



# BOONE COUNTY SHERIFF'S OFFICE

LES K. HILL, SHERIFF

## Boone County Sheriff Application Instructions

Thank you for your interest in the Boone County Sheriff's Department. I hope you have a positive experience during your application and testing process. A career in law enforcement can be a very satisfying and self-fulfilling profession.

Hundreds of applicants apply for positions within the Boone County Sheriff's Department each year and only a few are selected. Your application is the first step towards meeting your goal and our first impression of you and your qualifications. Please carefully review all instructions contained within the application and fill out each question as thoroughly and completely as possible. Once you have completed both the application and questionnaire please return it to the address listed below or email a scanned copy to [bcsoapplicant@boonecountky.org](mailto:bcsoapplicant@boonecountky.org) along with a copy of the following documents:

- Birth Certificate
- DD Form 214 (if applicable)
- High School Diploma
- Valid Driver's License
- Social Security Card
- Recent Photo of yourself (within six months)
- College Transcripts if you attended any post-secondary educational institution.
- Kentucky Police Officer Professional Standards certificate (P.O.P.S) if applying as a lateral transfer. If under contract from another agency your application may not be considered.

The Boone County Sheriff's Department policy prohibits intentional body modifications that are visible on the face, head, neck, hands, or fingers, other than a single tattoo of a wedding ring. Intentional body modifications include, but are not limited to, tattoos, scarifications, mutilations and/or piercings. Other intentional body modifications may be permitted. However, any intentional body modification(s) that depict, display or advocate racism; sexism or sexually suggestive; obscenity; nudity; violence; gang, extremist or supremacist groups; drug use; or pose a serious risk to deputy safety are prohibited.

Good luck, and once again thank you for considering the Boone County Sheriff's Department as you strive to achieve a career in law enforcement.

Sincerely,

Les K. Hill

Boone County Sheriff

Address: 3000 Conrad Lane  
Burlington, KY 41005

# APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address		Number	Street
City		State	Zip Code
Telephone Number(s)		Social Security Number (Voluntary)	

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ AM  
PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ..... ☐ Yes ☐ No

..... If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?..... ☐ Yes ☐ No

If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? ..... ☐ Yes ☐ No

Are you currently employed? ..... ☐ Yes ☐ No

May we contact your present employer? ..... ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

*Proof of citizenship or immigration status will be required upon employment.* ..... ☐ Yes ☐ No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work: ☐ Full-Time (please indicate 1 2 3 shift)

☐ Part-Time (please indicate Mornings Afternoon Evenings)

☐ Temporary (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? ..... ☐ Yes ☐ No

Can you travel if a job requires it? ..... ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_

# EDUCATION

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

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.



# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

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

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

## **SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)**

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

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

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? ☐ YES ☐ NO

## **REFERENCES**

1. \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
(Address)
2. \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
(Address)
3. \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
(Address)

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: ☐ Yes ☐ No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks \_\_\_\_\_  
\_\_\_\_\_

INTERVIEWER DATE

Employed ☐ Yes ☐ No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE DATE

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.





*Office Use Only:*

*Candidate Name* \_\_\_\_\_

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

*City/State/Zip:* \_\_\_\_\_

*Phone:* \_\_\_\_\_

## BOONE COUNTY SHERIFF EMPLOYMENT CANDIDATE QUESTIONNAIRE

### INSTRUCTIONS TO CANDIDATE:

1. You are hereby advised the content of this questionnaire is held strictly **CONFIDENTIAL**. No information will be disseminated to any person except when essential to the conduct of proper official business. Any false, misleading, or incomplete information will be grounds to disqualify you for employment with the Boone County Sheriff's Department, or if employed, grounds for dismissal. Every answer herein entered may be checked during the background investigation.
2. All questions in the questionnaire must be answered. None may be left blank. If you desire to make an explanation in your reply, answer the question briefly as best as you can, then put a check mark next to the question number and continue your answer on the Remarks Section/Continuation Sheets (pages 12 and 13).
3. If a question does not apply to you, enter "N/A".
4. Your answers must be completed in ink in your own handwriting or printing. Write or print legibly.

.....  
*I voluntarily withdraw from the selection process*

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

.....  
*I understand and will comply with the selection process and will complete the questionnaire.*

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE



1. Name \_\_\_\_\_  
(Last) (First) (Middle)
2. Social Security # \_\_\_\_\_
3. Current Address \_\_\_\_\_  
(Street) (Apt. #)  
\_\_\_\_\_  
(City) (State) (Zip Code)
4. Telephone: \_\_\_\_\_  
(Home) (Work) (Cell)
5. Place of Birth: \_\_\_\_\_
6. Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_
7. List any and all aliases and nicknames used by you (specify which): \_\_\_\_\_  
: \_\_\_\_\_
8. If your name has been legally changed, give the following information (include maiden name): \_\_\_\_\_  
: \_\_\_\_\_  
(Former Name) (Date Of Change) (Court Of Record) (City/State)
9. Are you responsible for paying any court-ordered child support? \_\_\_\_ Yes \_\_\_\_ No. If yes, give full details on page 12 and 13 of this questionnaire.
10. List Family Associates – Mother, father, Step Parents, Brothers, Sisters, Step Brothers/Sisters, Former Spouses. (Use pages 12 & 13 of this questionnaire if necessary)
- Name \_\_\_\_\_ Relationship \_\_\_\_\_
- Address \_\_\_\_\_
- Employer \_\_\_\_\_
- Name \_\_\_\_\_ Relationship \_\_\_\_\_
- Address \_\_\_\_\_
- Employer \_\_\_\_\_
- Name \_\_\_\_\_ Relationship \_\_\_\_\_
- Address \_\_\_\_\_
- Employer \_\_\_\_\_

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

Address \_\_\_\_\_

Employer \_\_\_\_\_

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

Address \_\_\_\_\_

Employer \_\_\_\_\_

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

Address \_\_\_\_\_

Employer \_\_\_\_\_

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

Address \_\_\_\_\_

Employer \_\_\_\_\_

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

Address \_\_\_\_\_

Employer \_\_\_\_\_

11. Character References – Other than relatives:

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Employer's Telephone # \_\_\_\_\_

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Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Employer's Telephone # \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Employer's Telephone # \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Employer's Telephone # \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Employer's Telephone # \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Employer's Telephone # \_\_\_\_\_

12. RESIDENCES - List residences for the past ten years in reverse chronological order. (Begin with current address.) Give names/current addresses of two nearest neighbors, roommate, or landlords at each location. (Use pages 12 and 13 if necessary.)

FROM (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_ TO (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name \_\_\_\_\_ Neighbor/Landlord/etc. \_\_\_\_\_

Name \_\_\_\_\_ Neighbor/Landlord/etc. \_\_\_\_\_



FROM (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_ TO (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name \_\_\_\_\_ Neighbor/Landlord/etc. \_\_\_\_\_

Name \_\_\_\_\_ Neighbor/Landlord/etc. \_\_\_\_\_

FROM (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_ TO (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name \_\_\_\_\_ Neighbor/Landlord/etc. \_\_\_\_\_

Name \_\_\_\_\_ Neighbor/Landlord/etc. \_\_\_\_\_

FROM (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_ TO (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name \_\_\_\_\_ Neighbor/Landlord/etc. \_\_\_\_\_

Name \_\_\_\_\_ Neighbor/Landlord/etc. \_\_\_\_\_

13. **EMPLOYMENT HISTORY:** Include self-employment, part-time, volunteer, and unemployment. List all employment in chronological order beginning with your present employer. (Use pages Provided at the back of this questionnaire if necessary) If you were dismissed from a job or forced To resign, give details on pages 12 and 13.

