

## COWLEY COUNTY SHERIFF'S OFFICE

911 Fuller P.O. Box 47 Winfield, Kansas 67156

Office: 620-221 5444 Fax: 620-221 5448

Thank you for your interest in employment with the Cowley County Sheriff's Office. This agency has employment opportunities in civilian, sworn, corrections, and transportation

Date:	Position Applying for:	☐ Co ☐ Pa ☐ Pa	Deputy Sheriff orrections Office art-Time Depute art-time Correct ransport Depute olunteer Chapl	cy etions cy	iistrator				
INSTRUCTIONS									
This Application must be completed in its <b>entirety</b> . All questions must be answered and any application that is incomplete will not be considered.									
Name: Last: Address:	First:		] Middle: [						
Street:	City:		State:	Zip Cod	e				
Telephone:	Cellular:	E-M	1ail:						
Have you ever worked for the Cowley County Sheriff's Office? ☐ Yes ☐ No									
Have you ever been convicted of a felony? ☐ Yes ☐ No									
There are minimum age require years old to be in any sworn po				f's Office. Yo	<u>u must l</u>	<u>be 21</u>			
If applying for a Corrections Position are you at least 18 years of age?				☐ Yes		No			
If applying for a Sworn (Deputy	Sheriff) position are you at lea	ast 21 yea	ars of age?	☐ Yes		No			
THE COWLEY CO	NUNTY SHERIFE'S OFFICE IS AN	Ι ΕΟΙΙΔΙ (	————— ``DPORTLINIT\	' FMPI OYFR					

## **EDUCATION AND TRAINING**

## (Attach Copies of Transcripts)

		Institution, City Degree or Major Area of and State Certificate Study Obtained			Credit Ho Academic Attain	Years	Date of Gradua		
ligh School/GED									
llege or Universi	ity								
Graduate School	ı								
cational, Technic Business School									
Other Education	1								
			(Att	ach Copies	of Certifica	ites)			
Туре	Licens	se/Registration Nur	mber	Issuing A	uthority	I.	ssue Date		Expiration Date
								·	
				Work Ex	perience				
			List	your last Fiv	e (5) emplo	yers			
Month & Yea	ır	Name/Addr	ess of E	Employer	Rea	son For	Leaving		Paid Employment
From:									Unpaid Employment
To:									Full Time
									Part Time
								Hours	s Worked
								Endin	ng Pay \$
Title:				_ Dut	ies:			<u> </u>	

Month & Year	Name/Address of Employer	Reason For Leaving		Paid Employment	
From:				Unpaid Employment	
To:				Full Time	
10.				Part Time	
			Hours V	Worked	
			Ending Pay \$		
Title:	Duties:				
_				<u> </u>	
Month & Year	Nove / Address of Evenleven	Dagger For Leaving		Paid Employment	
	Name/Address of Employer	Reason For Leaving		Unpaid Employment	
From:				Full Time	
To:				Part Time	
				7 410 7 71110	
			Hours V	Worked	
			Ending	Pay \$	
Title:	Duties:				
Month & Year	Name/Address of Employer	Reason For Leaving	Τ□	Paid Employment	
From:	- (			Unpaid Employment	
				Full Time	
To:				Part Time	
			Hours '	Worked	
			Enaing	Pay \$	
Title:	Duties:				

Month & Year	Name	/Address of Employer	Reason For Leaving	☐ Paid Employment
From:				☐ Unpaid Employment
				☐ Full Time
To:				Part Time
				Hours Worked
				Ending Pay \$
		D .:		
Title:		Duties:		
		Other Related Ex	xperience	
Describe any other	related certi	fications, honors, special skills,	qualifications or experience	not already mentioned
Describe any other	reiateu cei u	ilications, nonors, special skins,	, qualifications, of experience	not already membried
		Computer S	Skills	
		Referenc	ces	
Name:		Occupation	Mailing Address	
-				
Your Supervisor? Ye	es No	Organization:	Phone	
Name:		Occupation	Moiling Address	
Name:		Occupation	Mailing Address	
Your Supervisor? Ye	es No	Organization	Phone	
	S INU			
Name:		Occupation	Mailing Address	
		Organization	Phone	
Your Supervisor? Ye	es No		_	

## **AFFIRMATION**

I affirm that the facts set forth above in my application for employment are true, correct, and complete to the best of my knowledge. I understand that I may be required to submit information not requested on the application form: that the employing agency may verify any information provided by me in the employment process, and that incomplete information or omission of my signature is just cause for rejection of my application.

I also understand and agree that if hired, my employment would be contingent upon conditions specific to the position for which I am applying. I also understand that any omission of information or erroneous information provided in any part of the employment process would be sufficient cause for discharge.

SIGNATURE OF APPLICANT	DATE	_

THE COWLEY COUNTY SHERIFF'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER