

# GRANT COUNTY SHERIFF'S OFFICE

212 Barnes Road, Suite A, Williamstown, KY 411097



DENNIS SWITZER  
SHERIFF

## Application Instructions

Thank you for your interest in a career with the Grant County Sheriff's Office. We hope the application and testing process is a positive experience for you. A law enforcement career can be a very rewarding and self-fulfilling profession.

The application is the first step in the process and is the first impression of you and your qualifications. Please read all instructions within the application packet before completing, make sure you fill out all sections completely and honestly. Once you have fully completed the application packet, please return it to the Grant County Sheriff's Office along with copies of the following documents:

- High School Diploma or GED
- Social Security Card
- College Transcripts if you attended any post-secondary educational institution.
- Valid Driver's License
- DD214 (for military only)
- Recent Photo of Yourself (within six months)
- Kentucky Police Officer Professional Standards Certificate (P.O.P.S.) if applying as a lateral transfer.
- Birth Certificate, Passport or Naturalization proof.

Good luck in the process and thank you for considering the Grant County Sheriff's Office as you set out to achieve a career in law enforcement.

Respectfully,

A handwritten signature in black ink.

Sheriff Dennis Switzer

PHONE: 859-824-3333

FAX: 859-824-3334

DISPATCH: 859-428-1212

Grant County Sheriff's Office  
212 Barnes Rd Suite A  
Williamstown, KY 41097  
859-824-3333

# EMPLOYMENT APPLICATION

An equal opportunity employer.

## PERSONAL

Name \_\_\_\_\_  
(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

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

Telephone \_\_\_\_\_  
(Area Code) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever been convicted of a felony  
in the last seven years?  Yes  No Explain Felony \_\_\_\_\_

Are you a citizen of the United States?  Yes  No \_\_\_\_\_

## JOB INTERESTS/SKILLS

Position(s) applied for \_\_\_\_\_ Salary Desired \_\_\_\_\_

Have you applied for a position here before?  Yes  No If yes, when? \_\_\_\_\_

Type of employment requested  Full Time  Part Time  Temporary  Summer

Date you could begin working \_\_\_\_\_ Typing Speed (WPM) \_\_\_\_\_

Summarize any other special skills or qualifications  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# OF YEARS	GRADE AVERAGE	MAXIMUM GRADE	DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
OTHER EDUCATION						
OTHER EDUCATION						

## EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1. Name of Employer \_\_\_\_\_

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

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Work Performed  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name of Employer \_\_\_\_\_

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

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Work Performed  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name of Employer \_\_\_\_\_

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

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Work Performed  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

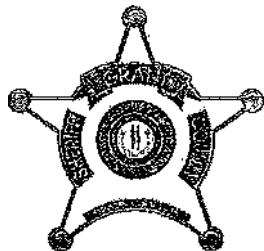
Name	Relationship	Home Phone	Daytime Phone

## ACKNOWLEDGEMENT

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**GRANT COUNTY SHERIFF'S OFFICE**  
**EMPLOYMENT CANDIDATE QUESTIONNAIRE**



Sheriff Dennis Switzer

Office Use Only:

Candidate Name: \_\_\_\_\_

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

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

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

**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 Grant County Sheriff's Office, 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 remark's section/continuation sheets (pages 13 and 14)
3. If a question does not apply to you, enter "N/A".
4. Your answers must be completed in ink in your own handwriting. Write or print legibly.

I voluntarily withdraw from the selection process.

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PRINTED NAME

---

SIGNATURE

---

DATE

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

---

PRINTED NAME

---

SIGNATURE

---

DATE

**GRANT COUNTY SHERIFF'S OFFICE**  
**EMPLOYMENT CANDIDATE QUESTIONNAIRE**

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 \_\_\_\_\_

8. If your name has been legally changed, give the following information (include maiden name)  
\_\_\_\_\_ (Former names) \_\_\_\_\_ (Date Changed) \_\_\_\_\_ (Court) \_\_\_\_\_ (City/State)

9. Are you responsible for paying court ordered child support? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give full details on page 13 or 14.

10. List family associates- Mother, father, step-parents, siblings, step siblings, former spouses. (Use page 13 and 14 if necessary)

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

Address \_\_\_\_\_

Employer \_\_\_\_\_

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

Address \_\_\_\_\_

Employer \_\_\_\_\_

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

Address \_\_\_\_\_

Employer \_\_\_\_\_

**GRANT COUNTY SHERIFF'S OFFICE**  
**EMPLOYMENT CANDIDATE QUESTIONNAIRE**

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

Address \_\_\_\_\_

Employer \_\_\_\_\_

**11. Character References other than relatives**

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

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

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

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

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

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

**GRANT COUNTY SHERIFF'S OFFICE**  
**EMPLOYMENT CANDIDATE QUESTIONNAIRE**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12. Residences – List residences for the past the 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 13 or 14 if necessary)

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

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

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

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

**GRANT COUNTY SHERIFF'S OFFICE**  
**EMPLOYMENT CANDIDATE QUESTIONNAIRE**

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 13 or 14 if necessary. If you were dismissed or forced to resign, give details on pages 13 or 14.)

