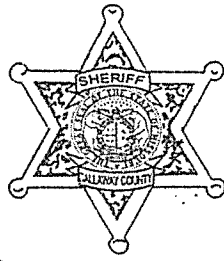


P.O. Box 817
1201 STATE ROAD O
FULTON, MO 65251

CALLAWAY COUNTY SHERIFF'S OFFICE



CLAY CHISM, SHERIFF

911
573-642-7291 COMMUNICATIONS
573-592-2455 ADMINISTRATION
573-592-2440 FAX

APPLICATION FOR EMPLOYMENT

LAST NAME FIRST NAME MIDDLE NAME

SOCIAL SECURITY NUMBER DRIVERS LICENSE NUMBER STATE

STREET ADDRESS CITY STATE ZIP CODE

HOME PHONE CELL PHONE PAGER OTHER NUMBER

POSITION APPLYING FOR DATE YOU CAN START SALARY DESIRED

CURRENT EMPLOYER CITY & STATE TELEPHONE NUMBER

MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? (CIRCLE ONE) YES NO. IF NO, EXPLAIN

ARE YOU A MISSOURI P.O.S.T CERTIFIED PEACE OFFICER? (CIRCLE ONE) YES NO

IF SO, HAS THERE BEEN ANY DISCIPLINARY ACTIONS TAKEN AGAINST YOUR P.O.S.T CERTIFICATION? (CIRCLE ONE) YES NO IF YES, EXPLAIN BELOW IN DETAIL.

SIGNATURE OF APPLICANT DATE OF APPLICATION

***** OFFICAL USE ONLY *****

DATE OF INTERVIEW OFFICERS PRESENT DURING INTERVIEW

REMARKS: _____



PERSONAL HISTORY STATEMENT

INSTRUCTIONS

(READ CAREFULLY BEFORE BEGINNING)

These instructions will assist you in properly completing your PERSONAL HISTORY STATEMENT. It is essential that the information be accurate in all respects, as it will be used as a basis for a background investigation to determine your eligibility for employment.

1. Your PERSONAL HISTORY STATEMENT should be typed or printed legibly in ink. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the PERSONAL HISTORY STATEMENT. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. To be sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
5. If there is insufficient space on the PERSONAL HISTORY STATEMENT for you to include all information required, attach extra sheets to the PERSONAL HISTORY STATEMENT. Be sure to reference the relevant section before continuing your answer.
6. An accurate and complete PERSONAL HISTORY STATEMENT will help expedite your background investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.
7. As you complete the PERSONAL HISTORY STATEMENT, if you are unsure how to answer a particular question, circle the question and the background investigator will discuss it with you at a later date.

(I.) APPLICANT IDENTIFICATION

(INFORMATION PROVIDED IN THIS SECTION IS FOR IDENTIFICATION PURPOSES ONLY)

NAME (Last, First Middle)

ADDRESS (Street, City, State, Zip Code)

TELEPHONE (Home, Cell, Pager)

DATE OF BIRTH SOCIAL SECURITY NUMBER DRIVERS LICENSE NUMBER/STATE

PLACE OF BIRTH (City, County, State) YES NO U.S. CITIZEN

ALIAS (Nickname, Maiden Name, or any other name by which you have been known.)

HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR

SCARS, TATTOOS OR OTHER DISTINGUISHING MARKS

(II.) RESIDENCES

List all addresses where you have lived during the past TEN years, beginning with your present address. List date by month and year.

DATE (From - To) ADDRESS

Form with multiple horizontal lines for entering residence information.

(IV.) MILITARY RECORD

(IF POSSIBLE ATTACH A COPY OF YOUR DISCHARGE PAPERS)

BRANCH OF U.S. ARMED SERVICE

DATES OF SERVICE FROM - TO

HIGHEST RANK HELD

TYPE OF DISCHARGE

IF NOT AN "HONORABLE" DISCHARGE EXPLAIN IN DETAIL BELOW:

LIST BELOW ANY DISCIPLINES WHILE IN THE U.S. ARMED SERVICES. (INCLUDES COURT MARTIAL, CAPTAIN'S MAST, COMPANY PUNISHMENT ETC....)

