



Barry County Sheriff's Office

505 East Street

Cassville, Missouri 65625

(417) 847-6556 – Administration

(417) 847-6422 – Fax

Date of Application: _____

The Civil Rights Act of 1964 prohibits discrimination in employment because of Race, color, religion, and national origin or handicap status. Title 8, Civil Rights Act of 1964; Title 6, Civil Rights Act of 1974; Executive Order 11246; Executive Order 12067; Executive Order 11375; Executive Order 11246; Executive Order 12067; Executive Order 11375; Executive Order 12550; Public Law 90-202; Public Law 93-112, As amended prohibit discrimination.

Position applied for: _____

On what basis are you available for employment? Full time _____
Part-time _____ Temporary _____ Summer _____

How did you learn of this position? _____

Name (Last, First, Middle) _____

Address _____

City _____ State _____ Zip _____

Phone Number () _____ - _____

Social Security Number _____

Are you at least 18 years old? _____ Date of Birth _____

Are you an U.S. Veteran? _____

Dates of Active Duty _____ to _____

Are you a member of the reserve or National Guard? _____

Have you ever filed an application with the Barry County Sheriff's Dept?

Yes _____ No _____ Date _____

Have you ever been employed by the Barry County Sheriff's Dept?

Yes _____ No _____

Please answer the questions below. If answer is "yes" to questions 1-3, please give particulars on a separate sheet of paper. A "yes" answer does not automatically disqualify you from employment. If you have answered "no" to questions 4-6, please give particulars on a separate sheet of paper. A "no" answer does not automatically disqualify you from employment.

- 1) Have you ever been discharged or asked to resign from employment?

- 2) Have you ever been convicted of a crime other than a minor traffic violation?

- 3) Do you object to inquiry of your present employer in regard to your character, work record, qualifications or abilities? _____
- 4) It is the policy of the Barry County Sheriff's Office to compensate all non-exempt employees at a premium rate for all hours in excess of the designated work period in the form of compensatory time off, is this acceptable to you?

- 5) Are you a citizen of the United States? _____ If no, are you legally permitted to work in this country? _____ Types of work permit and number _____ Date issued _____
- 6) Do you have a social security card? _____ If you are selected for employment, your social security card must be presented to the personnel dept before you start work.

Do you possess a valid driver's license? _____

Do you possess a valid commercial Driver's License? _____

If "yes", what level do you possess? _____

If yes to either or both, what state? _____

License Number _____

List below any special information as to your work record you may deem of value: _____

Do you use a typewriter? _____.

Do you operate a computer? _____.

List computer programs you are comfortable working with.

List below any in-service training or instruction courses you have completed.

Deputy Sheriff applicant's only.

Have you completed a State Certified Law Enforcement Academy? _____

Date Completed _____

Educational Records

Grammar and High School, indicate last grade completed. _____

Name of last school attended. _____

Location _____

Did you graduate from high school? _____

Dates of attendance: from _____ to _____

If you plan to graduate within eight months, please indicate anticipated date:

High school equivalency certificate? (GED) _____

If yes, please submit documented proof.

Vocational Training (Business, Trades, Technical and Military Service)

Name and location	From	To	Subject studied

Did you graduate? _____ Degree received _____ Date _____
Are your employment and educational records under any other name? _____

If yes, please provide the name(s) _____

The Barry County Sheriff's Office believes in the principle and practice of equal employment opportunity, and intends to comply with the letter and spirit of federal, state and local laws and regulations prohibiting discrimination on the basis of race, color, sex, religion, national origin, or handicap status.

Employment Records

List below, in reverse order the positions you have held starting with you present or most recent employment. If more than one position or classification has been held within a given organization, list each position or classification as a separate period of employment. Be sure to specifically describe each separate assignment in military service. Under "specific duties" emphasize your own specific tasks including kind of work and supervisory, technical or other responsibilities so as to give a clear picture of the duties you have performed. If in employment included supervisory responsibilities, give number and type of employees supervised. Give as complete information as possible. If you have more than six (6) separate periods of employment, fill out blank sheet in the same form as that outlined below and attach. Indicate reason for leaving employment i.e., resigned, dismissed, layoff, ect.

