

Doug Rader, Sheriff
Tim Gideon, Chief Deputy



Karl Wagner, CID Captain
Matt Cornelison, Patrol Captain
David Gyger, Jail Captain

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APPLICATION FOR EMPLOYMENT

Stone County Sheriffs Office

Physical Address: 110 S. Maple Street, Galena MO 65656 **Mailing Address:** PO Box 245, Galena MO 65656
 Phone: (417) 357-6116, Fax: (417) 357-6079, Jail: (417) 357-6652

To the applicant: The Stone County Sheriff's Office is an equal opportunity employer. We are dedicated to a policy of non-discrimination in the employment on any basis including race, creed, color, age, religion, or national origin. The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40, but less than 65 years of Age.

INSTRUCTIONS TO THE APPLICANT:

Fill out all sections of this form by printing in your own handwriting. This application becomes the property of the Stone County Sheriff's Office when submitted and may not be returned. It is the policy of the agency to accept and maintain all applications for employment in a discreet and confidential manner. Thank you for considering us for employment.

TYPE OF POSITION THAT YOU ARE APPLYING FOR <i>(Check all that apply)</i>		Employment Type	Preferred Shift
<input type="checkbox"/> Sheriff's Deputy*	<input type="checkbox"/> Household Maintenance Staff	<input type="checkbox"/> Full Time	<input type="checkbox"/> 7a-3p
<input type="checkbox"/> Sheriff's Deputy - Jail Staff*	<input type="checkbox"/> Jail Cook	<input type="checkbox"/> Part Time	<input type="checkbox"/> 3p-11p
<input type="checkbox"/> Administrative Staff	<input type="checkbox"/> Vehicle Maintenance Staff	<input type="checkbox"/> Reserve*	<input type="checkbox"/> 11p-7a
* Missouri P.O.S.T. Certification Required		Date available to start ___/___/___	
PERSONAL INFORMATION			
Full Name: _____		DOB: _____	Email: _____
SOC: _____		DL# _____	DL State _____
Hgt: _____	Wgt: _____	Hair: _____	Eye: _____
Blood Type: _____			
MARITAL STATUS			
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single			
Number of Children# _____		Ages of Children: _____	
PHYSICAL ADDRESS & PHONE NUMBERS			
Home Phone# _____		Address: _____	
Cell # _____			
Work# _____	City _____	State _____	Zip _____
List any physical or mental limitations or disabilities you have:			
In case of emergency notify: (Name, address and phone numbers:)			

EMPLOYMENT HISTORY

In the spaces below, give your complete record of employment. Attach additional sheets if necessary. Start with your present or most recent position and work back. List your positions in the order you held them. Explain any gaps between periods of employment. If more space is needed, attach a separate piece of paper to this application, in addition to any resume you would like to submit.

EMPLOYMENT DATES		DUTIES	EMPLOYER		REASON FOR LEAVING
From (MO/YR)	TO (MO/YR)		NAME		
			ADDRESS		
STARTING SALARY	FINAL SALARY	TITLE	PHONE		ARE YOU ELIGIBLE FOR RE-HIRE?
			CONTACT NAME		

EMPLOYMENT DATES		DUTIES	EMPLOYER		REASON FOR LEAVING
From (MO/YR)	TO (MO/YR)		NAME		
			ADDRESS		
STARTING SALARY	FINAL SALARY	TITLE	PHONE		ARE YOU ELIGIBLE FOR RE-HIRE?
			CONTACT NAME		

EMPLOYMENT DATES		DUTIES	EMPLOYER		REASON FOR LEAVING
From (MO/YR)	TO (MO/YR)		NAME		
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STARTING SALARY	FINAL SALARY	TITLE	PHONE		ARE YOU ELIGIBLE FOR RE-HIRE?
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EMPLOYMENT DATES		DUTIES	EMPLOYER		REASON FOR LEAVING
From (MO/YR)	TO (MO/YR)		NAME		
			ADDRESS		
STARTING SALARY	FINAL SALARY	TITLE	PHONE		ARE YOU ELIGIBLE FOR RE-HIRE?
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EMPLOYMENT DATES		DUTIES	EMPLOYER		REASON FOR LEAVING
From (MO/YR)	TO (MO/YR)		NAME		
			ADDRESS		
STARTING SALARY	FINAL SALARY	TITLE	PHONE		ARE YOU ELIGIBLE FOR RE-HIRE?
			CONTACT NAME		

GENERAL SKILL INFORMATION

Please place a check mark by all skills that you are trained in at the time of this application:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Breathalyzer | <input type="checkbox"/> Fingerprinting | <input type="checkbox"/> Networking | <input type="checkbox"/> Systems Analysis |
| <input type="checkbox"/> Budget Management | <input type="checkbox"/> Firearms | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Taser |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Hazmat | <input type="checkbox"/> Patrol | <input type="checkbox"/> Traffic or Routing |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Household Maintenance | <input type="checkbox"/> Photocopier | <input type="checkbox"/> Training Officer |
| <input type="checkbox"/> Correspondence | <input type="checkbox"/> Interrogation | <input type="checkbox"/> Photography | <input type="checkbox"/> Transcriber |
| <input type="checkbox"/> Defensive Tactics | <input type="checkbox"/> Investigator | <input type="checkbox"/> Radio Operator | <input type="checkbox"/> Voice Stress Analysis |
| <input type="checkbox"/> Digital Photography | <input type="checkbox"/> Key punch | <input type="checkbox"/> Report Writing | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Electric Typewriter | <input type="checkbox"/> Mechanic | <input type="checkbox"/> Shorthand | |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Memory | <input type="checkbox"/> Switchboard | |

Any additional skills you's like to list: _____

AGREEMENT

I understand and agree that my employment is for no definite period and may be terminated at any time without any previous notice, and that my employment is determined at the will of the Sheriff.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I further understand that any false answers or statements made by me on this application or any supplemental thereto, or interview(s), or in connection with the above mentioned investigation, will be sufficient ground for immediate discharge.

By my signature below, I authorize the Stone County Sheriffs Office to run a background check that will include, and is not limited to a background investigation which will access your criminal history, previous employment history and personal references.

Applicant Signature

Date

Time

LOYALTY OATH:

I do solemnly swear or affirm that I do not advocate the overthrow of the Government of the United States by force or violence; that I am not a member of any political party or organization that advocates the overthrow of the Government of the United States by force of violence; and that during such time as I am an employee of Stone County, Missouri, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence.

Applicant Signature

Date

Time