

Applicant's Full Name: Last, First, MI	Date Applied	Social Security Number
Date Of Birth	Type of Employment	

Position Applied For:

Investigative Unit ☐

Patrol ☐

Court Security/Bailiff ☐

Reserves ☐

Transportation ☐

Other-Describe:

PRE-EMPLOYMENT APPLICATION

BARRY COUNTY SHERIFF'S OFFICE



APPLICATION WILL BE KEPT FOR ONE YEAR ONLY

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H



Dear Applicant:

Thank you for applying to be a Sheriff's Deputy for the Barry County Sheriff's Office. We want to take this opportunity to tell you that we are proud of our agency and the good work we do. We maintain high ethical standards at our office and always stress honesty and integrity.

During the course of the hiring process, you will be asked to answer many questions and to provide much information about your life. We expect you to tell the truth at all times. We expect you to maintain a high level of integrity. If you lie, provide false information, or engage in deception during the process, you may be eliminated from further consideration.

By signing this notice, you acknowledge that you understand the expectations of our office for honesty and integrity.

Again, thank you for your interest in The Barry County Sheriff's Office and good luck.

Sheriff Danny Boyd
Barry County Sheriff's Office

Applicant Signature:

Date:

Honesty Statement

An intensive pre-employment review may appear intrusive and even embarrassing: however, the inquiries that are made are either pursuant to law or otherwise job-relevant in nature. Background investigators, who will review your application, do not make inquiries into areas of a person's background that have no legitimate bearing on their suitability for the position of public trust, for which you have applied

Fundamental to this process is your integrity and trustworthiness. The number one reason individuals "fail" pre-employment reviews is because they attempt to withhold job-relevant information from the prospective employer. Any attempt to do so will undoubtedly be quickly discovered, and it will unquestionably result in your disqualification from further consideration.

Quibbling, hair-splitting, or out-and-out untruthfulness, for the purpose of concealing relevant information, will not be tolerated. Deliberate deception of any type will disqualify you. There are no "perfect" applicants: indeed, there are no "perfect" people. The Barry County Sheriff's Office evaluates issues in your past, both positive and negative, for the impact on your qualifications for this position. However, if you attempt to withhold information from us, we have no other option but to assume you are attempting to obtain this position by means of deception and you will be disqualified.

I attest that all of the statements made by me in this background questionnaire and the documents that I have submitted are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made with the intent to commit fraud, any fraudulent conduct, or any attempted deception by me or by others with my knowledge, approval or support, in any application, paper or document submitted, shall bar me from further examinations: or omissions of any information from this questionnaire may be cause for my rejection, removal from any eligibility list, or dismissal if employed.

I fully understood the questions in this background questionnaire and what was being inquired of me throughout this questionnaire. I further acknowledge the discovery of any omissions or discrepancies may be grounds for dismissal from the Barry County Sheriff's Office hiring process.

Certification by Applicant

My signature below attests to the fact that I have read this form carefully and I understand that any attempt to be deceptive whatsoever, whether by omission or commission, to withhold job-relevant information from the Barry County Sheriff's Office may result in my disqualification.

Signature:

Date:

PRE-EMPLOYMENT QUESTIONNAIR

Applicant Name:	Social Security Number:
Position Applied for:	Referral Source:
Have you ever filed an application with this office? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever been employed by Barry County? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes give dates and division:	
Reason for Leaving.	

NOTE: The information and answers to questions contained in this questionnaire will be verified by CVSA Examination and a complete Background Investigation. Omissions and falsification will be considered grounds for rejection of your application.

Please print (legibly) all responses. If you need more space to answer a question, attach an additional sheet, identify the question and write your response. **Leave no question blank or unanswered.** Write "None" if this is an appropriate answer. If a question does not apply to you, print "N/A" (not applicable). No question is intended as a medical inquiry. The American with Disabilities Act prohibits employers from making medically related inquiries prior to a conditional offer of employment. Therefore, if you are completing this questionnaire before you have received a conditional offer of employment, **do not** divulge information concerning physical or medical conditions, either past or current.

The following questions are to determine if you meet the minimum qualifications of employment.

