



**Application for Employment**  
**Coffey County Sheriff's Office, Jail & Lake**  
605 Neosho Street  
Burlington, Kansas 66839 (620) 364-2123



Applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, political affiliation, or the presence of a non-job-related medical condition or handicap in accordance with the ADA.

### Instructions

Print in black ink or use a typewriter. The information you write on this application form will be used to judge your qualifications and evaluate your education and experience. You can be credited only with the education and experience shown. Give complete and concise answers. Security regulations for access to CHRI require an extensive background investigation. Background information is very important in this process.

1. Name (last, first full middle) \_\_\_\_\_
2. Full former names used (if any) \_\_\_\_\_
3. Current address \_\_\_\_\_
4. Phone number (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ alt. phone where you can be reached if needed (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_
5. Date of birth (Mo/Day/Yr) \_\_\_\_\_
6. SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_
7. Place of birth \_\_\_\_\_
8. Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_
9. Height \_\_\_\_\_ Weight \_\_\_\_\_
10. Do you wear corrective lenses? YES NO
11. Are you color blind? YES NO
12. Are you a US Citizen? YES NO
13. Position(s) for which you are applying for, or type of work interested in  
A. \_\_\_\_\_ B. \_\_\_\_\_
14. On what date would you be available for work?
15. Applying for (circle one):      Full Time      Part Time      Summer or Temporary Work
16. If applying for part-time work, specify the times which you could NOT work \_\_\_\_\_  
\_\_\_\_\_
17. Would you accept positions which require evening, shift, and weekend work? YES NO
18. Can you travel if the job requires it? YES NO

19. Have you filled out an application here before? YES NO

Have you filled out an application with other Law Enforcement Agencies previously? YES NO

If "YES", explain what agency, when, and the reason you were not hired (if not):

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20. Have you ever been employed here before? YES NO

21. Are you employed now? YES NO

22. May we contact your present employer? YES NO

23. Are you on a lay-off and subject to recall? YES NO

24. Record of education and training:

A. What is the highest grade of school you've completed? \_\_\_\_\_

B. Do you have a GED? YES NO date & location of completion: \_\_\_\_\_

C. Names and addresses of all schools attended	Course of study	Credit hours completed	Attended from – to	Graduate Yes No	Degree Yes No
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

D. List any special training you feel qualifies you for the position for which you are applying (include active technical/professional licenses and numbers, academic or professional awards):

i. Foreign languages spoken/read: \_\_\_\_\_

ii. Clerical skills: Typing (WPM) \_\_\_\_\_

Office machines you can operate; computers, programs, operating systems you can operate:

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iii. Can you operate a radio? YES NO What type? \_\_\_\_\_

iv. Can you operate a truck (including a semi)? YES NO

v. Can you operate a motorcycle? YES NO

vi. Any professional or trade licenses? \_\_\_\_\_

vii. Other: \_\_\_\_\_

- E. Write a concise statement of your experience and training which you feel qualifies you for the position for which you are applying.

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- F. Have you ever participated in organized, competitive athletics? YES NO

If "YES", What sport(s), and in what capacity(ies)? \_\_\_\_\_

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- G. What are your hobbies? \_\_\_\_\_

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- H. Do you own a gun? YES NO If "YES", state the type(s) of guns you can operate.

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25. List addresses and periods of residence for the past ten years. Begin with current address first.

Number and Street	City, State, Zip	from Mo/Yr	to Mo/Yr
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

26. Any question answered "YES" below must be fully explained in section 27.

- A. Do you use intoxicating liquor? YES NO

- B. Have you ever used narcotics, prescription drugs, or other controlled substances other than at the direction of a physician? YES NO

**27. Use this area for explanations of any "YES" answers given in section 26:**

Item/Letter	Explanation
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**28. Credit History:**

**A. Are there any unpaid judgements against you? YES NO**

If "YES", explain: \_\_\_\_\_

**B. Have you ever filed for Bankruptcy? YES NO**

If "YES", explain: \_\_\_\_\_

**29. Were you in the U.S. Armed Forces? YES NO**

If "YES", please provide a copy of your DD-214.

