DALLAS COUNTY SHERIFF'S OFFICE APPLICATION FOR EMPLOYMENT



SCOTT RICE SHERIFF

Dear Applicant:

Welcome and thank you for your interest in our organization. You have chosen to apply to the finest law enforcement agency in Southwest Missouri.

I take pride on the high performance standards of my staff and place an emphasis on educating all in current issues in Missouri, as well as the nation. Our mission is to promote and maintain a sense of peace in our communities and among our citizens.

Dallas County is instrumental in providing a wide range of benefits that cover either an individual or a family. Aside from those inherent benefits, this office also provides specific programs that set us apart from other agencies. Some of those programs include the following:

- K-9 Unit
- Special Operations Unit
- Inmate Work Program
- Crime Prevention Unit
- School Resource Officer
- Drug Task Force

We hope this information encourages you to join our ranks. Applicants that most closely fit our current needs will be contacted to proceed in our selection process. We look forward to meeting with you. If you have any questions regarding the application process or our organization, do not hesitate to contact us at (417)345-2441, we are very proud, so just ask us!! Our process is as follows:

- Application Review/Pre-Screen
- Background Investigation/Ride Along
- Physical Fitness Test
- Sheriff Interview
- Oral Board Interview
- Drug Screen/Medical Exam

Once initiated, our selection process will take approximately 6-8 weeks to complete. Our selection process will be based on the best prospect(s) for success with our teams.

Thank you for applying. We are looking forward to your participation.

The Application

The application is the first impression made on the Investigator handling your file. How you complete it will considerably impact the impression.

- If your application isn't legible, we can't investigate it!!!
 - o Neat, legible and complete applications are easier to investigate.
- Provide phone numbers for contact during business hours.
 - o We will not look up phone numbers and addresses for your references and previous employers.
- Fully complete ALL sections.
- Provide all required information requested with completed application.
 - o Copy of driver's license o Copy of birth certificate
 - o Copy of social security card o Copy of high school diploma or GED
 - o College transcripts if applicable

Automatic Disqualifiers

- Any illegal drug use in the last three years
- Any felony convictions.
- Any convictions involving acts of Domestic Violence.

The Integrity Interview/Oral Board

• Interview topics will provide insight into your integrity and morals.

Rejection Letter If you get a rejection letter:

- First and foremost, we WILL NOT discuss why you were not selected to continue in the process.
- This letter may come at any point in the hiring process.

BACKGROUND STANDARDS FOR THE DALLAS COUNTY SHERIFF'S OFFICE

Law Enforcement personnel are conspicuous representatives of the County and the majority of the people. Law Enforcement is a symbol of stability and trust upon which citizen's must rely. They are entrusted with substantial authority to carry out these responsibilities. The public has the right to expect that such authority and trust be placed in only those individuals of the highest caliber who have demonstrated by their conduct that they can uphold and enforce the law fairly and impartially within the scope of their authority. Each applicant's prior conduct will be evaluated to assure that it meets the following standards.

Honesty

A Deputy's duty to provide protection and service to the public is one of great trust, responsibility, and authority. Therefore, a candidate's prior conduct shall demonstrate high personal integrity, trustfulness, and fairness in relationships with others.

Mature Judgment

A Deputy's personal conduct is scrutinized and criticized more closely than comparable conduct by persons in other walks of life. They often act on a daily basis in ways affecting the lives of others. To assure sound and responsive decisions and to maintain public confidence they must demonstrate confidence. They must demonstrate common sense and use mature and impartial 4 judgment. Therefore, a candidate's prior conduct shall demonstrate mature judgment and acceptance of responsibility for the appropriateness of decisions made and actions taken.

Respect for Others

A Deputy must often control others through advice, warnings, persuasion, and through the use of appropriate physical force. To a large extent, the amount of cooperation between the public and Sheriff's Office services is dependent upon each employee's attitude. Therefore, a candidate's prior conduct shall demonstrate an understanding of, and a respect for, the rights of others and the ability to deal with others in a cooperative and courteous manner.

Employment Record

Most police work is necessarily performed without close supervision, and as a result, the responsibility for the proper performance of their duties lies primarily with each employee. Therefore, a candidate's prior work record shall demonstrate dependability, conscientiousness, initiative, and the ability to cooperate with others.

Driving Record

A Deputy must patrol the County under various conditions, including vehicular pursuits and emergencies. A Deputy may drive county vehicles for a variety of reasons. Errors in judgment or poor driving habits may result in accidents, injuries or death, and create substantial liability for the County. Therefore, a candidate's driving record shall demonstrate the ability to operate a vehicle safely and legally.

Use of Drugs and Intoxicants

Deputies are routinely called upon to perform under pressure and in life-threatening situations. They may often be exposed to criminal drug activity and have direct access to narcotics. To maintain public confidence, candidates must be alert, reliable, and drug free, and must be able to demonstrate through their past conduct that they have made responsible decisions in this area. A candidate's prior behavior shall be exemplary and shall demonstrate sound judgment regarding the use of drugs and intoxicants.

Falsification of any information is grounds for dismissal and rejection from the process.

<u>P(</u>	OSITION APPLYING FOR:
() Detentions () Patrol () Front Office
() Victims Volunteer () Kitchen
PE	RSONAL HISTORY STATEMENT INSTRUCTIONS:
ac su ap	is questionnaire must be legible, accurate, and filled out completely by hand (typed forms will not be cepted). The application must be completed by the applicant. All statements in your questionnaire are bject to verification. Do not leave any blocks or questions left unanswered. "N/A" is considered an propriate answer if applicable. Incorrect statements may bar or remove you from employment. If ace provided is inadequate, add another page and identify additional information by item number.
То	day's Date Social Security #/ Date of Birth
	Name: First Middle Last ve any other names you have used or have been known by and attach a statement giving reasons:
2.	Address (mailing and physical):
Нс	me Phone : ()
Bu	siness/Cell Phone: ()
Er	nail Address:
Ple	ease List Social Media accounts:
	Weight lbs Height: ft in. Place of Birth:
5.	Are you eligible to work in the United States? Yes No
	If yes, would you be able to provide proof of your eligibility? Yes No
	If no, do you intend to become a citizen of the United States? Yes No
yo ap	List all organizations, clubs, and associations of which you are or have been a member of, or which u are or have been associated with, which have a direct bearing upon the job for which you are plying. (Do not list memberships which indicate religion, race or national origin, labor unions, ability, sex or other protected classes).

. Please list any specia	l skills and abilities:		
	nds or relatives working for th t names and relationship:		
	held in the past ten years. Beg r leave any space blank. Howe		
Month Year	To Month Year none Number of Employer:		
Name	Address	City	State
()			
Phone Number		Name of Supervisor	
Duties:			
	Reason for L		
From Month Year	To Month Year		
Name, Address and Pl	none Number of Employer:		
 Name	Address	City	State
()			
Phone Number		Name of Supervisor	
Duties:			
Salary per Month:	Reason for L	eaving:	

From To		
Month Year Month Year		
Name, Address and Phone Number of Employer:		
Name Address	City	State
()Phone Number	Name of Supervisor	
Duties:		
Salary per Month: Reason for Le		
From To		
Month Year Month Year		
Name, Address and Phone Number of Employer:		
Name Address	City	State
()Phone Number	Name of Supervisor	
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Phone Number	Name of Supervisor	
Duties:		
Salary per Month: Reason for Le	aving:	

To Month Ye			
Phone Number of Employ	/er:		
Address	City		State
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William 15	ar		
			C1-1-2
	·		State
	Name of Su		
	Name of 30	apervisor	
Reaso			
Reaso	on for Leaving:		
	on for Leaving:		
schools you have attende	ed and courses compl		DATES
schools you have attend	on for Leaving:	leted.	
schools you have attend	ed and courses compl	leted.	DATES
schools you have attend	ed and courses compl	leted.	DATES
schools you have attend	ed and courses compl	leted.	DATES
F	Address Reaso Month Yea Address Address	Address City Name of St Reason for Leaving: To Month Year Phone Number of Employer: Address City	Address City Name of Supervisor Reason for Leaving: To Month Year Phone Number of Employer: Address City

11. Were yo	ou ever expelled or susp	pended from any school o	r were you ever disciplined by any school		
official?	Yes No				
If y	es, give reason:				
12. List any	addresses you have ha	d for the past 10 years, st	arting with your present address:		
DATES	ADDRESS		FROM WHOM RENTED		
you for at le		s to whom you refer may I	and not former employers who have known be asked to appraise your character, ability,		
Name:		Occupation	:		
Home Addr	ess:				
			none ()		
Business Ad	dress:		-		
Years Know	Years Known: Relationship:				
Name:		Occupation:	:		
Home Addr	ess:				
Home Phon	e ()	Business Ph	one ()		
Business Ad	dress:				
Years Know	n:	Relationship:			

Name:Occupation:	
Home Address:	
Home Phone () Business Phone ()	
Business Address:	
Years Known: Relationship:	
Name: Occupation:	
Home Address:	
Home Phone () Business Phone ()	
Business Address:	
Years Known: Relationship:	
Name: Occupation:	
Home Address:	
Home Phone () Business Phone ()	
Business Address:	
Years Known: Relationship:	
14. Have you ever served in a military or naval organization of the United States?	Yes No
If yes, what branch of service?	
Dates of Service Discharge Date (Please Attack	
15. Were you ever discharged or forced to resign because of misconduct or unsati	isfactory
service? YesNo	
If yes, please explain:	
16. Were you ever court-martialed, tried on charges, or were you the subject of a court, captain's mast or company punishment, or any other disciplinary action whi armed forces? Yes No If yes, give details:	•