DATE AGENCY CHARGE DISPOSITION

DATE AGENCY CHARGE DISPOSITION

(V.) SPECIAL QUALIFICATIONS & SKILLS

(IF POSSIBLE ATTACH COPIES OF YOUR LICENSES OR CERTIFICATIONS)

LIST BELOW ANY LICENSES OR CERTIFICATIONS, WHICH YOU HOLD. (LAW ENFORCEMENT, EMS, FIRE, PILOT, SCUBA, ETC...)

LIST BELOW ANY OTHER SPECIAL SKILLS YOU POSSESS.

LIST BELOW ANY SPECIAL MACHINERY OR EQUIPMENT, WHICH YOU CAN OPERATE.

(VI.) EDUCATIONAL HISTORY

(IF POSSIBLE ATTACH A COPY OF YOUR DIPLOMA'S AND TRANSCRIPT)

DID YOU GRADUATE HIGH SCHOOL OR OBTAIN A GED? _____ YEAR _____

LIST BELOW THE HIGH SCHOOL(S) YOU ATTENDED.

NAME _____ CITY & STATE _____ DATE FROM - TO _____

NAME _____ CITY & STATE _____ DATE FROM - TO _____

NAME _____ CITY & STATE _____ DATE FROM - TO _____

LIST BELOW THE COLLEGE/UNIVERSITY(S) ATTENDED.

NAME _____ CITY & STATE _____ DATE FROM - TO _____

UNITS COMPLETED _____ MAJOR/MINOR _____ STUDENT I.D. NUMBER _____

DEGREE RECEIVED _____ DATE _____

NAME _____ CITY & STATE _____ DATE FROM - TO _____

UNITS COMPLETED _____ MAJOR/MINOR _____ STUDENT I.D. NUMBER _____

DEGREE RECEIVED _____ DATE _____

(VII.) ARRESTS, DETENTIONS & LITIGATIONS

(JUVENILE AS WELL AS ADULT CASES)

LIST BELOW ANY ARRESTS, DETENTIONS, OR COURT SUMMONS.

DATE _____ AGENCY _____ STATE _____ CHARGE _____ DISPOSITION _____

DATE _____ AGENCY _____ STATE _____ CHARGE _____ DISPOSITION _____

DATE _____ AGENCY _____ STATE _____ CHARGE _____ DISPOSITION _____

(VII.) ARRESTS, DETENTIONS & LITIGATIONS (CONTINUED)

HAVE YOU BEEN EITHER A PETITIONER OR RESPONDENT IN AN EX-PARTE OR FULL ORDER OF PROTECTION? IF YES COMPLETE BELOW.

DATE	COURT OF JURISDICTION	EXPLAIN CIRCUMSTANCES

HAVE YOU BEEN A PARTY IN A CIVIL LITIGATION? IF YES COMPLETE BELOW.

DATE	COURT OF JURISDICTION	EXPLAIN CIRCUMSTANCES

HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED? IF YES EXPLAIN BELOW.

DATE	COURT OF JURISDICTION	EXPLAIN CIRCUMSTANCES

LIST BELOW ANY CITATIONS YOU HAVE RECEIVED. (EXCLUDING PARKING TICKETS)

DATE	COURT OF JURISDICTION	EXPLAIN CIRCUMSTANCES

LIST BELOW ANY TRAFFIC ACCIDENTS WITH WHICH YOU HAVE BEEN INVOLVED.

DATE	LOCATION	BRIEF DETAILS

(VIII.) SOURCES OF INCOME

WHAT IS YOUR CURRENT MONTHLY WAGE OR SALARY? _____

NAME & ADDRESS OF BANK OR FINANCIAL INSTITUTION OF YOUR CHECKING ACCOUNT _____

NAME & ADDRESS OF BANK OR FINANCIAL INSTITUTION OF YOUR SAVINGS ACCOUNT _____

EXPLAIN BELOW IF YOU HAVE INCOME FROM ANY OTHER SOURCES, OTHER THAN YOUR PRINCIPAL OCCUPATION.

