

Bracken County Sheriff Office

Sheriff Howard W. Niemeier

P.O. Box 186
Brooksville, KY 41004
Phone: 606-735-3233
Fax: 606-735-2925
bcs@mayssvilleky.net

APPLICATION FOR EMPLOYMENT

NOTICE:

Read these instructions prior to completing application. If you have any questions about the application or information requested, you should inquire of the Sheriff prior to completion.

If you find any information requested to be objectionable or offensive to you, please state your reasons for same in lieu of answering the question.

THE BRACKEN COUNTY SHERIFF OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, COLOR, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY OR VETERAN STATUS IN EMPLOYMENT OPPORTUNITIES AND BENEFITS.

Overview of the hiring and employment process: This application is but one part of the hiring and employment process. Other parts may include an interview, background investigation, an employment examination or test, physical, alcohol/drug test, psychological, polygraph, and a demonstration of an ability to perform the essential functions of the job. If you need an accommodation in order to complete any part of the hiring and employment process, please call the following number and ask for the Sheriff: 606-735-3233.

Prior to completing this application be sure to read the JOB DESCRIPTION of the position for which you are applying. As you complete this application, please bear in mind the following:

- We reserve the right to check all information for accuracy and completeness.
- All applications for employment are a matter of public record.
- If you need accommodation in order to complete this application, please notify the Sheriff.
- Sheriff Department Deputy applicants requires completion of PART IV.
- ALL APPLICANTS NEED TO ATTACH THE FOLLOWING INFORMATION TO THEIR APPLICATIONS:
 1. Birth Certificate
 2. High School Diploma or GED
 3. Military Discharge (if applicable)
 4. Driver's License

PART I
GENERAL INFORMATION

Date: _____ Position Desired: _____

ARE YOU APPLYING FOR: Full Time _____ Part Time _____

If Part Time, What Days/Hours are you available? _____

HAVE YOU BEEN EMPLOYED BY THE SHERIFF OFFICE BEFORE (circle) YES NO

DO YOU HAVE ANY RELATIVES, BY BLOOD OR MARRIAGE, CURRENTLY
EMPLOYED BY THE SHERIFF OFFICE? (circle) YES NO

If the answer to the preceding question is in the affirmative, state:

Name of relative currently employed _____

What relation to you _____

Position of relative with agency _____

PART II
PERSONAL INFORMATION

NAME: _____
Last First Middle

SOCIAL SECURITY #: _____

PHONE NUMBER: Home: _____ Work: _____

ADDRESS: _____

NUMBER STREET

CITY STATE ZIP CODE

ARE YOU A U.S. CITIZEN? (circle) YES NO If not, what is your immigration
status? _____

ARE YOU OVER THE AGE OF 18? (circle) YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (circle) YES NO

If yes, please explain: _____

NOTE: This may be relevant if job-related, but does not bar you from employment.

DO YOU HOLD A VALID DRIVER'S LICENSE? (circle) YES NO

If so, State of Issue: _____

Date of Issue: _____ PLEASE ATTACH PHOTOCOPY

**PART III
EDUCATION AND TRAINING**

High School Attended: _____

CITY

STATE

DO YOU HAVE A HIGH SCHOOL DIPLOMA? (circle) YES NO

Please list other education you have received:

College/University/Trade or Business Schools Attended	City/State	Degree Earned? Type of Degree	Major Area of Study

List other training received (special courses, work training programs, armed forces, etc.)

List special qualifications and skills (licenses, certifications, etc.)

Were you in the Armed Services? ___ YES ___ NO Branch of Service _____

Dates of Duty: From _____ To _____

**PART IV
JOB DESCRIPTION DATA**

Based on the JOB DESCRIPTION of the position for which you are applying:

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU'VE APPLIED:

_____ Yes, and I will not need reasonable accommodation in order to perform the essential functions.

_____ Yes, but I will need reasonable accommodations in order to perform the essential functions (Please complete the next question.)

What accommodations will you need in order to adequately perform the essential functions of the position? _____

REFERENCES

Name	Address	Years Known	Phone

PART V

PRIOR EMPLOYMENT RECORD

List below all present and past employment information and/or substantive volunteer work: (Begin with the most recent and go backwards)

1

2

Dates:		
Employed By:		
Address:		
Salary:		
Reason Leaving:		
Duties Performed:		

Dates:		
Employed By:		
Address:		
Salary:		
Reason Leaving:		
Duties Performed:		

****ANY ADDITIONAL EMPLOYMENT, PLEASE USE SEPARATE SHEET OF PAPER.**

*****IMPORTANT***
VERIFICATION**

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

WAIVER

I waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by references or others who I have indicated may be contacted.

RELEASE

I hereby release any and all individuals, companies and organizations to provide requested data to the Bracken County Sheriff Office, its agents and employees, so that the Sheriff's Office may verify the contents of this application and my suitability for employment.

Applicant's Signature

Date

PART VI

SHERIFF DEPUTY APPLICANTS

WAIVER OF RESPONSIBILITY RELATED TO TESTING FOR PHYSICAL CAPABILITIES

I fully understand the duties of the Sheriff's Office personnel are physically demanding. Further that I am required to participate in and pass a most rigorous physical capabilities testing process. **This series of tests, conducted during one day and/or evening, includes such exercises as sit ups, running one and one half miles, pushups, pull ups, lifting and carry weights (up to 125 lbs.) and other similar exercises.**

Knowing of these demands of comparative testing, I proclaim that I am physically and psychologically fit to perform and to participate in such testing; and **FURTHER**, that I absolve the Bracken County Sheriff's Office, or their representatives of any and all responsibility relating to such testing directly related to any past, or pre-existing, or current conditions, known that might result in injury, in any form, as a result of such testing.

I, alone, assume full responsibility.

RESIDENCY REQUIREMENT FOR SHERIFF DEPUTIES

Any person appointed to the Sheriff's Office as a Deputy Sheriff must either be a resident, and agree to maintain such residency, in the County of Bracken, KY; or must hereby agree to take up such residency, and maintain same, within six (6) months following successful completion of their probationary period. Or within eighteen months from the date of their appointment. Any employee found not to be in compliance with this agreement, at any future time, may be required to show cause as to why they should not be dismissed from their employment with the Bracken County Sheriff Office.

Date

Signature

THIS EMPLOYMENT APPLICATION IS DESIGNED TO BE CONTINUING IN NATURE AS TO ALL INFORMATION CONTAINED HEREIN.

Between the date of completing this employment application and the date of notification of my possible appointment to the Sheriff's Office position, I hereby agree to inform the Sheriff's Office, of any change in:

- 1. My physical well-being or injury that may have occurred. This includes any medical procedure, which a physician diagnoses as necessary or may be necessary.**
- 2. Update my arrest record, including felonies, D.U.I.s, reckless driving, traffic violations, license suspensions or automobile accidents.**
- 3. All other information or data contained in the application.**

Failure to inform the Sheriff's Office could be cause for disciplinary action up to dismissal and/or might seriously impact my medical benefits.

In addition if any physical, mental or emotional condition exists which could impair my ability to perform my job in an unrestricted manner I agree to provide a doctors statement so indicating and indicating what type of accommodations I might require to perform the requirements of the position to which I may be appointed.

Applicant's Signature _____

Date _____