If yes, v	what type of	drug(s), wh	en did you u	se them and	what we	ere the circun	nstances?
19. Do you poss					No Licens	e #	
20. Did you eve		and numb	er(s):			than the abo	
21. Has your lice	ense ever be	en suspend	ed? If yes, giv	ve details:			
22. Have you ev	er been char	ged or conv		ime, NOT in	cluding tr	affic?Ye	esNo n employment).
Crime Charged	I/Convicted	Police Age	ency	Date		Description	
23. Have you ev details for each		lved in a m	otor vehicle a	accident?	Yes _	No If	yes, give complete
DATE	LOCA	TION	POLICE INVESTI	GATION	CAUSE		WHO WAS AT FAULT?

24. List any traffic citations in the past five years.

	LOCATION	VIOLATION	DISPOSITION
reluctand	e to do so, because of religious	of police duties to take a human li or other beliefs? Yes	_ No
	l and Detentions Officers are re Yes No.	quired to wear a uniform. If hired,	, do you object to wearing a
		equires shift work, including week	ends and night shifts, on a
rotating l	pasis, would you object to this v	vork schedule? Yes N	lo
		vays treated you fairly? Yes	
28. Do yo	ou feel your employers have alw		No
28. Do yo	ou feel your employers have alw	vays treated you fairly? Yes	No
28. Do yo 29. What	ou feel your employers have alw f no, give details: have been the accomplishmen	vays treated you fairly? Yes	No
28. Do yo	f no, give details: have been the accomplishmen areas about your life are you n	vays treated you fairly? Yes	No

34. Ho	w would you rate your writing and spelling skills? Please explain:
35. Wh	at "one" word best describes you?
36. Do	you do any personal planning? If yes, what are your goal(s) for the next five years?
-	ou were selected, what can you contribute to the Sheriff's Office that would enhance our ration?
38. Wh	y should we hire you?
	ou are P.O.S.T. certified, what is your certificate number:
	ou are P.O.S.T. certified, what is your certificate number:
	ou are P.O.S.T. certified, what is your certificate number: Where did you attend a P.O.S.T Academy? If you are not yet P.O.S.T. certified, are you certifiable?
	ou are P.O.S.T. certified, what is your certificate number: Where did you attend a P.O.S.T Academy? If you are not yet P.O.S.T. certified, are you certifiable? Are you currently enrolled in a Missouri P.O.S.T Academy?
	ou are P.O.S.T. certified, what is your certificate number: Where did you attend a P.O.S.T Academy? If you are not yet P.O.S.T. certified, are you certifiable?

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

As an applicant for a position with the Dallas County Sheriff's Office, I am required to furnish information concerning my moral, physical, educational, financial, and mental qualifications. The Sheriff's Office needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the Sheriff's Office. I hereby authorize any representative of the Dallas County Sheriff's Office bearing this release to obtain any information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Dallas 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 Dallas County Sheriff's Office to consider in determining my suitability for employment in that Office. It is my specific intent to provide access to personal information, however personal or confident it may appear to be. I consent to your release of any and all public and private information that you have concerning me, to include the following: work records, background data, military service records, education records, financial status, criminal history record, including any arrest records, any information contained in investigatory 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, psychological examinations, medical 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, your organization and 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 Dallas County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The Dallas County Sheriff's Office will discontinue processing my application if you refuse to disclose the information requested. For and in consideration of the Dallas County Sheriff's Office's acceptance and processing of my application for appointment or employment, I agree to hold the Dallas County Sheriff's Office, its agents and employees harmless from any and all claims and liability associated with my application for appointment or employment in any way connected with the decision whether or not to appoint or employ me with the Dallas County Sheriff's Office. I understand that should information of a criminal nature surface as a result of this investigation, such information will be turned over to the proper authorities.

(See Reverse Side for Signatures)

I understand that I have rights guaranteed by law to privacy with regards to the disclosure of records or information concerning me and I voluntarily, knowingly, and willingly waive those rights with the understanding that information furnished will be used by the Dallas County Sheriff's Office in conjunction with appointment or employment procedures. I agree that any information provided by me, by others concerning me, or discovered during a background investigation concerning this application, is the sole property of the Dallas County Sheriff's Office. Further, that it will not be released by anyone, including me, except at the discretion of the Dallas County Sheriff's Office. I further understand that it is my responsibility to provide any records requested and failure to do so will result in my application for appointment or employment to be terminated.

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

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form. These fees could include, but not limited to, requests for medical records, driving records, court documentation and police reports.

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.

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

Full Name (printed)			
Date of Birth	Social Security #		
Street Address			
City	State	Zip	
Home Telephone:	Cell Phone:		
Signature		Date	