

Harlan County Sheriff's Office
PO Box 679
Alma NE 68920
308-928-2147
hcsodispatch@harlancounty.ne.gov

The Sheriff's Office of Harlan County, Nebraska, will consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status. The County of Harlan is an Equal Opportunity Employer.

PERSONAL

Date: _____

Please check the position(s) desired:

_____ Deputy Sheriff *

_____ Corrections /Communications Officer *

** Must have a high school education or equivalent.*

How did you learn about this position?

_____ Advertisement

_____ Friend

_____ Walk-in

_____ Employment Agency

_____ In House Advertisement

_____ Other _____

First Name	Middle Name	Last Name

Current Street Address	City	State	Zip
Former Addresses:			
Telephone Number(s) (Home) (Work) (Cell)	Driver's License No. Issued by State of :	Social Security Number	
Email address:			

Are you a citizen of the United States? Yes _____ No _____

Are you available to work: Full time _____ Part Time _____ Seasonal/Temporary _____

Date you would be available to begin work: _____

Have you ever been employed by the County before? Yes _____ No _____

If yes, what department and when? _____

HARLAN COUNTY SHERIFF'S OFFICE APPLICATION

Are you related to any County employee? Yes ____ No ____ If yes, name of relative: _____ Relationship: _____ Department: _____

EMPLOYMENT EXPERIENCE

Please give accurate, complete employment record. Start with present or most recent employer.

1. Company Name	Telephone
Address	Employed From _____ To _____
Name of Supervisor/Title	Annual/Hourly Wage
Your Job Title/Position	Reason for Leaving

2. Company Name	Telephone
Address	Employed From _____ To _____
Name of Supervisor/Title	Annual/Hourly Wage
Your Job Title/Position	Reason for Leaving

3. Company Name	Telephone
Address	Employed From _____ To _____
Name of Supervisor/Title	Annual/Hourly Wage
Your Job Title/Position	Reason for Leaving

4. Company Name	Telephone
Address	Employed From _____ To _____
Name of Supervisor/Title	Annual/Hourly Wage
Your Job Title/Position	Reason for Leaving

Attach additional sheet if necessary. **We may contact the employers listed above unless you indicate those you do not want us to contact. Do NOT contact Employer Number(s) _____ Reason: _____**

HARLAN COUNTY SHERIFF'S OFFICE APPLICATION

EDUCATION

	Elementary	High School	College/Tech	Graduate	Law Enforcement Certification
School Name and Location					Nebraska Law Enforcement Training Center Yes No Other
Years completed	4 5 6 7 8	9 10 11 12	1 2 3 4 5	1 2 3 4	Date:
Diploma/Degree					
Describe course of study					
Describe any honors you have received					

MILITARY

<i>Complete this section if you served in the U.S. Armed Forces</i>		Branch of Service
Describe your duties and any special training		Period of Active Duty From To
		Rank at Discharge
		Date of Final Discharge
Are you currently active in any Reserve program? Yes No	If Yes, name the program.	

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills acquired from employment or other experience:	
Why do you feel you would make a capable employee for the position(s) desired?	
Have you ever had experience in Law Enforcement? Where?	Yes No Dates: Reason for Leaving:

HARLAN COUNTY SHERIFF'S OFFICE APPLICATION

LAW VIOLATIONS

Have you ever been convicted of any other violations of the law other than parking violations? Yes _____ No _____ If yes, complete the following:

Violation	Date	Place	Court	Disposition
1.				
2.				
3.				
4.				

PERSONAL REFERENCES

Please list References who are not related to you and are not previous employers.

Name	Address	Telephone No.	Years Acquainted	Occupation
1.				
2.				
3.				

HARLAN COUNTY SHERIFF'S OFFICE APPLICATION

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I further agree and understand that any misstatement or willful omission of material fact or willful deception may constitute cause for dismissal from employment with the County of Harlan. I understand and agree that the County of Harlan may make pre-employment inquiries into my ability to perform job-related functions, and that I may be offered employment conditioned upon the results of a medical examination.

This application for employment shall be considered current for a period of time not to exceed six (6) months from date of application.

Signature: _____

HARLAN COUNTY SHERIFF'S OFFICE APPLICATION

NEW EMPLOYEE AGREEMENT

As a new employee I agree to attend two (2) weeks of Basic Dispatch Training which also includes Emergency Medical Dispatcher and NCIC Portion of Telecommunicator.

As a new employee I agree to attend two (2) weeks of Basic Jail Officer Training. 30 days prior to the start of the session I will be required to pass a Medical Examination Report and Health Questionnaire before being accepted into the course.

Please review the following description of physical and mental demands made upon the trainees during the course.

Defensive Tactics

Each trainee must participate in defensive tactics training. Trainees must pass the defensive tactics skills test. The defensive tactics program is 20 hours in length and includes:

Weaponless defense that involves close physical combat and grappling requiring significant physical exertion and body contortion in the role of both a corrections officer and an arrestee. **Repeatedly** consisting of but not limited to the following: Handcuffing/being handcuffed, bending, kneeling, twisting, punching, pushing/pulling, falling to the ground, thrown to the ground (landing on chest), rolling, reaching, gripping hands and fingers, finger dexterity and joint manipulation. Training requires aggressive forward, backward and lateral movements while afoot.

I agree to attend these courses within the first year of my employment with the Harlan County Sheriff's Office. Failure to complete either course may cause you to be terminated.

I hereby certify that I have reviewed the physical requirements for the Corrections Officer Course above and agree to participate in the required training.

Name

Witness