

Putnam County Sheriff's Department Application

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Date of Application _____

Position (s) Applied For _____

Referral Source: Advertisement Friend Relative Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone () _____ Social Security Number _____

Have you filed an application here before? Yes No If Yes, give date _____

Have You ever been employed here before? Yes No If Yes, give date _____

Are You employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? (Proof of citizenship or immigration status may be required upon employment.) Yes No

On what date would you be available to work? _____

Are you available to work Full Time Part -Time Shift Work (including mid-nights)

Are you on lay-off 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 applicant from employment.)

If Yes, please explain _____

Indicate which languages you speak, read, and / or write: _____

List professional, trade, business or civic activities and offices held.
(You may exclude those which indicate race, color, religion, sex, or national origin): _____

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

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical Or Mental Handicaps.

Government contractors are subject to 38 USC 20212 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

- Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization name which indicate race, color, religion, sex or national origin.

1	Employer () Telephone	Dates From	Employed To	Work Performed
	Address			
	Job Title	Hourly Rate Starting	/Salary Final	
	Supervisor			
	Reason For Leaving			
2	Employer () Telephone	Dates From	Employed To	Work Performed
	Address			
	Job Title	Hourly Rate Starting	/Salary Final	
	Supervisor			
	Reason For Leaving			
3	Employer () Telephone	Dates From	Employed To	Work Performed
	Address			
	Job Title	Hourly Rate Starting	/Salary Final	
	Supervisor			
	Reason For Leaving			
4	Employer () Telephone	Dates From	Employed To	Work Performed
	Address			
	Job Title	Hourly Rate Starting	/Salary Final	
	Supervisor			
	Reason For Leaving			

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

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences.

Education

	Elementary	High	College / University	Graduate / Professional
School Name				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree				
Describe Course Of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

Honors Received:

State any additional information you feel may be helpful to us in considering your application:

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. I understand that this application is not and is not intended to be a contract of employment.

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 Company.

Signature of Applicant

Date

For Personnel Department Use Only

Arranged Interview : Yes No

Remarks: _____

Interviewer _____ Date _____

Employed: Yes No

Date of Employment: _____ Job Title: _____

Hourly Rate / Salary: _____ Department: _____

By: _____

Name & Title

Date

Position (s) Applied For Is Open: Yes No

Position (s) Considered For: _____

Date