

COUNTY OF BROWN, STATE OF KANSAS  
HIAWATHA, KANSAS 66434

# **BACKGROUND INVESTIGATION WORKBOOK FOR EMPLOYMENT CANDIDATES**

I CERTIFY THT I HAVE ANSWERED ALL QUESTIONS IN THIS WORKBOOK COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFICATION OR MISINFORMATION IS GROUNDS FOR DISQUALIFICATION OR DISMISSAL.

NAME \_\_\_\_\_

DATE \_\_\_\_\_

# EMPLOYMENT APPLICATION



## BROWN COUNTY SHERIFF'S OFFICE

709 UTAH ST.  
HIAWATHA, KS 66434  
Phone: (785) 742-7125  
Fax: (785) 742-3058

POSITION DESIRED: Deputy ( ) Jail ( ) Dispatch ( ) Reserves ( ) Other ( )

DATE \_\_\_\_\_

### INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions. If you require special disability accommodations, notify the agency's hiring authority in advance. The Brown County Sheriff's Office is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, handicap, marital status, religion or any other legally protected status.

### PERSONAL HISTORY

#### 1. Full Name:

Last Name	First	Middle	Nickname
Residence Address	Apt. No.	Mailing Address	Apt. No.
City ( )	County ( )	State	Zip Code
Telephone Number (Home)	Work/Other	( )	
E-mail Addresses		Cell	

2. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

#### 3. Place of Birth:

City	County	State	Country (if not the United States)
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4. Other: List all other names you have used including circumstances and time periods you used them. For example: former name(s), alias(es), and nickname(s).

Name	Circumstance	Dates From - Mo./Yr.	Dates To - Mo./ Yr.

5. Have you ever filed an application with us before? ☐ Yes ☐ No Dates \_\_\_\_\_

6. Have you ever been employed by us before? ☐ Yes ☐ No Dates \_\_\_\_\_

## EDUCATION / TRAINING

1.

High School Name / Address	Dates Attended - Mo. / Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	To			

2.

College / University Name / Address	Dates Attended - Mo. / Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

Major \_\_\_\_\_ Minor \_\_\_\_\_

3. Other Schools (Trade, Vocational, Business, Police Academies or Military):

Name / Address	Dates Attended - Mo. / Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				

4. Describe any awards, honors, citations or other special recognition you received while attending school and positions held in school organizations:

\_\_\_\_\_

5. Indicate any law enforcement education / training:

\_\_\_\_\_

6. Did you receive a certificate for this training? ☐ Yes ☐ No (Attach copy)

7. Indicate any special skills you possess and equipment you can use which may be related to the position for which you are applying: (i.e., breathalyzer, speed detection equipment, firearms, and computers):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Describe any word processing or computer skills and list all software used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. State approximate number of words per minute: Typing \_\_\_\_\_ Shorthand \_\_\_\_\_

10. On what date are you available for work? \_\_\_\_\_

11. Are you available to work? ☐ Full Time ☐ Part Time

12. Are you available to work rotating shifts? ☐ Yes ☐ No

## EMPLOYMENT HISTORY

1. List chronologically all employment including current employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for any length of time, indicate dates of unemployment. Please attach a separate sheet of paper for additional employment history if necessary.

**1** Name of present or last employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**2** Name of employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**3** Name of employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**4** Name of employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**5** Name of employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

2. May we contact your present employer? ☐ Yes ☐ No
3. Have you ever been dismissed or asked to resign? ☐ Yes ☐ No If yes, please explain. \_\_\_\_\_
4. Have you had any disciplinary action, to include verbal, written warnings, reprimands, suspensions and counselings, taken against you from any employment or position you have held?  
☐ Yes ☐ No If yes, please provide details. \_\_\_\_\_
5. Have you resigned, or left a job by mutual agreement, for any reason? ☐ Yes ☐ No If yes, please provide details. \_\_\_\_\_
6. Have you ever applied or worked with any law enforcement agencies? ☐ Yes ☐ No If yes, please provide the following:
- Agency and/or Department \_\_\_\_\_ Date Applied \_\_\_\_\_
- Address (Street, City, State, Zip) \_\_\_\_\_
- Position applied for: \_\_\_\_\_ Status: \_\_\_\_\_
- Agency and/or Department \_\_\_\_\_ Date Applied \_\_\_\_\_
- Address (Street, City, State, Zip) \_\_\_\_\_
- Position applied for: \_\_\_\_\_ Status: \_\_\_\_\_
- Agency and/or Department \_\_\_\_\_ Date Applied \_\_\_\_\_
- Address (Street, City, State, Zip) \_\_\_\_\_
- Position applied for: \_\_\_\_\_ Status: \_\_\_\_\_
- Agency and/or Department \_\_\_\_\_ Date Applied \_\_\_\_\_
- Address (Street, City, State, Zip) \_\_\_\_\_
- Position applied for: \_\_\_\_\_ Status: \_\_\_\_\_
7. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? ☐ Yes ☐ No If yes, please provide name and address of business, corporation or organization and describe your relationship or position. \_\_\_\_\_
8. Have you ever performed paid or unpaid services for a law enforcement agency not listed as an employer to include extra duty details and auxiliary? ☐ Yes ☐ No If yes, please provide name and address of business, corporation or organization and describe your relationship or position. \_\_\_\_\_