FROM (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_ TO (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Position Held \_\_\_\_\_ Telephone \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

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

FROM (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_ TO (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_  
Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)  
Position Held \_\_\_\_\_ Telephone \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

FROM (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_ TO (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_  
Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)  
Position Held \_\_\_\_\_ Telephone \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

FROM (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_ TO (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_  
Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)  
Position Held \_\_\_\_\_ Telephone \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

FROM (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_ TO (Mo./Yr.) \_\_\_\_\_ / \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Position Held \_\_\_\_\_ Telephone \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

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

14. EDUCATION / TRAINING:

HIGH SCHOOL: \_\_\_\_\_

Location \_\_\_\_\_

Did you graduate? \_\_\_\_ Yes \_\_\_\_ No If yes, graduation date: \_\_\_\_\_

Or

Was GED obtained? \_\_\_\_ Yes \_\_\_\_ No If yes, date and place: \_\_\_\_\_

Courses pursued/degree or diploma received: \_\_\_\_\_

:

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COLLEGE: \_\_\_\_\_

Location \_\_\_\_\_

Dates attended From Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ To Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Courses pursued/degree or diploma received \_\_\_\_\_

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COLLEGE: \_\_\_\_\_

Location \_\_\_\_\_

Dates attended From Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ To Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Courses pursued/degree or diploma received \_\_\_\_\_

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15. OTHER EDUCATION/TRAINING: Name of institution \_\_\_\_\_  
Location \_\_\_\_\_  
Dates attended From Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ To Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
Courses pursued/degree or diploma received \_\_\_\_\_

16. Were you ever dismissed from a school or was any disciplinary action ever taken against you during your scholastic career? \_\_\_\_ Yes \_\_\_\_ No If yes explain \_\_\_\_\_  
: \_\_\_\_\_  
School \_\_\_\_\_ Date \_\_\_\_\_ Type of Action \_\_\_\_\_  
: \_\_\_\_\_

17. MILITARY SERVICE:

Branch of Service \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Active Service \_\_\_\_ Yes \_\_\_\_ No Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_  
Honorable Discharge \_\_\_\_ Yes \_\_\_\_ No

Reserve Serve \_\_\_\_ Yes \_\_\_\_ No Dates Of Service: From \_\_\_\_\_ To \_\_\_\_\_  
Honorable Discharge \_\_\_\_ Yes \_\_\_\_ No

Check one \_\_\_\_ Officer \_\_\_\_ Enlisted Service # \_\_\_\_\_

Present Status \_\_\_\_ Active Duty \_\_\_\_ Ready Reserve \_\_\_\_ Inactive Ready Reserve  
\_\_\_\_ Inactive Reserve

Board #. \_\_\_\_\_ City / State \_\_\_\_\_

National Guard Membership \_\_\_\_ None \_\_\_\_ Army \_\_\_\_ Air Force \_\_\_\_ State  
\_\_\_\_ Organization

Dates of Membership: From \_\_\_\_\_ To \_\_\_\_\_ Service # \_\_\_\_\_  
\_\_\_\_ Officer \_\_\_\_ Enlisted

18. DRIVER'S LICENSE

Presently held Driver's License # \_\_\_\_\_

State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Class \_\_\_\_\_ Restriction \_\_\_\_\_

19. Motor Vehicles registered in your name or vehicles you have the exclusive use of:

Make \_\_\_\_\_ Color \_\_\_\_\_ Yr \_\_\_\_\_ State \_\_\_\_\_ Tag # \_\_\_\_\_

Make \_\_\_\_\_ Color \_\_\_\_\_ Yr \_\_\_\_\_ State \_\_\_\_\_ Tag # \_\_\_\_\_

Make \_\_\_\_\_ Color \_\_\_\_\_ Yr \_\_\_\_\_ State \_\_\_\_\_ Tag # \_\_\_\_\_

20. Are your vehicle license plates nor or have they ever been:

Denied \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Suspended \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Revoked \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Subjected to any other similar penalty or action \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "yes" to any of the above, explain: \_\_\_\_\_

\_\_\_\_\_

21. List any and all motor vehicle accidents you have been involved in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. Has your operator's license ever been suspended or revoked in this or any other state?

