



03/13

Nicky Knight
Calloway County Sheriff
701 Olive Street · Murray, Kentucky 42071
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Applicant for Employment with the Calloway County Sheriff's Office

Dear Applicant,

Our office appreciates your interest in becoming a member of our team. Your application will be reviewed and retained on file for a period of one year from the date received. If a consideration of possible employment is made then you will be contacted as to the proper procedures to follow. Questions or comments should be sent to the above e-mail address. Thanks again for your interest.

Nicky Knight

**ALLOWAY COUNTY SHERIFF'S OFFICE
INFORMATION/DOCUMENTS TO BE SUBMITTED WITH
APPLICATION FOR EMPLOYMENT
*First four Items are required***

- DRIVER'S LICENSE (copy- front/back)
- SOCIAL SECURITY CARD (copy – front/back)
- BIRTH CERTIFICATE
- HIGH SCHOOL DIPLOMA OR GED CERT
- RESUME' (if available)
- POPS CERTIFICATE (copy)
- BREATH TEST OPERATOR CERT (copy of card)
- KLEC POLICE INSTRUCTOR CERT (copy of card)
- FIREARMS INSTRUCTOR CERT (copy of card/document of training)
- KLEC CAREER DEVELOPMENT PROGRAM (Certificates)
- SPECIALIZED CERTIFICATION(S) (copy of cert proof)
- DD 214 (if applicable) Active Duty
- NGB 22 (if applicable) National Guard
- _____
- _____

R: _____

Calloway County Sheriff's Office

701 Olive Street
Murray, Kentucky 42071
270-753-3151

Position Applied For: Deputy Sheriff/Patrol Clerical (non-sworn) Court Security/Transport
 Telecommunicator (non-sworn)

Date Prepared: _____

Name: _____
Last First Middle Other Name (If Any)

Home Address: _____
Street Name/Number Apt City State Zip Code

Telephone: _____
Home Work Cellular

Do you have a valid driver's license? NO YES License No: _____ St _____

Has your driver's license ever been suspended or revoked? NO YES Date and Reason: _____

Are you a US citizen? NO YES Are you a resident of Kentucky? NO YES

Have you ever been convicted of violating any law (omit minor traffic violations)? NO YES
If yes, list conviction(s), date(s), and place(s). Conviction is not an automatic rejection. Specifics will be reviewed. _____

Shift availability: Day Evening Night Rotating

Type of work: Full-Time Part-Time Other, Specify _____

CERTIFICATIONS

Certification/License	Date Issued	Expiration	Issuing Authority

EMPLOYMENT HISTORY (most recent 10 years)

Begin with the most recent or current employer. Job duties listed should be those that took most of your time first. This application must be completed. Resumes may be attached, but do not replace the application.

A	Month Day Year	Month Day Year	
EMPLOYED FROM:	_____	TO _____	JOB DUTIES:
JOB TITLE:	_____		_____
Employer:	_____		_____
Address:	_____		_____
City:	_____	State: _____	Zip Code: _____
Telephone Number:	_____		_____
Supervisor:	_____		_____
REASON FOR LEAVING: _____			
I WAS A SUPERVISOR <input type="checkbox"/> NO <input type="checkbox"/> YES Number Supervised _____			

B	Month Day Year	Month Day Year	
EMPLOYED FROM:	_____	TO _____	JOB DUTIES:
JOB TITLE:	_____		_____
Employer:	_____		_____
Address:	_____		_____
City:	_____	State: _____	Zip Code: _____
Telephone Number:	_____		_____
Supervisor:	_____		_____
REASON FOR LEAVING: _____			
I WAS A SUPERVISOR <input type="checkbox"/> NO <input type="checkbox"/> YES Number Supervised _____			

C	Month Day Year	Month Day Year	
EMPLOYED FROM:	_____	TO _____	JOB DUTIES:
JOB TITLE:	_____		_____
Employer:	_____		_____
Address:	_____		_____
City:	_____	State: _____	Zip Code: _____
Telephone Number:	_____		_____
Supervisor:	_____		_____
REASON FOR LEAVING: _____			
I WAS A SUPERVISOR <input type="checkbox"/> NO <input type="checkbox"/> YES Number Supervised _____			

(The Calloway County Sheriff's Office is an "Equal Employment Opportunity" employer)

If applying for a clerical or telecommunication positions answer the following:

Can you type: No Yes

If yes: Words per minute _____

Level of Proficiency with:	None	Average	Above Average	Proficient
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Aided Dispatching (CAD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet Websites (searching)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paper Filing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 way Radio Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-tasking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Give an example of your multi-tasking skills:

Attention to Detail

Give an Example of your attention for detail skills:

Problem solving skills

Give an Example of your problem solving skills:

Please read and sign the following statement. I certify that the information provided in this application is correct to the best of my knowledge. I am aware that, should at any time show falsification, I will not be considered for employment or, if employed, I will be dismissed and disqualified from future employment.

DATE

SIGNATURE

ALLOWAY COUNTY SHERIFFS OFFICE

RELEASE OF INFORMATION

I, _____, acknowledge agreement to allow the Calloway County Sheriff's Office to request and acquire all records, reports and information deemed pertinent to an employment background check being conducted.

This Release of Information includes but is not limited to: personnel records of past employers, medical records, arrest reports and criminal history information and other informational records deemed pertinent to the position I have applied for.

All positions with the Calloway County Sheriff's Office are considered law enforcement sensitive and will require a background inquiry.

I have read and understand that my signature allows the Calloway county Sheriff's Office and any person requested information from to release said information, reports or records.

PRINT APPLICANT NAME DATE

APPLICANT SIGNATURE