

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

PRINT IN BLACK INK OR TYPE

Answer each item completely and accurately. Incomplete answers on this application may disqualify you or may cause delays.



Bobby Davidson, Sheriff

Livingston County Sheriff's Department

321 Court Street • Smithland, Kentucky 42081 • 270.928.2122

Application Position:

- ☐ Entry Level Deputy
☐ Special Deputy
☐ Clerical
☐ Other / Specify: _____

Personal Information

SSN#	<input type="text"/>	Home Phone	Mobile	Email
Last	First	MI	Other Name (if any)	Date of Birth
Street Address	City	State	Zip Code	
Are you a US Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you a legal permanent resident? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Currently employed in Law Enforcement? YES <input type="checkbox"/> NO <input type="checkbox"/>		A previous employee in Law Enforcement? List dates:		
Do you have a valid driver's license if required by the position for which you are applying? YES <input type="checkbox"/> NO <input type="checkbox"/> License #				
Has your driver's license or CDL been revoked or suspended? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please indicate period of suspension and reason:				
Have you ever been convicted of violating any law (omit minor traffic violations)? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, list conviction(s), date(s), and place(s). <small>Conviction is not an automatic rejection. Specifics will be reviewed under KRS 335B.020.</small>				
Date available for work	Shift availability: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotating		Type of Work	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

Education/Training

Complete accurately and circle highest grade or year completed at all levels of school below. Provide **originals** of following, if required: (1) GED certificate; (2) high school diploma/ transcript; (3) vocational/technical school transcript; or (4) college transcript with an official seal & Registrar's signature. NOTE: Education must be verified 90 days after hire/promotion or appointment will be terminated.

GED • High School - 9 10 11 12 • College - 1 2 3 4 • Graduate School - 1 2 3 4

School	Name/Address of School	Dates Attended		Date Graduated	Number of Hours		Fields of Study		Degree, Diploma, or Certificate Earned
		From	To		Earned	Now Carrying	Major	Minor	
High School		mm/yy	mm/yy	mm/yy					Diploma: YES <input type="checkbox"/> NO <input type="checkbox"/>
Under Graduate College or University					**	**			Degree:
Graduate College or University					**	**			Degree:
Vocational Business Technical					***	***			Certificate:
Law Enforcement Academy or training program									

Please indicate if college hours are semester or quarter. *Indicate number of vocation/technical school clock hours.

NAME: _____ SSN#: _____ DATE: _____

SSN#: _____ DATE: _____

DATE: _____

Employment History

D		Job Duties:
Employed from _____ to _____		
Title of Position: _____ Gr. _____		
Starting Salary: _____ Last Salary: _____		
Average hours worked per week: _____		
Reason for Leaving: _____		
Name of Employer: _____		
Address: _____		
Type of Business: _____		
Name of Supervisor: _____		
Supervisor's Phone: _____		
I was a Supervisor from _____ to _____	Number I Supervised <input type="text"/>	

[illegible]

F	
Employed from _____ to _____	Job Duties:
Title of Position: _____ Gr. _____	
Starting Salary: _____ Last Salary: _____	
Average hours worked per week: _____	
Reason for Leaving: _____	
Name of Employer: _____	
Address: _____	
Type of Business: _____	
Name of Supervisor: _____	
Supervisor's Phone: _____	
I was a Supervisor from _____ to _____ Number I Supervised <input type="text"/>	

Licenses/Certifications or Language Proficiency

If you have a license/certificate related to a position, please provide a copy.

Examples are Police Officer's Professional Standards (POPS) Certification for peace officers as outlined in 503 KAR 1 :140 and KRS 15.382, a license to practice law, teacher certification, nurse license, etc.

a. I hold a current license or certification as indicated below.

License or Certification Title & Number	Original Issue Date	Current Expiration Date	Name, Address & Phone of Licensing Agency

b. List additional languages you speak proficiently.

c. List additional languages you read or write proficiently.

Professional Organizations: Indicate current membership in professional organizations.

Organization	Title	Date Membership Expires

Character References: Other than relatives, former employers, or supervisors.

Name	Address	Phone Number

Completion of this section voluntary

Information in the section is for statistical purposes and may be used for compliance with Equal Employment Opportunity requirements.

SEX ☐ Male ☐ Female RACE ☐ White ☐ Black ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian or Alaskan Native ☐ Other

IMPORTANT- THIS SECTION MUST BE COMPLETED

SIGNATURE- Please read and sign the following statement: 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 an Investigation at any time show falsification, I will not be considered for employment or, if employed, I could be dismissed. I hereby authorize the Livingston County Sheriff Department and agencies to whom my name is certified I referred to make all necessary Investigations concerning me, my work habits, character, or my action In any transaction. I authorize the Livingston County Sheriff's Department to receive my academic records or other material pertinent to my qualifications, and further authorize and request each former employer, person given as a reference, educational Institution, or organization (including law enforcement agencies) to provide all information that may be sought In connection with my application. I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of employment. I also understand that the Livingston County Sheriff Department is a drug free workplace and that substance abuse testing may be requested during this application process or, If employed, at the discretion of the Sheriff.

DATE: _____ SIGNATURE: _____

The Livingston County Sheriff's Department does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, sexual orientation, gender identity, ancestry or veteran status in the admission or access to employment.



Livingston County Sheriff's Department

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270.928.2122

Bobby Davidson, Sheriff



AUTHORIZATION FOR RECORD CHECK

Position Applied for: _____

PLEASE PRINT FULL NAME CLEARLY (Including Middle Initial)

Name: _____

Maiden/Previous Names: _____

Social Security Number: _____ (REQUIRED)

Date of Birth: _____ (REQUIRED)
Month / Day / Year

Current Address:

Street Number & Name: _____

City: _____ State: _____ Zip Code: _____

Previous Addresses (if less than 3 years at current address):

Street Number & Name: _____

City: _____ State: _____ Zip Code: _____

Street Number & Name: _____

City: _____ State: _____ Zip Code: _____

Street Number & Name: _____

City: _____ State: _____ Zip Code: _____

I, _____, do hereby authorize Livingston County Sheriff's Department to search any and all police record(s) regarding my application for employment.

Signature: _____ Date: _____