\_\_\_\_\_ Yes \_\_\_\_\_ No If so, when and where? \_\_\_\_\_

23. List all Traffic Citations received, including date, agency, location, violation and disposition.

\_\_\_\_\_

\_\_\_\_\_

24. List any additional motor vehicle history not listed above, including license number and state for any and all licenses held in other states. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

25. Have you ever been involved in any civil action, in or out of court, as a plaintiff or defendant, as a Result of a criminal traffic or other incident for any reason? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

26. Do you have any credit problem at present time? \_\_\_\_ Yes \_\_\_\_ No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
27. Do you now have, or have you ever had, any wage garnishments? \_\_\_\_ Yes \_\_\_\_ No If yes, explain : \_\_\_\_\_  
\_\_\_\_\_
28. Have you ever been found delinquent on income or other tax payments? (Include ONLY those situations where your delinquency was discovered and brought to your attention BEFORE you actually made payment.) \_\_\_\_ Yes \_\_\_\_ No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
29. Have you ever had a court-ordered financial judgment against you? \_\_\_\_ Yes \_\_\_\_ No If yes explain: \_\_\_\_\_  
\_\_\_\_\_
30. Do you presently have a financial judgment pending in court? \_\_\_\_ Yes \_\_\_\_ No If yes explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
31. Have you ever had any real or personal property repossessed? \_\_\_\_ Yes \_\_\_\_ No If yes explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
32. Have you ever made application with any other public safety (police, fire, emergency medical services) agency? \_\_\_\_ Yes \_\_\_\_ No If yes what was the date, agency's name, and disposition of your application? \_\_\_\_\_  
\_\_\_\_\_
33. Do you have applications pending for any type of employment with any other public safety (police, Fire, emergency medical services) agency at this time? \_\_\_\_ Yes \_\_\_\_ No



34. Have you ever been denied any employment? \_\_\_\_ Yes \_\_\_\_ No If so, where, when and why?

\_\_\_\_\_

\_\_\_\_\_

35. Give details of any instance where you have been discharged or forced to resign from a position?

\_\_\_\_\_

\_\_\_\_\_

36. Have you applied for a position with Boone County before? \_\_\_\_ Yes \_\_\_\_ No If yes, when and for what position? \_\_\_\_\_

\_\_\_\_\_

37. Are you a current user of the following drugs or narcotics (including abused prescribed medication, Medication prescribed to someone else, or an accidental injection.)?

Amphetamines, uppers, speed, diet pills: \_\_\_\_ Yes \_\_\_\_ No  
Barbiturates, tranquilizers, downers, sleeping pills: \_\_\_\_ Yes \_\_\_\_ No  
Hallucinogens (LSD, PCP, Angel Dust, Peyote): \_\_\_\_ Yes \_\_\_\_ No  
Quaalude (horse pills): \_\_\_\_ Yes \_\_\_\_ No  
Inhalants (glue, paint): \_\_\_\_ Yes \_\_\_\_ No  
Opium (opium base liquor): \_\_\_\_ Yes \_\_\_\_ No  
Morphine: \_\_\_\_ Yes \_\_\_\_ No  
Heroin: \_\_\_\_ Yes \_\_\_\_ No  
Cocaine: \_\_\_\_ Yes \_\_\_\_ No  
Codeine: \_\_\_\_ Yes \_\_\_\_ No  
Mescaline: \_\_\_\_ Yes \_\_\_\_ No  
Smoked Marijuana \_\_\_\_ Yes \_\_\_\_ No  
Hashish: \_\_\_\_ Yes \_\_\_\_ No  
Any other drug not mentioned: \_\_\_\_ Yes \_\_\_\_ No  
Alcohol use? \_\_\_\_ Yes \_\_\_\_ No

For all "yes" answers, give full details on page 12 and 13 of this questionnaire.

38. Have you ever been involved in the illegal purchase, possession or sale of any narcotic, depressant, Stimulant, hallucinogen, or cannabis? \_\_\_\_ Yes \_\_\_\_ No If yes, give full details on pages 12 and 13 of this questionnaire.

39. How much and how frequently do you drink alcoholic beverages? \_\_\_\_\_

\_\_\_\_\_

40. Do you smoke? \_\_\_\_ Yes \_\_\_\_ No If yes, give type(s) \_\_\_\_\_

\_\_\_\_\_

41. When was the last time you were involved in a fist fight? What were the circumstances? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
42. Have you EVER been arrested, charged, cited or held by federal, state, or local law enforcement authorities regardless of whether the arrest citation was dropped or dismissed, or you were found not guilty? (Include traffic offenses and all court martial or non-judicial punishment while in the military service.) \_\_\_\_ Yes \_\_\_\_ No If yes give full details on pages 12 and 13.
43. As a result of being arrested, charged, cited or held by law enforcement authorities, have you ever been convicted, fined or forfeited bond to a Federal, state or other judicial authority or adjudicated a youthful offender or juvenile delinquent (regardless of whether the record in your case has been sealed, expunged, or stricken from the court record? \_\_\_\_ Yes \_\_\_\_ No If yes, give full details on pages 12 and 13 of this questionnaire.
44. Have you EVER been detained, held in, or served time in any jail, prison, reform industrial school or institution under the jurisdiction of any city, county, state, Federal or foreign country? \_\_\_\_ Yes \_\_\_\_ No If yes, give full details on pages 12 and 13 of this questionnaire.
45. Have you ever been fingerprinted before? \_\_\_\_ Yes \_\_\_\_ No If yes, where and when? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
46. Have you ever been issued a permit or license to carry a handgun or other weapon on your person? \_\_\_\_ Yes \_\_\_\_ No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
47. Do you own a hand gun? \_\_\_\_ Yes \_\_\_\_ No
48. Have you had firearms training? \_\_\_\_ Yes \_\_\_\_ No
49. Have any of your family members or blood relatives ever been convicted for other than traffic violation? \_\_\_\_ Yes \_\_\_\_ No If yes, give full details on pages 12 and 13 of this questionnaire.
50. Are you a United States citizen? \_\_\_\_ Yes \_\_\_\_ No

If naturalized give the following information: Date \_\_\_\_\_

Place \_\_\_\_\_

Court \_\_\_\_\_ Certificate Number \_\_\_\_\_

Include a copy of your Naturalization Certificate with this questionnaire.

51. Are you legally eligible for employment in the United States? \_\_\_\_ Yes \_\_\_\_ No
52. Have you anything to add to the questionnaire at this time – something that has not been mentioned, or something which you believe should be noted? (Job problems, disciplinary actions, ongoing internal investigation, domestic problems, etc.)
53. Why are you applying for this position with the Boone County Sheriff's Department?

\_\_\_\_\_

\_\_\_\_\_

## REMARKS SECTION / CONTINUATION SHEETS

(Identify each question to which response is being provided below, using the appropriate question number and page number.

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## CERTIFICATION AND SIGNATURE

Have you been completely truthful to all questions asked? Keep in mind the Boone County Sheriff's Department verifies the information given to further evaluate applicants and to insure the information furnished by the applicant has been truthful to the best of his or her knowledge.

I hereby certify that every statement made on this questionnaire is true and complete to the best of my knowledge. I understand that any false, misleading, or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I understand I may be required to verify all information given on this questionnaire. Employment will be contingent upon results of a complete character/background investigation. I also understand that all appointments are probationary for a period of one year, during which I must demonstrate my fitness for continued employment by the Boone County Sheriff's Department.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Signature of Candidate: \_\_\_\_\_

BOONE COUNTY SHERIFF'S DEPARTMENT  
AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Applicant \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Military Serial Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

This release, when presented by a duly authorized representative of the Boone County Sheriff's Department will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background. Specifically, I hereby authorize the release of the following data records to the Boone County Sheriff's Department:

Employment Information  
Credit Bureau Information  
Educational Information  
Medical and Military Medical Information  
Residence(s) Records  
Police and Criminal Records

This authorization is given in connection with a personnel background investigation being conducted relative to my application for or continued employment with the Boone County Sheriff's Department.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Assigned Investigator (name and title) \_\_\_\_\_

Investigative period from \_\_\_\_\_ to \_\_\_\_\_

Authorized by (name and title) \_\_\_\_\_

(signature) \_\_\_\_\_ date \_\_\_\_\_