**FAX 573-775-2126**

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, (Print Full Name) \_\_\_\_\_ hereby authorize all law enforcement agencies, the Veterans Administration, all U.S. Military agencies, al federal, state or local government agencies, state an federal tax agencies, credit bureaus, schools, colleges and universities, to furnish the holder of this release with all and any available information regarding me in order that they may determine my suitability for employment.

I authorize the holder of this release to make inquiry of my present and past employers regarding my character, integrity and reputation.

I authorize the release of any and all information regarding my employment, credit or other information, whether personal or otherwise, that may or may not be in their records and release said company or person from all liability for any damage whatsoever that may issue from furnishing such information to the holder of this release.

A photo static copy of this authorization will be considered as effective and valid as the original.

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Applicant

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Witness

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Date

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Date

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## AGREEMENT

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I CERTIFY THAT ANSWERS HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW (S) MAY RESULT IN MY IMMEDIATE DISCHARGE.

IT IS ALSO UNDERSTOOD THAT AS A CONDITION OF EMPLOYMENT THAT ANY TIME WORKED OVER 171 HOURS IN A 28 DAY WORK PERIOD WILL BE PLACED IN A COMPENSATORY BANK AT A RATE OF ONE AND ONE HALF HOURS OF COMPENSATORY TIME FOR EACH HOUR WORKED. THIS TIME CAN BE ACCUMULATED AND USED AS TIME OFF AT A FURTHER DATE.

I UNDERSTAND ALSO THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE CRAWFORD COUNTY SHERIFF'S OFFICE.

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SIGNATURE OF APPLICANT

DATE

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