(IX.) FINANCIAL OBLIGATIONS

List below any individuals, companies or others to whom you are indebted and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments and any other debts or payments owed.

NAME ADDRESS

MONTHLY PAYMENT TOTAL DEBT AMOUNT REASON FOR DEBT
.....

NAME ADDRESS

MONTHLY PAYMENT TOTAL DEBT AMOUNT REASON FOR DEBT
.....

NAME ADDRESS

MONTHLY PAYMENT TOTAL DEBT AMOUNT REASON FOR DEBT
.....

NAME ADDRESS

MONTHLY PAYMENT TOTAL DEBT AMOUNT REASON FOR DEBT
.....

(IX.) FINANCIAL OBLIGATIONS (CONTINUED)

NAME _____ ADDRESS _____

MONTHLY PAYMENT _____ TOTAL DEBT AMOUNT _____ REASON FOR DEBT _____

NAME _____ ADDRESS _____

MONTHLY PAYMENT _____ TOTAL DEBT AMOUNT _____ REASON FOR DEBT _____

NAME _____ ADDRESS _____

MONTHLY PAYMENT _____ TOTAL DEBT AMOUNT _____ REASON FOR DEBT _____

NAME _____ ADDRESS _____

MONTHLY PAYMENT _____ TOTAL DEBT AMOUNT _____ REASON FOR DEBT _____

(X.) CLUBS AND ORGANIZATIONS

List below any clubs and organizations, to which you belong. Include past and present memberships.

NAME _____ TYPE (FRATERNAL, PROFESSIONAL ETC.) _____ DATES FROM - TO _____

NAME _____ TYPE (FRATERNAL, PROFESSIONAL ETC.) _____ DATES FROM - TO _____

NAME _____ TYPE (FRATERNAL, PROFESSIONAL ETC.) _____ DATES FROM - TO _____

(XI.) EMPLOYEE RELATIONS

List below employees of any office of the County of Callaway with whom you are related or acquainted.

NAME _____ DEPARTMENT _____ HOW ACQUAINTED _____ YEARS _____

NAME _____ DEPARTMENT _____ HOW ACQUAINTED _____ YEARS _____

(XI.) EMPLOYEE RELATIONS (CONTINUED)

NAME DEPARTMENT HOW ACQUAINTED YEARS

NAME DEPARTMENT HOW ACQUAINTED YEARS

(XII.) PERSONAL REFERENCES

List FIVE persons whom you know well enough to provide current information about you. Do not list relatives or former employers.

NAME HOME PHONE BUSINESS PHONE

HOME ADDRESS YEARS ACQUAINTED

NAME HOME PHONE BUSINESS PHONE

HOME ADDRESS YEARS ACQUAINTED

NAME HOME PHONE BUSINESS PHONE

HOME ADDRESS YEARS ACQUAINTED

NAME HOME PHONE BUSINESS PHONE

HOME ADDRESS YEARS ACQUAINTED

NAME HOME PHONE BUSINESS PHONE

HOME ADDRESS YEARS ACQUAINTED

(XIII.) PERSONAL DECLARATIONS

DESCRIBE THE FREQUENCY AND EXTENT OF YOUR USE OF ALCOHOLIC BEVERAGES.

HAVE YOU EVER USED A DRUG, LEGAL OR NOT, THAT WAS NOT PRESCRIBED TO YOU BY A PHYSICIAN? (CIRCLE ONE) YES NO IF YES, EXPLAIN BELOW THE CIRCUMSTANCE.

HAVE YOU EVER SOLD OR FURNISHED A DRUG, LEGAL OR NOT, TO ANYBODY? (CIRCLE ONE) YES NO IF YES, EXPLAIN BELOW IN DETAIL.

IF IT BECAME NECESSARY TO TAKE A HUMAN LIFE IN THE COURSE OF YOUR DUTIES AS A DEPUTY SHERIFF, WOULD ANY RELIGIOUS OR OTHER BELIEFS PREVENT YOU FROM DOING SO? (CIRCLE ONE) YES NO IF YES, EXPLAIN BELOW.

