

Application For Employment



William K. Akin
Clay County Sheriff
12 South Water Street
Liberty, Missouri 64068

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(If filled out manually PLEASE PRINT or TYPE all information.)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?			
<input type="checkbox"/> Walk-In	Friend	<input type="checkbox"/> Advertisement	
<input type="checkbox"/> Social Media	Relative	<input type="checkbox"/> Other:	

Last Name	First Name	Middle Name	Maiden Name
Address	Number	Street	City
			State
			Zip Code
Telephone Number(s)	Cellular	Date of Birth	Social Security Number
Current Email Address			

Are you a Clay County Resident? Yes No

If no, are you willing to relocate? Yes No

Have you ever applied with us before? Yes No

Have you ever been employed with us before? Yes No

If yes, give date:

Do you have relatives employed by Clay County? Yes No

List names and relationship:

List names you have used in the past:

Have you ever been convicted of any criminal or traffic offense? Yes No

If yes, please explain:

Do you have any court actions pending? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Military status: **DD214 Required**). Branch:

Dates of Duty: Discharge:

Proof of citizenship or immigration will be required.

Education -

PLEASE PROVIDE A COPY OF HIGH SCHOOL DIPLOMA OR GED, DD2-14, CERTIFICATION FROM POST. All School Transcripts - Diplomas/Degrees must be furnished with the application.

	MANDATORY Name, Address and Phone of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Specialized Skills

Describe any special training, apprenticeship, skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

Employment Experience -

List Employment for the past 10 years only.
Blocks left blank must have an explanation.

1.	Employer	Date Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Date Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Date Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Date Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
5.	Employer	Date Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

Employment Experience -

List Employment for the past 10 years only.
Blocks left blank must have an explanation.

6.	Employer	Date Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
7.	Employer	Date Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
8.	Employer	Date Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
9.	Employer	Date Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
10.	Employer	Date Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

Additional Information

Residences List for the past 10 years beginning with the most RECENT.

From - To	Address	City	State	ZIP

References Do not use former employers or relatives. (NO RELATIVES)

1.	Name	Phone #
	Address	
2.	Name	Phone #
	Address	
3.	Name	Phone #
	Address	
4.	Name	Phone #
	Address	
5.	Name	Phone #
	Address	

Clay County Sheriff's Office

Sheriff Will Akin



Undersheriff Jeff Self

Embrace Change... Create Value... Inspire Others...

I hereby certify that there are no material misrepresentations or falsifications of the above answers to the questions. Should investigation disclose such material misrepresentations or falsifications, my application will be rejected, and I will be disqualified from any position in the service of the Clay County Sheriff's Department.

Applicant Signature

Date

Interviewers Signature

Consent for the release of confidential information:

I, _____ hereby authorize and permit the above named entity to disclose/release any and all information concerning me to the Clay County Sheriff's Department. This information can include, but is not limited to, my work record, my personal reputation, personnel record, disciplinary record, my financial and credit status, educational records and transcripts and any and all medical, physical and mental records and reports including all information considered to be of a confidential or privileged nature for the purposes of conducting a background investigation for employment purposes.

Applicant Signature

Date

Interviewers Signature

APPLICATIONS WILL BE KEPT ON FILE 12 MONTHS FROM DATE OF RECEIPT BY THE SHERIFF'S OFFICE