

APPLICATION INSTRUCTIONS
JEFFERSON COUNTY SHERIFF'S OFFICE
JEFFERSON COUNTY, KENTUCKY

Revised 06/25/15

A. Applicants must submit copies of the following documentation at the time a completed application is submitted:

- a) Copy of high school diploma or GED Certificate .
- b) Copy of birth certificate or confirmable verification of birth from a government agency or secondary school.
- c) If applicable, a copy of military discharge form DD-214 (DD-214 must indicate "Type of Discharge" and "Character of Service").
- d) Copy of a valid driver's license.

B. Application must be received in the Jefferson County Sheriff's Office, 531 Court Place, 6th Floor, Room 605, Louisville, KY. 40202, by 4:00 PM of the filing deadline day, _____. This includes mailed applications and all documentation listed above.

We will NOT accept FAX copies of the application or the required documentation.

C. Social Security Number (item 1)—Federal Law (P.L. 93-579, section 7) requires that you be informed when asked for your Social Security Number; that this number must be provided; and that it will be used for identification purposes in the examination, employment and payroll processes.

D. Other names (item 7)—This information is requested for completion of the records check and background investigation.

E. Police Record Check Release form (page 4)—A conviction or pending criminal charge does not necessarily mean you cannot be considered. The nature of the conviction or pending charge and how long ago it occurred is important. Give all facts so that a decision can be made.

Note: You cannot be considered if there is a history of a felony conviction.

F. EEOC Statistical Information (page 5) – The Sheriff's Office abides by the principles of The Equal Employment Opportunity Commission. The Sheriff's Office requests that you voluntarily answer questions on this form relating to sex, race/ethnic group, and physical impairment. Whether or not you answer these questions will not affect your potential employment in any way.

G. The applicant is responsible for notifying this office immediately of any change of information pertinent to the application form, such as address or telephone changes.

H. **Successful applicants for the position of Deputy will be required to sign a three year conditional contract of employment.**

13. License or Certificate: If a license, certificate or other authorization to practice a trade or profession is relevant, please list.

Name of Trade or Profession	License No: Date Issues: Expiration Date:	Name & Address of Licensing Agency
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14. Have you ever served in the military? Yes ___ No ___ If yes, submit DD-214 and complete the following:
 Dates: From: ___/___/___ To: ___/___/___ Branch: _____ Rank at discharge: _____
 Were you discharged in connection with a military court martial: Yes ___ No ___

15. Are you related to an employee or employees currently employed with the Jefferson County Sheriff's Office?
 Yes ___ No ___ If yes, please list names/relationship to you. Attach additional page if necessary.

1. _____ / _____
 relative's name relationship
 2. _____ / _____
 relative's name relationship

16. Employment Experience: LIST ALL WORK HISTORY. Begin with your most recent job and describe in detail each specific job including any military service or volunteer work you have had. Periods of unemployment should be noted. Do not leave any gaps in time sequence. It is very important that you describe your duties and responsibilities under each position listed. If you moved to a different position within the same organization in which your duties changed, describe that position as a separate job. You MUST provide this information on the application, as resumes are not considered official information.

Most Current Employer:		Address (City, State, Zip)	
Type of Business:	Your Position:	Phone Number: ()	
Employment Dates: From: / /	To: / /	Salary: Starting:	Ending:
Primary Duties:			
Supervisor's Name and Position:			Hours per week:
Reason for leaving:			

Second Most Current Employer:		Address (City, State, Zip)	
Type of Business:	Your Position:	Phone Number: ()	
Employment Dates: From: / /	To: / /	Salary: Starting:	Ending:
Primary Duties:			
Supervisor's Name and Position:			Hours per week:
Reason for leaving:			

Third Most Current Employer:		Address (City, State, Zip)	
Type of Business:	Your Position:	Phone Number: ()	
Employment Dates: From: / / To: / /		Salary: Starting: Ending:	
Primary Duties:			
Supervisor's Name and Position:			Hours per week:
Reason for leaving:			

Fourth Most Current Employer:		Address (City, State, Zip)	
Type of Business:	Your Position:	Phone Number: ()	
Employment Dates: From: / / To: / /		Salary: Starting: Ending:	
Primary Duties:			
Supervisor's Name and Position:			Hours per week:
Reason for leaving:			

If additional forms for the above work history are needed, additional forms will be provided upon request.