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

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

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

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

Position held \_\_\_\_\_ Telephone \_\_\_\_\_

Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**GRANT COUNTY SHERIFF'S OFFICE**  
**EMPLOYMENT CANDIDATE QUESTIONNAIRE**

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

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

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

Position held \_\_\_\_\_ Telephone \_\_\_\_\_

Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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

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

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

Position held \_\_\_\_\_ Telephone \_\_\_\_\_

Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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

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

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

Position held \_\_\_\_\_ Telephone \_\_\_\_\_

Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**GRANT COUNTY SHERIFF'S OFFICE**  
**EMPLOYMENT CANDIDATE QUESTIONNAIRE**

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

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

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

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 \_\_\_\_\_

GED obtained? \_\_\_\_ Yes \_\_\_\_ No If yes, graduation date \_\_\_\_\_

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

COLLEGE \_\_\_\_\_

Location \_\_\_\_\_

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

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

COLLEGE \_\_\_\_\_

Location \_\_\_\_\_

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

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

**GRANT COUNTY SHERIFF'S OFFICE**  
**EMPLOYMENT CANDIDATE QUESTIONNAIRE**

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

Honorable Discharge \_\_\_\_ Yes \_\_\_\_ No

Active Service \_\_\_\_ Yes \_\_\_\_ No Date (Mo./Yr.) \_\_\_\_/\_\_\_\_ TO (Mo./Yr.) \_\_\_\_/\_\_\_\_

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

Date of membership      (Mo./Yr.) \_\_\_\_/\_\_\_\_ TO (Mo./Yr.) \_\_\_\_/\_\_\_\_

\_\_\_\_ Officer \_\_\_\_ Enlisted

18. DRIVER'S LICENSE

Presently held drivers license #\_\_\_\_\_

State \_\_\_\_ Expiration Date \_\_\_\_ Class \_\_\_\_ Restrictions \_\_\_\_\_

**GRANT COUNTY SHERIFF'S OFFICE  
EMPLOYMENT CANDIDATE QUESTIONNAIRE**

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

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

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

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

20. Has your vehicle registration ever been

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

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

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

Subjected to any other penalty or action Yes No

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

21. List any and all motor vehicle collisions you have been involved in

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22. Has your operator 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.

List any additional motor vehicle history not listed above, including license number and state for any and all license 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 \_\_\_\_\_

**GRANT COUNTY SHERIFF'S OFFICE**  
**EMPLOYMENT CANDIDATE QUESTIONNAIRE**

26. Do you have any credit problems at present time? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain

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27. Do you now have, or have you ever had, any wage garnishments? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain \_\_\_\_\_

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28. Have you ever been found delinquent on income tax 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

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29. Have you ever had a court ordered financial judgment against you? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain \_\_\_\_\_

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30. Do you presently have a financial judgment pending in court? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes,  
explain \_\_\_\_\_

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31. Have you ever had any real or personal property repossessed? \_\_\_\_\_ Yes \_\_\_\_\_ No If  
yes, explain \_\_\_\_\_

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32. Have you ever made application with any other public safety (police, fire, emergency  
medical service) agency? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what was the agency's name, date,  
and disposition of your application? \_\_\_\_\_

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33. Do you have applications pending for any type of employment with any other public  
safety (police, fire, emergency medical service) agency at this time? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain where you are in their process \_\_\_\_\_

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**GRANT COUNTY SHERIFF'S OFFICE**  
**EMPLOYMENT CANDIDATE QUESTIONNAIRE**

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

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

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36. Have you ever applied for a position with Grant County Sheriff's Office before?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when and what position \_\_\_\_\_

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

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 13 or 14.

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 page 13 or 14.

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

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40. Do you smoke tobacco? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what types \_\_\_\_\_

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**GRANT COUNTY SHERIFF'S OFFICE**  
**EMPLOYMENT CANDIDATE QUESTIONNAIRE**

41. When was the last time you were in a fist fight? What were the circumstances?

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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 page 13 or 14.

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 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 page 13 or 14.

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 page 13 or 14.

45. Have you ever been fingerprinted before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, where and when?

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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 \_\_\_\_\_

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47. Do you own a handgun? \_\_\_\_\_ Yes \_\_\_\_\_ No

48. Have you ever 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 page 13 or 14.

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.

**GRANT COUNTY SHERIFF'S OFFICE  
EMPLOYMENT CANDIDATE QUESTIONNAIRE**

51. Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

52. Do you have 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 investigations, domestic problems, etc.) If so give full details on page 13 or 14.

53. Why are you applying for this position with the Grant County Sheriff's Office?

## REMARKS SECTION/ CONTINUATION SHEETS

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

**GRANT COUNTY SHERIFF'S OFFICE  
EMPLOYMENT CANDIDATE QUESTIONNAIRE**

## REMARKS SECTION/ CONTINUATION SHEETS

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

**GRANT COUNTY SHERIFF'S OFFICE**  
**EMPLOYMENT CANDIDATE QUESTIONNAIRE**

**CERTIFICATION AND SIGNATURE**

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

       Yes        No

I hereby certify that every statement made on the 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 Grant County Sheriff's Office.

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

**GRANT COUNTY SHERIFF'S OFFICE**  
**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 Grant County Sheriff's Office 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 Grant County Sheriff's Office.

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 Grant County Sheriff's Office.

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

Assigned Investigator \_\_\_\_\_

Authorized by (Name and Title) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_