144 S. Lane Street
Dighton KS, 67839
P.O. Box 478

(620) 397-2828 Office / (620) 397-5933 Fax
Sheriff Antonio Rodriguez



It is the policy of Lane County Sheriff's Office to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Full Name: ______ Home Address: ______ City/State/ZIP: _____ Number of years at this address: _____ Cell Phone: _____ Other Phone: _____ Social Security Number: _____ Driver's License #: _____ State: _____

Applicant Information

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Emergency Contact

Who should be contacted if you are involved in an emergency?
Contact Name:
Relationship to you:
Address:
City/State/ZIP:
Cell Phone: Other Phone:
Job Position Applied For:
Full or Part Time?
Salary Desired:
Have you applied to our agency previously? Yes No
If yes, when?
Are you willing to work any shift, including nights and weekends? Yes No
If no, please state any limitations:
Are you available to work overtime? Yes No

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If you are offered employment, when would you be available	to begin work? -
If hired, are you able to submit proof that you are legally eligin the United States? Yes No	ble for employment
Are you able to perform the essential functions of the job posi reasonable accommodation? Yes No What reasonable accommodation, if any, would you request?	tion you seek with
Have you ever been convicted of a felony or misdemeanor?	_
Yes, I was convicted of on	(date) in
(City),(State)	
No	

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

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Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill		Years of Experience	A۱	bili	ty (or F	Rating
	Typing		1	2	3	4	5
	Microsoft Office Suite						
	(Word, Excel, Etc.)		1	2	3	4	5
[]	Answering Telephones		1	2	3	4	5
[]	Firearm Skills		1	2	3	4	5
[]	Communication Skills		1	2	3	4	5
[]	Works Well						
	Under Pressure		1	2	3	4	5
[]	Observation Skills		1	2	3	4	5
[]	Works Well						
	With Others		1	2	3	4	5
[]			1	2	3	4	5
			1	2	3	4	5
[]			1	2	3	4	5

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Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name:	_
Supervisor Name:	_
Address:	
City/State/Zip:	
Job Duties:	
Reason for Leaving:	
Dates of Employment (Month/Year)	

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Employer Name:
Supervisor Name:
Address:
City/State/Zip:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year)
Employer Name:
Supervisor Name:
Address:
City/State/Zip:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year)

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Applicant's Education and Training College/University Name and Address: Did you receive a degree? _____ Yes _____ No If yes, Degree(s) received: _____ High School/ GED Name and Address: Did you receive a diploma? Yes No Other Training (Graduate, Technical, Vocational): Please indicate any current professional licenses or certifications that you hold: Awards, Honors, Special Achievements: Military Service: Yes No

Branch: _____ Specialized Training: ____

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References

List any two non-relatives who would be willing to p	provide a reference for you.
Name:	
Address:	
City/State/ZIP:	
Telephone:	
Relationship:	_
Name:	
Address:	
City/State/ZIP:	
Telephone:	
Relationship:	_
Please provide any other information that you believe including whether you are bound by any agreement v	

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CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Lane County Sheriff's Office to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

Being hired as an employee of Lane County you legally are an <u>At-Will</u> <u>Employee.</u> Accordingly, you are free to resign at any time, for any reason or no reason at all, with or without cause. Similarly, the County may terminate the employment relationship at will at any time, for a reason or no reason at all, with or without cause or notice, so long as there is no violation of any applicable federal or state law or contract.

I HAVE CARFULLY READ THE ABOVE CERTIFICATION AND UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE DATE	
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LANE COUNTY AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

1,	sao nereby aumori	ze to disclose to the	Lane County Sheriff	S		
	ce,, all information relating to my employment					
records, specifically to	include but not exclusive to	a description of my	duties; physical			
requirements necessary	to perform the job; a positi	on description; date of	of hire; shift hours			
worked; job performan	ce evaluation reports, perso	nnel records, internal	affairs files, and all			
other information and/o	or records, reports, or memo	randums on file of ev	ery kind and			
character, and your opi	nions, written or oral, regard	ling my employment.				
make to the above-mer records and the above a of liability or damage of employer having releas	we any claim of privilege wintioned person(s). I hereby rementioned employer, included any kind or nature which seed these files to	lease the custodian or ing their employees, may arise as a result	r custodians of such from any and all cla of the above mentio	ims		
		J				
A copy of this authoriz	ation will be effective as the	e original.				
Applicant's Signature:			_			
State of Kansas County Lane	[,] of					
Subscribed and sworn	before me by	on this	Day of			
Notary Public						
My Commission Expir	es					