



## **HALL COUNTY SHERIFF'S OFFICE** **DEPUTY SHERIFF APPLICATION PACKET**

Thank you for your interest in law enforcement and in working as a deputy sheriff for Hall County. This packet contains all the information necessary to prepare a complete application. Any questions you have should be directed to Sgt. Jason Smith, by phone at 308-385-5200 or by e-mail at [jasons@hallcountyne.gov](mailto:jasons@hallcountyne.gov). The application and testing procedure is as follows:

### **Application**

Your application must include all of the following.

Minimum requirements - To be eligible to work in law enforcement in Nebraska and for Hall County you must meet these requirements.

- Minimum age of 21 by application deadline
- High school diploma or GED
- Provide a valid birth certificate and a Nebraska driver's license (or eligible to obtain a Nebraska license at the time of the test).
- Each applicant must not have been convicted of a felony nor convicted of a Class I misdemeanor or any crime involving domestic violence or child abuse.
- Each applicant must not have been convicted of driving under the influence within the last 5 years.
- Meet all enrollment requirements of the Nebraska Law Enforcement Training Center.

### **Completed, signed application**

All information must be complete and accurate. Missing or incorrect information or missing documentation may result in you being removed from the process. All required documentation must be provided by the specified deadline unless specific approval is received from Sgt. Smith in advance of that date. Exceptions can be made in certain circumstances, however once the deadline is passed, incomplete application will be rejected if prior approval has not been obtained. See the attached application checklist to assist you in completing your application.

Your experience and education will be scored based on the information and documentation that you provide with your application. Incomplete information regarding your training, education, and experience will result in losing valuable points.

## **Testing**

Prior to the date of testing, you MUST provide documentation that you have passed the Test of adult Basic Education (TABE). If you have already passed this test while applying for a law enforcement position in Nebraska, contact the Nebraska Law Enforcement Training Center to obtain that documentation. If you have not yet passed this test, contact the Nebraska Law Enforcement Training Center immediately at (308-385-6030) and make arrangements to take the test. Cost for this test is \$10.00 and will be your responsibility.

Testing is scheduled to start **PROMPTLY** at 9:00 AM on Saturday, December 12<sup>th</sup>, 2020, at the Law Enforcement Center – 111 Public Safety Drive, Grand Island, NE 68801. This will include written and physical fitness testing. (You may want to bring a change of clothing for the outdoor physical fitness testing.)

The physical fitness testing will be the-Physical Readiness Entrance Test “PRET” that is used by the Nebraska Law Enforcement Training Center. For further information on the PRET and its passing requirements visit: [https://nletc.nebraska.gov/entrance\\_physical.html](https://nletc.nebraska.gov/entrance_physical.html)

**Each portion of the testing must be passed in order to continue with the process. Failure of any of these sections will result in elimination from consideration.**

Those passing all portions of the above testing will then be invited back for a Merit Commission oral exam on December 16, 2020. You will be provided with a tentative appointment time after passing the written and physical fitness testing. Any further questions you have should be directed to Sgt. Jason Smith.

We appreciate your interest and look forward to the possibility of you becoming a part of our team. My personal best wishes to each candidate.



Rick Conrad  
Hall County Sheriff

# **TESTING SCHEDULE**

You will need to be present at the dates, times, and locations specified.  
**Applicants arriving after the specified time will not be allowed to test.**

## **Phase One – Written Tests and Physical Fitness Testing**

Date: **Saturday, December 12<sup>th</sup>, 2020**

Time: **9:00 am**

Location: **Law Enforcement Center-111 Public Safety Drive**, Grand Island, NE 68801.

## **Phase Two – Merit Commission Oral Exam**

Date: **Wednesday, December 16<sup>th</sup>, 2020**

Times: By appointment

Location: **Law Enforcement Center, 111 Public Safety Drive**, Grand Island, NE

Appointments for Phase Two will be made after the successful completion of Phase One.

Please contact Sgt. Jason Smith at 308-385-5200, ext. 2132, or via email at [jasons@hallcountyne.gov](mailto:jasons@hallcountyne.gov) if you have any questions.

**Final Phase – Prior to employment, additional testing will need to be passed, including an extensive background check and polygraph, physical examination, drug testing, and psychological testing.**

*Hall County supports equal employment opportunities for all qualified individuals without distinction or discrimination because of race, color, sex, religion, age, national origin, disability or genetic information.*

Name: \_\_\_\_\_

**DEPUTY SHERIFF**  
**APPLICATION CHECKLIST**

**IF APPLICATIONS ARE RECEIVED AFTER THE DEADLINE OR ARE INCOMPLETE, YOU WILL NOT BE ALLOWED TO TEST.**

Complete applications must include the following:

- \_\_\_\_\_ Signature
- \_\_\_\_\_ Copy of Driver's License
- \_\_\_\_\_ Copy of Birth Certificate (*Must be at least 21 yrs. old prior to testing*)
- \_\_\_\_\_ Copy of High School Diploma or G.E.D. Certificate
- \_\_\_\_\_ Copy of College Diploma or Transcripts (if applicable)
- \_\_\_\_\_ Preliminary Questionnaire
- \_\_\_\_\_ Proof that T.A.B.E. has been passed
- \_\_\_\_\_ Copies of Law Enforcement Training Certificates (if applicable)
- \_\_\_\_\_ Release of Information Form - for Hall County Sheriff's Office
- \_\_\_\_\_ Release of Information Form TC-006B - for Nebraska Law Enforcement Training Center. (This form is only required if applicant has previously attended the Training Center.)
- \_\_\_\_\_ Release of Information Form TC-919 if a Nebraska-certified officer

APPLICATION MUST BE RECEIVED BY **5:00 PM, December 4<sup>th</sup>, 2020**  
AT THE:

**Hall County Sheriff's Office**  
**111 Public Safety Dr.**  
**Grand Island, NE 68801**

Please contact Sgt. Jason Smith at 308-385-5200, ext. 2132, or via email at [jasons@hallcountyne.gov](mailto:jasons@hallcountyne.gov) if you have any questions.



