ANTELOPE COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT

1102 L Street, Neligh, NE 68756
402-887-4148

The Antelope County Sheriff's Office will consider applicants 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 Antelope County Sheriff's Office is an EEO/AA/Veteran's Preference Employer.

1. POSITION INFORMATION

Date of Application: _____

Position(s) desired: (Check all that apply)

☐ Deputy Sheriff ☐ Corrections Officer ☐ Communications Officer

How did you learn about this position? (Check one)

☐ Advertisement ☐ Employment Agency ☐ Friend ☐ In-House Advertisement ☐ Walk-In

☐ Other _____

2. PERSONAL INFORMATION

First Name	Middle Name	Last Name

Current Street Address	City	State	Zip Code

Former Address(es) (if applicable)

Telephone Number (Home)	Telephone Number (Work)	Telephone Number (Cell)

Email Address

Driver·s License Number	State Issued

3. AVAILABILITY

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

Are you available to work: ☐ Full Time ☐ Part Time

Date you would be available to begin work: _____

4. PREVIOUS COUNTY EMPLOYMENT

Have you ever been employed by Antelope County before? ☐ Yes ☐ No

If yes, what department and when? _____

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

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

5. ADDITIONAL QUALIFICATIONS FOR DEPUTY SHERIFF OR CORRECTIONS OFFICER

ONLY COMPLETE THIS SECTION IF YOU ARE APPLYING FOR CONSIDERATION FOR DEPUTY SHERIFF OR CORRECTIONS OFFICER.

Please review each criteria and initial by each criteria which applies to you.

☐ I am already a certified law enforcement officer in Nebraska.	☐ I am already a certified corrections officer in Nebraska.	☐ My license is active and in good standing.
☐ I understand that there are certain factors which make me ineligible for employment for this position.	☐ I have reviewed the full job description for this position.	☐ (See: https://nlect.nebraska.gov/admissions.html for specific admissions criteria.)
☐ I am at least 21 years of age.	☐ I have not been convicted (or pardoned) of a Felony, a Nebraska class I misdemeanor, or a crime in any other jurisdiction punishable by imprisonment up to one year in prison, regardless of the sentence actually received.	☐ I have not been convicted of any crime involving the threat of or actual sexual assault or abuse.
☐ I am a citizen of the United States.		☐ I have never been convicted of any crime of physical violence or sexual abuse against a child or children.
☐ I have a high school diploma or GED.	☐ I have not been convicted of DUI/DWI in the last two years.	☐ I have not been convicted of a crime of domestic violence which would disqualify me from possessing a firearm. (See 18 USC 922(g)(9))
☐ I have a valid Nebraska Driver's license.	☐ I have not received a punitive discharge from the United States Armed Forces.	☐ I am not subject to an order of protection that would disqualify me from possessing a firearm (see 18 USC 922(g)(8))
☐ I am able to read, write, and understand the English language.	☐ I have not been denied law enforcement certification status, had certification revoked, nor am I currently suspended in this State or another jurisdiction.	☐ I do not have a pattern of substance abuse. Specifically, I have not: ☐ Used marijuana for any purpose in the last two years. ☐ Used illegal drugs or narcotics other than marijuana in the last five years.
☐ I believe I possess good character and a thorough background investigation will confirm my good character.	☐ I have not been convicted of any crime involving the threat or actual use of physical violence that would constitute a Class I misdemeanor in Nebraska.	
☐ I believe a background investigation will show I do not have a past indicative of incompetence, neglect of duty, or of physical, mental, or emotional incapacity.		
☐ I do not have a criminal history which shows a pattern of violations indicating I disrespect the law or rights of others.		
☐ I have not received traffic violations in the last two years with such frequency as to indicate I disrespect traffic laws and disregard the safety of others.		

6. EMPLOYMENT EXPERIENCE

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

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

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6. EMPLOYMENT EXPERIENCE (Continued)

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

7. EMPLOYMENT EXPERIENCE (Continued)

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

8. EMPLOYMENT EXPERIENCE (Continued)

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

Attach additional sheet if necessary.

We may contact the employers listed above unless you indicate those you do not want us to contact.
Do NOT contact Employer Number(s): _____
Reason: _____

9. EDUCATION

	Elementary	High School	College/Tech	Graduate	Law Enforcement Certification
School Name and Location					Nebraska Law Enforcement Training Center
Years Completed (circle highest grade)	4 5 6 7 8	9 10 11 12	1 2 3 4 5	1 2 3 4	☐ Yes ☐ No ☐ Other Date: _____
Diploma/Degree					
Describe course of study					
Describe any honors you have received					

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10. MILITARY

Complete this section if you served in the U.S. Armed Forces.

Branch of Service	Period of Active Duty From: _____ To: _____
Describe your duties and any special training.	Rank at Discharge Date of Final Discharge
Are you currently active in any Reserve program? ☐ Yes ☐ No	If yes, name the program: _____

This position is subject to a veteran's preference. Are you eligible for and requesting a veteran's preference?

☐ Yes, I am requesting a veteran's preference and I will submit with this application a copy of the veteran's DD Form 214. A spouse of a veteran requesting preference must submit with his/her application for employment a copy of the veteran's DD Form 214, a copy of the veteran's disability verification from the United States Department of Veterans Affairs demonstrating a 100 percent permanent disability rating, and proof of marriage to the veteran.

☐ No, I am not requesting a veteran's preference.

11. 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? _____ Dates: _____ Reason for Leaving: _____

12. LAW VIOLATIONS

Please list all convictions other than parking tickets regardless of severity, age, location, or perceived culpability unless you have secured a complete expungement and/or pardon for the offense. Though law violations may or may not have an impact on your qualifications as a candidate for this position, a decision to withhold information whether intentionally or in error, will likely disqualify you from consideration for this position.

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

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13. PERSONAL REFERENCES

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

Name	Address	Telephone No.	Years Acquainted	Occupation
1.				
2.				
3.				

14. 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 Antelope. I also understand that to be considered for employment I must pass a pre-employment drug screen. I understand and agree that the County of Antelope 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.

I also acknowledge receipt of a job description for the position(s) I am applying for. I have read and understand all the job tasks required for the position. This application for employment shall be considered current for a period of time not to exceed six (6) months from date of application.

Signature: _____ **Date:** _____

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AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant: _____
(Please print your full name)

Date of Birth: _____ SSN#: _____

As an applicant for a position with the Antelope County Sheriff's Office, I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information provided to this agency is confidential and will be used only for investigating my suitability for law enforcement employment.

Toward this end, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies, and all others, to furnish to the Antelope County Sheriff's Office any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy and/or fax of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of Applicant: _____
(Do NOT sign until in presence of Notary Public)

NOTARY ACKNOWLEDGMENT

State of _____
County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Seal

_____
Notary Public