David L. Marshak
Sheriff

Jefferson County Sheriff's Office
PO Box 100
Hillsboro, MO 63050
Telephone (636) 797-5000
Fax (636) 797-6465

"Committed to Our Community"

Timothy S. Whitney
Undersheriff

Thank you for your interest in employment with the Jefferson County Sheriff's Office.

Attached you will find an application for completion. Please ensure ***all*** questions are answered, those questions that do not apply to the position you are seeking should be marked N/A (non-applicable). **On page 2 you will find an area where your signature needs to be notarized. This should be done before you turn in your application. Also, listed on page 14 are documents in which copies need to be attached to your application. Applications that are mailed in and are not notarized or have proper attachments will be returned for completion. APPLICATIONS WILL NOT BE PROCESSED OR REVIEWED WITHOUT FULL COMPLETION OF THE APPLICATION AND/OR REQUESTED DOCUMENT COPIES.** All applicants must possess a high school diploma or equivalent and be at least 21 years of age. Applicants, by law, cannot be eligible for employment if they are related by blood or marriage to Sheriff David Marshak.

Beginning salaries are as follows:

Corrections Officer - $30,830.00

All employees receive benefits to include health insurance, dental insurance (dependants for health and dental may be added at employee's expense if desired), life insurance, retirement plans, plus vacation, sick and holiday benefits.

Upon completion of your application you will be notified when testing dates are scheduled and when to come in and start the testing process. Further instructions will be given at that time concerning the next step in the application process. Depending on what position you are seeking, the hiring process ***may*** include written testing, background investigations, medical physicals, drug testing, psychological examination, physical agility testing, voice analysis testing and oral interviews. The hiring process takes approximately one to six months to complete.

Applications will remain on file for a period of one year. Updates to your application may be made at any time.

We, at the Jefferson County Sheriff's Office once again would like to thank you for your interest in employment with our agency. We look forward to seeing you in the future as the application process takes place.

Good Luck,

David Marshak
Sheriff of Jefferson County
Hillsboro, Missouri

-AN EQUAL OPPORTUNITY EMPLOYER-

To Whom It May Concern:

I am an applicant for a position with the Jefferson County Sheriff's Office. The Office needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is the public's interest that all relevant information concerning my personal and employment history be disclosed to the above Office.

I hereby authorize any representative of the Jefferson County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records, and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself by and to any duly authorized agent of the Jefferson County Sheriff's Office, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation that may provide pertinent data for the Jefferson County Sheriff's Office to consider in determining my suitability for employment in that Office. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigative files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Jefferson County Sheriff's Office regardless of any agreement I have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Jefferson County Sheriff's Office acceptance and processing of my application for employment, I agree to hold the Jefferson County Sheriff's Office, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Jefferson County Sheriff's Office. I understand that should information of a serious criminal nature surface as a result of this investigation such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Jefferson County Sheriff's Office in conjunction with employment procedures.

A photocopy or fax copy of this release form will be valid, as an original thereof, even though said photocopy of fax does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges for fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

_____
Name

_____
Address

_____
City, State, Zip

_____
Phone Number (with area code)

_____
Signature

Subscribed and sworn before me this _____ day of (Seal)
_____, 20 _____.

_____
Notary Public

JEFFERSON COUNTY SHERIFF'S OFFICE
APPLICATION FOR EMPLOYMENT

PERSONAL DATA

(THIS APPLICATION MUST TYPED OR HAND PRINTED)

DATE OF APPLICATION: _____ POSITION SEEKING: _____

NAME _____ JR/SR _____
FIRST MIDDLE LAST MAIDEN

DATE OF BIRTH _____/_____/_____ _____ _____
MONTH DAY YEAR AGE PLACE OF BIRTH

SOCIAL SECURITY NUMBER _____-_____-_____ HEIGHT: _____ WEIGHT: _____

BUILD: _____ NATIONALITY: _____

MARITAL STATUS ( ) SINGLE ( ) MARRIED ( ) SEPARATED ( ) DIVORCED ( ) WIDOWED

SEX: F M (*TO BE USED FOR BACKGROUND CHECK ONLY)*

DO YOU HAVE THE LEGAL RIGHT TO LIVE AND WORK IN THE UNITED STATES?*
( ) YES ( ) NO
**Your employment may be subject to verification of the United States citizenship of visa permitting applicant to live and work in the United States of America.*

