

APPLICATION FOR EMPLOYMENT

ELMORE COUNTY SHERIFF'S OFFICE PRE-EMPLOYMENT QUESTIONNAIRE

PERSONAL INFORMATION PHONE NO. _____

DATE _____

NAME (LAST NAME FIRST)

SOCIAL SECURITY NO.

PRESENT ADDRESS

CITY

STATE

ZIP CODE

EMPLOYMENT DESIRED

POSITION

DATE YOU CAN START

SALARY DESIRED

ARE YOU EMPLOYED?

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED WITH OUR OFFICE BEFORE?

EDUCATION HISTORY

NAME OF HIGH SCHOOL

YEARS ATTENDED

DID YOU GRADUATE?

SUBJECTS STUDIED

COLLEGE

TRADE, BUSINESS OR
CORRESPONDENCE
SCHOOL

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS/MILITARY SERVICE (INCLUDE RANK)

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH/YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
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1. _____

2. _____

3. _____

4. _____

REFERENCES

REFERENCES			
NAME	ADDRESS	YEARS KNOWN	PHONE NUMBER

IF YOU AGREE TO ALLOW THE ELMORE COUNTY SHERIFF'S OFFICE TO CONDUCT A BACKGROUND INVESTIGATION, PLEASE ANSWER THE FOLLOWING:

DATE OF BIRTH	RACE	GENDER	MARRIED/DIVORCED/SINGLE	AGE(S) OF CHILDREN

HAVE YOU BEEN TREATED FOR MENTAL ILLNESS IN THE PAST?

ANY PRIOR ARRESTS? (INCLUDE EVEN IF THE CHARGE WAS REDUCED OR DISMISSED)

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment from any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

DATE: _____ SIGNATURE: _____

INTERVIEWED BY: _____ DATE: _____

OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

REMARKS

[illegible]