



**CAMDEN COUNTY  
SHERIFF'S OFFICE  
Dwight D. Franklin, Sheriff  
APPLICATION FOR EMPLOYMENT**

**INSTRUCTIONS**

I am applying for appointment to the following position:

- Deputy Sheriff  
  Communications  
  Corrections  
  Court Security  
  Reserve Deputy  
  Other: \_\_\_\_\_

Fill out the application completely, answering all questions. On any question which does not apply to you, indicate by answering "N/A" in the space. **ALL SPACES MUST BE COMPLETED!** Whenever there is not enough space to fully answer a question, please use the additional space provided on page 7 or attach a separate sheet. Should you have any questions concerning the application, please call the Sheriff's Office at (573) 346-2243. After completion, please mail your application to:

**Camden County Sheriff's Office, 1 Court Circle Suite 13, Camdenton, MO 65020**

Incomplete applications will not be processed. Remember, your appointment to this office will be considered, to a great extent, on the answers on this application and verification of the information provided.

***WE DO NOT DISCRIMINATE IN HIRING OR EMPLOYMENT ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, DISABILITY OR ANY OTHER FACTOR PROHIBITED BY LAW OR REGULATION. NO QUESTION IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION.***

**FAMILY INFORMATION**

<b>Your Name (Last, First, M.I.)</b>				Markings/Scars/Tattoos/Description			
Social Security Number			Driver's License Number			Driver's License State	
Street Address		City	State	Zip	Day Phone	Night Phone	Own or Rent?
Date of Birth	City/State of Birth		Height	Weight	Hair Color	Eye Color	
<b>Spouse's Name (Last, First, M.I.)</b>				Maiden Name			
Street Address		City	State	Zip	Day Phone	Night Phone	
Date of Birth	City/State of Birth		Date Married	City/State Married	Marital Status	Name of Employer	
<b>Former Spouse's Name (Last, First, M.I.)</b>				Maiden Name			
Street Address		City	State	Zip	Day Phone	Night Phone	
Date of Birth	City/State of Birth		Date Married	City/State Married	Marital Status	Name of Employer	

## FAMILY INFORMATION

Child's Name (Last, First, M.I.)	Age	School Attending		
Child's Name (Last, First, M.I.)	Age	School Attending		
Child's Name (Last, First, M.I.)	Age	School Attending		
Child's Name (Last, First, M.I.)	Age	School Attending		
Child's Name (Last, First, M.I.)	Age	School Attending		
Child's Name (Last, First, M.I.)	Age	School Attending		
Father's Name (Last, First, M.I.)		Street Address		
City	State	Zip	Phone #	Living or Deceased?
Mother's Name (Last, First, M.I.)		Street Address		
City	State	Zip	Phone #	Living or Deceased?

## EDUCATION

Name of College/University		Street Address		
City	State	Zip	From (Date)	To (Date)
Graduate?	If Not, # of Hours	Major	Minor	Fraternity, Honors, Special Mention?
Name of High School		Street Address		
City	State	Zip	From (Date)	To (Date)
Graduate?	If Not, # of Hours	Extracurricular Activities	Fraternity, Honors, Special Mention?	
Name of Grade School		Street Address		
City	State	Zip	From (Date)	To (Date)
Graduate?	If Not, # of Hours	Extracurricular Activities	Fraternity, Honors, Special Mention?	

## FORMER ADDRESSES

List **ALL** addresses for the past ten (10) years, **NOT** including your current address:

Street Address	City	State	Zip	Years There?	From (Mo/Yr)	To (Mo/Yr)
Street Address	City	State	Zip	Years There?	From (Mo/Yr)	To (Mo/Yr)
Street Address	City	State	Zip	Years There?	From (Mo/Yr)	To (Mo/Yr)
Street Address	City	State	Zip	Years There?	From (Mo/Yr)	To (Mo/Yr)

## PERSONAL REFERENCES

List **three** personal references, **NOT** relatives, past employers or employees:

Name (Last, First, M.I.)			Street Address			
City	State	Zip	Phone #	Occupation		
Name (Last, First, M.I.)			Street Address			
City	State	Zip	Phone #	Occupation		
Name (Last, First, M.I.)			Street Address			
City	State	Zip	Phone #	Occupation		

## LAW ENFORCEMENT EXPERIENCE

Agency Name (Last, First, M.I.)			Street Address			
City	State	Zip	From (Mo/Yr)	To (Mo/Yr)	Reason for leaving	Phone #
Agency Name (Last, First, M.I.)			Street Address			
City	State	Zip	From (Mo/Yr)	To (Mo/Yr)	Reason for leaving	Phone #
Agency Name (Last, First, M.I.)			Street Address			
City	State	Zip	From (Mo/Yr)	To (Mo/Yr)	Reason for leaving	Phone #



## GENERAL INFORMATION

Is there any reason why anyone would not recommend you for appointment to the Camden County Sheriff's Office?

