



SPENCER COUNTY SHERIFF'S OFFICE

18 East Main Street
Taylorsville, Kentucky 40071-8609
(502) 477-3200

We are an Equal Opportunity Employer

PRINT IN INK. Answer each item completely and accurately. Incomplete answers may disqualify you or cause delays. **FALSE** answers may lead to rejection of application and/or dismissal. Please write letters "NA" (Not Applicable) in those sections which do not apply to you.

Date of Application ____/____/____

1. Last Name (Jr/Sr)

First Name

Middle Name

2. Social Security Number --

3. Title of Position (Check only one) Deputy____ Special____ Civilian____

If you checked Civilian you will need to state a specific position: _____

4. Address (Number and Street)

(Apartment Number)

City **State** **Zip Code**

5. E-Mail Address: _____

6. Telephone Numbers

Home Phone : () _____ - _____

Cell Phone: () _____ - _____

Other Phone: () _____ - _____

7. Social Media, please provide link/username of your account:



Twitter: _____
 Facebook: _____
 Snapchat: _____
 TikTok: _____
 Instagram: _____

7. List all other names, including maiden & nicknames, by which you are known/have been known as _____.

8. If you are applying for a **Deputy or Special** position are you age **21 or older**? Yes _____ No _____

9. If you are applying for a **Civilian** position are you age **18 or older**? Yes _____ No _____

10. Are you a **U.S. Citizen**? Yes _____ No _____

If no, do you have the right to work in the U.S.? Yes _____ No _____

11. Do you have a valid driver's license? Yes _____ No _____

If yes, in what state was license issued: _____ License No. _____

Exp. Date _____

12. **Education and Training:** Give complete information.

Have you passed a GED test? Yes _____ No _____ N/A _____

Circle Highest Grade Completed

High School College Grad School

9 10 11 12 1 2 3 4 1 2 3 4

Schools	Name & Address	From	To	Sem. Hrs.	Major	Minor	Degree/Certificate
High School or G.E.D.							Diploma: Please check Yes No
College/ University							Degree Earned
Business College							Degree/Diploma Certificate Earned (circle one)
Graduate Work							Degree/Diploma Earned (circle one)
Vocational/ Military Technical							Degree/Diploma Certificate Earned (circle one)



13. License or Certificate: If a license, certificate or other authorization to practice a trade or profession is relevant, please list.

Name of Trade or Profession	License No: Date Issues: Expiration Date:	Name & Address of Licensing Agency
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Name of Trade or Profession	License No: Date Issues: Expiration Date:	Name & Address of Licensing Agency
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14. Have you ever served in the military? Yes ___ No ___ If yes, submit DD-214 and complete the following (*also include information if you have served in more than one branch of service*):

Dates: From: ___/___/___ To: ___/___/___

Branch: Army Air Force Navy Marines Coast Guard

Rank at discharge: _____

Were you discharged in connection with a military court martial: Yes ___ No ___

Dates: From: ___/___/___ To: ___/___/___

Branch: Army Air Force Navy Marines Coast Guard

Rank at discharge: _____

Were you discharged in connection with a military court martial: Yes ___ No ___

15. Are you related to an employee or employees currently employed with the Spencer County Sheriff's Department?

Yes ___ No ___ If yes, please list names/relationship to you. Attach additional page if necessary.

1. _____/_____

2. _____/_____

3. _____/_____



16. Employment Experience: LIST ALL WORK HISTORY. Begin with your most recent job and describe in detail each specific job including any military service or volunteer work you have had. Periods of unemployment should be noted. Do not leave any gaps in time sequence. It is very important that you describe your duties and responsibilities under each position listed. If you moved to a different position within the same organization in which your duties changed, describe that position as a separate job. You **MUST** provide this information on the application, as resumes are not considered official information.

Most Current Employer:		Address (City, State, Zip)	
Type of Business:		Your Position:	Phone Number: ()
Employment Dates: From: / / To: / /		Salary: Starting:	Ending:
Primary Duties:			
Supervisor's Name and Position:		Hours per week:	
Reasons for Leaving:			

Second Most Current Employer:		Address (City, State, Zip)	
Type of Business:		Your Position:	Phone Number: ()
Employment Dates: From: / / To: / /		Salary: Starting:	Ending:
Primary Duties:			
Supervisor's Name and Position:		Hours per week:	
Reasons for Leaving:			



Third Most Current Employer:		Address (City, State, Zip)	
_____		_____	
Type of Business:	Your Position:	Phone Number: ()	
_____		_____	
Employment Dates:		Salary:	
From: / /	To: / /	Starting:	Ending:
_____		_____	
Primary Duties: _____			

Supervisor's Name and Position:		Hours per week:	
_____		_____	
Reasons for Leaving:			

Fourth Most Current Employer:		Address (City, State, Zip)	
_____		_____	
Type of Business:	Your Position:	Phone Number: ()	
_____		_____	
Employment Dates:		Salary:	
From: / /	To: / /	Starting:	Ending:
_____		_____	
Primary Duties: _____			

Supervisor's Name and Position:		Hours per week:	
_____		_____	
Reasons for Leaving:			

If additional forms for the above work history are needed, additional forms will be provided upon request.