## RESIDENCES

1. Actual places of residence for past 10 years - list chronologically all addresses, including residences while at school and in military. For college or campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office. If apartment complex, give name, phone number and point of contact/manager. Attach a separate sheet of paper for additional residences if necessary.

Dates - Mo. / Yr.		Apt. No.	Street Address	City	County	State	Zip
From	To						

## ARREST HISTORY / COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear for any criminal violations? ☐ Yes ☐ No
2. Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No
3. To your knowledge, has any member of your family ever been arrested for other than traffic violations? ☐ Yes ☐ No
4. If yes to question #1, #2, or #3, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter was settled by payment of fine or forfeiture of collateral. (Include your juvenile charges and charges which have been sealed, if any.)

Applicant	Place & Department	Charge	Court & Place	Date of Charge	Disposition
Relative's Name / Relationship	Place & Department	Charge	Court & Place	Date of Charge	Disposition

5. Have you or your spouse ever been a plaintiff or defendant in a court action? ☐ Yes ☐ No
6. Have you ever been detained by any law enforcement officer for investigative purposes **OR** have you ever been the subject of **OR** a suspect in any criminal investigation? ☐ Yes ☐ No

7. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? ☐ Yes ☐ No  
If yes to question #5 or #6, please provide details. \_\_\_\_\_

## DRIVING HISTORY

1. Are you a licensed Kansas automobile operator or chauffeur? ☐ Yes ☐ No License No.: \_\_\_\_\_  
Date of Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_
2. Do you hold or have you ever held an operator or chauffeur license in another state? ☐ Yes ☐ No If yes, please provide state(s), name used, driver license(s) number and approximate dates license(s) was/were held.  
\_\_\_\_\_
3. Have you ever received a ticket or been charged with a traffic violation? ☐ Yes ☐ No If yes, list charge, date, and disposition.  
\_\_\_\_\_
4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?  
☐ Yes ☐ No If yes, please provide complete details including reason and place.  
\_\_\_\_\_

## MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces of the United States? ☐ Yes ☐ No  
Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_  
Service #: \_\_\_\_\_ Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
2. Are you now or have you ever been a member of the Reserve Unit or the National Guard? ☐ Yes ☐ No  
If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:  
\_\_\_\_\_  
\_\_\_\_\_
3. Have you ever been tried on charges, or were you the subject of a summary court, court martial, deck court, Captain's Mast, company punishment, or any other type of disciplinary action while a member of the armed forces? ☐ Yes ☐ No  
If yes, please provide details:  
Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Nature of Offense: \_\_\_\_\_  
Action Taken: \_\_\_\_\_  
\_\_\_\_\_
4. **VETERANS' PREFERENCE:** Documentation for eligibility of veteran's preference will be required at the time of application if you are claiming veteran's preference under the following circumstances.  
☐ 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or



pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense, or

- ☐ 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
- ☐ 3. A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 to October 15, 1976 and August 20, 1990 to January 2, 1992 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
- ☐ 4. The unremarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed using veterans' preference since October 1, 1987? ☐ Yes ☐ No

If "yes", please give name of employer: \_\_\_\_\_

## ORGANIZATION MEMBERSHIP

1. List all clubs and societies of which you are or have been a member.

Name	City & State	Former Member	Present Member List position held (describe activity)

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? ☐ Yes ☐ No
3. Have you ever made a financial or other material contribution to any organization of the type described in question #2 above? ☐ Yes ☐ No If yes to question #2 or #3, answer question #4 and #5 also.
4. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? ☐ Yes ☐ No
5. Did you intend to promote any unlawful aims of the organization? ☐ Yes ☐ No  
If yes to questions #2, #3, #4, or #5, explain including name of organization and location.

## BUSINESS INTERESTS & LICENSES

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? ☐ Yes ☐ No
2. Are you now issued or have you ever been issued a license to engage in a business or profession? ☐ Yes ☐ No
3. Was license ever canceled, suspended or revoked? ☐ Yes ☐ No

If yes to question #1, #2, or #3, please provide details including the type of license or certificate, the agency that issued the license, effective date of license and license number.