When will you be able to begin work?

Date: \_\_\_\_\_

Are you prevented from lawfully becoming employed in  
this country because of Visa or Immigration Status?

Yes  No

**Applications may be mailed to:**

**City of Kearney  
POB 1180  
Kearney, NE 68848-1180**

**For further information call:**

**(308) 233-3215**

**or dropped at:**

**City Hall, 18 E. 22<sup>nd</sup> Street, Kearney, Nebraska**

**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:

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**Foreign Language**

List languages that you consider yourself fluent:

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**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 Hours	Facility or Instructor
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.

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

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

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

<b>4.</b> 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 \_\_\_\_\_

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## 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 \_\_\_\_\_



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.

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**SIGNATURE**

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**DATE**



**AUTHORITY TO RELEASE INFORMATION  
TO PROSPECTIVE EMPLOYER (791)**

FULL NAME \_\_\_\_\_ SSN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(Print or Type)

CURRENT ADDRESS \_\_\_\_\_

This release is being made in conjunction with a conditional offer of employment as a law enforcement officer with the following agency: \_\_\_\_\_.  
(Type or print the name of agency and its address)

I do hereby authorize a review and full disclosure to the above-mentioned agency of any and all records, reports or files (or any part thereof) pertaining to me, from any agency where I have been previously employed as a law enforcement officer. Such records or files shall include, but not be limited to employment records and/or personnel files regarding reasons for separation from employment and the circumstances surrounding separation including results of polygraph examinations, efficiency ratings, complaints and/or grievances involving me as well as court records or documents in civil or criminal cases in which I am involved, and any records, files or documents regarding any arrests, convictions or other criminal investigations or charges pertaining to me whether in writing or in electronic media databases.

I further authorize the release of information to the above-mentioned agency concerning all of the above mentioned areas, or any other information which has a bearing on my fitness or ability to serve as a law enforcement officer in the State of Nebraska, regardless of whether the information is considered privileged or confidential in nature, which relate to incompetence, neglect of duty, incapacitation, dishonesty, felony violation of state or federal law, misdemeanor violation of state or federal law having a rational connection to my fitness or capacity to serve as a law enforcement officer, violation of oath of office, code of ethics or other statutory duties.

I release and hold harmless any previous agency, administrator or individual who releases information in accordance with this release for all actions taken as a result of the information provided.

This release of information form, or a duly executed photo copy and/or fax is valid for a period of one year from the date of execution.

I, the undersigned, after first being duly sworn, hereby acknowledge that I give the above authority to release information of my own free will and for the purposes stated therein and I have voluntarily furnished my social security number.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

\_\_\_\_\_  
Notary Public



# CERTIFICATION FILE/INFORMATION RELEASE

NAME \_\_\_\_\_  
(PRINT or TYPE)

Last 4 of SSN \_\_\_\_\_ Date \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

This release is being made in conjunction with a request by \_\_\_\_\_ for further information pertaining to me that may be contained in either my student and/or officer file that is maintained at the Nebraska Law Enforcement Training Center.

I authorize the Nebraska Law Enforcement Training Center (hereinafter N.L.E.T.C.) to release the information listed below to \_\_\_\_\_, or other authorized representative of \_\_\_\_\_. This release shall include information pertaining to certification and certification status, employment, medical, and educational records, which shall include but not be limited to: academic, achievement, certification, attendance, athletic, personal history, and disciplinary records (please mark the items to be released).

TABE Results \_\_\_\_\_, Transcripts \_\_\_\_\_, Certification Documents \_\_\_\_\_, Other \_\_\_\_\_

I understand that N.L.E.T.C. will release this requested information by the most expeditious means possible unless otherwise indicated by me. I specifically authorize N.L.E.T.C. to release the requested information by (please mark the requested release option).

Any means, including facsimile \_\_\_\_\_, USPS only \_\_\_\_\_, Personal on-site inspection only \_\_\_\_\_

Recipients' address or fax # \_\_\_\_\_

I hereby release N.L.E.T.C., as custodian of the above records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me at the above-mentioned address. This release of information form, or a duly executed photocopy and/or fax is valid for a period of one year from the date of execution.

I, the undersigned, after first being duly sworn, hereby acknowledge that I give the above authority to release information of my own free will and for the purposes stated therein and I have voluntarily furnished my social security number.

\_\_\_\_\_  
SIGNATURE

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

Return completed form to: Nebraska Law Enforcement Training Center  
3600 North Academy Road  
Grand Island, NE 68801 Fax: 308-385-6032

**The next pages contain the Nebraska Law Enforcement Training's "Entrance Physical Standard requirements" that are part of their certification program.**

**Please review these (the actual documents can be found on the Training Center's website at <http://nletc.nebraska.gov>).**

**This is not a part of our agency's initial application process, but it is a requirement of the law enforcement certification program, should you be hired by our department and are not yet a certified officer.**