LIST ANY NAMES THAT YOU HAVE USED OTHER THAN THAT PRINTED ABOVE

_____ _____

_____ _____

_____ _____

NAME OF SPOUSE: _____
FIRST MIDDLE LAST MAIDEN

HOME TELEPHONE (_____) _____ WORK TELEPHONE (_____)_____

ARE YOU A REGISTERED VOTER? ( ) YES ( ) NO IF YES, WHERE? _____

DO YOU HAVE A VALID DRIVER'S LICENSE? ( ) YES ( ) NO IF YES, WHAT STATE? _____

ARE YOU ABLE TO OBTAIN A VALID MISSOURI DRIVER'S LICENSE? ( ) YES ( ) NO

LIST ALL OF YOUR CHILDREN AND DEPENDANTS INCLUDING STEPCHILDREN AND ADOPTED CHILDREN.

FULL NAME	DATE OF BIRTH	BIRTHPLACE	RESIDENCE ADDRESS

(USE ADDITIONAL SHEET IF NECESSARY)

STARTING WITH YOUR PRESENT ADDRESS, LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST TEN YEARS, INCLUDING MILITARY POST(S):

FROM:	TO:	ADDRESS	CITY/ZIP	COUNTY	STATE

DO YOU HAVE ANY SKILLS THAT WOULD AID YOU AS A CORRECTIONS OFFICER?

CAN YOU PERFORM SHIFT WORK AND WORK ODD HOURS? ( ) YES ( ) NO

HOW DOES YOUR SPOUSE FEEL ABOUT YOUR BEING IN LAW ENFORCEMENT?

HOW DO YOUR PARENTS FEEL ABOUT YOUR BEING IN LAW ENFORCEMENT?

CHECK THE BLOCK INDICATING YOUR EDUCATION LEVEL:
( ) GED CERTIFICATE ( ) HIGH SCHOOL DIPLOMA ( ) ASSOCIATES OF ARTS DEGREE
( ) BACHELOR DEGREE ( ) TECHNICAL OR VOCATIONAL SCHOOL ( ) OTHER: EXPLAIN

LIST ALL SCHOOLS YOU HAVE ATTENDED:

FROM	TO	SCHOOL NAME	ADDRESS & ZIP	TYPE OF DIPLOMA

WHAT WAS THE MAJOR EMPHASIS OF STUDY IN SCHOOLS ATTENDED?

HAVE YOU EVER BEEN DROPPED FROM THE ROLLS, EXPELLED OR SUSPENDED OR ASKED TO LEAVE ANY SCHOOL FOR ANY REASON? ( ) YES ( ) NO IF YES, EXPLAIN BELOW:

LIST YOUR EMPLOYMENT HISTORY BELOW. THIS INCLUDES TIME SPENT IN THE MILITARY AND SCHOOL, BEGINNING WITH THE MOST RECENT:

1. EMPLOYER _____

ADDRESS/ZIP _____

TELEPHONE NUMBER _____ SUPERVISOR'S NAME _____

TITLE OR JOB DESCRIPTION _____

DATES OF EMPLOYMENT _____ STARTING SALARY _____ ENDING SALARY _____

FROM TO

REASON FOR LEAVING _____

_____

_____

2. EMPLOYER _____

ADDRESS/ZIP _____

TELEPHONE NUMBER _____ SUPERVISOR'S NAME _____

TITLE OR JOB DESCRIPTION _____

DATES OF EMPLOYMENT _____ STARTING SALARY _____ ENDING SALARY _____

FROM TO

REASON FOR LEAVING _____

_____

_____

3. EMPLOYER _____

ADDRESS/ZIP _____

TELEPHONE NUMBER _____ SUPERVISOR'S NAME _____

TITLE OR JOB DESCRIPTION _____

DATES OF EMPLOYMENT _____ STARTING SALARY _____ ENDING SALARY _____

REASON FOR LEAVING _____

_____

_____

LIST YOUR EMPLOYMENT HISTORY BELOW. THIS INCLUDES TIME SPENT IN THE MILITARY AND SCHOOL, BEGINNING WITH THE MOST RECENT:

