

# Application for Employment

for the position of

## Communications Officer

### Personal Information:

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_  
(Optional) DD/MM/CC/YY

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

Social Security #: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you lived at this address for more than three years?  Yes  No

If "No," list previous address below:

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ How long there? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No

Are you willing to attend training for employment purposes?  Yes  No

Are you willing to work overtime?  Yes  No

Are you willing to work either shift? (12-hour shifts)  Yes  No

Are you willing to work weekends and holidays?  Yes  No

Do you hold a valid license to drive an automobile?  CDL  Yes  No

Do you speak any languages other than English?  Yes  No

Spanish  French  German  Italian  
 Japanese  Chinese  Portuguese  Sign Language

**Education Information:** Check all you have attended and complete the following information.

( ) **GED**  
Location of Training and Certification: \_\_\_\_\_

Date Awarded GED: \_\_\_\_\_

( ) **High School**  
Name of High School Attended: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Did you graduate?    ( ) Yes        ( ) No        Date of Graduation: \_\_\_\_\_

( ) **Vocational/Technical School:**  
Name of Vocational/Technical School Attended: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Did you graduate?    ( ) Yes        ( ) No        Date of Graduation: \_\_\_\_\_

( ) **Junior/Community College:**  
Name of Junior/Community College Attended: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Did you graduate?    ( ) Yes        ( ) No        Date of Graduation: \_\_\_\_\_

( ) **College/University:**  
Name of College/University Attended: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Did you graduate?    ( ) Yes        ( ) No        Date of Graduation: \_\_\_\_\_

( ) **Graduate Studies**  
College/University Attended: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Years Attended: \_\_\_\_\_

Did you graduate?      Yes            No

Date of Graduation: \_\_\_\_\_

**Kansas Law Enforcement Training Center**

Basic Training Class #: \_\_\_\_\_

Date of Academy Completion: \_\_\_\_\_

No. of Basic Training Hours: \_\_\_\_\_

Agency Employed at the time of Basic Training: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Did you graduate?      Yes            No

**Specialized Communications Training (beyond formal education):**

Association for Professional Communications Officers (APCO)

Emergency Medical Dispatch (EMD)

National Weather Service: Severe Weather Spotters Training

First Aid Certification                      Current:      Yes            No

CPR Certification                            Current:      Yes            No

EMT/Paramedic/First Responder        Current:      Yes            No

Certified Nurse Aid (CNA)                Current:      Yes            No

Fire Service Training

Secretarial Training                        Describe: \_\_\_\_\_

Interpersonal Communications Training   Describe: \_\_\_\_\_

Domestic Violence or Advocacy Training

Law Enforcement Reserve Program

Self Defense Training

Cultural Adversity/Awareness Training

**Employment History:** Please give an accurate and complete accounting of full-time and part-time employment for the last seven (7) years. Start with your present or most recent employer.

**Company/Department Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employed From: \_\_\_\_\_ Until: \_\_\_\_\_ Final Wage: \_\_\_\_\_

Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your present employer? ( ) Yes ( ) No ( ) Wait for \_\_\_\_ days.

**Company/Department Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employed From: \_\_\_\_\_ Until: \_\_\_\_\_ Final Wage: \_\_\_\_\_

Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employed From: \_\_\_\_\_ Until: \_\_\_\_\_ Final Wage: \_\_\_\_\_

Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Company/Department Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employed From: \_\_\_\_\_ Until: \_\_\_\_\_ Final Wage: \_\_\_\_\_

Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Company/Department Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employed From: \_\_\_\_\_ Until: \_\_\_\_\_ Final Wage: \_\_\_\_\_

Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Company/Department Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employed From: \_\_\_\_\_ Until: \_\_\_\_\_ Final Wage: \_\_\_\_\_

Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Military Experience:**

Have you served in the U.S. Armed Forces?  Yes  No

If Yes, what Branch? \_\_\_\_\_ Duration of Service: \_\_\_\_\_

List any training received relevant to the position for which you are applying:

\_\_\_\_\_

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**Membership in Professional or Civic Organizations:** List any local, state, or national organizations, of which you are an active member.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

**Secretarial/Communications Skills:**

How many words per minute can you type? \_\_\_\_\_

Can you comfortably work at a personal computer?  Yes  No

Can you remain calm talking on the phone under stressful conditions?  Yes  No

Do you have experience speaking on two-way communications (radio)?  Yes  No

Do you understand that this job involves working with convicted and accused felons in, at times, confined spaces?  Yes  No

**Miscellaneous:** This section is optional to your application process. This is simply an opportunity for us to get to know you better. There is no penalty or less consideration for your chance of employment if you choose not to complete this section.

What would you like to gain from a career as a Communications Officer?

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What training, if any, are you especially interested in receiving?

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Sometime in the future, would you consider any of the following:

Advancement to the position of a law enforcement officer?  Yes  No

Membership and participation in the Reserve Program?  Yes  No  
Membership in the Auxiliary Program? (55 and older)  Yes  No

**Criminal Record/Driving History:** Exclude any offenses which have been legally expunged.

Have you ever been convicted of a felony?  Yes  No

If yes, explain: \_\_\_\_\_

Have you been convicted of a misdemeanor within the past 10 years?  Yes  No

If yes, explain: \_\_\_\_\_

Have you been convicted of any crime involving domestic violence?  Yes  No

If yes, explain: \_\_\_\_\_

Have you been convicted of any drug offenses?  Yes  No

If yes, explain: \_\_\_\_\_

Have you been convicted of driving under the influence of alcohol?  Yes  No

If yes, explain: \_\_\_\_\_

Do you have any traffic violations on your current driving record?  Yes  No

If yes, explain: \_\_\_\_\_

Do you have any accidents on your current driving record?  Yes  No

If yes, explain: \_\_\_\_\_

**References:** You may provide personal references. Only one reference may come from with the Hamilton County Sheriff's Office. However, you may also add any person, not related to you by blood or marriage or previously listed on this application as an employer, who can serve as a character witness on your behalf.

**Optional Reference:**

Hamilton County Sheriff's Office Employee Name:

\_\_\_\_\_

**Reference #1:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Reference #2:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Reference #3:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Reference #4:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

By signing below, I hereby certify that the information contained in this Application of Employment for the position of Communications Officer, is true and accurate, to the best of my knowledge. I further understand that any information found, before or after employment, to be untruthful on this application may be grounds for my application to be disqualified prior to employment and disciplinary action if I am selected as an employee of Hamilton County, Kansas.

Date: \_\_\_\_\_

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