I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that should investigation at any time show falsification, I may be excluded from consideration for employment, or if employed, I may be terminated from employment.

Signature _____ Date _____

AUTHORIZATION FOR RELEASE OF RECORDS

I, _____, hereby authorize the Spencer County Sheriff's Department to request any law enforcement agency, former employer, or credit bureau to release all information (including, but not limited to traffic violation(s), conviction(s), pending criminal charge(s), and credit records) to the Spencer County Sheriff's Department or its representatives that may be sought in connection with this application for employment with the Spencer County Sheriff's Department. A photocopy of this release shall be considered as effective and binding as the original hand-executed copy.

Social Security Number --

Applicant's Signature _____ Date _____

Witness's Signature _____ Date _____



POLICE RECORD CHECK RELEASE

The Spencer County Sheriff's Department must check the conviction records of all applicants for positions which involve care and custody of persons or handling of significant amounts of Spencer County money or property. Under Kentucky law, a felony conviction automatically excludes applicants from employment in "non-elective, peace officer" positions. A false or incomplete answer on this and any other application form is grounds for subsequent dismissal of an employee or for automatic rejection of the application if hiring has not been initiated.

PLEASE PRINT

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security Number: _____

Maiden/Alias/Nicknames: _____

List all past and pending traffic citations, criminal charges and convictions.

<u>Date</u>	<u>Location (city, state)</u>	<u>Nature of Charge</u>	<u>Disposition of Charge</u>

Have you ever been convicted of, or pleaded guilty to a felony? Yes _____ No _____

I do hereby attest that all the above is correct to the best of my knowledge. In addition, I hereby authorize the Spencer County Sheriff's Department to search the criminal records for any or all convictions pertaining to me. This information is part of my application for employment.

Signature _____ Date _____

THIS FORM MUST BE RETURNED WITH THE APPLICATION FORM



Spencer County Sheriff's Department Employee Data Sheet

Please Print (Full LEGAL Name, NO NICKNAMES)

Social Security Number: _____

Last: _____ First: _____ MI: _____

Street: _____ City: _____ State: _____ Zip: _____

Contact Information:

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Contact Remarks: _____

Place of Birth: _____
City State

The following information is required by the Kentucky Law Enforcement Council in order to proceed with further testing. This information will be used only for statistical purposes.

Date of Birth: _____ Gender: [] Female [] Male

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Highest Education Level Obtained (*verification documents must be on file*):

GED ___ High School ___ Associates ___ Bachelors ___ Masters ___ Doctorate ___

Check your social security card to see if your name appears exactly as written above.

Print your name here if it is different: _____

Applicant's Signature: _____ Date: _____

THIS FORM MUST BE SIGNED AND RETURNED WITH THE APPLICATION FORM



SPENCER COUNTY SHERIFF'S DEPARTMENT

SUPPLEMENTAL PAGE FOR EMPLOYMENT EXPERIENCE: Continue Work History

Applicant's Name: _____

Employer:		Address (City, State, Zip)	
_____		_____	
Type of Business:	Your Position:	Phone Number: ()	
_____		_____	
Employment Dates: From: / / To: / /		Salary: Starting:	Ending:
_____		_____	_____
Primary Duties: _____			

Supervisor's Name and Position:		Hours per week:	
_____		_____	
Reasons for Leaving: _____			

Employer:		Address (City, State, Zip)	
_____		_____	
Type of Business:	Your Position:	Phone Number: ()	
_____		_____	
Employment Dates: From: / / To: / /		Salary: Starting:	Ending:
_____		_____	_____
Primary Duties: _____			

Supervisor's Name and Position:		Hours per week:	
_____		_____	
Reasons for Leaving: _____			



Applicant's Name: _____

Employer:	Address (City, State, Zip)	
Type of Business:	Your Position:	Phone Number: ()
Employment Dates: From: / / To: / /	Salary: Starting:	Ending:
Primary Duties:	_____ _____ _____ _____ _____	
Supervisor's Name and Position:	Hours per week:	
Reasons for Leaving:	_____ _____	

Employer:	Address (City, State, Zip)	
Type of Business:	Your Position:	Phone Number: ()
Employment Dates: From: / / To: / /	Salary: Starting:	Ending:
Primary Duties:	_____ _____ _____ _____ _____	
Supervisor's Name and Position:	Hours per week:	
Reasons for Leaving:	_____ _____	