DO YOU HAVE ANY RELIGIOUS OR OTHER BELIEFS WHICH WOULD PREVENT YOU FROM FULLY PERFORMING THE DUTIES OF A DEPUTY SHERIFF, INCLUDING WORKING ON WEEKENDS, EVENING OR NIGHT SHIFTS? (CIRCLE ONE) YES NO IF YES, EXPLAIN BELOW.

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS ON THE FORGOING PERSONAL HISTORY STATEMENT. I AM FULLY AWARE THAT ANY SUCH MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT.

SIGNATURE OF APPLICANT

DATE



QUALIFICATION FORM

Amendments to the federal Gun Control Act prohibit any person who has ever been convicted of a misdemeanor involving domestic violence from possessing any firearm or ammunition. The law defines a misdemeanor crime of domestic violence as an offense, under either state or federal law, where the crime has "as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with the victim as a spouse, parent or guardian, or by a person similarly situated to a spouse, parent or guardian of the victim."

1 Have you ever been convicted of a misdemeanor crime of domestic violence?

Yes _____ No _____

2 If "Yes," provide the following information with respect to the conviction(s):

Court/Jurisdiction _____ Statute/Charge _____

Docket/Case Number _____ Date of Judgment _____

You have a duty to complete this form and sign before a notary. Internal disciplinary action, including dismissal, may be undertaken if you refuse to answer or if you fail to reply fully and truthfully. Neither your answers nor any information or evidence gained by reason of your answers can be used against you in any criminal prosecution for a violation of this law. However, the answers you give and information or evidence resulting therefrom may be used against you in a prosecution for knowingly and willfully providing false statements or information, and/or in the course of internal disciplinary proceedings.

I hereby certify that the above information is true, correct and complete based on my personal knowledge and belief. I understand that providing false or fraudulent information may be grounds for adverse action, up to and including termination of employment.

Name (print or type) _____

Date _____ Signature _____

Subscribed and sworn to before me the _____ day of _____

Commissioned in _____ County, Missouri.

Notary Public _____

P.O. Box 817
1201 STATE ROAD O
FULTON, MO 65251

CALLAWAY COUNTY SHERIFF'S OFFICE



CLAY CHISM, SHERIFF

911
573-642-7291 COMMUNICATIONS
573-592-2455 ADMINISTRATION
573-592-2440 FAX

AUTHORIZATION TO RELEASE INFORMATION

I, _____, REQUEST AND AUTHORIZE YOU TO FURNISH THE CALLAWAY COUNTY SHERIFF'S DEPARTMENT WITH ANY AND ALL INFORMATION THEY MAY REQUEST CONCERNING MY WORK RECORD, EDUCATIONAL HISTORY, MILITARY RECORD, FINANCIAL STATUS, CRIMINAL RECORD, GENERAL REPUTATION AND MEDICAL CONDITION.

THIS AUTHORIZATION IS SPECIFICALLY INTENDED TO INCLUDE ANY AND ALL INFORMATION OF A CONFIDENTIAL OR PRIVILEGED NATURE AS WELL AS PHOTOCOPIES OF SUCH DOCUMENTS, IF REQUESTED. THE INFORMATION WILL BE USED FOR THE PURPOSE OF DETERMINING MY ELIGIBILITY FOR EMPLOYMENT WITH THE COUNTY OF CALLAWAY.

I HEREBY RELEASE YOU AND YOUR ORGANIZATION FROM ANY AND ALL LIABILITY THAT MAY OR COULD RESULT FROM FURNISHING THE REQUESTED INFORMATION OR FROM ANY SUBSEQUENT USE OF SUCH INFORMATION IN DETERMINING MY QUALIFICATIONS TO SERVE AS AN EMPLOYEE OF THE COUNTY OF CALLAWAY.

SIGNATURE OF APPLICANT

DATE

NOTE: THIS FORM MAY BE RETAINED IN YOUR FILE.