

Office of the Fayette County Sheriff
Employment Application
Minimum Requirements



BELOW YOU WILL FIND THE MINIMUM QUALIFICATIONS THAT MUST BE MET FOR ALL POSITIONS WITHIN THE OFFICE OF THE FAYETTE COUNTY SHERIFF. MANY POSITIONS MAY HAVE ADDITIONAL REQUIREMENTS THAT MUST BE MET. IF YOU CANNOT MEET THE FOLLOWING QUALIFICATIONS, **DO NOT APPLY** AS YOU WILL IMMEDIATELY BE ELIMINATED FROM THE HIRING PROCESS.

1. High School Education or GED.
2. Must be 21 years of age.
3. Must possess a valid driver's license with the ability to operate motor vehicles.
4. Have not been convicted at any time of a felony.
5. Have been a law-abiding citizen and maintained a law-abiding lifestyle.
6. Have not been convicted of a serious misdemeanor within twenty-four (24) months preceding the return of this application.
7. Have not been convicted of a violent crime (felony or misdemeanor) related to any domestic violence order or emergency protective order against you.
8. Have not used any illegal drugs or prescription medication not prescribed to the applicant within twenty-four (24) months preceding the return of the application.
9. Have not been involved in the cultivation, manufacturing, distribution and/or trafficking of illegal drugs or substances.
10. Have not been fired or forced to resign within the twelve months preceding the return of the application.
11. Have a driving history that reflects careful, prudent and law-abiding operation of a motor vehicle.
12. Have not been prohibited by Federal or State law from possessing a firearm.
13. Have not had certification as a peace officer permanently revoked in another state.
14. Physical strength and agility necessary to do police work, which includes the ability to work outdoors in all weather conditions and exposure to hazards.
15. Subject to weekend, holiday, shift work, and call-back duty.
16. All employees must remain drug and alcohol free when reporting to work, while at work and while engaged in any work related activities per the Drug Free Workplace Act of 1998 and the Office of Sheriff policy.
17. Must be able to pass the minimum Peace Officer Professional Standards.

*Please make sure you have a copy of the Peace Officer Professional Standards.

False statements or failure to supply all requested information, especially as it relates to traffic offenses or other convictions, part-time and full-time employment, and background information, etc., will immediately disqualify any application.

Application Checklist

- I have reviewed the job information sheet for the requirements of the position requested.
- I have reviewed the minimum requirements for employment at the Office of the Fayette County Sheriff.
- I initialed at the Background Check to show that I know that I will receive a criminal background check.
- If mailing application I have ensured that the background check page is notarized, if hand carrying to OFCS, I will sign page at OFCS and the employee accepting my application will witness my signature.
- I have listed complete information for all jobs, including military experience, part-time, and full-time jobs in the past ten years. I have also accounted for any periods of unemployment and different positions within the same company. I have completed a separate page for each position held.
- I understand that a resume CANNOT be substituted for the education or experience sections, however I may attach a resume for additional information.
- I have completed the Credit History Screen Form and understand that a credit history screening is a part of the hiring process.
- I signed and dated my application.
- I attached all of the following documents to my application for verification:
 - Birth Certificate - Hospital/Health records CANNOT be substituted.
 - Driver's License - Must be a valid copy.
 - Social Security Card
 - High School Diploma or GED Certificate - Listing GED test scores does not meet this requirement.
 - Current Photo of Myself
 - Military Discharge or Current DD-214 and other relevant copies i.e.: training, certification, etc. (If applicable)

Mail or bring completed application to:

**Ms. Melony Cox
Human Resources Manager
150 N. Limestone, Suite 265
Lexington, Kentucky 40507**

I, _____, have reviewed each of the items listed above and my completed application carefully. I understand that failure to complete any of the above items or failure to complete any area of the application could result in the disqualification of my application. I also understand that false information in any area of the application will automatically disqualify my application.