Present employer _____
Address _____
City _____ **State** _____ **Zip** _____
Phone () _____ - _____
Date employed _____ **Date separated** _____
Total months employed _____
Full time? _____
Part time, indicate number of hours worked. _____ -
Immediate supervisor _____
Department _____
Title of Supervisor _____
Your title _____
Starting salary _____ **per** _____
Last or present salary _____ **per** _____
Specific duties

Reason for leaving: _____

Employer _____
Address _____
City _____ **State** _____ **Zip** _____
Phone () _____ - _____
Date employed _____ **Date separated** _____
Total months employed _____
Full time? _____
Part time, indicate number of hours worked. _____ -
Immediate supervisor _____
Department _____
Title of Supervisor _____
Your title _____
Starting salary _____ **per** _____
Last pr present salary _____ **per** _____
Specific duties

Reason for leaving: _____

Employer _____
Address _____
City _____ **State** _____ **Zip** _____
Phone () _____ - _____
Date employed _____ **Date separated** _____
Total months employed _____
Full time? _____
Part time, indicate number of hours worked. _____ -
Immediate supervisor _____
Department _____
Title of Supervisor _____
Your title _____
Starting salary _____ **per** _____
Last or present salary _____ **per** _____
Specific duties

Reason for leaving: _____

Employer _____
Address _____
City _____ **State** _____ **Zip** _____
Phone () _____ - _____
Date employed _____ **Date separated** _____
Total months employed _____
Full time? _____
Part time, indicate number of hours worked. _____ -
Immediate supervisor _____
Department _____
Title of Supervisor _____
Your title _____
Starting salary _____ **per** _____
Last or present salary _____ **per** _____
Specific duties

Reason for leaving: _____

Employer _____
Address _____
City _____ **State** _____ **Zip** _____
Phone () _____ - _____
Date employed _____ **Date separated** _____
Total months employed _____
Full time? _____
Part time, indicate number of hours worked. _____
Immediate supervisor _____
Department _____
Title of Supervisor _____
Your title _____
Starting salary _____ **per** _____
Last or present salary _____ **per** _____
Specific duties

Reason for leaving: _____

Employer _____
Address _____
City _____ **State** _____ **Zip** _____
Phone () _____ - _____
Date employed _____ **Date separated** _____
Total months employed _____
Full time? _____
Part time, indicate number of hours worked. _____ - _____
Immediate supervisor _____
Department _____
Title of Supervisor _____
Your title _____
Starting salary _____ **per** _____
Last or present salary _____ **per** _____
Specific duties

Reason for leaving: _____

Reference

1) **Name:** _____
Address : _____
Phone: _____
How do you know this person? _____
How long have you known this person? _____

2) **Name:** _____
Address: _____
Phone: _____
How do you know this person? _____
How long have you known this person? _____

3) **Name:** _____
Address: _____
Phone: _____
How do you know this person? _____
How long have you known this person? _____

4) **Name:** _____
Address: _____
Phone: _____
How do you know this person? _____
How long have you known this person? _____

Please read carefully
Applicant's certification and Agreements

I hereby certify that the facts set fourth in the attached employment application are true and correct to the best of my knowledge. They are made voluntary upon application for employment, and as inducement therefore. I understand that any false statement or information given herein shall be considered sufficient cause for dismissal. I, the undersigned consent that any former employers, upon request, may give full information relative to my employment by them and reason for termination. Any examining doctors, hospitals (public, private, state and including United States Veterans Administration), may give the Barry County Sheriff's Office any information or data as the results of any examinations made. The undersigned hereby release any and all such persons or institutions from any liabilities by reason of giving such information. I understand and agree that the Barry County Sheriff's Office is under no obligation to reveal to any other person or me the reason for my rejection for employment.

Date

Signature of Applicant

Exhibit A

Barry County Sheriff's Department
Urine Drug Test
Applicant consent Form and Policy Acknowledgement

I have been advised that the Barry County Sheriff's Department has adopted a Drug and Alcohol Misuse Prevention and Testing Policy for the purpose of maintaining a safe work environment and ensuring the safety of the public and its employees. I hereby acknowledge that I have received a copy of this policy.

I hereby voluntarily consent to participate in a urine drug screening test, including any and all procedures used by the physician, nurse, and/or laboratory collecting the sample, and authorize the findings, together with any related medical information, to be reported to the Barry County Sheriff's Department.

I understand that if I refuse to participate, or if the test results are positive, I will be disqualified from employment with the Barry County Sheriff Department.

Applicant's Name: _____
(Print)

Applicant's Signature: _____

Date: _____