

WALDO COUNTY SHERIFF'S OFFICE
APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

Law Enforcement Code of Ethics

As a Law Enforcement Officer, my fundamental duty is to serve mankind; to safeguard lives and property; to protect the innocent against deception, the weak against oppression or intimidation, and the peaceful against violence or disorder; and to respect the Constitutional rights of all men to liberty, equality, and justice.

I will keep my private life unsullied as an example to all; maintain courageous calm in the face of danger, scorn, or ridicule; develop self-restraint; and be constantly mindful of the welfare of others. Honest in thought and deed in both my personal and official life, I will be exemplary in obeying the laws of the land and the regulations of my department. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept ever secret unless revelation is necessary in the performance of my duty.

I will never act officiously or permit personal feelings, prejudices, animosities, or friendships to influence my decisions. With no compromise for crime and with relentless prosecution of criminals, I will enforce the law courteously and appropriately without fear or favor, malice, or ill will, never employing unnecessary force or violence and never accepting gratuities.

I recognize the badge of my office as a symbol of public faith, and I accept it as a public trust to be held so long as I am true to the ethics of the police service. I will constantly strive to achieve these objectives and ideals, dedicating myself before God to my chosen profession... law enforcement.

**** Applications with missing information will be considered incomplete and will not be processed. All sections must be completed.**

**** The County of Waldo will provide equal opportunity to all persons without regard to age, race, religion, ancestry, color, sex, national origin, physical or mental disability, and any other status protected by law, in hiring, placement, promotion, salary determination, or other conditions of employment. ****

Personal Data

Please fill in all boxes and answer all questions. If you have only initials in your name, use them and write ("IO"). If you have no middle name, enter "NMN". If you are a "Jr.", "Sr.", "II", etc., enter this after your middle name. If something does not apply, write "None" or "N/A".

| | | | |
|---|-------------------------|-------------------------|------------------------------|
| Last Name | First Name | Middle Name | Social Security No. |
| ***** | ***** | ***** | ***** |
| Residence Street Address (No P.O. Boxes) | | | Apt / unit |
| Mailing Address (If Different Than Above) | | | |
| City | State | ZIP Code | Country (If Other Than U.S.) |
| E-mail Address | County of Residence | | |
| Telephone Number (Home) | Telephone Number (Work) | Telephone Number (Cell) | |

Education History

List all schools you have attended, beyond junior high school, beginning with the most recent. List College or University degrees and the dates they were received.

| | From (MM/yyyy) | To (MM/yyyy) | Name of School | |
|-----------|------------------|--------------|----------------------|------------------------|
| 1. | Street Address | | | |
| | City | | State | Zip Code |
| | Telephone Number | | Degree/Diploma/Other | Date Awarded (MM/yyyy) |
| | From (MM/yyyy) | To (MM/yyyy) | Name of School | |
| 2. | Street Address | | | |
| | City | | State | Zip Code |
| | Telephone Number | | Degree/Diploma/Other | Date Awarded (MM/yyyy) |
| | From (MM/yyyy) | To (MM/yyyy) | Name of School | |

Education History - Continued

| | | | | | |
|-----------|------------------|--------------|----------------------|------------------------|----------|
| 3. | From (MM/yyyy) | To (MM/yyyy) | Name of School | | |
| | Street Address | | | | |
| | City | | | State | Zip Code |
| | Telephone Number | | Degree/Diploma/Other | Date Awarded (MM/yyyy) | |
| 4. | From (MM/yyyy) | To (MM/yyyy) | Name of School | | |
| | Street Address | | | | |
| | City | | | State | Zip Code |
| | Telephone Number | | Degree/Diploma/Other | Date Awarded (MM/yyyy) | |
| 5. | From (MM/yyyy) | To (MM/yyyy) | Name of School | | |
| | Street Address | | | | |
| | City | | | State | Zip Code |
| | Telephone Number | | Degree/Diploma/Other | Date Awarded (MM/yyyy) | |