- ☐ Yes ☐ No Do you currently possess a High School Diploma or GED?
- ☐ Yes ☐ No Are you currently a United States Citizen?
- ☐ Yes ☐ No Are you legally authorized to work in the US?
- ☐ Yes ☐ No Do you currently have a valid driver license?
- ☐ Yes ☐ No Are you at least 21 years of age (18 for Detention or Clerical positions)?

If you answer "Yes" to any of the following six questions, you may not meet the minimum acceptable hiring standards.

- ☐ Yes ☐ No Have you ever been convicted of a felony offense?
- ☐ Yes ☐ No Have you ever been convicted of a domestic violence offense or any charge that was reduced from the charge of domestic violence?
- ☐ Yes ☐ No Have you ever been convicted of more than one DWI/Excessive BAC offense?
- ☐ Yes ☐ No Have you used any illegal substances during the last 12 months?
- ☐ Yes ☐ No Have you ever been a member of a terrorist group, street gang, or other organization that promotes or participates in criminal activity?

Personal Information

Last Name:	First Name:	Middle Name:
Street Address:		City:
County:	State:	Zip:
Home:	Cell:	Alternate:
Email Address:		How long have you lived at the above address?
Date of Birth:	Birthplace:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Height:	Weight:	Marital Status:
Alias Names (include maiden names if applicable):		

Secondary Address (if applicable: college, military)

Street Address:	City:
State:	Zip:

Operator's License Information

License Number:	State:	Expiration Date:
Chauffer's License Number:	State:	Expiration Date:
Has your license ever been suspended or revoked in any state? <input type="checkbox"/> Yes <input type="checkbox"/> NO		
If yes, please explain why:		

List all Relatives/family members employed by Barry County

Name:	Division/Office:
Name:	Division/Office:

In case of emergency, notify:

Name:	Relationship:
Address:	City, State, Zip:
Telephone:	Alternate Phone:

In case of emergency, notify:

Name:	Relationship:
Address:	City, State, Zip:
Telephone:	Alternate Phone:

Previous Addresses (Last 10 Years)

Street Address:	City, State, Zip:
Street Address:	City, State, Zip:
Street Address:	City, State, Zip:
Street Address:	City, State, Zip:
Street Address:	City, State, Zip:

Education

High School:		
Address:		
Dates of Attendance:	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Graduation:

General Equivalency (GED):	Date Obtained:
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Trade/Vocational School:		Major/Course of Study:
Address:		City, State, Zip:
Dates of Attendance:	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Graduation:

College / University:		Major/Course of Study:
Address:		City, State, Zip:
Dates of Attendance:	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Graduation:

College / University:		Major/Course of Study:	
Address:		City, State, Zip:	
Dates of Attendance:	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Graduation:	

Post Certification: <input type="checkbox"/> YES <input type="checkbox"/> NO	Class:
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Military Service

Branch:	Specialty:	Highest Rank Obtained:
Dates of Service:	Date of Discharge:	Honorable Discharge? <input type="checkbox"/> YES <input type="checkbox"/> NO

Roommates: List those individuals with whom you have resided with since you were 18.
EXCLUDE family members.

Name:	Telephone:
Address:	City, State, Zip:
For How Long:	Occupation:

Name:	Telephone:
Address:	City, State, Zip:
For How Long:	Occupation:

Name:	Telephone:
Address:	City, State, Zip:
For How Long:	Occupation:

References: Please list five persons as personal references. DO NOT list family members, former employers, or anyone listed above. Use friends, neighbors, co-workers, school teachers, coaches, or other associates. If you cannot list five people then attach a sheet explaining why.

Name:	Telephone:
Address:	City, State, Zip:
For How Long:	Occupation:

Name:	Telephone:
Address:	City, State, Zip:
For How Long:	Occupation:

Name:	Telephone:
Address:	City, State, Zip:
For How Long:	Occupation:

Name:	Telephone:
Address:	City, State, Zip:
For How Long:	Occupation:

Name:	Telephone:
Address:	City, State, Zip:
For How Long:	Occupation:

Employment: Begin with your current employer and work backwards to your first.

