

Applicant's Name: Last, First MI

Application Date:

Date of Birth:

Position Applied for:

The seal of Newton County, Missouri, is centered in the background. It features a circular border with the words "SHERIFF" at the top and "NEWTON COUNTY" at the bottom. Inside the circle is a five-pointed star with a central emblem. The emblem includes a scale of justice, a sword, and a wreath. The Latin motto "SALUS POPULI SUPREMA LEX ESTO" is inscribed on a banner within the seal.

Newton County Sheriff's Office

Application for Employment

APPLICATIONS REMAIN ON FILE FOR ONE YEAR

Newton County Sheriff's Office
Application of Employment

Please select the position(s) you are applying for:

REV04212023

- | | |
|---|--|
| <input type="checkbox"/> Corrections Officer | <input type="checkbox"/> Investigator |
| <input type="checkbox"/> Patrol Deputy | <input type="checkbox"/> Civil Process Server |
| <input type="checkbox"/> Court Security/Bailiff | <input type="checkbox"/> Transportation Officer |
| <input type="checkbox"/> Reserve Patrol Deputy | <input type="checkbox"/> Administrative Staff/Clerical |

Other: _____

- | | |
|--|--|
| Are you 21 years or older? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a United States citizen? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a valid driver's license? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you possess a high school diploma or GED? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you have answered "NO" to any of the following questions, you do not meet the minimum requirements for a commissioned position.

PLEASE WRITE YOUR ANSWERS LEGIBLY IN BLACK OR BLUE INK. LEAVE NO SPACES BLANK, IF THE QUESTION DOES NOT APPLY TO YOU, PLEASE WRITE "N/A" FOR NOT APPLICABLE. RESUMES ARE PREFERRED, PLEASE ATTACH TO BACK OF THE APPLICATION WHEN SUBMITTING.

Last Name:		First:		Middle:	
Physical Address:					
How long have you lived at the above address?			Date of Birth:		Social Security Number:
Home Phone:		Cell Phone:		Alt Phone:	
E-Mail Address:			Place of Birth:		
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male			Marital Status:		
Height:	Weight:	Maiden or Alias Names:			
Driver's License Number:			State:		Expiration Date:
List any state in which you have previously lived, stayed or resided in for longer than 1 month:					

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Previous Addresses:

Date In/Out

Address: Rent or Own	City/Town:	State:	Zip:	Date:
Address: Rent or Own	City/Town:	State:	Zip:	Date:
Address: Rent or Own	City/Town:	State:	Zip:	Date:
Address: Rent or Own	City/Town:	State:	Zip:	Date:
Address: Rent or Own	City/Town:	State:	Zip:	Date:
Address: Rent or Own	City/Town:	State:	Zip:	Date:

Education:

High School:	Graduation Date:
General Equivalency (GED):	Date Obtained:
College/University & Major:	Years Completed: Graduation Date:
Additional Schooling/Vocational/Certificates:	Dates Attended:
POST Certification:	POST license current? <input type="checkbox"/> Yes <input type="checkbox"/> No

Military Service: [Please attach a copy of your DD-214]

Branch:	MOS/Position:	Highest Rank Held:
Dates of Service:	Date of Discharge:	Honorable Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been subject to court martial? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you obtain security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you rejected for security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No

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References: List 4 people (no family or former employers) you have known for at least 3 years. Local references are preferred.

Name:	Address:
Phone Number:	Relationship:
Length of Time:	Occupation:

Name:	Address:
Phone Number:	Relationship:
Length of Time:	Occupation:

Name:	Address:
Phone Number:	Relationship:
Length of Time:	Occupation:

Name:	Address:
Phone Number:	Relationship:
Length of Time:	Occupation:

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Employment History: Start with current employment.

Date of Start:	Date of End:	Starting Position:	
		Final Position:	
Employer:		Supervisor/Manager:	Phone:
Mailing Address:		Duties:	
Reason for Leaving:		Starting Salary:	Final Salary:
List any disciplinary actions taken against you or commendations:			

Date of Start:	Date of End:	Starting Position:	
		Final Position:	
Employer:		Supervisor/Manager:	Phone:
Mailing Address:		Duties:	
Reason for Leaving:		Starting Salary:	Final Salary:
List any disciplinary actions taken against you or commendations:			

Date of Start:	Date of End:	Starting Position:	
		Final Position:	
Employer:		Supervisor/Manager:	Phone:
Mailing Address:		Duties:	
Reason for Leaving:		Starting Salary:	Final Salary:
List any disciplinary actions taken against you or commendations:			

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Date of Start:	Date of End:	Starting Position:	
		Final Position:	
Employer:		Supervisor/Manager:	Phone:
Mailing Address:		Duties:	
Reason for Leaving:		Starting Salary:	Final Salary:
List any disciplinary actions taken against you or commendations:			

Date of Start:	Date of End:	Starting Position:	
		Final Position:	
Employer:		Supervisor/Manager:	Phone:
Mailing Address:		Duties:	
Reason for Leaving:		Starting Salary:	Final Salary:
List any disciplinary actions taken against you or commendations:			

Date of Start:	Date of End:	Starting Position:	
		Final Position:	
Employer:		Supervisor/Manager:	Phone:
Mailing Address:		Duties:	
Reason for Leaving:		Starting Salary:	Final Salary:
List any disciplinary actions taken against you or awards/commendations:			

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Criminal History:

Explain any non-traffic offenses, whether convicted or not that may be found in your criminal history:

List any contacts with law enforcement that resulted in a warning or citation, include contacting agency:

List and briefly explain any traffic crashes you were involved in within the last 10 years, include investigating agency:

Have you ever been named in a civil action/suit? List and explain: [not including divorces]

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Criminal History – Continued:

<p>List any illegal substances you have ever used, consumed, smoked, or handled: [list how many times and last used]</p>
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<p>List any report numbers or agencies where you have been named in a police report: [This applies whether you were a witness, reporting party, victim, suspect or other]</p>

List any members of law enforcement you are acquainted with:

Name:	Agency:	Length of time known:
Cell phone:	Rank:	How did you meet?

Name:	Agency:	Length of time known:
Cell phone:	Rank:	How did you meet?

Name:	Agency:	Length of time known:
Cell phone:	Rank:	How did you meet?

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Have you applied for a position at ANY other law enforcement agencies?

Agency:	Date of application:	Main Contact:
Position applied for:	Status of application:	Was a background investigation completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Agency:	Date of application:	Main Contact:
Position applied for:	Status of application:	Was a background investigation completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Agency:	Date of application:	Main Contact:
Position applied for:	Status of application:	Was a background investigation completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Agency:	Date of application:	Main Contact:
Position applied for:	Status of application:	Was a background investigation completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

List any special skills, training, additional languages you may speak, write or read, etc.:

Do you utilize any social media? [Facebook, Instagram, Twitter, YouTube, or other. Include user names]

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Please list any relatives that work or have worked for Newton County:

Were you referred to Newton County by someone? If so, by who:

Have you previously applied with Newton County? If yes, list dates:

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NEWTON COUNTY SHERIFF'S OFFICE
208 W. Coler Street
Neosho, Missouri 64850
Main 417-451-8300
Fax 417-451-8383

Authority to Release Information:

I respectfully request and authorize you to furnish the NEWTON COUNTY SHERIFF'S OFFICE any and all information you may have concerning me, my work record, my reputation, my financial and credit status.

This information is to be used to assist the NEWTON COUNTY SHERIFF'S OFFICE in determining my qualifications and suitability for the position I am seeking with the sheriff's office.

I hereby release you, your organization or others from any liability, or damage, which may result from furnishing the information requested.

Full Name

Signature

Date

Newton County Sheriff's Office
Application of Employment



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208 W. Coler Street
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Certification of Information:

I certify that the answers given herein are true and complete to the best of my knowledge. By my signature below, I voluntarily grant the NEWTON COUNTY SHERIFF'S OFFICE, its officers and agents, the authority to investigate my background and all statements made in this application. I understand any falsification, misrepresentation, or omission of any pertinent information may cause this application to be rejected, or in the event of my employment may result in discharge. I understand that such inquiry as herein agreed to shall bear the utmost degree of confidentiality and will be guarded and protected from disclosure.

I understand and agree that if I am employed in a position which requires me to operate a county-owned vehicle, my driving record shall be reviewed on an annual basis. I understand that if I am hired, my appointment shall not be official until I have successfully passed a pre-employment physical. I understand at such time as my employment with Newton County is terminated by retirement or otherwise, I must return any of the county's property in my custody before I am entitled to final payments of any amounts due to me upon separation. I understand if I am employed, I am required to abide by all policies, procedures, rules and regulations of the Newton County Sheriff's Office and the County of Newton, Missouri.

Full Name

Signature

Date

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Application of Employment



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The following section is for commissioned positions only:

The personnel policies of the Newton County Sheriff's Office state because our employees are in a position of public trust, it is imperative that they maintain high standards in their public and private life and meet their financial obligations.

For this reason, we respectfully ask that you authorize the NEWTON COUNTY SHERIFF'S OFFICE to obtain a copy of your credit report or credit history.

The report will be used for employment selection purposes only.

I, the undersigned, do hereby authorize the NEWTON COUNTY SHERIFF'S OFFICE to obtain credit information as it pertains to my employment.

Full Name

Signature

Date

Once fully complete, this application can be e-mailed to:
Patrol Division - Trevor.Williams@newtoncountymo.gov
Corrections Division - Mike.Barnett@newtoncountymo.gov
Administrative - Stace.Barnett@newtoncountymo.gov

Printed copies can be handed in at: 208 W. Coler St, Neosho, MO.
Questions can be addressed by calling: 417-451-8300