Employment History

In chronological order, list all past employment. Begin with your present employer and continue listing all places previously employed. **OMIT NONE- Do not leave any time unaccounted, including when you were unemployed for more than 30 days.** You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work and all periods of unemployment. You do not need to list any employment prior to the age of 18 years. Provide the name under which you were employed if it was different than the name by which you are now known.

| | | | | |
|---------------------------|----|---|----------------|------------------|
| From (MM/yyyy) | To | Name of Employer/Company/Military Duty Location | | |
| Street Address | | | | |
| City | | | State | Zip Code |
| Job Title | | Name of Supervisor | | Telephone Number |
| Average No. of Hours/Week | | | | |
| Co-Worker Name | | | Co-Worker Name | |

Employment History - Continued

| | | | | |
|--|--------------|---|----------------|------------------|
| Position Held, Duties & Reason for Leaving | | | | |
| From (MM/yyyy) | To (MM/yyyy) | Name of Employer/Company/Military Duty Location | | |
| Street Address | | | | |
| City | | | State | Zip Code |
| Job Title | | Name of Supervisor | | Telephone Number |
| Average No. of Hours/Week | | | | |
| Co-Worker Name | | | Co-Worker Name | |
| Position Held, Duties & Reason for Leaving | | | | |

Personal References

List the names of three (3) persons, not related to you, and who have known you well for at least five (5) years. All persons to whom you refer may be asked to comment upon your character, abilities, experience, personality, and other qualities.

| | | | | |
|-----------|------------------------------|--|-------------------------|------------------------|
| 1. | Name | | | |
| | Street Address | | Apt. No. | |
| | City | | State | ZIP Code |
| | Telephone Number (Home) | | Telephone Number (Work) | |
| | How do you know this person? | | | Length of Relationship |

| | | | |
|----|------------------------------|-------|-------------------------|
| 2. | Name | | |
| | Street Address | | Apt. No. |
| | City | State | ZIP Code |
| | Telephone Number (Home) | | Telephone Number (Work) |
| | How do you know this person? | | Length of Relationship |
| 3. | Name | | |
| | Street Address | | Apt. No. |
| | City | State | ZIP Code |
| | Telephone Number (Home) | | Telephone Number (Work) |
| | How do you know this person? | | Length of Relationship |

Position Applied for: _____ Date you can start: _____

Do you hold a valid driver's license? Yes ___ No ___

If yes, What State _____ License number _____

Are you capable of performing the essential functions of the position for which you are applying with or without accommodations? Yes ___ NO ___

Identify any accommodations that would be required:

Do you have any relatives or friends currently working for the County of Waldo?

If Yes, who and with which department?

