

APPLICANT INSTRUCTIONS
LATERAL DEPUTY
BULLITT COUNTY SHERIFF'S OFFICE
SHEPHERDSVILLE, KY

1. Applicants should submit copies of the following along with completed form:
 - A. Copy of High School Diploma or GED Certificate
 - B. Copy of college diplomas or transcripts
 - C. Copy of military discharge form DD-214 (DD-214 must indicate type of discharge and character of service)
 - D. Copy of birth certificate or confirmable verification from government agency
 - E. Copy of valid operator's license
 - F. Copy of current resume
2. Email Application to Applications@bcky.org or mail to the Bullitt County Sheriff's Office, 300 S. Buckman Street, Shepherdsville, Kentucky, 40165.
3. Other names and date of birth: this information is requested for completion of the records check in the background investigation.
4. Social Security Number: Federal Law (PL 93-579, Section 7) requires that you be informed when asked for your Social Security Number; this number must be provided for identification purposes in the County's examination, employment and payroll process.
5. Conviction Record: A conviction and/or arrest does not necessarily mean you cannot be considered. The nature of the conviction, and/or arrest and how long ago it happened are important. Give all the facts so that a decision can be made. Note: Applications cannot be considered if there is a history of a felony conviction.
6. Equal Opportunity: The Bullitt County Sheriff's Office is an Equal Opportunity Employer.
7. The applicant is responsible for notifying this office immediately of any change or information to the application (address, telephone number, etc.).
8. In compliance with Bullitt County Sheriff Office Policy and Procedures, the department has established the following procedures for the selection process:
9. In compliance with Bullitt County Sheriff Office Policy and Procedures, the department has established the following procedures for the selection process:
 - A. A review of each applicant's application and resume.
 - B. An oral interview of the individual.
 - C. Background Investigation.
 - D. Medical Examination.
 - E. Confirmation of Certification by Kentucky Peace Officer Professional Standards.
 - F. Drug Screen.



BULLITT COUNTY SHERIFF OFFICE
Phone: (502) 543-2514
Fax: (502) 543-2710
300 S. Buckman Street
Shepherdsville, KY 40165

Application Date: _____

LATERAL DEPUTY EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT OR TYPE)

How did you learn about us?

____ Advertisement ____ Friend ____ Walk-in ____ Current Employee
____ Employment Agency ____ Relative Other _____

PERSONAL HISTORY

Name in full (Last, First, Middle) _____ Social Security Number _____

List all other names you have used (including nicknames, maiden name, etc.) _____

Address in full (Street, City, State & Zip Code) _____

Telephone Number: _____ Email Address: _____

Driver's License Number: _____ Driver's License State: _____

List all other states in which you have had a driver's license issued to you: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION RECORD

****ATTACH BOTH HIGH SCHOOL AND COLLEGE TRANSCRIPTS TO THIS APPLICATION****

HIGH SCHOOL

Name	Address	Attended From	Attended To	Date Graduated

COLLEGE / UNIVERSITY

Name of School and Location	Attended From	Attended To	Course of Study *Major*	Course of Study *Minor*	Type of Degree Received

- a.** Are you working toward a degree not already listed above? _____ Yes _____ No
- b.** If yes, what is the Course of Study? _____
 What is the anticipated completion date? _____

MISCELLANEOUS EDUCATION INFORMATION

- a.** List any awards, honors, citations, athletic endeavors, and/or any other special recognition you received during your academic career: _____

- b.** List any special abilities (computer skills, etc.), special interests or hobbies that you have: _____

- c.** List languages in addition to English, including American Sign Language, that you can speak, read, or write and indicate whether your abilities are Fluent, Good or Fair: _____
- d.** Has any disciplinary action, including scholastic probation and dismissal, ever been taken against you during our academic career? _____ Yes _____ No
 If Yes, complete the following:
 School _____ Date _____
 Type of action taken: _____
 Reason for action: _____

INTERNSHIPS

Name of Business: _____ From (mo/yr) : _____ To (mo/yr): _____			
Address: _____ City: _____ State: _____			
Work Supervisor: _____			
Example of duties performed: _____			
Name of Business: _____ From (mo/yr): _____ To (mo/yr): _____			
Address: _____ City: _____ State: _____			
Work Supervisor: _____ Example of duties performed: _____			

ORGANIZATION MEMBERSHIP

a. Are you now or have you ever been a member of any club, society, or organization? _____ Yes _____ No If Yes, list below.			
Organization	City and State	Dates	Position(s) Held

VOLUNTEER EMPLOYMENT

List below all volunteer activities you are, or have been involved with to include civic activities, volunteer fire fighting, police or sheriff reserves, etc.			
Organization	City and State	Dates	Position(s) Held

