



# COWLEY COUNTY SHERIFF'S OFFICE

911 Fuller

P.O. Box 47

Winfield, Kansas 67156

Office: 620-221 5444

Fax: 620-221 5448

Thank you for your interest in employment with the Cowley County Sheriff's Office. This agency has employment opportunities in civilian, sworn, corrections, and transportation

Position Applying for:

- ☐ Deputy Sheriff
- ☐ Corrections Officer/Jail Administrator
- ☐ Part-Time Deputy
- ☐ Part-time Corrections
- ☐ Transport Deputy
- ☐ Volunteer Chaplain

Date:

## INSTRUCTIONS

This Application must be completed in its **entirety**. All questions must be answered and any application that is incomplete will not be considered.

### Name:

Last:  First:  Middle:

### Address:

Street:  City:  State:  Zip Code

Telephone:  Cellular:  E-Mail:

Have you ever worked for the Cowley County Sheriff's Office? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

There are minimum age requirements for employment at the Cowley County Sheriff's Office. You must be 21 years old to be in any sworn position and 18 years of age for a corrections position.

If applying for a Corrections Position are you at least 18 years of age? ☐ Yes ☐ No

If applying for a Sworn (Deputy Sheriff) position are you at least 21 years of age? ☐ Yes ☐ No

THE COWLEY COUNTY SHERIFF'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER

**EDUCATION AND TRAINING****(Attach Copies of Transcripts)**

	<b>Institution, City and State</b>	<b>Degree or Certificate Obtained</b>	<b>Major Area of Study</b>	<b>Credit Hours or Academic Years Attained</b>	<b>Date of Graduation</b>
<b>High School/GED</b>					
<b>College or University</b>					
<b>Graduate School</b>					
<b>Vocational, Technical, Business School</b>					
<b>Other Education</b>					

**(Attach Copies of Certificates)**

<b>Type</b>	<b>License/Registration Number</b>	<b>Issuing Authority</b>	<b>Issue Date</b>	<b>Expiration Date</b>

**Work Experience****List your last Five (5) employers**

<b>Month &amp; Year</b>	<b>Name/Address of Employer</b>	<b>Reason For Leaving</b>	<input type="checkbox"/> Paid Employment
From: _____			<input type="checkbox"/> Unpaid Employment
To: _____			<input type="checkbox"/> Full Time
			<input type="checkbox"/> Part Time
			Hours Worked _____
			Ending Pay \$ _____

Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Month & Year	<b>Name/Address of Employer</b>	<b>Reason For Leaving</b>	<input type="checkbox"/> Paid Employment <input type="checkbox"/> Unpaid Employment
From: _____			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours Worked _____ Ending Pay \$ _____
To: _____			

Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Month & Year	<b>Name/Address of Employer</b>	<b>Reason For Leaving</b>	<input type="checkbox"/> Paid Employment <input type="checkbox"/> Unpaid Employment
From: _____			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours Worked _____ Ending Pay \$ _____
To: _____			

Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Month & Year	<b>Name/Address of Employer</b>	<b>Reason For Leaving</b>	<input type="checkbox"/> Paid Employment <input type="checkbox"/> Unpaid Employment
From: _____			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours Worked _____ Ending Pay \$ _____
To: _____			

Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Month & Year	<b>Name/Address of Employer</b>	<b>Reason For Leaving</b>	<input type="checkbox"/> Paid Employment
From: _____			<input type="checkbox"/> Unpaid Employment
To: _____			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time  Hours Worked _____ Ending Pay \$ _____

Title: \_\_\_\_\_ Duties: \_\_\_\_\_

### Other Related Experience

Describe any other related certifications, honors, special skills, qualifications, or experience not already mentioned

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### Computer Skills

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### References

Name: _____	Occupation _____	Mailing Address _____
Your Supervisor? Yes      No	Organization: _____	Phone _____
Name: _____	Occupation _____	Mailing Address _____
Your Supervisor? Yes      No	Organization _____	Phone _____
Name: _____	Occupation _____	Mailing Address _____
Your Supervisor? Yes      No	Organization _____	Phone _____

## **AFFIRMATION**

I affirm that the facts set forth above in my application for employment are true, correct, and complete to the best of my knowledge. I understand that I may be required to submit information not requested on the application form: that the employing agency may verify any information provided by me in the employment process, and that incomplete information or omission of my signature is just cause for rejection of my application.

I also understand and agree that if hired, my employment would be contingent upon conditions specific to the position for which I am applying. I also understand that any omission of information or erroneous information provided in any part of the employment process would be sufficient cause for discharge.

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SIGNATURE OF APPLICANT

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DATE

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