



BUFFALO COUNTY SHERIFF'S OFFICE APPLICATION FOR EMPLOYMENT



2025 Avenue A
P.O. Box 2228, Kearney, NE 68848
(308) 236-8555

The Sheriff's Office of Buffalo County, Nebraska, will consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status. The County of Buffalo is an Equal Opportunity Employer.

PERSONAL

Date: _____

Pease check the position(s) desired:

- | | |
|--|---|
| <input type="checkbox"/> Deputy Sheriff * | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Corrections Officer * | <input type="checkbox"/> Administrative Secretary |
| <input type="checkbox"/> Communications Officer * | <input type="checkbox"/> Clerical / Records Clerk |
| <input type="checkbox"/> Community Service Officer | <input type="checkbox"/> Other _____ |

** Must be at least 21 years of age and must have a high school education or equivalent.*

How did you learn about this position?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> In House Advertisement	<input type="checkbox"/> Other _____

First Name	Middle Name	Last Name

Current Street Address	City	State	Zip
Former Addresses:			
Telephone Number(s) (Home) (Work) (Cell)	Driver's License No. Issued by State of :	Social Security Number	
Email address:			

Are you a citizen of the United States? Yes _____ No _____
 Are you available to work: Full time _____ Part Time _____ Seasonal/Temporary _____
 Date you would be available to begin work: _____

Have you ever been employed by the County before? Yes _____ No _____
 If yes, what department and when? _____

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Are you related to any County employee? Yes _____ No _____ If yes, name of relative: _____ Relationship: _____ Department: _____

EMPLOYMENT EXPERIENCE

Please give accurate, complete employment record. Start with present or most recent employer.

1. Company Name	Telephone
Address	Employed From _____ To _____
Name of Supervisor/Title	Annual/Hourly Wage
Your Job Title/Position	Reason for Leaving

2. Company Name	Telephone
Address	Employed From _____ To _____
Name of Supervisor/Title	Annual/Hourly Wage
Your Job Title/Position	Reason for Leaving

3. Company Name	Telephone
Address	Employed From _____ To _____
Name of Supervisor/Title	Annual/Hourly Wage
Your Job Title/Position	Reason for Leaving

4. Company Name	Telephone
Address	Employed From _____ To _____
Name of Supervisor/Title	Annual/Hourly Wage
Your Job Title/Position	Reason for Leaving

Attach additional sheet if necessary. **We may contact the employers listed above unless you indicate those you do not want us to contact. Do NOT contact Employer Number(s) _____ Reason: _____**

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EDUCATION

	Elementary	High School	College/Tech	Graduate	Law Enforcement Certification
School Name and Location					Nebraska Law Enforcement Training Center Yes No Other
Years completed	4 5 6 7 8	9 10 11 12	1 2 3 4 5	1 2 3 4	Date:
Diploma/Degree					
Describe course of study					
Describe any honors you have received					

MILITARY

<i>Complete this section if you served in the U.S. Armed Forces</i>		Branch of Service
Describe your duties and any special training		Period of Active Duty From To
		Rank at Discharge
		Date of Final Discharge
Are you currently active in any Reserve program? Yes No	If Yes, name the program.	

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills acquired from employment or other experience: <hr/> <hr/>
Why do you feel you would make a capable employee for the position(s) desired? <hr/> <hr/>
Have you ever had experience in Law Enforcement? Where? Dates: Yes No Reason for Leaving:

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LAW VIOLATIONS

Have you ever been convicted of any other violations of the law other than parking violations? Yes _____ No _____ If yes, complete the following:

Violation	Date	Place	Court	Disposition
1.				
2.				
3.				
4.				

PERSONAL REFERENCES

Please list References who are not related to you and are not previous employers.

Name	Address	Telephone No.	Years Acquainted	Occupation
1.				
2.				
3.				

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I further agree and understand that any misstatement or willful omission of material fact or willful deception may constitute cause for dismissal from employment with the County of Buffalo. I also understand that to be considered for employment I must pass a pre-employment drug screen. I understand and agree that the County of Buffalo may make pre-employment inquiries into my ability to perform job-related functions, and that I may be offered employment conditioned upon the results of a medical examination.

I also acknowledge receipt of a job description for the position(s) I am applying for. I have read and understand all the job tasks required of the position. This application for employment shall be considered current for a period of time not to exceed six (6) months from date of application.

Signature: _____



**BUFFALO COUNTY SHERIFF'S OFFICE
Kearney, NE**

Authorization to Release Information

Name of Applicant _____
Please print your full name

Date of Birth _____ SSN# _____

As an applicant for a position with the Buffalo County Sheriff's Office, I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information provided to this agency is confidential and will be used only for investigating my suitability for law enforcement employment.

Toward this end, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies, and all others, to furnish to the Buffalo County Sheriff's Office any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy and/or fax of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of Applicant _____
(Do NOT sign until in presence of Notary Public)

State of _____
County of _____

Subscribed and sworn to before me the _____ day of _____, 20__.

Seal

Notary Public