

Furnas County Sheriff's Office Application

Furnas County Sheriff's Office
912 R Street
P.O. Box 430
Beaver City, NE 68926
308-268-2245
furnasso@atcjet.net

The Sheriff's Office of Furnas County, Nebraska will consider applications 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 disability, or any other legally protected status. The County of Furnas is an Equal Opportunity Employer.

Personal

Date: _____

Please check the position(s) desired:

☐ Deputy Sheriff*

☐ Corrections/Communications Officer*

*Must be at least 21 years of age and must have a high school education or equivalent

How did you learn about this position?

☐ Advertisement

☐ Friend

☐ Walk-in

☐ Employment Agency

☐ In House Advertisement

☐ Other _____

First Name

Middle Name

Last Name

Current Address

City

State, Zip

Telephone Number(s): Home: _____ Cell: _____ Work: _____

Driver's License Number: _____ State of Issuance: _____

Social Security Number: _____ Date of Birth: _____

Email Address: _____

Previous Addresses

Address	City	State, Zip

Are you a citizen of the United States? ☐ Yes ☐ No

Are you available to work: ☐ Full Time ☐ Part Time ☐ Seasonal/Temporary

Date you would be available to begin work: _____

Have you ever been employed by Furnas County? ☐ Yes ☐ No

If yes, what department and when? _____

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Are you related to any County employees? ☐ Yes ☐ No

If yes, name of relative: _____ Relationship: _____ Department: _____

Employment Experience

Please give accurate and complete employment record. Start with present or most recent employer.

1. Company Name	Telephone
Address	Employed
	From: _____ When: _____
Name and Title of Supervisor	Annual/Hourly Wage
Job/Position Title	Reason for Leaving

2. Company Name	Telephone
Address	Employed
	From: _____ When: _____
Name and Title of Supervisor	Annual/Hourly Wage
Job/Position Title	Reason for Leaving

3. Company Name	Telephone
Address	Employed
	From: _____ When: _____
Name and Title of Supervisor	Annual/Hourly Wage
Job/Position Title	Reason for Leaving

4. Company Name	Telephone
Address	Employed
	From: _____ When: _____
Name and Title of Supervisor	Annual/Hourly Wage
Job/Position Title	Reason for Leaving

Attach additional sheet if necessary. We may contact the employer listed above unless you indicate those you do not want us to contact.

Do not contact employer Numbers: _____ Reason: _____

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Education

	Elementary	High School	College/Tech	Graduate	Law Enforcement Certification
School Name and Location					Nebraska Law Enforcement Training Center Yes No Other
Years Completed					Date:
Diploma/Degree					
Describe Course of Study					
Describe and honors you have received					

Military (Complete if you have served in the U.S. Armed Forces)

Branch of Service _____ Period of Activity _____

Rank at Discharge _____ Date of Final Discharge _____

Describe your duties and any special training: _____

Are you currently active in any Reserve Program ___Yes ___ No

Name of Program _____

Special Skills and Qualifications

Summarize special job-related skills acquired from employment or other experience:

Why do you feel you would make a capable employee for the position(s) desired?

Have you ever had experience in Law Enforcement ___Yes ___No

Where? _____ Date _____ Reason for Leaving _____

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Law Violations

Have you ever been convicted of any violations other than parking violations? ___Yes ___No

If yes complete the following:

Violation	Date	Place	Court	Disposition
1.				
2.				
3.				
4.				

Personal References

Please list references who are not related to you and are not previous employers.

Name	Address	Phone Number	Years Acquainted	Occupation
1.				
2.				
3.				

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 further agree and understand that any misstatement or willful omission of material fact or willful deception may constitute cause for dismissal from employment with the County of Furnas. I understand and agree that the County of Furnas may make pre-employment inquiries into my ability to perform job-related functions, and that I may be offered employment conditioned upon the results of a medical examination.

This application for employment shall be considered current for a period of time not to exceed six (6) months from date of application

Signature: _____