4. EMPLOYER _____

ADDRESS/ZIP _____

TELEPHONE NUMBER _____ SUPERVISOR'S NAME _____

TITLE OR JOB DESCRIPTION _____

DATES OF EMPLOYMENT _____ STARTING SALARY _____ ENDING SALARY _____

FROM TO

REASON FOR LEAVING _____

_____

_____

5. EMPLOYER _____

ADDRESS/ZIP _____

TELEPHONE NUMBER _____ SUPERVISOR'S NAME _____

TITLE OR JOB DESCRIPTION _____

DATES OF EMPLOYMENT _____ STARTING SALARY _____ ENDING SALARY _____

FROM TO

REASON FOR LEAVING _____

_____

_____

6. EMPLOYER _____

ADDRESS/ZIP _____

TELEPHONE NUMBER _____ SUPERVISOR'S NAME _____

TITLE OR JOB DESCRIPTION _____

DATES OF EMPLOYMENT _____ STARTING SALARY _____ ENDING SALARY _____

REASON FOR LEAVING _____

_____

_____

MILITARY SERVICE

1. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE? ( ) YES ( ) NO
2. PRESENT DRAFT CLASSIFICATION: _____
3. HAVE YOU SERVED IN THE ARMED FORCES? ( ) YES ( ) NO
4. TYPE OF DISCHARGE* _____

**A Dishonorable or Less-Than-Honorable Discharge is not an absolute bar to employment. Other factors will affect a final decision to hire or not hire.*

DESCRIBE YOUR MILITARY SERVICE:

DATES	BRANCH	DISCHARGE DATE	DISCHARGE TYPE	RANK

5. HAVE YOU EVER BEEN DENIED ENTRY INTO ANY MILITARY ORGANIZATION?
   ( ) YES ( ) NO

IF YES, STATE REASON: _____

_____

6. WERE YOU EVER COURT MARTIALED, DISCIPLINED, TRIED ON CHARGES, TAKEN TO SUMMARY COURT, DECK COURT, CAPTAIN'S MAST, COMPANY PUNISHMENT OR SUBJECT TO ANY OTHER TYPE OF DISCIPLINARY ACTION WHILE IN THE MILITARY?
   ( ) YES ( ) NO

IF YES, DESCRIBE:_____

_____

_____

7. HAVE YOU EVER SERVED IN ANY FOREIGN MILITARY ORGANIZATIONS?
   ( ) YES ( ) NO

IF YES, DESCRIBE: _____

_____

_____

8. LIST YOUR DUTY STATIONS IN THE MILITARY:

FROM	TO	LOCATION

9. WHAT WAS YOUR MILITARY OCCUPATIONS/TRAINING?

10. LIST YOUR MILITARY SCHOOLS AND TRAINING:

11. LIST YOUR AWARDS AND MEDALS:

12. LIST ALL MILITARY SERIAL NUMBERS:

ARREST/CONVICTIONS

HAVE YOU EVER PLEAD GUILTY TO OR BEEN FOUND GUILTY OF ANY FELONY, MISDEMEANOR AND/OR ORDINANCE VIOLATIONS? ( ) YES ( ) NO

VIOLATION	DATE	DISPOSITION	FROM WHERE

- INCLUDE ALL TRAFFIC VIOLATIONS THAT YOU HAVE PLEADED GUILTY TO.

REFERENCES

BEGINNING WITH YOUR SPOUSE, LIST THE FULL NAMES OF THE MEMBERS OF YOUR IMMEDIATE FAMILY.

NAME RELATIONSHIP ADDRESS/ZIP

_____

_____

_____

_____

_____

_____

LIST FIVE CHARACTER REFERENCES (NOT RELATIVES OR IN-LAWS) WHO ARE RESPONSIBLE ADULTS AND HAVE KNOWN YOU FOR AT LEAST FIVE YEARS.

1. NAME _____PHONE # _____ WORK # _____

   MAILING ADDRESS _____ZIP_____

   YEARS ACQUAINTED _____ OCCUPATION _____

2. NAME _____ PHONE # _____ WORK # _____

   MAILING ADDRESS _____ZIP_____

   YEARS ACQUAINTED _____ OCCUPATION _____

3. NAME _____ PHONE # _____ WORK # _____

   MAILING ADDRESS _____ZIP_____

   YEARS ACQUAINTED _____ OCCUPATION _____

4. NAME _____ PHONE # _____ WORK # _____

   MAILING ADDRESS _____ZIP_____

   YEARS ACQUAINTED _____ OCCUPATION _____

5. NAME _____ PHONE # _____ WORK # _____

   MAILING ADDRESS _____ZIP_____

   YEARS ACQUAINTED _____ OCCUPATION _____

HAVE YOU EVER BEEN EMPLOYED BY JEFFERSON COUNTY? ( ) YES ( ) NO

IF YES, PLEASE EXPLAIN, INCLUDING DATES:

DO YOU HAVE ANY RELATIVES EMPLOYED BY JEFFERSON COUNTY? ( ) YES ( ) NO

IF YES, PLEASE EXPLAIN:

ARE YOU RELATED TO SHERIFF DAVID MARSHAK BY BLOOD OR MARRIAGE? ( ) YES ( ) NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN TESTED OR CONSIDERED FOR EMPLOYMENT BY JEFFERSON COUNTY? ( ) YES ( ) NO

IF YES, PLEASE EXPLAIN, INCLUDING DATES:

POLICE TRAINING AND EXPERIENCE

ARE YOU A GRADUATE OF A BONA FIDE POLICE ACADEMY? ( ) YES ( ) NO

NAME OF ACADEMY _____

ADDRESS OF ACADEMY _____

DATES ATTENDED _____ TO _____ # OF TRAINING HOURS _____

LIST OTHER LAW ENFORCEMENT TRAINING AND SEMINARS, INCLUDING DATES AND LOCATIONS. ATTACH ADDITIONAL SHEETS IF NECESSARY.

HAVE YOU EVER WORKED AS A POLICE OFFICER, POLICE RESERVE OFFICER, DISPATCHER, OR IN ANY OTHER CAPACITY RELATED TO LAW ENFORCEMENT?
( ) YES ( ) NO
IF YES, EXPLAIN YOUR POSITIONS AND ASSIGNMENT, INCLUDING DATES AND LOCATIONS. ATTACH ADDITIONAL SHEETS IF NECESSARY.

WERE YOU EVER DISCIPLINED AS A POLICE OFFICER OR LAW ENFORCEMENT EMPLOYEE? ( ) YES ( ) NO
IF YES, EXPLAIN, INCLUDING NATURE OF ALLEGED OFFENSE AND DISPOSITION (REPRIMAND, SUSPENSION, ETC.). ATTACH ADDITIONAL SHEETS IF NECESSARY.

LIST ANY AWARDS AND COMMENDATIONS YOU HAVE RECEIVED:

HAVE YOU APPLIED FOR A POSITION IN LAW ENFORCEMENT PRIOR TO THIS? ( ) YES ( ) NO

DATE	AGENCY	DISPOSITION

LIST ALL AUTOMOBILES YOU OWN:

MAKE	MODEL	YEAR	LICENSE	VIN

PROVIDE THE NAME OF YOUR AUTOMOBILE INSURER(S):

COMPANY	ADDRESS	AGENT

HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE OR HAD YOUR INSURANCE CANCELLED?

( ) YES ( ) NO

ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY, AMERICAN NAZI PARTY, KU KLUX KLAN, STUDENTS FOR A DEMOCRATIC SOCIETY, BLACK PANTHER PARTY, MINUTEMEN, OR ANY SIMILAR ORGANIZATION?

( ) YES ( ) NO

IF YES, LIST THE ORGANIZATION, THE DATES YOU BELONGED AND YOUR PARTICIPATION ON AN ATTACHED SHEET(S).

ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT OR GROUP, OR COMBINATION OF PERSONS, WHICH IS TOTALITARIAN, FACIST, COMMUNISTS, SUBVERSIVE, OR WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS OF THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF MISSOURI, OR WHICH SEEKS TO ALTER THE FORM OR GOVERNMENT OF THE UNITED STATES, OF THE STATE OF MISSOURI, BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS?

( ) YES ( ) NO

IF YES, EXPLAIN ON AN ATTACHED SHEET(S).

REQUIREMENTS

THIS APPLICATION WILL NOT BE PROCESSED OR REVIEWED WITHOUT THE FOLLOWING DOCUMENTS ATTACHED:

1. BIRTH CERTIFICATE
2. COPIES OF ALL TRAINING CERTIFICATES AND DEGREES DECLARED
3. COPY OF HIGH SCHOOL DIPLOMA OR EQUIVALENCY
4. PHOTOSTAT COPY OF VALID MISSOURI OR OTHER DRIVER'S LICENSE
5. MILITARY FORM DD214 (IF APPLICABLE)

PLEASE USE THE FRONT AND BACK OF THIS PAGE TO FURTHER EXPLAIN ALL ANSWERS YOU DID NOT HAVE ROOM FOR IN THIS APPLICATION. PLEASE NOTE THE QUESTION IN YOUR RESPONSE.