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## PERSONAL REFERENCES & ACQUAINTANCES

1. Personal References: Give three (3) references (not relatives, former or present employer, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation. **Provide complete mailing addresses and phone numbers.**

Complete Name (and relationship to the applicant)		Home Address: _____	
(Last, First, Middle)		City, State & Zip: _____	
Yrs. Acq.	Occupation	Home Phone: (    ) _____	
		Business Address: _____	
		City, State & Zip: _____	
Complete Name		Home Address: _____	
(Last, First, Middle)		City, State & Zip: _____	
Yrs. Acq.	Occupation	Home Phone: (    ) _____	
		Business Address: _____	
		City, State & Zip: _____	
Complete Name		Home Address: _____	
(Last, First, Middle)		City, State & Zip: _____	
Yrs. Acq.	Occupation	Home Phone: (    ) _____	
		Business Address: _____	
		City, State & Zip: _____	

## APPLICANT CERTIFICATION

**I understand that, in submitting this application for employment or appointment, I agree to abide by the following terms and conditions:**

My appointment or employment will be contingent upon the results of a complete background investigation. Any omission, falsification, misstatement or misrepresentation may disqualify me as an applicant or cause my dismissal from the Brown County Sheriff's Office. All statements made by me on this application are true, correct and complete, to the best of my knowledge.

I consent the examination concerning the veracity of this information or that which is discovered as a result of the background investigation or any physical examination or drug test. My employment or appointment will be contingent upon the results of a complete drug test. I may be required to take drug tests during the term of my employment or appointment with the Brown County Sheriff's Office. I authorize all persons and organizations referenced in this application to furnish the Brown County Sheriff's Office information, personal or otherwise, regarding my ability and fitness for employment or appointment. I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Brown County Sheriff's Office.

I understand that this employment application shall become the property of the Brown County Sheriff's Office. The application and information received in response to the background investigation are public records.

**If employed by, or appointed to, the Brown County Sheriff's Office, I accept and agree to abide by the following conditions:**

**I will agree to work shift work, my position may be relocated.** I will obey and abide by all directives, procedures, rules, regulations and General Orders issued by the Brown County Sheriff's Office and its official representatives. **I understand my position will require use of agency supplied equipment and/or uniform(s) unless approved by the Sheriff.**

I will maintain active telephone and/or cellular service at my residence during my period of employment with the Brown County Sheriff's Office. I will establish my domicile within the boundaries of Brown County, Kansas within the desired date set by the Sheriff's Office of my employment or appointment date and maintain such residence during the course of my employment (Deputy Sheriff). Jail Deputy and Dispatch Deputy are excluded from the residence requirements.

Any property or equipment issued or loaned to me by the Brown County Sheriff's Office shall be maintained in good repair at all times. I will report any discrepancies to my supervisor immediately. I may be required to reimburse the Brown County Sheriff's Office for any property or equipment that is damaged or lost through my own negligence or misconduct. If funds from the damage or loss of such property are due and owing at the termination of my employment, I agree that said funds may be deducted from my final paycheck in accordance with state and federal wage and hour laws. Holiday pay utilized in advance of date earned will be deducted from my final paycheck.

I acknowledge that all property belonging to the Brown County Sheriff's Office, or utilized by me in the course and scope of my employment, is subject to search or inspection at any time without notice. I also agree to, and fully realize that, I have no expectation of privacy, whether subjective or objective, in the use of such property.

I understand that, if employed, I shall be required to have direct deposit into a checking or savings account.

### AFFIDAVIT (Must be notarized)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ Yr. \_\_\_\_\_  
by \_\_\_\_\_, who is personally known to me or who has produced  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of person taking acknowledgment

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title or Rank

**PERSONAL INQUIRY WAIVER**  
***Authority for Release of Information***

TO: Concerned Person or  
Authorized Representative of  
Any Organization, Institution  
or Repository of Records

APPLICANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

I respectfully request and authorize you to furnish the Brown County Sheriff's Office any and all information that you may have concerning my work record, school record, military record, reputation, criminal history, and financial and credit status. Please include any and all medical, physical and mental records or reports including all information of a confidential or privileged nature, and photostats of same, if requested. This information is to be used to assist in determining my qualifications and fitness for the position I am seeking with the Brown County Sheriff's Office.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

**Sign in the presence of a notary.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Apt. No.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**AFFIDAVIT**  
**(Must be notarized)**

STATE OF KANSAS  
COUNTY OF BROWN

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ Yr. \_\_\_\_\_

by \_\_\_\_\_, who is personally known to me or who has produced

\_\_\_\_\_ as identification and who did (did not) take an oath.

\_\_\_\_\_  
Signature of person taking acknowledgment

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title or Rank

