

Last Name: _____		First Name: _____
Middle Initial: _____		
Other Names Used: _____		
Street Address: _____		
City: _____		State: _____
Zip Code: _____		
Telephone Number(s): _____		

## Union County Sheriff's Office

### Application for Employment

Drivers License #: _____	
State: _____	
Social Security Number: _____	Date of Birth: _____

**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status**

**(Please Print)**

Position Applied For	Date of Application
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If you are under 18 years of age, can you provide proof of your eligibility to work? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever filed an application with us before? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been employed with us before? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you available to work: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Shift Work \_\_\_\_\_

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the applicant data record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a confidential file.

Are you currently on "lay-off" status and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required for employment

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a felony with the last 7 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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Conviction will not necessarily disqualify an applicant from employment

## Applicant Data Record

Position(s) applied for: \_\_\_\_\_

## Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped, and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

CHECK ONE:

Male

Female

RACE/ETHNIC GROUP:

White

Black

Hispanic

American Indian/Alaskan Native

Asian/Pacific Islander

Other

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

Vietnam Era Veteran

Disabled Veteran

Handicapped Individual

# Education

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate School				
Graduate School				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Employer	Dates Employed	Work Performed
Address	From	
Telephone Number(s)	To	
Job Title	Hourly Rate/Salary	
Supervisor	Starting	
Reason for Leaving	Final	

If you need additional space, please continue on a separate sheet of paper

List professional, trade, business or civic activities and offices held.  
 You may exclude membership which would reveal gender, race, religion, national origin, age ancestry, disability or other protected status:

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### Additional Information

**Other Qualifications**  
 Summarize special job-related skills, and qualifications, licenses or certifications acquired from employment, training, education or other experience.

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State any additional information you feel may be helpful to us in considering your application.

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?                                 YES                                 NO

**References**

1. \_\_\_\_\_  
Name  
Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Address

2. \_\_\_\_\_  
Name  
Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Address

3. \_\_\_\_\_  
Name  
Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Address

**Applicant's Statement**

I certify that the answers given 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.

This application for employment will remain active if applicant meets all the requirements for eligibility as set forth by the Union County Sheriff's Office Merit Board standards. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will nature, which means that the Employee may resign at any time and the Employer may discharge an

Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

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Date

**You must furnish with this application of a copy of each of the following documents, if applicable to you:**

**Birth Certificate  
Social Security Card  
High School Diploma/G.E.D. Certificate  
College or University Diploma/Certificate  
Military Service Record  
Military Discharge Papers**

**You must also sign and submit with this application the following documents which have been provided:**

**Criminal Background Investigation Release Form  
Release of Liability Regarding the Physical Aptitude Test**



**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Remarks \_\_\_\_\_

\_\_\_\_\_  
Interviewer

Date

\_\_\_\_\_ Employed

Date of Employment \_\_\_\_\_

\_\_\_\_\_ Not Employed

Job Title \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_

# UNION COUNTY SHERIFF'S OFFICE

## CRIMINAL BACKGROUND INVESTIGATION RELEASE FORM

Please read this form carefully and be aware that by allowing the Union County Sheriff's Office to investigate your background with the authorized entities you will be waiving and releasing all claims for damages you might sustain arising out of the criminal background check and review.

I understand that a successful criminal background investigation is a condition of my employment or with the Union County Sheriff's Office.

I agree to waive and relinquish all claims I may have against the Union County Sheriff's Office, its officers, agents, servants, and the employees as a result of my participation in the criminal background investigation.

I do hereby fully release and discharge the Union County Sheriff's Office, its respective officers, agents, servants and employees from any and all claims from damages which I may have or which may accrue to me on account of the results of any aspect of the criminal background investigation.

I further agree to indemnify and hold harmless and defend the Union County Sheriff's Office, its respective officers, agents, servants and employees from any and all claims resulting from damages sustained by me or arising out of, connected with, or in any way associated with, any of the activities of the criminal background investigation and review.

I also understand that a criminal charge or a criminal conviction will not automatically exclude me from the employment I am seeking. However, a false answer or refusal to answer on the application or refusal to sign this release is automatic grounds for exclusion from the job I am applying for.

I have read and fully understand this Waiver and Release of All Claims.

\_\_\_\_\_  
Your Printed Name

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Your Social Security Number

\_\_\_\_\_  
Your Date of Birth

\_\_\_\_\_  
Position You Are Applying For

\_\_\_\_\_  
Today's Date

## UNION COUNTY SHERIFF'S OFFICE

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**Please read this form carefully and be aware that by allowing the Union County Sheriff's Office to perform a physical aptitude test you will be waiving and releasing all claims for damages you might sustain arising out of the examination of and performance resulting from the physical aptitude test.**

I understand that I may be subject to a physical Aptitude Test as a condition of my employment with the Union County Sheriff's Office.

I understand that during the Physical Aptitude Test I will be asked to perform various physical activities that will test and challenge my strength, endurance and overall health.

I understand that during the performance of the Physical Aptitude Test that certain physical elements of my body will be taxed, including my oxygen, heart rate, blood pressure, muscle and joint strength.

By signing this form, I acknowledge and affirmatively state that I am not under any doctor's restriction or limitation concerning physical exertion, cardiovascular acceleration, or any weight lifting restriction; nor am I suffering from any ailment or condition that would limit my ability to perform the Physical Aptitude Test.

I also state that I understand that if I have any concerns or questions about my ability to perform any physically strenuous and challenging task that I have ample time to avail myself to a proper physician for an examination to determine whether I should also be so restricted. If I do avail myself to such an examination I will promptly notify the Union County Sheriff's Office if I am not able to perform the Physical Agility Test.

Having knowledge of and having acknowledged the forgoing, I agree to waive and relinquish all claims I may have against the Union County Sheriff's Office, or their officers, agents, servants, and employees as a result of my participation in the Physical Aptitude Test.

I do hereby fully release and discharge the Union County Sheriff's Office, their respective officers, agents, servants and employees from any and all claims from damages which I may have or which may accrue to me on account of my participation in the Physical Aptitude Test.

I further agree to indemnify and hold harmless and defend the Union County Sheriff's Office, their respective officers, agents, servants and employees from any and all claims resulting from damages sustained by me or arising out of, connected with, or in any associated with, any of the activities performed during the Physical Aptitude Test.

I have read and fully understand this Physical Aptitude Release Form.

\_\_\_\_\_  
Your Printed Name

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Your Social Security Number

\_\_\_\_\_  
Your Date of Birth

\_\_\_\_\_  
Position You Are Applying For

\_\_\_\_\_  
Today's Date