



Camden County Sheriff's Office

Since 1841

Tony Helms, Sheriff
 1 Court Circle, Suite 13
 Camdenton, MO. 65020
www.camdencountymosheriff.org

Emergency: 911
 Office: (573) 346-2243
 Jail: (573) 317-0981
 Fax: (573) 346-2513

Application for Employment / Personal History Statement

Note: (PLEASE READ, ACKNOWLEDGE, AND SIGN THIS STATEMENT)

I fully realize that willfully withholding information or making false or incomplete statements during the pre-employment testing will be a basis for dismissal and permanent disqualification from the Camden County Sheriff's Office and that all information may be verified by a polygraph examination.

SIGNATURE OF APPLICANT: _____

Position Applying For: Deputy Sheriff Corrections Communications Records

INSTRUCTIONS (READ CAREFULLY BEFORE PROCEEDING)

These instructions will assist you in properly completing your Personnel History Statement. It is essential that the information be accurate in all respects, as it will be used as a basis for a background investigation to determine your eligibility for employment.

1. Your Personal History Statement should be printed legibly in ink. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory services or copies of local phone directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite the investigation. Deliberate omissions or falsifications may result in disqualification.

APPLICANT IDENTIFICATION – Information provided in this section is used for identification purposes only.

NAME – LAST, FIRST, MIDDLE		SOCIAL SECURITY NUMBER	
STREET ADDRESS		CITY, STATE, ZIP CODE	

HOME TELEPHONE NUMBER ()	BUSINESS TELEPHONE NUMBER ()	ALTERNATE TELEPHONE NUMBER ()	DATE OF BIRTH (MO/DY/YR)
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ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE NUMBER	STATE OF ISSUE
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HAVE YOU EVER HAD YOUR NAME LEGALLY CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE PREVIOUS NAME
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NAME AND LOCATION OF CHANGE	REASON OF CHANGE
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RESIDENCE – list all addresses where you have lived in the past 10 years, beginning with present address. List dates by month and year. Attach extra page if necessary.

FROM	TO	ADDRESS

C

NAME, LAST, FIRST MI

SELECTION PROCESS

EMPLOYMENT HISTORY

BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT, LIST ALL EMPLOYMENT, SELF-EMPLOYMENT, MILITARY OR SEASONAL EMPLOYMENT (INCLUDE ALL PERIODS OF UNEMPLOYMENT). ATTACH EXTRA PAGES IF NECESSARY.

1. FROM	TO	EMPLOYER
ADDRESS		
PHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		
2. FROM	TO	EMPLOYER
ADDRESS		
PHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		
3. FROM	TO	EMPLOYER
ADDRESS		
PHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		
4. FROM	TO	EMPLOYER
ADDRESS		
PHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		

5. FROM	TO	EMPLOYER
ADDRESS		
PHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		

6. FROM	TO	EMPLOYER
ADDRESS		
PHONE NUMBER ()	JOB TITLE	
DUTIES		
SUPERVISOR		NAME OF CO-WORKER
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO		

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY JOB BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE?
 YES NO
 IF YES PLEASE EXPLAIN:

MILITARY RECORD

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE OF SERVICE FROM TO	BRANCH OF SERVICE	UNIT DESIGNATION
	MILITARY SERVICE NUMBER	HIGHEST RANK HELD

WERE YOU EVER DISCIPLINED WHILE IN MILITARY SERVICE (INCLUDE COURTMARTIAL, CAPTAINS MAST, COMPANY PUNISHMENT)?
 YES NO

CHARGE	AGENCY	DATE	AGE	DISPOSTION

SELECTIVE SERVICE CLASSIFICATION	SELECTIVE SERVICE BOARD NUMBER
SELECTIVE SERVICE BOARD ADDRESS	SELECTIVE SERVICE NUMBER

EDUCATION

HIGH SCHOOL ATTENDED	CITY AND STATE	DATES ATTENDED		DEGREE	
		FROM	TO	YES	NO

COLLEGE / UNIVERSITY ATTENDED	CITY AND STATE	DATES ATTENDED	
		FROM	TO

DEGREE (S) RECEIVED	DATE OF DEGREE (S)
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COLLEGE / UNIVERSITY ATTENDED	CITY AND STATE	DATES ATTENDED	
		FROM	TO

DEGREE (S) RECEIVED	DATE OF DEGREE (S)
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COLLEGE / UNIVERSITY ATTENDED	CITY AND STATE	DATES ATTENDED	
		FROM	TO

DEGREE (S) RECEIVED	DATE OF DEGREE (S)
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LIST OTHER SCHOOLS ATTENDED (TRADE, VOCATIONAL, BUSINESS, ETC.) GIVE NAME AND ADDRESS OF SCHOOL, DATES ATTENDED, COURSE OF STUDY, CERTIFICATES AND ANY OTHER PERTINENT INFORMATION.