Signed: _____ **Date:** _____

Personal Information

Desired position: Deputy Sheriff Telecommunicator Facility Monitor
 Certified Court Security Officer
 Other (Specify): _____

Recruitment by: Television Newspaper/Magazine Web Site
 Radio Bus Sign
 Personal Contact _____
 Other (Specify) _____

Full Name: _____

Maiden name/Other name: _____

US Citizen? Yes No **Date of Birth:** _____ **SSN:** _____

Home Phone: _____ **Daytime Phone:** _____

Mobile/Pager: _____

Address: _____

How long have you been at this address? Years: _____ **Months:** _____

List 2 previous addresses:

1. _____

2. _____

Have you applied previously? _____ **When?** _____

When can you begin? _____

I acknowledge that all positions are subject to shift work. Initials _____

Emergency Contact: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Do you have a valid driver's license? Yes No

License No.: _____ **State:** _____ **Expiration Date:** _____

Commercial Drivers License: Yes No **Class:** A B C

Endorsements: H N P X T **Restrictions:** K I L J O S

Military Branch: _____ **Entry date:** _____

Rank at separation: _____ **Separation date:** _____

Character of service: _____

If you served in the Armed Forces during a time of conflict and desire Veteran's Preference, attach a copy of your DD 214. State which conflict: _____

If applying for a sworn position, please list any motor vehicle accidents and/or citations that you as the driver have been involved in for the past 3 years. If not at fault, provide documentation. List Date, location, and explanation for all positions. _____

Please list all criminal arrests you have had in the past including date, location, charges, disposition. _____

Please list all past/current civil litigation where you were the defendant including date, location, type, action and disposition. _____

Type name and address of schools, dates attended and degrees earned including all high school, undergraduate and graduate work. A copy of your high school diploma is required however, additional documentation is welcome.

- 1: _____
- 2: _____
- 3: _____
- 4: _____

Please list any additional factors that may contribute to success on the job:

The Office of the Fayette County Sheriff supports the purpose of the Federal and State Laws and Regulations, which require employers to ensure that no qualified individual with disabilities shall be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination in employment. However, applicants must be able to perform ALL essential job functions.

1. After reviewing the job information sheet, which includes essential job tasks, can you perform the essential job duties and responsibilities of the position? Yes No (If yes, do NOT answer 2.)

Please note: Under the Americans with Disabilities Act of 1990 (ADA), a qualified individual with a disability who satisfies the requisite skills, experience, education, and other job related requirements is defined as an individual who, with or without reasonable accommodation, can perform the ESSENTIAL FUNCTIONS of the employment position that the individual desires.

2. If you are a person with a disability, would you be willing to discuss what reasonable accommodations may be needed at the appropriate time during the hiring process? Yes No

Please note: We cannot proceed with your application unless you are willing to discuss what reasonable accommodations would be needed.

Signature: _____ Date: _____ SSN: _____

I hereby certify, under penalty of law, that the information on this application is true, accurate, and correct to the best of my knowledge and belief and if hired, agree to abide by and uphold all laws, policies and procedures of the Office of the Fayette County Sheriff. I am aware that should an investigation at any time show any misrepresentation, falsification or omission, my application will be rejected, my name will be removed from the eligibility list or I will be dismissed from service. I authorize the Director of Human Resources to make all necessary and appropriate investigations to verify the information contained on all other applications and all supplemental documents including transcripts, etc. I understand that my application will be on file for one year only. It is my responsibility to update and reactivate my application, as I understand I will not be notified when my application has expired. I also understand that when my application has expired it will be removed from the Director of Human Resources files along with other data relating to my application. Additionally, it is my responsibility to specifically detail my education and experience as it compares to the job description for each position for which I apply. I realize that my education and experience will be evaluated and compared to others that are applying for the same position. I also understand that all supporting documents requested in this application must be presented/submitted when the application is returned in order for it to be valid.

