Oldham County Sheriff's Office

Phone 502-222-9501 Fax 502-222-3206

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Date			RENTUCKY TOPA
Position Applied for		Full time	Part-time
Date you can begin work	1 (-) (JIMP	
This application must be filled out, although you must also complete this			
PERSONAL INFORMATION		7,7	5
Name			SSN
Address			_ City
State	Zip Code	EFE-IC	
Phone Number (day)	(evening)	(message)
How long at present address?	p	revious address?	100
Are you over 18 years of age?	Are you ov	er 21 years of age?	- 1000
Are you lawfully eligible to be employ- upon employment)	ed in this country? y	es no (proof of citizenship o	or immigration status will be required
Are you a veteran? yes no			
Have you ever worked for Oldham C	ounty Government in the	e past? If y	ves, when?
What department?	Your name when	employed by Oldham County, if	applicable
Do you have any relatives working for	r Oldham County Governi	ment? Yes No If yes	s, whom?
Do you have a valid drivers license? License ID #	Expiration Date	Issuing State	
Have you ever been convicted of a explain and give dates:		anor? Traffic Violati <mark>on</mark> (n	noving violation)? if yes, please
(A conviction does not automatically your truthfulness may be taken into c		yment consideration. The nature	of the offense, when it occurred, and
EDUCATION			
Name and address	Did you graduate? Y or N	Diploma / degree completed	Field(s) of study
HIGH SCHOOL:			
College:			
OTHER (i.e., military, vocational, technical, etc.)			

Please list your professional memberships, certificates, designations, licenses, honors, awards, fellowships, etc.

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1	2
3	4
U.S. MILITARY SERVICE	
List below any and all military service you hav	e had or are presently serving.
Branch R	Rank & Type of Service
Training / Experience Received	
EMPLOYMENT HISTORY (this section must be completed, it cannot be solution and the section must be completed, it cannot be solution and section must be completed, it cannot be solution and section must be solved in the section must be section.	present or most recent position and working backwards. Account for <u>all</u> periods of
Employer	Dates of Employment: From: To:
Address	City State
Telephone	Supervisor's name
Job Title	Reason for leaving
Description of Duties	
May we contact this employer? yes no)
Employer	Dates of Employment: From: To:
Address	
Telephone	Supervisor's name
Job Title	Reason for leaving
Description of Duties	
May we contact this employer? yes no	
Employer	Dates of Employment: From: To:
Address	
Telephone	Supervisor's name
Job Title	Reason for leaving
Description of Duties	
May we contact this employer? yes no)

USE THIS SPACE FOR ANY SPECIAL QUALIFICATIONS YOU MAY HAVE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

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REFERENCES			
NAME	OCCUPATION	Yrs. Known	Address
1			
2			
3			
	READ THE FOLLOWING CAREFULLY of this application does not indicate that or offer me a job.		nd does not in any way obligate
related qualifications regardle application, an investigation w hereby granted to any school, Sheriff's Office information the	County Sheriff's Office is an equal opposes of race, color, religion, sex, national will/may be made whereby information i, person, firm, or corporation whether mat may be required to arrive at an employees, representatives, or agents from	origin, age or handicapped status obtained from former employed by former employer or otherwise, oyment decision, and I hereby re	us. In the processing of my rs and references. Permission is to give the Oldham County elease the Oldham County
either the Oldham County Sho	t and compensation can be terminated, eriff's Office or myself, and that no mar ny specified period of time or to make a	ager or supervisor has the author	ority to enter into an
discretion, it deems reasonab action, including, but not limite	County Sheriff's Office reserves the rig le and necessary to determine whether ed to a search of any property of mine of d, I agree to cooperate in any such invo	r any employee has engaged in on Oldham County Fiscal Court	conduct warranting disciplinary
herein, and that I am subject the rules and regulations of the that are then in effect apply to	continued employment is predicated up to termination if any statement in this a ne Oldham County Sheriff's Office as is o my continued employment with the Ol hs and if I have not been hired by that of	pplication is false or misleading. sued from time to time and that of dham County Sheriff's Office. I u	If hired, I agree to conform to only those rules and regulations understand this application will
Signature		Date	
	APPLICANTS PLEASE DO NO	WRITE BELOW THIS LINE	<u> </u>
	(0)	(0)	
	(2)		
Starting Date	Rate	Classification	

Approved by: (1) ______ (2) _____ (3) _____

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CONFIDENTIAL INFORMATION				
This form must be completed and submitted along with an Oldham County Sheriff's Office Employment Application form. This information will not be used for making employment decisions and will not be kept with your application for employment. It is needed to assure compliance with State and Federal Equal Employment Opportunity laws and to meet reporting requirements.				
Sex:Female Male				
Race: White Black (non-Hispanic) Hispanic				
American Indian/Alaskan Native Asian/Pacific Islander				
Are you disabled? YesNo ("Disabled person" means any person who has a physical or mental impairment which substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such an impairment.)				
The following information will help us to learn of the most effective way of informing people about the job opportunities with the Oldham County Sheriff's Office.				
Tell us how you learned about this job:				

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APPLICANT CONSENT FORM TO INVESTIGATE AND DISCLOSE DATA

I,, hereby allow the Oldham County Sheriff's Office the right to contact and investigate my former and current employers, and all other pertinent parties, including, but not limited to educational institutions where I enrolled, to fully investigate my background.
I understand that as part of the interview process, since I am applying for the position of, the Oldham County Sheriff's Office requires all applicants to
disclose pertinent data concerning previous work history, police and military records, and educational activities.
The purpose and procedures used in this investigation have been fully described to me and I completely understand the reasons and potential uses of such investigations. I authorize the Oldham County Sheriff's Office to use any and all information acquired to make decisions regarding my employment, which may be disclosed to third parties.
I understand and agree that if I am offered employment by the Oldham County Sheriff's Office, and it is discovered that any material facts differ from those stated by me on my employment application, at my interview, or at any time prior to my commencing employment at the Oldham County Sheriff's Office any offer of employment will be rescinded. Furthermore, I understand and agree that if material facts are later discovered which are inconsistent with or differ from facts I furnished before taking the job, I will be disciplined, including immediate discharge without warning.
The cost of this investigation will be paid by the Oldham County Sheriff's Office. Nonetheless, I hereby indemnify, release and forever discharge and hold Oldham County Fiscal Court, the Oldham County Sheriff's Office, its subsidiaries and affiliated companies, agents and employees, as well as all third parties supplying such information, harmless from any and all claims, demands, judgments and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto.
Signature of Applicant
Printed Name of Applicant
Social Security Number:
Date:
Name of Witness: