

EDUCATION (Include college diplomas or transcripts to receive credit)				
	Elementary	High School	College/Tech	Graduate
School Name and Location				
Years completed	4 5 6 7 8	9 10 11 12	1 2 3 4 5	1 2 3 4
Diploma/Degree				
Describe course of study				
Describe any honors you have received				

MILITARY	
Complete this section if you served in the U.S. Armed Forces	Branch of Service
Describe your duties and any special training	Period of Active Duty From _____ To _____
	Rank at Discharge
	Date of Final Discharge

SPECIAL SKILLS AND QUALIFICATIONS
Summarize special job-related skills and qualifications acquired from employment or other experience: <hr/> <hr/> <hr/> <hr/>

Foreign Language
List languages that you consider yourself fluent: <hr/> <hr/> <hr/> <hr/>

LAW ENFORCEMENT CERTIFICATION

Are you currently law enforcement certified?

Yes _____ In what state? _____ Date of Certification _____

INCLUDE COPIES OF CERTIFICATES

No _____

SPECIALIZED LAW ENFORCEMENT TRAINING

List any Specialized Law Enforcement Training obtained through the Nebraska Law Enforcement Training Center or other recognized training facility. Only list certified training with a minimum of twenty-four classroom hours. Include copies of all certificates. Credit will only be given to those with proper documentation.

	Title of Course	Facility or Instructor	Hours
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Have you been convicted of any violations of the law other than parking violations? Yes No

If yes, complete the following. Be completed, add additional pages if needed.

	Violation	Date	Place	Court	Disposition
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

This position is subject to a veteran's preference. Are you eligible for and requesting a veteran's preference?

Yes No

(A veteran requesting preference must submit with his/her Application for Employment a copy of the veteran's Department of Defense Form 214. A spouse of a veteran requesting preference must submit with his/her Application for employment a copy of the veteran's Department of Defense Form 214, a copy of the veteran's disability verification from the United States Department of Veteran Affairs demonstrating a 100 percent permanent disability rating, and proof of marriage to the veteran.)

EMPLOYMENT EXPERIENCE

PLEASE GIVE ACCURATE, COMPLETE EMPLOYMENT RECORD. ADD ADDITIONAL PAGES IF NEEDED. START WITH PRESENT OR MOST RECENT EMPLOYER.

1. Company Name	Telephone
Address	Employed From To
Name of Supervisor/Title	Annual/Hourly Pay
Your Job Title/Position	Reason for Leaving

2. Company Name	Telephone
Address	Employed From To
Name of Supervisor/Title	Annual/Hourly Pay
Your Job Title/Position	Reason for Leaving

3. Company Name	Telephone
Address	Employed From To
Name of Supervisor/Title	Annual/Hourly Pay
Your Job Title/Position	Reason for Leaving

4. Company Name	Telephone
Address	Employed From To
Name of Supervisor/Title	Annual/Hourly Pay
Your Job Title/Position	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT
Employer Number(s) _____ Reason _____

PERSONAL REFERENCES

PLEASE LIST REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.

1.
Name: _____
Address: _____ Phone: _____
Occupation: _____ Years Acquainted: _____

2.
Name: _____
Address: _____ Phone: _____
Occupation: _____ Years Acquainted: _____

3.
Name: _____
Address: _____ Phone: _____
Occupation: _____ Years Acquainted: _____

4.
Name: _____
Address: _____ Phone: _____
Occupation: _____ Years Acquainted: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also understand to be considered for employment I must pass a pre-employment drug screen. I understand and agree that the Hall County Sheriff's Office may make pre-employment inquiries into my ability to perform job-related functions, and that I may be offered employment conditioned upon the results of a medical examination. I further agree and understand that any misstatement or omission of material fact may constitute cause for dismissal from employment with the aforementioned agency.

Signature _____

JERRY WATSON
SHERIFF OF HALL COUNTY

City – County Public Safety Center
111 Public Safety Drive
Grand Island, NE 68801

Office 308-385-5200
Fax 308-385-5209



CHRIS REA
CHIEF DEPUTY

"To Serve and Protect,
Since 1859"

(Please do not use blue ink or pencil when completing this form.)

AUTHORITY TO RELEASE INFORMATION

FULL NAME: _____
Printed Name **(Signature)**

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

CURRENT ADDRESS: _____

TELEPHONE NUMBER: _____ DATE: _____

I have made application for employment at the Hall County Sheriff's Office (HCSO) in order to become an employee (deputy sheriff / support staff).

I hereby authorize a review and full disclosure of all records of files, or any part thereof, concerning myself that may be related to my application for employment to the HCSO, its employees or its agents bearing or furnishing this release, within twelve (12) months of its date, whether the said records are public or private, and including these which may be deemed to be of a privileged or confidential nature. I authorize the full and complete disclosure of the records and files of educational institutions; financial or credit agencies; medical and psychiatric consultation and/or treatment, including hospitals, clinics, private practitioners, the U.S. Veteran's Administration, and all military and psychiatric facilities; public utility companies; employment and pre-employment records, including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of civil nature made by or against me, including, but not limited to, the records and recollections of attorneys at law, other counsel representing or having represented me; and any records of any type whatsoever which concern any arrests or criminal charges involving me.

I further authorize the release of information to the HCSO, concerning all of the above mentioned area, or any other information which has a bearing on my fitness or ability to become trained and certified as a law enforcement officer, even though such information is not contained in written records and regardless of whether such information is considered privileged or confidential in nature.

This release is executed with full knowledge and understanding that the information is for the official use of the Hall County Sheriff's Office, and I further understand that such information can be released to any law enforcement agency where I might later wish to make application for employment.

I release from liability and hold Hall County and the Hall County Sheriff's Office harmless for all actions taken as a result of the information they receive.

I, the undersigned, hereby acknowledge that I give the above authority to release information of my own free will and for the purposed stated therein, and I have voluntarily furnished by Social Security number.

SIGNATURE

DATE