SELECTIVE SERVICE / MILITARY RECORD

a. Have you ever (check all that apply):

Registered with the Selective Service? _____ Yes _____ No _____ Not Applicable

Applied for a position with any branch of the United States Armed Forces? _____ Yes _____ No

Been rejected by any branch of the Armed Forces? _____ Yes _____ No

If Yes, state reason(s): _____

Served on active duty in any branch of the Armed Forces? _____ Yes _____ No

If Yes, complete sections b – k. If No, skip to section i.

b. Dates of Active Duty (mo/day/yr) From: _____ To: _____

c. Branch of Service: _____

d. Highest Rank Attained: _____

e. MOS/Job Title: _____

f. Serial Number: _____

g. Type of Discharge: _____

h. Date DD-214 form Recorded: _____ County: _____ State: _____

*****ATTACH A COPY OF YOUR DD-214 FORM TO THIS APPLICATION*****

i. Are you a member of the Reserve/National Guard? _____ Yes _____ No

If Yes, Service Branch: _____ Unit Name: _____

Name and Rank of Immediate Supervisor: _____

j. List any awards, commendations, medals received as a result of military service:

k. Was any type of disciplinary action taken against you in the service? _____ Yes _____ No

If Yes, type and nature of action:

EMPLOYMENT EXPERIENCE

List your work experience, starting with the most recent, include summer and part-time employment. If unemployed for a period of time, indicate such, setting forth the dates of unemployment. Account for all time.

Name of Employer:	Dates of Employment:	Salary:
Address:	Position and kind of work:	
City, State & Zip:	Name of Supervisor:	
Telephone Number:	Reason for Leaving:	
Name of Employer:	Dates of Employment:	Salary:
Address:	Position and kind of work:	
City, State & Zip:	Name of Supervisor:	
Telephone Number:	Reason for Leaving:	
Name of Employer:	Dates of Employment:	Salary:
Address:	Position and kind of work:	
City, State & Zip:	Name of Supervisor:	
Telephone Number:	Reason for Leaving:	
Name of Employer:	Dates of Employment:	Salary:
Address:	Position and kind of work:	
City, State & Zip:	Name of Supervisor:	
Telephone Number:	Reason for Leaving:	

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

ADDITIONAL QUALIFICATIONS

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

REFERENCES

List three (3) references, not related to you, who are responsible adults of reputable standing in their communities.

Complete Name:	Occupation:	No. yrs acq.:
Home Address (street, city, state & zip code):	Home Phone Number:	
Work Address (street, city, state & zip code):	Work Phone Number:	
How do you know this person?		
Complete Name:	Occupation:	No. yrs acq.:
Home Address (street, city, state & zip code):	Home Phone Number:	
Work Address (street, city, state & zip code):	Work Phone Number:	
How do you know this person?		
Complete Name:	Occupation:	No. yrs acq.:
Home Address (street, city, state & zip code):	Home Phone Number:	
Work Address (street, city, state & zip code):	Work Phone Number:	
How do you know this person?		

ADDITIONAL INFORMATION

State below any additional information you feel may be helpful to us in considering your application, and are you currently under any internal investigation?

APPLICANT STATEMENT

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

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. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that any 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

Date application received: _____

Is the position applied for open? _____ Yes _____ No

Schedule:

Date/Location/Results:

Physical Fitness Test _____ Yes _____ No

Written Test _____ Yes _____ No

Oral Interview _____ Yes _____ No

Psychological Test _____ Yes _____ No

Physical Examination _____ Yes _____ No

Certification of POPS _____ Yes _____ No

Drug Screening _____ Yes _____ No

Notes:

BULLITT COUNTY SHERIF'S OFFICE DEPUTY SHERIFF RECRUIT DATA SHEET

PLEASE PRINT FULL LEGAL NAME, NO NICKNAMES: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT INFORMATION:

CELL PHONE: _____ **HOME PHONE:** _____

EMAIL ADDRESS: _____

PLACE OF BIRTH: _____

CITY, STATE

SOCIAL SECURITY NUMBER: _____

Check your social security card to see if your name appears exactly as written above.

THE FOLLOWING INFORMATION IS REQUIRED BY THE KENTUCKY LAW ENFORCEMENT COUNCIL IN ORDER TO PROCEED WITH FURTHER TESTING. THIS INFORMATION IS USED ONLY FOR STATISTICAL PURPOSES.

Date of Birth: _____ Gender: _____ Female _____ Male

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Highest Education Level Obtained (verification documents must be on file):

GED _____ High School _____ Associates _____ Bachelors _____ Masters _____ Doctorate _____

SIGNATURE: _____

DATE: _____