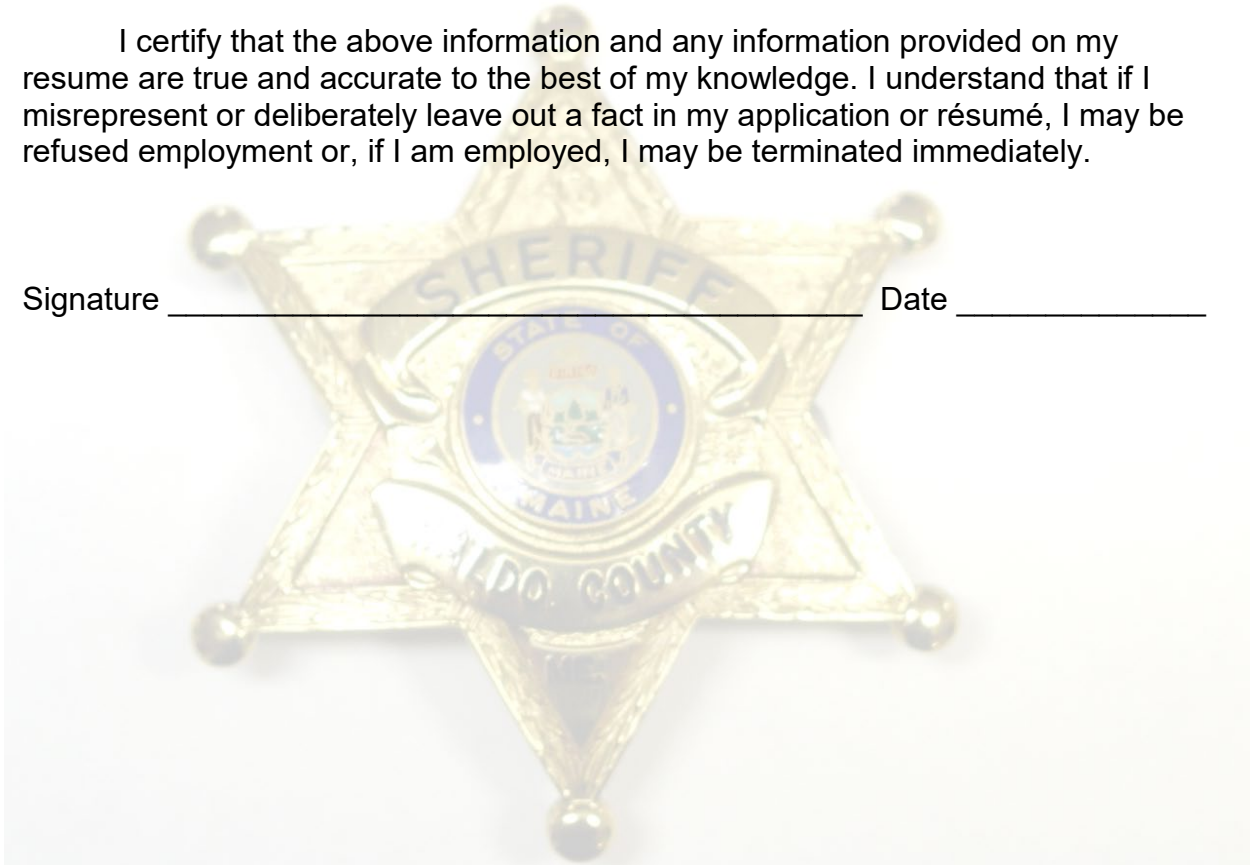
Applicant's Certification and Agreement

I voluntarily give the County of Waldo the right to make a thorough investigation of my past education and employment activities, criminal history, records of civil actions in which I was a defendant or respondent, driving history and medical or personal history that is job related. I agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies and corporations supplying such information.

I understand that if I accept employment with the County of Waldo, there is no contract expressed or implied for continued employment.

I certify that the above information and any information provided on my resume are true and accurate to the best of my knowledge. I understand that if I misrepresent or deliberately leave out a fact in my application or résumé, I may be refused employment or, if I am employed, I may be terminated immediately.

Signature _____ Date _____



RELEASE OF LIABILITY & WAIVER

I hereby authorize any representative of the Waldo County Sheriff's Office bearing this release, or a copy of it, within one year of its date, to obtain any information in your file pertaining to my employment, personnel records, professional standards / Internal Affairs records, criminal history records, driving record, military records and credit or educational records, This includes, but is not limited to, academic achievement records, personal history, performance report, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary files which are deemed to be confidential and / or sealed. This also includes reference information, whether written or verbal, from any current or past employers and educational institutions.

I hereby direct you to release this information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for official use of the Waldo County Sheriff's Office. Consent is granted to the Waldo County Sheriff's Office to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any background investigation report prepared by the Waldo County Sheriff's Office.

I hereby release you as custodian of such records, and any educational institution, consumer reporting agency, business establishment, or public entity including its officers, agents, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Should there be any questions as to this request, you may contact me as indicated below.

Full Name (Print) _____

Current Address: _____

Home Phone Number: _____ Work Phone Number: _____

Date of Birth: _____ Social Security Number: _____

Signature: _____ Date: _____

Signed under oath before me on this _____ day of _____, 20____

Notary Public

NOTICE: This liability waiver and the information obtained from it will be utilized for the purpose of conducting a pre-employment background check only.