**Were you ever subject to any disciplinary action in the U.S. Armed Forces? YES NO**

If "YES", explain: \_\_\_\_\_

**Are you in the National Guard? YES NO**

**Are you in the Active Reserves? YES NO**

**30. Past employment information. Give your entire past employment history from your most recent employer to your first. Include any military positions and duties as well as military duty situations. If more pages are needed, attach as many additional pages as required.**

Name of employer \_\_\_\_\_ From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Address \_\_\_\_\_ Salary Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_

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

Reason for leaving or change \_\_\_\_\_

**May we contact? YES NO**

Name of employer \_\_\_\_\_ From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Address \_\_\_\_\_ Salary Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_

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

Reason for leaving or change \_\_\_\_\_

**May we contact? YES NO**

Name of employer \_\_\_\_\_ From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Address \_\_\_\_\_ Salary Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
Reason for leaving or change \_\_\_\_\_  
May we contact? YES NO

Name of employer \_\_\_\_\_ From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Address \_\_\_\_\_ Salary Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
Reason for leaving or change \_\_\_\_\_  
May we contact? YES NO

Name of employer \_\_\_\_\_ From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Address \_\_\_\_\_ Salary Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
Reason for leaving or change \_\_\_\_\_  
May we contact? YES NO

Name of employer \_\_\_\_\_ From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Address \_\_\_\_\_ Salary Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
Reason for leaving or change \_\_\_\_\_  
May we contact? YES NO

Name of employer \_\_\_\_\_ From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
Address \_\_\_\_\_ Salary Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
Reason for leaving or change \_\_\_\_\_  
May we contact? YES NO

Name of employer \_\_\_\_\_ From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Address \_\_\_\_\_ Salary Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_

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

Reason for leaving or change \_\_\_\_\_

May we contact? YES NO

31. Have you ever been fired or asked to resign from a job? YES NO

If "YES", explain: \_\_\_\_\_

\_\_\_\_\_

32. List three persons, other than relatives or former employers, preferably who live in Coffey County, who can serve as references to your character, training, and ability.

Name	Address	Phone
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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33. Any question answered "YES" below must be fully explained in section 34.

A. Have you ever been convicted of a law violation (misdemeanor, felony, & traffic infractions) to include any diversions or expungements? YES NO

B. Is there any reason you would not pass a security check? YES NO

C. Has your driver's license ever been suspended or revoked? YES NO

D. Have you ever been arrested for any law violation (misdemeanor, felony, & traffic infractions) to include any diversions or expungements? YES NO

34. Use this area to explain any "YES" answers given in section 33:

Item letter	Explanation
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35. Would you be willing to take a Computer Voice Stress Analysis examination (lie detector test) as part of the pre-employment background investigation process? YES NO

**36. NOTICE 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, with reasonable accommodations, the activities involved in the job or occupation for which you have applied? Job descriptions available upon request.**

**YES NO**

**BEFORE A FINAL APPLICANT CAN BE OFFERED A POSITION, THE APPLICANT MUST SUCCESSFULLY PASS A DRUG SCREENING. COFFEY COUNTY DOES DO RANDOM DRUG TESTING ON EMPLOYEES ON A REGULAR BASIS (SEE ATTACHED TESTING POLICY SHEET).**

**37. In the area provided below detail what you believe the duties, responsibilities, and philosophical beliefs of the position you are applying for at the Coffey County Sheriff's Office.**

[illegible]

**I declare that any information provided by me in this form has been provided on a voluntary basis and that any information so provided is true and correct to the best of my knowledge and belief. I understand that falsification of any information so provided is grounds for disqualification from employment, or if employed, is grounds for dismissal from employment. I understand that this application is not, and is not intended to be a contract of employment. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.**

**Applicant:** \_\_\_\_\_

**Signed**

**Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.**

**Notary:** \_\_\_\_\_

**My Commission expires:** \_\_\_\_\_

**Notary Public SEAL:**

**PLEASE ATTACH PHOTOCOPIES OF ALL SUPPORTING DOCUMENTS; DIPLOMAS, CERTIFICATES, BIRTH CERTIFICATES, DD-214 FORMS, ETC., TO THE BACK OF THE APPLICATION.**



