



Deputy Application

Instructions to the Applicant

To receive a permanent appointment as a Deputy Sheriff with this agency, you must at the time of employment meet the following criteria:

1. You must be at least 21 years of age.
2. You must be a United States Citizen
3. You must have no felony conviction(s), including any felony convictions that have been expunged.
4. You must have no felony behavior involving use, production, transportation, or sale of illegal drugs or narcotics.
5. You must have a High School diploma or equivalent.
6. You must currently have or be able to maintain a Kansas Driver's License.
7. You must be able to qualify for vehicle insurance in the use of motor vehicles.
8. You may be required to meet certain job related sight and hearing standards essential for daily job functions.
9. As a condition of employment you may be required to pass the following job related:
 - A. Physical Agility
 - B. Background Investigations
 - C. Psychological Examination
 - D. Polygraph Examination
 - E. Drug Screen
 - F. Medical Examination
 - G. Written Examinations

Must have prior POST Certification or attend KLETC and receive state certification as a Law Enforcement Officer.

Deputies perform general law enforcement duties in the protection of life and property within Russell County. The job shall require work involving patrolling rural county areas, enforcing all federal state and local laws and ordinances. Deputies will be required to investigate crime scenes, accidents, and effect arrests. Deputies serve civil process, warrants and transport prisoners. Deputies are required to complete reports both written and using computers. Work in this position involves an element of personal danger and employees in this position must be able to act without direct supervision and exercise independent judgment in handling emergencies. Deputies work rotating schedules which include nights, weekends and holidays.

Pay Range is \$11.50 - \$15.50

Insurance is Blue Cross/Blue Shield, Health and Dental. Single is paid in full; Family is partially paid by county. AFLAC is available by request.

Retirement is KP&F

The completion of this form is a requirement for consideration for employment with this agency

All statements are subject to verification. Inaccuracies or incomplete statements may cause for your application to be removed from the hiring list.

In accordance with The Privacy Act of 1974, disclosure of your Social Security number is voluntary. The Social Security number will be used for identification purposes to assure that proper records are obtained.

I have read and understand the above statements and do agree to the terms and conditions of completing the applications.

Name: _____

Date: _____

RUSSELL COUNTY SHERIFF'S OFFICE
210 E. 4th Russell, KS 67665
785-483-2151 785-483-3681 FAX
www.russellcountysheriff.org
John R. Fletcher Max E. Barrett
Sheriff Undersheriff



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Personal Information

Name: _____

Last

First

Middle

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: (____) _____ Other Phone: (____) _____

Date of Birth (dd/mm/yyyy) _____ Social Security # _____

Are you a United States Citizen? Yes _____ No _____

If Not Explain. _____

This position requires the person qualify for and obtain a Kansas Driver's License as you must qualify for automobile insurance. Please answer the following questions.

Driver's License #: _____ State _____

Have you been convicted of any criminal offenses other than minor traffic violations? Yes _____ No _____

If yes explain: _____

Have you been convicted of a felony that has been expunged from this state, any other state, or any military jurisdiction that would be considered a Kansas felony? Yes _____ No _____

If yes explain: _____

Do you have any criminal charges pending? Yes _____ No _____ If yes type of charge: _____

Date of charge: _____ Location of charge: _____

Disclosure of a misdemeanor criminal record will not necessarily disqualify you for employment consideration. Each conviction will be evaluated on its own merit with respect to time, circumstances, and seriousness, in relation to the job for which you are applying. However, failure to disclose such information may result in disqualifying you from employment consideration or termination of employment.

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Education and Special Skills

Education	Name & Location of School	Year Graduated	Major Diploma/Degree
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High School: _____

College/University: _____

College/University: _____

Other Training/Education: _____

Please list those skills you have acquired that are relevant to the job(s) for which you are applying: _____

Account for any time that you were unemployed by stating the date and nature of your activities: _____

Do you authorize inquiry about you from your present employer? Yes _____ No _____

I certify that I have made no misrepresentation in this application and I have not withheld information in my statements and answers to questions. I hereby give my full permission for any and all information in this application to be investigated. I am aware that any misrepresentation may cause my application to be rejected or may cause dismissal if I am hired before such misrepresentations are discovered.

Signature of Applicant

Date

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Employment Experience

Start with your present or last job through your last three employers. Please include related military service assignments and volunteer activities. You may exclude employment information which may indicate race, age, color, sex, national origin, disability, or other protected information.

1.

Employer: _____ Dates Employed From _____ To _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (____) _____ Job Title _____

Supervisor: _____ Hourly Rate/Salary: Starting _____ Final _____

Work Performed:

Reason for Leaving:

2.

Employer: _____ Dates Employed From _____ To _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (____) _____ Job Title _____

Supervisor: _____ Hourly Rate/Salary: Starting _____ Final _____

Work Performed:

Reason for Leaving:

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3.

Employer: _____ Dates Employed From _____ To _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (____) _____ Job Title _____

Supervisor: _____ Hourly Rate/Salary: Starting _____ Final _____

Work Performed:

Reason for Leaving:

4.

Employer: _____ Dates Employed From _____ To _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (____) _____ Job Title _____

Supervisor: _____ Hourly Rate/Salary: Starting _____ Final _____

Work Performed:

Reason for Leaving:
