



BUFFALO COUNTY SHERIFF'S OFFICE APPLICATION FOR EMPLOYMENT

2025 Avenue A
P.O. Box 2228, Kearney, NE 68848
(308) 236-8555



The Sheriff's Office of Buffalo 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 Buffalo is an EEO/AA/Veteran's Preference Employer.

PERSONAL

Date: _____

Pease check the position(s) desired:

- | | |
|--|---|
| <input type="checkbox"/> Deputy Sheriff * | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Corrections Officer * | <input type="checkbox"/> Administrative Secretary |
| <input type="checkbox"/> Communications Officer * | <input type="checkbox"/> Clerical / Records Clerk |
| <input type="checkbox"/> Community Service Officer | <input type="checkbox"/> Other _____ |

* Must be at least 21 years of age and must have a high school education or equivalent.

How did you learn about this position?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> In House Advertisement	<input type="checkbox"/> 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? _____

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

<p>ONLY COMPLETE THIS SECTION IF YOU ARE APPLYING FOR CONSIDERATION FOR DEPUTY SHERIFF OR CORRECTIONS OFFICER.</p> <p>Please review each criteria and initial by each criteria which applies to you.</p>		
<input type="checkbox"/> I am already a certified law enforcement officer in Nebraska	<input type="checkbox"/> I am already a certified corrections officer in Nebraska	<input type="checkbox"/> My license is active and in good standing
<input type="checkbox"/> I understand that there are certain factors which make me ineligible for employment for this position.	<input type="checkbox"/> I have reviewed the full job description for this position.	(see: Nebraska Crime Commission for specific admissions criteria)
<input type="checkbox"/> I am at least 21 years of age. <input type="checkbox"/> I am a citizen of the United States <input type="checkbox"/> I have a high school diploma or GED <input type="checkbox"/> I have a valid Nebraska Driver's license. <input type="checkbox"/> I am able to read, write, and understand the English language. <input type="checkbox"/> I believe I possess good character and a thorough background investigation will confirm my good character. <input type="checkbox"/> I believe a background investigation will show I do not have a past indicative of incompetence, neglect of duty, or of physical, mental, or emotional incapacity. <input type="checkbox"/> I do not have a criminal history which shows a pattern of violations indicating I disrespect the law or rights of others. <input type="checkbox"/> I have not received traffic violations in the last three years with such frequency as to indicate I disrespect traffic laws and disregard the safety of others.	<input type="checkbox"/> I have not been convicted (or pardoned) of a Felony, a Nebraska class 1 misdemeanor, or a crime in any other jurisdiction punishable by imprisonment up to one year in prison, regardless of the sentence actually received. <input type="checkbox"/> I have not been convicted of DUI/DWI in the last two years. <input type="checkbox"/> I have not received a punitive discharge from the United States Armed Forces <input type="checkbox"/> I have not been denied law enforcement certification status, had certification revoked, nor am I currently suspended in this State or another jurisdiction. <input type="checkbox"/> I have not been convicted of any crime involving the threat or actual use of physical violence that would constitute a Class 1 misdemeanor in Nebraska.	<input type="checkbox"/> I have not been convicted of any crime involving the threat of or actual sexual assault or abuse. <input type="checkbox"/> I have never been convicted of any crime of physical violence or sexual abuse against a child or children. <input type="checkbox"/> I have not been convicted of a crime of domestic violence which would disqualify me from possessing a firearm. (See 18 USC 922(g)(9)) <input type="checkbox"/> I am not subject to an order of protection that would disqualify me from possessing a firearm (see 18 USC 922(g)(8)) <input type="checkbox"/> I do not have a pattern of substance abuse. Specifically I have not: <input type="checkbox"/> Used marijuana for any purpose in the last two years <input type="checkbox"/> Used illegal drugs or narcotics other than marijuana in the last five years.

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

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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: _____**

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					

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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.	

This position is subject to a veteran's preference. Are you eligible for and requesting a veteran's preference?
 Yes [A veteran requesting preference must submit with his/her Application for Employment a copy of the veteran's Department of Defense Form 214. A spouse of a veteran requesting preference must submit with his/her Application for employment a copy of the veteran's Department of Defense Form 214, a copy of the veteran's disability verification from the United States Department of Veteran Affairs demonstrating a 100 percent permanent disability rating, and proof of marriage to the veteran.]

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? Dates: Yes No Reason for Leaving:

LAW VIOLATIONS

Please list **all** convictions other than parking tickets regardless of severity, age, location, or perceived culpability unless you have secured a complete expungement and/or pardon for the offense. Though law violations may or may not have an impact on your qualifications as a candidate for this position, a decision to withhold information whether intentionally or in error, will likely disqualify your from consideration for this position.

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

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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.				

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 Buffalo. I also understand that to be considered for employment I must pass a pre-employment drug screen. I understand and agree that the County of Buffalo 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.

I also acknowledge receipt of a job description for the position(s) I am applying for. I have read and understand all the job tasks required of the position. This application for employment shall be considered current for a period of time not to exceed six (6) months from date of application.

Signature: _____

Buffalo County Sheriff's Office
Supplemental Application
Pre –Employment PREA Questionnaire

As outlined by the Prison Rape Elimination Act (PREA), the Buffalo County Sheriff's Office shall ask all applicants and employees, who may have contact with inmates, about previous conduct described below in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees.

115.17

(a) The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who—

- (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
- (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Have you ever engaged in or been found responsible for engaging in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? (If yes, explain)

Have you ever been convicted of engaging or attempting to engage in sexual activity (in the community) facilitated by force, overt or implied threats of force, or coercion, or where the victim did not consent, was unable to consent or refused? (If yes, explain.)

Have you ever been civilly or administratively adjudicated for engaging or attempting to engage in sexual activity (in the community) facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent, was unable to consent or refused? (If yes, explain.)

Applicant Signature: _____

Date: _____



**BUFFALO COUNTY SHERIFF'S OFFICE
Kearney, NE**

Authorization to Release Information

Name of Applicant: _____
Please print your full name

Date of Birth: _____ SSN#: _____

This release, when presented by a duly authorized representative of the Buffalo County Sheriff's Office, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Buffalo County Sheriff's Office: Employment, Educational, Medical, Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit; Polygraph Examinations; access to all Social Media Accounts and the UNDELETED copy of my military separation document and medical records from the appropriate Military Records Center and Department of Veterans Affairs.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Buffalo County Sheriff's Office. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the Buffalo County Sheriff's Office to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the Buffalo County Sheriff's Office. I understand that all materials pertaining to this background investigation become the property of the Buffalo County Sheriff's Office and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source of information will not be revealed to me.

I understand that in the event the investigating agency finds conduct that is illegal or unbecoming of a law enforcement officer and I am currently serving in the capacity of a law enforcement officer in a jurisdiction, the investigating agency has my permission to disclose the information to my current employer.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of Applicant: _____
(Do NOT sign until in the presence of a Notary Public)

State of _____
County of _____

Subscribe and sworn to before me the _____ day of _____ 20_____.

Seal

Notary Public