## AUTHORIZATION FOR RELEASE OF INFORMATION

**TO: ANY DOCTOR, HOSPITAL, MEDICAL ASSOCIATION, U.S. ARMED FORCES, U.S. SELECTIVE SERVICE SYSTEM, MARITIME SERVICE, VETERANS ADMINISTRATION, OR ANY ACADEMIC DEAN, REGISTRAR, PRINCIPAL, GUIDANCE COUNSELOR, OTHER AUTHORIZED PERSON AT A SCHOOL (COLLEGE, BUSINESS, TRADE, OR HIGH SCHOOL), OR ANY PAST OR PRESENT EMPLOYER, NEIGHBOR, FRIEND, ASSOCIATE, OR ANY OTHER CREDIT EXTENDING ORGANIZATION, OR ANY COUNTY, CITY, STATE, OR FEDERAL GOVERNMENT AGENCY.**

I, \_\_\_\_\_, am aware that my entire background is to be investigated for purposes of Law Enforcement and access to CHRI and hereby authorize and request the release of any and all information you have concerning me, including expunged records, but excluding bank or savings and loan association account balances, to the Coffey County Sheriff's Office or its agents. I hereby designate the Coffey County Sheriff's Office as my authorized representative for the purpose of obtaining such information.

I hereby release anyone addressed above, who gives information about me in the course of an investigation covered by this authorization, from any and all liability for damages of whatever kind to me, my family, heirs, or associates as a result of giving such information, except that I do not release anyone who gives information that they know is false, deliberately intending to harm me or one of my family, heirs, or associates.

I **DO** **DO NOT** have a criminal record to include all diversions and expungement records. If I do, it should be filed in the following locations:

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

I **DO** **DO NOT** have an expunged criminal record. If I do, it should be filed in the following locations:

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

I swear or certify under penalty of perjury that the above statements are true and correct to the best of my knowledge. A photocopy of this release is as valid as the original.

Applicant: \_\_\_\_\_

Signed

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary: \_\_\_\_\_

My Commission expires \_\_\_\_\_.

Notary Public SEAL:

### COFFEY COUNTY SHERIFF'S OFFICE

605 NEOSHO STREET

BURLINGTON, KANSAS 66839-0226

PHONE (620) 364-2123

FAX (620) 364-2023

IN KANSAS TOLL FREE (800) 362-0638

# DRUG AND ALCOHOL TESTING PROGRAM PARTICIPATION, VERIFICATION RELEASE FORM

49CFR, part 40.25 of the US Department of Transportation regulations employers, who hire or transfer applicant/employees to safety sensitive positions, to obtain from previous employers, pursuant to an applicant/employee's consent, information concerning the applicant/employee's drug and alcohol testing records for the past two (2) years. **As a previous employer, you are required to release this information immediately to the agency listed below 49CFR, part 40.25(h).**

**Agency requesting information:** Coffey County c/o Donna Berland, Administrative Assistant  
**Address:** Coffey County Courthouse, 110 S. 6<sup>th</sup> Street  
**City, State, Zip:** Burlington, KS 66839  
**Phone:** (620) 364-2683 **Fax:** (620) 364-8531

I, \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

have made application for hire or transfer on \_\_\_\_\_ and give consent to

Previous employer's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

to provide information concerning my drug and alcohol-testing records for the past two (2) years, from the date above, in compliance with 49CFR, part 40.25.

- 1) Did this employee perform, for you, safety sensitive work as defined by DOT regulations? Yes/No
- 2) Do you have knowledge of any alcohol tests with a result of 0.04 or higher alcohol concentration in the past two (2) years?  
Yes/No If yes, what was the date? \_\_\_\_\_
- 3) Do you have knowledge of any verified positive drug tests in the past two (2) years? Yes/No If yes, what was the date? \_\_\_\_\_
- 4) Do you have knowledge of any refusals to be tested in the past two (2) years (including verified adulterated or substituted drug test results)? Yes/No If yes, what was the date? \_\_\_\_\_
- 5) If the answer to any question 2-4 is yes, please send the information concerning the Substance Abuse Professional (SAP) assessment and treatment, letter of treatment completion, return-to-duty test, and follow-up testing plan and completed tests.

Name and title of person completing this form: \_\_\_\_\_

Phone#: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant/Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_