

**EMPLOYMENT APPLICATION
AND
PERSONAL HISTORY STATEMENT**

KENT COUNTY SHERIFF'S OFFICE



Position Applied For: DEPUTY SHERIFF

The Kent County Government and the Kent County Sheriff's Office

Are Equal Opportunity Employers

INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Employment Application and Personal History Statement. It is essential that the information be accurate in all respects. It will be used in determining your eligibility for employment and as the basis for a background investigation.

1. Your Application and Personal History Statement should be typewritten 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 form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not 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 form for you to include all information required, attach extra sheets to the Application and Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.
7. As you complete the questionnaire, **you may be uncertain about how to answer a particular question.** In that case, you should circle the question and the background investigator will discuss it with you at a later date.

B. RESIDENCES

LIST ALL ADDRESSES WHERE YOU HAVE LIVED DURING THE PAST 10 YEARS, BEGINNING WITH YOUR PRESENT ADDRESS. ATTACH EXTRA PAGE IF NECESSARY.

| FROM | TO | ADDRESS |
|---------------|---------------|--|
| <u>Mo./Yr</u> | <u>Mo./Yr</u> | <u>Number, Street, City, State, Zip Code</u> |

C. WORK HISTORY. BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB, LIST ALL EMPLOYMENT SINCE THE AGE OF 16, INCLUDING PART TIME, TEMPORARY, OR SEASONAL EMPLOYMENT. INCLUDE ALL PERIODS OF UNEMPLOYMENT. ATTACH EXTRA PAGES IF NECESSARY:

1. FROM _____ TO _____ EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____ JOB TITLE: _____

DUTIES: _____

SUPERVISOR: _____

NAME OF CO-WORKER: _____

REASON FOR LEAVING: _____

2. FROM _____ TO _____ EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____ JOB TITLE: _____

DUTIES: _____

SUPERVISOR: _____

NAME OF CO-WORKER _____

REASON FOR LEAVING: _____

3. FROM _____ TO _____ EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____ JOB TITLE: _____

DUTIES: _____

SUPERVISOR: _____

NAME OF CO-WORKER: _____

REASON FOR LEAVING: _____

4. FROM _____ TO _____ EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____ JOB TITLE: _____

DUTIES: _____

SUPERVISOR: _____

NAME OF CO-WORKER: _____

REASON FOR LEAVING: _____

5. FROM _____ TO _____ EMPLOYER: _____
ADDRESS: _____
PHONE NUMBER: _____ JOB TITLE: _____
DUTIES: _____
SUPERVISOR: _____
NAME OF CO-WORKER: _____
REASON FOR LEAVING: _____

D. MILITARY RECORD

1. HAVE YOU SERVED IN THE ARMED FORCES? _____ YES _____ NO
2. DATES OF SERVICE: FROM _____ TO _____
3. BRANCH OF SERVICE: _____
4. UNIT DESIGNATION: _____
5. HIGHEST RANK HELD: _____
6. TYPE OF DISCHARGE. IF OTHER THAN HONORABLE, PROVIDE COMPLETE DETAILS:

7. WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY SERVICE?
(INCLUDE COURTS-MARTIAL, CAPTAIN'S MASTS, COMPANY
PUNISHMENT)

NO _____ YES _____ (SPECIFY:)

| <u>CHARGE</u> | <u>DATE</u> | <u>AGE AT TIME</u> | <u>DISPOSITION</u> |
|---------------|-------------|--------------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

E. EDUCATIONAL HISTORY

1. HIGH SCHOOL ATTENDED: _____

CITY AND STATE: _____

DATES ATTENDED: _____

GRADUATED: YES _____ NO _____

2. HIGH SCHOOL ATTENDED: _____

CITY AND STATE: _____

DATES ATTENDED: _____

GRADUATED: YES _____ NO _____

3. COLLEGE OR UNIVERSITY ATTENDED: _____

CITY AND STATE: _____

UNITS COMPLETED: _____ MAJOR/MINOR: _____

DEGREE RECEIVED, IF ANY, AND DATE: _____

4. COLLEGE OR UNIVERSITY ATTENDED: _____

CITY AND STATE: _____

UNITS COMPLETED: _____ MAJOR/MINOR: _____

DEGREE RECEIVED, IF ANY, AND DATE: _____

5. OTHER SCHOOLS ATTENDED (TRADE, VOCATIONAL, BUSINESS, ETC.). GIVE NAME AND ADDRESS OF SCHOOL, DATES ATTENDED, COURSE OF STUDY, CERTIFICATE, AND OTHER PERTINENT INFORMATION:

F. SPECIAL QUALIFICATIONS AND SKILLS

1. INDICATE BELOW ANY LANGUAGES OTHER THAN ENGLISH WHICH YOU SPEAK AND INDICATE YOUR DEGREE OF FLUENCY (EXCELLENT, GOOD OR FAIR) IN SPEAKING, UNDERSTANDING, READING, AND WRITING:

2. LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU POSSESS:

G. ARRESTS, DETENTIONS, AND LITIGATION

1. HAVE YOU EVER BEEN ARRESTED, DETAINED BY THE POLICE OR SUMMONED INTO COURT? NO _____ YES _____(GIVE DETAILS)

2. HAVE YOU EVER BEEN INVOLVED AS A PARTY IN CIVIL LITIGATION?
NO _____ YES _____(GIVE DETAILS)

H. TRAFFIC RECORD

1. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? NO _____ YES _____
2. WHICH COMPANY IS YOUR AUTO INSURER? _____
3. LIST ALL DRIVING CITATIONS YOU HAVE RECEIVED (AS AN ADULT OR A JUVENILE), EXCLUDING PARKING TICKETS.

| <u>MO./YR</u> | <u>CHARGE</u> | <u>CITY & STATE</u> | <u>DISPOSITION</u> |
|---------------|---------------|-------------------------|--------------------|
|---------------|---------------|-------------------------|--------------------|

4. DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED AS A DRIVER, GIVING APPROXIMATE DATES AND LOCATIONS.

I. FINANCIAL HISTORY

1. HAVE YOU EVER DECLARED BANKRUPTCY? NO _____ YES _____
(GIVE DETAILS)

2. HAVE YOU EVER HAD A JUDGMENT FILED AGAINST YOU AND/OR HAD YOUR WAGES GARNISHED? NO _____ YES _____
(GIVE DETAILS)

3. DO YOU HAVE ANY FINANCIAL OBLIGATIONS THAT ARE MORE THAN 60 DAYS PAST DUE? NO _____ YES _____ (GIVE DETAILS)

J. MARITAL AND FAMILY HISTORY

MARITAL STATUS: SINGLE _____ MARRIED/ENGAGED _____

SEPARATED _____ DIVORCED _____ WIDOWED _____

IF ENGAGED, NAME OF FIANCÉ: _____

FIANCÉ'S ADDRESS: _____

FIANCÉ'S TELEPHONE NUMBER: _____

IF MARRIED SPOUSE'S NAME/MAIDEN NAME: _____

DATE AND PLACE OF MARRIAGE: _____

IF EVER SEPARATED, DIVORCED OR WIDOWED:

SPOUSE'S NAME/MAIDEN NAME: _____

DATE OF DEATH: _____

CITY AND STATE OF DEATH: _____

DATE OF SEPARATION OR DIVORCE: _____

COURT AND STATE OF DECREE _____

PRESENT ADDRESS OF SPOUSE _____

PRESENT TELEPHONE NUMBER OF SPOUSE: _____

LIST OTHER RELATIVES IN THE FOLLOWING ORDER: FATHER, MOTHER (INCLUDE MAIDEN NAME), BROTHERS, SISTERS, AND CHILDREN. INDICATE WITH A "D BEFORE THE NAME IF THE INDIVIDUAL IS DECEASED:

K. REFERENCES. LIST 5 PERSONS WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES OR FORMER EMPLOYERS.

1. NAME: _____
ADDRESS: _____
RESIDENCE PHONE _____ BUSINESS PHONE _____
BUSINESS ADDRESS: _____
YEARS KNOWN: _____

2. NAME: _____
ADDRESS: _____
RESIDENCE PHONE: _____ BUSINESS PHONE: _____
BUSINESS ADDRESS: _____
YEARS KNOWN: _____
3. NAME: _____
ADDRESS: _____
RESIDENCE PHONE: _____ BUSINESS PHONE: _____
BUSINESS ADDRESS: _____
YEARS KNOWN: _____
4. NAME: _____
ADDRESS: _____
RESIDENCE PHONE: _____ BUSINESS PHONE: _____
BUSINESS ADDRESS: _____
YEARS KNOWN: _____
5. NAME: _____
ADDRESS: _____
RESIDENCE PHONE: _____ BUSINESS PHONE: _____
BUSINESS ADDRESS: _____
YEARS KNOWN: _____

L. PERSONAL DECLARATIONS

1. DESCRIBE IN YOUR OWN WORDS THE FREQUENCY AND EXTENT OF YOUR USE OF ALCOHOLIC BEVERAGES:

2. HAVE YOU EVER USED MARIJUANA OR ANY OTHER DRUG NOT PRESCRIBED BY YOUR PHYSICIAN? NO _____ YES _____ (GIVE DETAILS)

3. HAVE YOU EVER SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE? NO _____ YES _____ (GIVE DETAILS)

4. ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS NOT MENTIONED PREVIOUSLY IN THIS APPLICATION WHICH MAY INFLUENCE THE KENT COUNTY SHERIFF'S OFFICE'S EVALUATION OF YOUR SUITABILITY FOR EMPLOYMENT AS A DEPUTY SHERIFF? NO YES ____ (GIVE DETAILS)

5. HAVE YOU EVER BEEN TREATED OR HOSPITALIZED FOR A MENTAL DISEASE OR DISORDER? NO ____ YES ____ (GIVE DETAILS)

L. CERTIFICATION.

I CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I AM FULLY AWARE THAT ANY MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT.

SIGNATURE

DATE