

Employment Application



MADISON COUNTY SHERIFF'S OFFICE

Mike Coyle, Sheriff
135 West Irvine Street
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Richmond, Kentucky 40475
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www.sheriff.madisoncountyky.us



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Minimum Requirements

Below you will find the minimum qualifications that MUST be met for all positions within the office of the Madison 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 submission of this application.
7. Have not been convicted of a violent (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 submission of this 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 twenty-four (24) months preceding the submission of this 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 Kentucky and/or any another state.
14. Physical strengths and agility necessary to do police work which includes the ability to work outdoors in all weather conditions and exposure to hazards.
15. Willing to work weekends, Holidays, shift work and call back or call in 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 or the Sheriff Policy.
17. Must be able to pass the minimum Peace Officer Professional Standards. (For Sworn Positions/Non Certified Applicants)

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

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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 Madison County Sheriff.
- I have initialed at the background check to show that I know that I will receive a criminal background check.
- I have insured that the background check page has been signed and notarized.
- I have completed the Credit History Screen Form and understand that a credit history screening is a part of the hiring process.
- I have insured that the Pre-Employment Credit History Screening page has been signed and notarized.
- I understand that should I move forward in the hiring process, it is my responsibility to provide a credit history at my expense upon request.
- I understand that should I move forward in the hiring process, it is my responsibility to obtain a certified driving history from the state of the license held and at my own expense.
- I have listed complete information for all jobs, including military experience, part-time and full-time jobs in the past ten (10) 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 section; however I may attach a resume for additional information.
- I have insured that all pages requiring my signature have been signed and all signatures requiring a notary have been notarized.**
***Note – All pages requiring a notary can be signed at the Sheriff's Office in the presence of a Sheriff's Office Notary.
- I have attached all of the following documents to my application for verification.
 - Certified Copy of Birth Certificate – Health records CANNOT be substituted.
 - Photo Copy of Current Valid Driver's License
 - Photo Copy of Social Security Card or Certified Letter from Social Security Office
 - Certified Copy of High School Diploma, Transcript or GED. – Listing GED test scores does not meet this requirement.
 - Current photo of self – Copy of driver's license does not meet this requirement.
 - Military Discharge or DD-214 and other relevant copies I.E. training certificates, etc.. (If prior Military and if Applicable)
 - If already Police Academy Certified, a copy of Kentucky Police Officer Professional Standards Certificate

Bring completed application to:

Madison County Sheriff's Office

135 West Irvine Street Suite B01

Richmond, Kentucky 40475

Between hours of 8:00am and 4:00pm Mon-Fri

I, _____ have reviewed each of the items listed above and have completed this application in its entirety. I understand that failure to complete any of the above items or failure to complete any area 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: _____

Subscribed and sworn to before me by _____

This _____ day of _____, 20____

Notary Public, State at Large

My Commission Expires: _____

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Personal Information

Desired Position: Deputy Sheriff Court Security Officer Home Incarceration
 Records Tax Office Other (Specify): _____

Status: Full-Time Part-Time Seasonal Co-Op

Recruitment By: Radio Newspaper Website
 Personal Contact (Specify) _____
 Other (Specify): _____

Applicant

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____ - _____

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

List 2 previous addresses:

1. _____

2. _____

Home Phone: _____ Cell Phone: _____ Best Contact Number: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State: _____ Expiration: _____

Previously Applied Yes ___ No ___ If Yes, Date _____

If selected, when could you begin _____

I understand and acknowledge that all positions are subject to shift work. The assigned shifts can be changed at the will of the Sheriff to best meet the needs of this office and that my regular work days may fall on a holiday.

Yes _____ Initial _____ No _____ Initial _____

Emergency Contact _____ Relationship _____

Address: _____ Phone _____

Do you have a driver's license? Yes ___ No ___ License# _____ State ___ Expiration _____

Do you have a CDL: Yes ___ No ___ If Yes, Class (A, B or C) _____ Endorsements H ___ N ___ P ___ X ___ T ___

Restrictions K ___ I ___ L ___ J ___ O ___ S ___ Expiration _____

Prior or Current Military Yes ___ No ___ If yes, Branch _____ Entry Date _____

Discharge Date _____ Rank Held at Discharge _____ Type of Discharge _____

DD214 Included in packet Yes ___ No ___

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NOTE – An additional sheet may be used for information in any of these sections where there is not enough room. Please use a separate sheet for each section submitted. Make a notation in the section that there is a separate sheet attached for and then attach it to the back of this application.

If applying for a sworn position, please list any motor vehicle accidents and or citations that you as a 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 arrest you have had in the past, including the date, location, charging agency, charges filed and court disposition:

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

List names and addresses of schools, dates attended, and degrees earned including high school, undergraduate and graduate work. A copy of your high school diploma is required however additional documentation is welcome:

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

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Personal Information

The office of the Madison 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 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 define 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 Madison 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 removed from the eligibility list and or I may 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 and 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 in which I am applying. 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 present/submitted when the application is returned in order for it to be valid.

Signature: _____ Date: _____ SSN: _____

Subscribed and sworn to before me by _____

This _____ day of _____, 20____

_____ Notary Public, State at Large

My Commission Expires: _____

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Background Check

Authority to Release Information

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

I, _____ Date: _____, having made application for employment with the Office of the Madison 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 Madison 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 Madison County Sheriff and their authorized agents.

Full Name: _____

Maiden Name: _____

Any other name or nickname ever used: _____

Date of Birth: _____ SSN: _____

Address: _____

Note: Do NOT sign unless witnessed by a Notary Public

Applicant Name (Printed): _____

Applicant Signature: _____

Subscribed and sworn to before me by _____

This _____ day of _____, 20__

_____ Notary Public, State at Large

My Commission Expires: _____

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Pre-Employment Credit Screening

In accordance with 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 overall process for determining employment suitability, we must obtain a 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 Madison County Sheriff to obtain my Credit Summary report for employment screening purposes.

- I do NOT authorize the Office of the Madison County Sheriff to obtain my Credit Summary report.

Note: Do NOT sign unless witnessed by a Notary Public

Applicant Name (Printed): _____

Applicant Signature: _____

Subscribed and sworn to before me by _____

This _____ day of _____, 20____

_____ Notary Public, State at Large

My Commission Expires: _____

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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: _____

Company Address: _____

Title: _____ Phone: _____

Supervisors Name: _____

Salary Start: _____ Salary End: _____

Employed From: _____ To: _____

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, why?

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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

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 Madison 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 if having already been employed, can be grounds for dismissal from service.

I authorize the Office of the Madison 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 main application file along with other data relating to my application.**

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

Note: Do NOT sign unless witnessed by a Notary Public

Applicant Name (Printed): _____

Applicant Signature: _____

Subscribed and sworn to before me by _____

This _____ day of _____, 20____

_____ Notary Public, State at Large

My Commission Expires: _____