I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that should investigation at any time show falsification, I may be excluded from consideration for employment, or if employed, I may be terminated from employment.

Signature _____ Date _____

AUTHORIZATION FOR RELEASE OF RECORDS

I, _____, hereby authorize the Jefferson County Sheriff's Office to request any law enforcement agency, former employer, or credit bureau to release all information (including, but not limited to traffic violation(s), conviction(s), pending criminal charge(s), and credit records) to the Jefferson County Sheriff's Office or its representatives that may be sought in connection with this application for employment with the Jefferson County Sheriff's Office.

A photocopy of this release shall be considered as effective and binding as the original hand-executed copy.

Social Security Number - -

Applicant's Signature _____ Date _____

POLICE RECORD CHECK RELEASE

The Jefferson County Sheriff's Office and/or Merit Board must check the conviction records of all applicants for positions which involve care and custody of persons or handling of significant amounts of Jefferson County money or property. Under Kentucky law, a felony conviction automatically excludes applicants from employment in "non-elective, peace officer" positions. A false or incomplete answer on this and any other application form is grounds for subsequent dismissal of an employee, or for automatic rejection of the application if hiring has not been initiated.

PLEASE PRINT

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security Number: _____

Maiden/Alias/Nicknames: _____

List all past and pending traffic citations, criminal charges and convictions.

Date	Location (city, state)	Nature of Charge	Disposition of Charge

Have you ever been convicted of, or pleaded guilty to a felony? Yes _____ No _____

I do hereby attest that all the above is correct to the best of my knowledge. In addition, I hereby authorize Jefferson County Sheriff's Office and/or Merit Board to search the criminal record for any or all convictions pertaining to me. This information is part of my application for employment.

SIGNATURE: _____

DATE: _____

THIS FORM MUST BE RETURNED WITH THE APPLICATION FORM

Jefferson County Sheriff's Office Reserve Deputy Sheriff or Deputy Sheriff Recruit Data Sheet

Please Print (Full LEGAL Name, NO NICKNAMES)

Social Security Number: _____

Last: _____ First: _____ MI: _____

Street: _____ City: _____

State: _____ Zip: _____

Contact Information: Home Phone: _____ Pager: _____

Cell Phone: _____ E-Mail Address: _____

Contact Remarks: _____

Place of Birth: _____
City State

The following information is required by the Kentucky Law Enforcement Council in order to proceed with further testing. This information will be used only for statistical purposes.

Date of Birth: _____ Gender: Female Male

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Highest Education Level Obtained (verification documents must be on file):

GED ___ High School ___ Associates ___ Bachelors ___ Masters ___ Doctorate ___

Check your social security card to see if your name appears exactly as written above.

Print your name here if it is different: _____

Applicant's Signature: _____ Date: _____

THIS FORM MUST BE SIGNED AND RETURNED WITH THE APPLICATION FORM

JEFFERSON COUNTY SHERIFF'S OFFICE**SUPPLEMENTAL PAGE FOR EMPLOYMENT EXPERIENCE: Continue Work History****Applicant's Name:** _____

Employer:		Address (City, State, Zip)	
Type of Business:	Your Position:		Phone Number: ()
Employment Dates: From: / / To: / /		Salary: Starting: Ending:	
Primary Duties:			
Supervisor's Name and Position:			Hours per week:
Reason for leaving:			

Employer:		Address (City, State, Zip)	
Type of Business:	Your Position:		Phone Number: ()
Employment Dates: From: / / To: / /		Salary: Starting: Ending:	
Primary Duties:			
Supervisor's Name and Position:			Hours per week:
Reason for leaving:			

Employer:		Address (City, State, Zip)	
Type of Business:	Your Position:		Phone Number: ()
Employment Dates: From: / / To: / /		Salary: Starting: Ending:	
Primary Duties:			
Supervisor's Name and Position:			Hours per week:
Reason for leaving:			