SPECIAL QUALIFICATIONS AND SKILLS

LIST ANY SPECIAL LICENSE YOU HOLD (SUCH AS PILOT, RADIO OPERATOR, SCUBA ETC.) SHOWING LICENSING AUTHORITY, ORIGINAL DATE OF ISSUE AND DATE OF EXPIRATION.

LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT WHICH YOU CAN OPERATE.

LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS.

REFERENCES

LIST NAMES OF FIVE PERSONS (NOT RELATIVES OR FORMER EMPLOYERS) WHO HAVE KNOWN YOU FOR THE PAST FIVE YEARS

1. NAME	STREET ADDRESS, CITY, STATE, ZIP CODE		
RESIDENCE PHONE ()	BUSINESS PHONE ()	BUSINESS ADDRESS	YEARS KNOWN
2. NAME	STREET ADDRESS, CITY, STATE, ZIP CODE		
RESIDENCE PHONE ()	BUSINESS PHONE ()	BUSINESS ADDRESS	YEARS KNOWN
3. NAME	STREET ADDRESS, CITY, STATE, ZIP CODE		
RESIDENCE PHONE ()	BUSINESS PHONE ()	BUSINESS ADDRESS	YEARS KNOWN
4. NAME	STREET ADDRESS, CITY, STATE, ZIP CODE		
RESIDENCE PHONE ()	BUSINESS PHONE ()	BUSINESS ADDRESS	YEARS KNOWN
5. NAME	STREET ADDRESS, CITY, STATE, ZIP CODE		
RESIDENCE PHONE ()	BUSINESS PHONE ()	BUSINESS ADDRESS	YEARS KNOWN

LIST THE NAMES OF ANY RELATIVES NOW EMPLOYED OR WORKING FOR THE CAMDEN COUNTY SHERIFF'S OFFICE.

NAME	RELATIONSHIP	NAME	RELATIONSHIP

PERSONAL DECLARATION

HAVE YOU EVER SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE?

YES NO IF YES, EXPLAIN IN DETAIL

HAVE YOU EVER MADE AN APPLICATION FOR EMPLOYMENT WITH THIS OR ANY OTHER LAW ENFORCEMENT RELATED AGENCY?

YES NO

NAME OF DEPARTMENT/AGENCY	DATE APPLIED	ACCEPTED	IF NO, GIVE REASON FOR REJECTION OR DECLINING THE APPOINTMENT
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS NOT MENTIONED HEREIN WHICH MAY INFLUENCE THIS DEPARTMENTS EVALUATION OF YOUR SUITABILITY FOR EMPLOYMENT AS A DEPUTY SHERIFF OR NON-CERTIFIED EMPLOYEE OF THE CAMDEN COUNTY SHERIFF'S OFFICE? YES NO IF YES, EXPLAIN IN DETAIL.

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the forgoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions or falsifications will be grounds for immediate rejection or termination of employment.

SIGNATURE OF APPLICANT	DATE
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Camden County Sheriff's Office
1 Court Circle, Suite 13
Camdenton, Missouri 65020

AUTHORIZATION TO RELEASE INFORMATION

			Sex	Race	Date of Birth mm/dd/yyyy
Last Name	First Name	Middle Name			
			SSN:		
Place of Birth City	County	State	Country		

This release, when presented by a duly authorized representative of the Camden County Sheriff's Office, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Camden County Sheriff's Office: Employment; Educational; Medical; Drug Testing; Psychological; Selective Service; Police and Criminal; Motor vehicle and Driving; Financial and Credit; Polygraph Examinations; and the UNDELETED copy of the separation document and medical records of the National Personnel Records and Military Personnel Records Centers.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Camden County Sheriff's Office. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the Camden County Sheriff's Office, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the Camden County Sheriff's Office. I understand that all materials pertaining to this background investigation become the property of the Camden County Sheriff's Office and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source(s) of information will not be revealed to me, except that I understand that under the provisions of the Fair Credit Reporting Act, 15 U.S.C. §1561 et seq., I may request a copy of any consumer report from the consumer reporting agency that compiled the report.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature: _____

Date: _____

 **Commissioned Officer's Only** 
AUTHORIZATION FOR RELEASE OF INFORMATION
01.18.2018

I, _____ hereby authorize any representative of the Missouri Department of Public Safety's Peace Officer Standards and Training (POST) Program to release any and all information and records relating to my peace officer license, and any and all continuing law enforcement education training information and records to the following law enforcement agency:

Officer last four SSN: _____

Agency Name: Camden County Sheriff's Office

Contact Person: Lt. Shawn Kobel

Phone Number: (573) 346-2243

A photo static copy of this authorization will be considered as effective and valid as the original and shall not expire.

Signature of Licensee:

Date:

Subscribed and sworn to before me this _____ day of _____, 20____. I am commissioned as a notary public within the county of _____, state of _____, and my commission expires on _____, 20____.

NOTARY PUBLIC