Signature: _____ Date: _____ SSN: _____

**Background Check
Authority To Release Information**

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Your background will be investigated and you must be found to be a law-abiding citizen of sobriety and integrity. Please initial here to acknowledge that you understand we will be doing a criminal records check on you: _____

I, _____, Date: _____, having made application for employment with the Office of the Fayette County Sheriff, and desiring that they be informed on my personal records pertinent to their investigation, hereby authorize an investigation into all records that may be of interest to them. This authorization includes, but is not limited to: medical, criminal, employment, hospital, school and credit records, whether privileged or not. This authorization is executed in consideration of the Office of the Fayette County Sheriff, considering my application and shall serve as a release of all liability to all parties furnishing such information to the Office of the Fayette County Sheriff and their authorized agents. A photocopy of this release shall be considered as effective and binding as the original hand executed copy.

Full Name: _____

Date of Birth: _____ SSN: _____

Address: _____

Note: Do NOT sign unless witnessed at the Sheriff's Office or by a Notary Public

Applicants Signature: _____

Signature Witnessed By: _____

If the completed application is mailed, the applicant's signature must be notarized.

Subscribed and sworn to before me by _____

this _____ day of _____, 20

_____ Notary Public, State at Large

My Commission Expires: _____

In accordance with the provisions for the Fair Credit Reporting Act of 1996 (FCRA), 15 U.S.C. 1681 et seq. you are hereby notified that, as part of our over all process for determining employment suitability, we must obtain a credit summary report on you. This report contains a summary of your credit history including current/previous accounts, payment history, current status of the accounts, any bankruptcy filings, etc. You must specifically authorize us to obtain that information. The information obtained will be used only to assist in determining suitability for employment. This information will not be disclosed to anyone not directly involved in the employment process.

I, _____, have read and understand the above.

I hereby authorize the Office of the Fayette County Sheriff to obtain my credit summary report for employment screening purposes.

I do NOT authorize the Office of the Fayette County Sheriff to obtain my credit summary report.

Signature: _____ Date: _____

Employment History

DO NOT SUBSTITUTE A RESUME FOR THIS SECTION: Please submit one copy of this page for each employer in the past ten years. All information must be complete or your application will be considered incomplete and will not be processed.

Company Name: _____

Supervisors Name: _____

Title: _____ **Phone:** _____

Company Address: _____

Employed From: _____ **To:** _____ **Salary Start:** _____

End: _____ **Part-time** **Full-time, Hours Per Week:** _____

Type of Business: _____

Position(s) Held: _____

If more than one position was held, please give dates of each: _____

Description of Duties (please be as detailed as possible): _____

Reason for Leaving: _____

May we contact this employer? **Yes** **No** **If no, when?** _____

Personal References

List three personal references you have known for three years or more (not to include former employers or relatives)

Name	Address	Phone Numbers	Years known	Investigator	Date

I hereby certify, under penalty of law, that the information on the application is true, accurate, and correct to the best of my knowledge and belief and if hired, agree to abide by and uphold all laws, policies and procedures of the Office of the Fayette County Sheriff.

I am aware that should an investigation at any time show any misrepresentation, falsification or omission, my application will be rejected, my name will be removed from the eligibility list or I will be dismissed from service.

I authorize the Office of the Fayette County Sheriff to make all necessary and appropriate investigations to verify the information contained on all other applications and all supplemental documents including transcripts, etc.

I understand that my application will be on file for one year only. It is my responsibility to update and reactivate my application, as I understand I will not be notified when my application has expired.

Additionally, it is my responsibility to specifically detail my education and experience as it compares to the job description.

I also understand that when my application has expired it will be removed from the Division of Human Resources files along with other data relating to my application.

I also understand that all supporting documents requested in the advertisement must be presented/submitted by appropriate date in order for the application to be valid.

Date

Signature of Applicant (Do not print or Type)

For official use only
Background Investigation

Background Investigator	Date	Summary of Findings

Credit Report	Reviewed By	Date

Additional Notes