

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(Please Print)

Position(s) Applied For			Date of Application	
How Did You Learn About Us?				
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Walk-In		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____		
Last Name	First Name	Last Name		
Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number	
			<input type="text"/> <input type="text"/>	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

YES NO

Have you ever filed an application with us before?

YES NO If Yes, give date: _____

Have you ever been employed with us before?

YES NO If Yes, give date: _____

Are you currently employed?

YES NO

May we contact your present employer?

YES NO

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Any Shift

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

(Proof of citizenship or immigration status will be required upon employment) YES NO

Are you currently on "lay-off" status and subject to recall?

YES NO

Can you travel if a job requires it?

YES NO

Have you been convicted of a felony within the last 7 years?

YES NO

(Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
School Name And Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills, and extra-curricular activities				
Describe any honors you may have received				
State any additional information you feel may be helpful to us in considering your application				
Indicate any foreign languages you can speak, read, and/or write				
	FLUENT	GOOD	FAIR	
SPEAK				
READ				
WRITE				
List professional, trade, business, or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status:				
<hr/> <hr/>				

REFERENCES

Give name, address, and telephone number of three references who are not related to you and not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States Military? YES NO

If yes, please describe _____

BRANCH OF MILITARY	DATES OF SERVICE	CLASSIFICATION

Please also complete the release of military record form attached

Are you physically or otherwise unable to perform the duties of the job for which you are applying for?
 YES NO

EMPLOYMENT EXPERIENCE

Start with you present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer		Dates Employed		Work Performed
		From	To	
Telephone Number(s)				
Address				
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
		From	To	
Telephone Number(s)				
Address				
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
		From	To	
Telephone Number(s)				
Address				
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Employed		Work Performed
		From	To	
Telephone Number(s)				
Address				
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

In case of accident or emergency, please notify:

NAME

ADDRESS

PHONE

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview: _____ YES _____ NO

Remarks: _____

Employed: _____ YES _____ NO Company: _____

Job Title: _____ Date of Employment: _____

By: _____ Date: _____

Notes: _____



Mercer County Sheriff's Office

Dusty Terrill
SHERIFF

Brian Evins
CHIEF DEPUTY

Paula D. Nelson
ADMINISTRATIVE
ASSISTANT

LAW ENFORCEMENT AGENCY

AUTHORIZATION FOR RELEASE OF INFORMATION

I _____, hereby give the Mercer County Sheriff's law enforcement agency and its agents the authority to conduct a comprehensive investigation of my background including, but not limited to, oral discussions with any person concerning my background. I also authorize a review and full disclosure of all records and other information concerning myself whether such records and other information are public, private, privileged, or confidential. This includes records maintained by past and present employers, law enforcement, public utility companies, and State and Federal agencies, health care facilities, and State and Federal income tax information.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of this Authorization of Release of Information. I consider a copy of the Authorization for Release of Information to be as valid as the original even though a copy does not have my original signature.

I hereby release the Mercer County Sheriff's law enforcement department and its agents and anyone who gives written or oral information about me to the Mercer County Sheriff's Office from any claims of liability or damages which may occur as a result of the background investigation. This release of liability also extends to my heirs, associations, assigns, and representatives.

_____ Date _____

(Signature of person about whom the information is requested)

_____ Date _____

(Witness Signature)



Mercer County Sheriff's Office

Dusty Terrill
SHERIFF

Brian Evins
CHIEF DEPUTY

Paula D. Nelson
ADMINISTRATIVE
ASSISTANT

I _____ give the Mercer County Sheriff's Office permission to do a criminal history check. I understand I must provide my date of birth in order to run this check. I further understand this information will be used only for determining any criminal history in relation to my possible employment with the Mercer County Sheriff's Office.

Signature of Applicant

Today's Date

Date of Birth

REQUEST PERTAINING TO MILITARY RECORDS

Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>
 To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH			
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE	-			<input type="checkbox"/>	<input type="checkbox"/>	
b. RESERVE	-			<input type="checkbox"/>	<input type="checkbox"/>	
c. STATE NATIONAL GUARD	-			<input type="checkbox"/>	<input type="checkbox"/>	

6. IS THIS PERSON DECEASED? NO YES - *MUST provide Date of Death if veteran is deceased:* _____

7. DID THIS PERSON RETIRE FROM MILITARY SERVICE? NO YES

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

DD Form 214 or equivalent. Year(s) in which form(s) issued to veteran: _____
 This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other persons or organizations, if authorized in Section III, below. An UNDELETED DD214 is ordinarily required to determine eligibility for benefits. If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost.
 An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: I want a DELETED copy.

Medical Records Includes Service Treatment Records, Health (outpatient) and Dental Records. *IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided:* _____

Other (Specify): _____

2. **PURPOSE:** (Providing information about the purpose of the request is strictly voluntary; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

Benefits (explain) Employment VA Loan Programs Medical Genealogy Correction Personal Other (explain)

Explain here: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER NAME:** _____

2. I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above.

I am the DECEASED VETERAN'S NEXT-OF-KIN (*MUST submit Proof of Death. See item 2a on instruction sheet.*)

(Relationship to deceased veteran)

I am the VETERAN'S LEGAL GUARDIAN (*MUST submit copy of Court Appointment*) or AUTHORIZED REPRESENTATIVE (*MUST submit copy of Authorization Letter or Power of Attorney*)

OTHER _____
 (Specify type of Other)

3. **SEND INFORMATION/DOCUMENTS TO:**
 (Please print or type. See item 4 on accompanying instructions.)

Name _____

Street _____ Apt. _____

City _____ State _____ Zip Code _____

4. **AUTHORIZATION SIGNATURE:** I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

Signature Required - Do not print _____ Date _____

Daytime phone _____ Fax Number _____

Email address _____

* This form is available at <http://www.archives.gov/veterans/military-service-records/standard-form-180.html> on the National Archives and Records Administration (NARA) web site. *