No  Yes (*Explain why*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested for **ANY REASON, INCLUDING** traffic tickets?

No  Yes

Date	City & State	Offense	Disposition
Date	City & State	Offense	Disposition
Date	City & State	Offense	Disposition

## PERSONAL STATEMENT

In your own words and in your own handwriting, explain, in no less than 100 words and no more than 200 words, why you want to be a member of the Camden County Sheriff's Office. Failure to complete this section, or any other section, will result in disqualification without further regard.

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\_\_\_\_\_

## EMPLOYMENT INFORMATION

In the first space below, indicate your current employer, or where you were last employed. Continue backwards and give a complete record of all employment since you first started to work. Show all periods of unemployment. If former employers are out of business, so state. If you were in business for yourself, give the nature of the business, location and names of at least two clients.

<b>Company Name</b>			Street Address, City, State, Zip		
From (Mo/Yr)	To (Mo/Yr)	Total Time (in months)	Salary	Position & Duties	
Phone #		Reason for Leaving			
<b>Company Name</b>			Street Address, City, State, Zip		
From (Mo/Yr)	To (Mo/Yr)	Total Time (in months)	Salary	Position & Duties	
Phone #		Reason for Leaving			
<b>Company Name</b>			Street Address, City, State, Zip		
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Phone #		Reason for Leaving			
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From (Mo/Yr)	To (Mo/Yr)	Total Time (in months)	Salary	Position & Duties	
Phone #		Reason for Leaving			
<b>Company Name</b>			Street Address, City, State, Zip		
From (Mo/Yr)	To (Mo/Yr)	Total Time (in months)	Salary	Position & Duties	
Phone #		Reason for Leaving			



## AUTHORIZATION FOR RELEASE OF INFORMATION

The below affidavit is to authorize the release of information to the Camden County Sheriff's Office. Please sign, date and obtain a witness as indicated.

I, THE UNDERSIGNED, HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS IN, OR FALSIFICATION OF, THE STATEMENTS CONTAINED IN MY APPLICATION FOR APPOINTMENT WITH THE CAMDEN COUNTY SHERIFF'S OFFICE. I AM AWARE THAT A COMPLETE BACKGROUND INVESTIGATION WILL BE CONDUCTED INTO MY PAST AND PRESENT ACTIVITIES. I HEREBY AUTHORIZE ANY PERSON, INCLUDING BUT NOT LIMITED TO MY FORMER AND PRESENT EMPLOYERS, FINANCIAL INSTITUTIONS, LAW ENFORCEMENT AGENCY, SCHOOLS, COLLEGES, AND ANY BRANCH OF THE ARMED SERVICES OF THE UNITED STATES OF AMERICA, TO DISCLOSE ANY INFORMATION THEY MAY HAVE, WHETHER OR NOT IT IS CONTAINED IN ANY RECORD OR OPINIONS, AND BY SIGNING THIS WAIVER, I RELEASE THEM FROM ANY DAMAGES, WHATSOEVER, FOR ISSUING THE INFORMATION TO THE SHERIFF OF CAMDEN COUNTY, MISSOURI, OR HIS DULY AUTHORIZED DEPUTY.

I FURTHER AGREE THAT A PHOTO STATIC COPY OF THIS RELEASE WILL BE AND HAVE THE SAME FORCE AND EFFECT AS THE ORIGINAL, WHICH WILL BE RETAINED BY THE CAMDEN COUNTY SHERIFF'S OFFICE.

<b>Signature</b>	<b>Date &amp; Time</b>
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## NOTARY PUBLIC INFORMATION

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

Notary Public Embossed Seal

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Notary Public's Name (Type or Print)

My commission expires on \_\_\_\_\_, 20\_\_\_\_\_