

Cherokee County Sheriff's Office Employment Application



It is the policy of the department to provide equal opportunity with regard to all terms and conditions of employment. The department complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic.

Personal Information

Name: _____ Date of Birth: _____

Social Security Number: _____ Phone: () _____

Driver's License: State _____ No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Position Applied For: _____

Expected Pay: _____ Would you accept full-time employment? ☐ Yes ☐ No

Would you accept part-time work? ☐ Yes ☐ No

On what date would you be available for work? _____

Have you ever been employed here before? ☐ Yes ☐ No Dates: _____

Special Training or Skills:

Languages, machine operations, etc. that would be of benefit in the job for which you are applying.

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

If yes, proof is required

Employment Experience

___ 1. Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: () _____ Supervisor: _____
Dates employed: From (MM/YY) _____ to (MM/YY) _____
Hourly Rate/Salary: Starting: _____ Final: _____
Work Performed: _____
Reason for leaving: _____

___ 2. Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: () _____ Supervisor: _____
Dates employed: From (MM/YY) _____ to (MM/YY) _____
Hourly Rate/Salary: Starting: _____ Final: _____
Work Performed: _____
Reason for leaving: _____

3. Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: () _____ Supervisor: _____
Dates employed: From (MM/YY) _____ to (MM/YY) _____
Hourly Rate/Salary: Starting: _____ Final: _____
Work Performed: _____
Reason for leaving: _____

4. Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: () _____ Supervisor: _____
Dates employed: From (MM/YY) _____ to (MM/YY) _____
Hourly Rate/Salary: Starting: _____ Final: _____
Work Performed: _____
Reason for leaving: _____

Educational Background

Grammar School

Name of School: _____ Location: _____

High School

Name of School: _____ Location: _____

Did you graduate? ___ Yes ___ No Degree or diploma _____

College

Name of School: _____ Location: _____

Course of Study: _____ Did you graduate? ___ Yes ___ No

Degree or Diploma: _____

Graduate School

Name of School: _____ Location: _____

Course of Study: _____ Did you graduate? ___ Yes ___ No

Vocational Training-Other

Name of School: _____ Location: _____

Course of Study: _____ Did you graduate? ___ Yes ___ No

Continuing Education

References

Include supervisors and persons we may contact to verify your performance and qualifications

Name: _____ Your Supervisor? ☐ Yes ☐ No
Occupation: _____ Organization: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: () _____

Name: _____ Your Supervisor? ☐ Yes ☐ No
Occupation: _____ Organization: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: () _____

Name: _____ Your Supervisor? ☐ Yes ☐ No
Occupation: _____ Organization: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: () _____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the office's rules and regulations, and I understand that these rules and or the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the department's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the office. I understand that no office representative, other than the Sheriff, and then only when in writing and signed by the Sheriff, has any authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Applicant Signature: _____ Date: _____

APPLICANT: DO NOT WRITE IN THIS SECTION. For office use only

Interview Results

Interviewer: _____ Date: _____ Comments: _____
_____ Date: _____ Comments: _____
_____ Date: _____ Comments: _____

Test Results

Test Administered	Date	Score	Rating	Comments
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Reference Check

1. _____
2. _____
3. _____