Current Employer:		Title Position Held:	
Address:		City, State, Zip:	
Phone:	Date Hired:	Date Left:	Immediate Supervisor:
Reason for Leaving:			
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been late for work? If yes how many times?			
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been the subject of an internal investigation? If yes explain.			
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever received any discipline for a violation of work rules?			
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been the subject of a customer / employee complaint?			
Explain any circumstances regarding investigations, discipline, and complaints:			

Previous Employer:		Title Position Held:	
Address:		City, State, Zip:	
Phone:	Date Hired:	Date Left:	Immediate Supervisor:
Reason for Leaving:			
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been late for work? If yes how many times?			
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been the subject of an internal investigation? If yes explain.			
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever received any discipline for a violation of work rules?			
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been the subject of a customer / employee complaint?			
Explain any circumstances regarding investigations, discipline, and complaints:			

Previous Employer:		Title Position Held:	
Address:		City, State, Zip:	
Phone:	Date Hired:	Date Left:	Immediate Supervisor:
Reason for Leaving:			
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been late for work? If yes how many times?			
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been the subject of an internal investigation? If yes explain.			
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever received any discipline for a violation of work rules?			
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been the subject of a customer / employee complaint?			
Explain any circumstances regarding investigations, discipline, and complaints:			

Previous Employer:		Title Position Held:	
Address:		City, State, Zip:	
Phone:	Date Hired:	Date Left:	Immediate Supervisor:

Reason for Leaving:
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been late for work? If yes how many times?
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been the subject of an internal investigation? If yes explain.
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever received any discipline for a violation of work rules?
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been the subject of a customer / employee complaint?
Explain any circumstances regarding investigations, discipline, and complaints:

Driving Record / Status

How long have you been a licensed driver?
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever had a license in another state? If yes what state:
<input type="checkbox"/> YES <input type="checkbox"/> NO Has your license ever been suspended or revoked?
If yes explain:
<input type="checkbox"/> YES <input type="checkbox"/> NO Do you have any pending traffic tickets / citations?
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been cited or issued a summons for a traffic offense?
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been placed on "High Risk" insurance?
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been arrested or charged with a DWI or Excessive BAC offense?

List all traffic violations, arrests, or convictions (Include Warnings)

Date	Violation	Location / Court	Police Agency

List all traffic crashes where you were the driver: Include any non-reported crashes.

Date	Location	Police Agency	Injuries	Your Fault
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Criminal Record

<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been arrested, charged, or convicted of any crime?
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been the subject of a criminal complaint or case?
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been investigated for a criminal offense?
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been indicted by a Grand Jury?
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been incarcerated?

Explain any of the above circumstances regarding arrests, charges, complaints or criminal offenses:

Criminal Record

☐ YES ☐ NO Have you ever been arrested, charged, or convicted of any crime?

☐ YES ☐ NO Have you ever been the subject of a criminal complaint or case?

☐ YES ☐ NO Have you ever been investigated for a criminal offense?

☐ YES ☐ NO Have you ever been indicted by a Grand Jury?

☐ YES ☐ NO Have you ever been incarcerated?

Explain any of the above circumstances regarding arrests, charges, complaints or criminal offenses:

List all Criminal Violations, arrests, or convictions.

Date	Violation	Location/Court	Police Agency

Police Reports: List any incidents where you were party to an official police report, complaint, or investigation (not already mentioned above). Include any incidents involving police contact.

Date	Location	Police Agency	Type of Incident

Unlawful Activity: Have you ever committed, participated, or conspired to commit any of the following serious crimes for which you were not arrested or charged?

<input type="checkbox"/> YES <input type="checkbox"/> NO Murder	<input type="checkbox"/> YES <input type="checkbox"/> NO Rape	<input type="checkbox"/> YES <input type="checkbox"/> NO Child Pornography
<input type="checkbox"/> YES <input type="checkbox"/> NO Theft	<input type="checkbox"/> YES <input type="checkbox"/> NO DWI	<input type="checkbox"/> YES <input type="checkbox"/> NO Drug Trafficking
<input type="checkbox"/> YES <input type="checkbox"/> NO Arson	<input type="checkbox"/> YES <input type="checkbox"/> NO Attempted Murder	<input type="checkbox"/> YES <input type="checkbox"/> NO Thefts over \$500
<input type="checkbox"/> YES <input type="checkbox"/> NO Assault	<input type="checkbox"/> YES <input type="checkbox"/> NO Manslaughter	<input type="checkbox"/> YES <input type="checkbox"/> NO Domestic Violence
<input type="checkbox"/> YES <input type="checkbox"/> NO Robbery	<input type="checkbox"/> YES <input type="checkbox"/> NO Sexual Assault	
<input type="checkbox"/> YES <input type="checkbox"/> NO Burglary	<input type="checkbox"/> YES <input type="checkbox"/> NO Prostitution	

Explain any of the above circumstances regarding arrests, charges, complaints, or criminal offenses:

List the types of illegal / controlled substances that you have ever used. Indicate how many times and when last used. Drugs include cocaine, crack cocaine, heroin, methamphetamine, PCP, hallucinogens, opiates, steroids, non-prescribed, or other substances.

Drug	How Many Times Used	Last Time Used

Civil Suits / Orders

☐ YES ☐ NO Have you ever been the subject of a protection order?

Explain:

Full Disclosure

Is there anything in your past or present, not specifically asked for in this questionnaire, which, if became known, would embarrass you or the Barry County Sheriff's Office? Anything which would cause you to be compromised in the discharge of your duties? Unless it is directly related to your ability to do police work, your answer to this question will not affect your application. You are being asked to fully appraise the Sheriff's Office of your background to prevent the possibility of being compromised in the future. ☐ YES ☐ NO

If "Yes", explain below in detail:

Additional Information

☐ YES ☐ NO Have you ever applied to any other law enforcement agencies?

If "YES", please provide agency Name, Date, Phone Number, Application Date, and Status of Application:

☐ **YES** ☐ **NO** Have you ever been the subject of a background investigation conducted by a law enforcement agency, which was considering you for employment?

If "YES" please provide agency Name, Date, Phone Number, Name of Investigator, and Status of the Investigation:

☐ **YES** ☐ **NO** Have you ever been rejected by or have you withdrawn from any background investigation and / or hiring process?

If "YES" please provide agency Name, Date, Phone Number, Investigator name, and reason for the withdraw or rejection:

Specialized Training or Skills

Indicate what foreign languages you speak, read, and / or write:

	Fluently	Good	Fair
Speak			
Read			
Write			

Social Media: List any accounts you have and a username if applicable.

Facebook:

Vine:

Twitter:

YouTube:

Instagram:

SnapChat:

Tumblr:

TikTok:

Other:

Application Packet Checklist

Required Documents

Required forms needed to complete background investigation

Copy of Birth Certificate	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Copy Naturalization Papers / Work Visa	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Copy of Driver License	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Copy of High School Transcripts & Diploma or GED Certificate	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Copy of Transcripts of all College or Universities attended	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Copy of DD-214 (Long Form)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Copy of POST Certification	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Any Additional Certificates of Training Listed on your application	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Supporting Documentation

List of Certificates and / or Awards	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
In-Service Training Records	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Copy of last two Performance Evaluations	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Resume	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

I Understand the documents above should be copies as I may not get them back

Signature:

Date:

Is there anything in your background, which has not been addressed, that we should know before beginning your background investigation?



Barry County Sheriff's Office

**505 East St.
Cassville, MO 65625
417-847-6556
Fax: 417-847-6422**

BACKGROUND INVESTIGATION WAIVER

Please read the following statements carefully and sign in the space provided:

I certify the answers given herein are true and complete to the best of my knowledge. By my signature below, I voluntarily grant the Barry County Sheriff's Office, its officers and agents, the authority to investigate my background and all statements made in this application. I understand such inquiry as herein agreed to shall bear the utmost degree of confidentiality and will be guarded and protected from disclosure.

I respectfully request and authorize you to furnish the Barry County Sheriff's Office any and all information you may have concerning me, my work record, my reputation, my financial and credit status. This information is to be used to assist the Barry County Sheriff's Office in determining my qualifications and fitness for the position I am seeking at the Barry County Sheriff's Office.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

Applicants Full Name Signature:

Date: