

KENTON COUNTY SHERIFF'S OFFICE EMPLOYMENT CANDIDATE QUESTIONNAIRE

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 Sheriff's Office, or if employed, grounds for dismissal. Every answer herein may be checked during the background investigation.
 2. All questions in this 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 remarks section/continuation sheet (pages 12-13).
 3. If a question does not apply to you enter "NA".
 4. Your answers must be completed in ink in your own hand writing or printing. Write or print legibly.
 5. It is the policy of the Kenton County Sheriff's Office to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status under state and federal law.
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I voluntarily withdraw from the selection process:

Printed Name	Signature
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I understand and will comply with the selection process and will complete the questionnaire:

Printed Name	Signature
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Please specify by an (X) which position you are applying for:

Road Deputy _____ Full Time _____ Part Time _____ Court Security: _____
Clerk/Vehicle Inspector: _____ Special Deputy _____

CERTIFICATION AND SIGNATURE

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

I hereby certify that every statement made on this questionnaire is true and complete to the best of my knowledge. I understand that any false, misleading or Incomplete answers 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 time I must demonstrate my fitness for continued employment by the Kenton County Sheriff's Office.

Date: _____

Signature of Candidate _____

**KENTON 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 Kenton 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 or records to the Kenton County Sheriff's Office.

- Employment Information
- Credit Bureau Information
- Educational Information
- Medical and Military Medical Information
- Residence Records
- Police and Criminal Records

This information is given in connection with a personal background investigation being conducted relative to my application for or continued employment with the Sheriff's Office.

Signature of Applicant : _____

1. Name: _____
Last First Middle

2. Social Security Number _____

3. Current Address: _____
Street City State Zip Code

4. Telephone: Home () _____ Work () _____

5. Place of Birth: _____

6. Height _____ Weight _____ Eye Color _____ Hair Color _____

7. List an and all aliases and nicknames used by you (specify which):

8. If your name has been legally changed, give the following information (include maiden Name):

Former Name	Date of Change	Court Record	City/ State
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9. Are you responsible for paying any court-ordered child support? Yes ___ No ___ If yes, give full details on pages 12 and 13 of this questionnaire.

10. Provide all Social Media logins and passwords (ex. Facebook etc.)

11. **List Family Associates** – Mother, Father, Step Parents, Brothers, Sisters, Step-Brothers/Sisters, Spouses, Former Spouses, Children, Step-Children and In-Laws.
(Use pages 12 and 13 of this questionnaire if necessary.)

Name _____ Relation _____

Address _____

Employer _____

Name _____ Relation _____

Address _____

Employer _____

Name _____ Relation _____

Address _____

Employer _____

Name _____ Relation _____

Address _____

Employer _____

Name _____ Relation _____

Address _____

Employer _____

Name _____ Relation _____

Address _____

Employer _____

Name _____ Relation _____

Address _____

Employer _____

Name _____ Relation _____

Address _____

Employer _____

12. CHARACTER REFERENCES – Other than relatives:

Name _____ Years known _____

Address _____ Telephone _____

Employer _____ Position/Title _____

Employer's Telephone _____ Relationship _____

Name _____ Years known _____

Address _____ Telephone _____

Employer _____ Position/Title _____

Employer's Telephone _____ Relationship _____

Name _____ Years known _____

Address _____ Telephone _____

Employer _____ Position/Title _____

Employer's Telephone _____ Relationship _____

Name _____ Years known _____

Address _____ Telephone _____

Employer _____ Position/Title _____

Employer's Telephone _____ Relationship _____

13. **RESIDENCES** - List residences for the past ten 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 12 and 13 if necessary).

FROM (Mo./Yr.)____/____ **TO(Mo./Yr.)**____/____

Address_____

Street	City	State	Zip Code
--------	------	-------	----------

Name_____

Street	Neighbor/Landlord etc.	Address	Phone
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Name_____

Street	Neighbor/Landlord etc.	Address	Phone
--------	------------------------	---------	-------

FROM (Mo./Yr.)____/____ **TO(Mo./Yr.)**____/____

Address_____

Street	City	State	Zip Code
--------	------	-------	----------

Name_____

Street	Neighbor/Landlord etc.	Address	Phone
--------	------------------------	---------	-------

Name_____

Street	Neighbor/Landlord etc.	Address	Phone
--------	------------------------	---------	-------

FROM (Mo./Yr.)____/____ **TO(Mo./Yr.)**____/____

Address_____

Street	City	State	Zip Code
--------	------	-------	----------

Name_____

Street	Neighbor/Landlord etc.	Address	Phone
--------	------------------------	---------	-------

Name_____

Street	Neighbor/Landlord etc.	Address	Phon
--------	------------------------	---------	------

14. EMPLOYMENT HISTORY: Include self-employment, part-time, volunteer and unemployment. List all employment in chronological order beginning with your present employer. (Use pages provided at the back of this questionnaire if necessary) If you were dismissed from a job or forced to resign, give details on pages 12 and 13.

FROM (Mo./Yr.) _____ / _____ TO (Mo./Yr.) _____ / _____

Employer _____ Supervisor _____

Address _____

Street _____ City _____ State _____ Zip Code _____
Position Held _____ Telephone _____

Starting Salary _____ Ending Salary _____

Reason For Leaving _____

FROM (Mo./Yr.) _____ / _____ TO (Mo./Yr.) _____ / _____

Employer _____ Supervisor _____

Address _____

Street _____ City _____ State _____ Zip Code _____
Position Held _____ Telephone _____

Starting Salary _____ Ending Salary _____

Reason For Leaving _____

FROM (Mo./Yr.) _____ / _____ TO (Mo./Yr.) _____ / _____

Employer _____ Supervisor _____

Address _____

Street _____ City _____ State _____ Zip Code _____
Position Held _____ Telephone _____

Starting Salary _____ Ending Salary _____

Reason For Leaving _____

FROM (Mo./Yr.) _____ / _____ TO (Mo./Yr.) _____ / _____

Employer _____ Supervisor _____

Address _____

Street City State Zip Code

Position Held _____ Telephone _____

Starting Salary _____ Ending Salary _____

Reason For Leaving _____

FROM (Mo./Yr.) _____ / _____ TO (Mo./Yr.) _____ / _____

Employer _____ Supervisor _____

Address _____

Street City State Zip Code

Position Held _____ Telephone _____

Starting Salary _____ Ending Salary _____

Reason For Leaving _____

15. EDUCATION/TRAINING:

HIGH SCHOOL: _____

Location _____

Did you graduate? ___Yes ___No If yes, graduation date _____

Or

Was GED obtained? ___Yes ___No If yes, date and place _____

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 _____

16. **OTHER EDUCATION/TRAINING:** Name of institution _____

Location _____

Dates attended: From Mo. _____/Yr. _____ to Mo. _____/Yr. _____

Courses pursued/degree or diploma received _____

17. 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:

18. **MILITARY SERVICE:**

Branch of Service: _____ Highest Rank: _____

Active Service: _____ Yes ___ No Dates of Service: From _____ To _____

Honorable Discharge _____ Yes ___ No

Check one: ___ Officer _____ Enlisted Service No. _____

Present Status: _____ Active Duty ___ Ready Reserve _____ Inactive Ready Reserve
_____ Inactive Reserve

Board # _____ City/ State _____

National Guard Membership: _____ None _____ Army _____ Air Force _____
_____ State _____ Organization

Dates of Membership: From _____ To _____ Service No. _____

_____ Officer _____ Enlisted

19. DRIVER'S LICENSE

Presently held Driver's License# _____

State _____ Expiration Date _____ Class _____ Restriction _____

20. Motor Vehicles registered in your name or vehicles you have the exclusive use of:

Make _____ Color _____ Year _____ State _____ Tag # _____

Make _____ Color _____ Year _____ State _____ Tag # _____

21. Are your vehicle license plates not or have they ever been:

Denied _____ Yes _____ No

Suspended _____ Yes _____ No

Revoked _____ Yes _____ No

Subjected to any other similar penalty or action _____ Yes _____ No

If you answered "yes" to any of the above, explain: _____

22. List any and all motor vehicle accidents you have been involved in:

23. Has your operator's license ever been suspended or revoked in this or any other state?

Yes _____ No _____ If so, when and where? _____

24. List all Traffic Citations received, including date, agency, location, violation and disposition.

25. List any additional motor vehicle history not listed above, including license number and state for any and all licenses held in other states

26. 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: _____

27. Do you have any credit problem at present time? _____ Yes _____ No If yes, explain :

28. Do you now have, or have you ever had, any wage garnishments? _____ Yes _____ No
If yes, explain:

29. Have you ever been found delinquent on income 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:

30. Have you ever had a court-ordered financial judgment against you? _____ Yes _____ No
If yes, explain:

31. Do you presently have a financial judgment pending in court? _____Yes ____No
If yes, explain:

32. Have you ever had any real or personal property repossessed? _____Yes ____No
If yes, explain:

33. Have you ever made application with any other public safety (police, fire, emergency medical services) agency? _____Yes ____No, If yes, what was the date, agency's name, and disposition of your application?

34. Do you have applications pending for any type of employment with any other public Safety (police, fire, emergency medical services) agency at this time? _____Yes
_____No

For all "Yes" answers, give full details on pages 12 and 13 of this questionnaire.

35. Have you ever been denied any employment? _____Yes _____No If so, where, when and why?

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

37. Have you applied for a position with the Kenton County Sheriff's Office before?
Yes____ No_____ If yes, when and for what position?

38. Have you ever used the following drugs or narcotics (including abused prescribed medications, medications prescribed to someone else, or an accidental injection)?

<u>Yes/No</u>	<u>Frequency of Use</u>	<u>Date last used</u>
_____	Amphetamines, uppers, speed, diet pills:_____	_____
_____	Barbiturate, tranquilizers, downers, sleeping pills:_____	_____
_____	Hallucinogens (LSD, PCP, Angel Dust, Peyote):_____	_____
_____	Quaalude (horse pills):_____	_____
_____	Inhalants (glue, paint):_____	_____
_____	Opium (opium base liquor):_____	_____
_____	Morphine:_____	_____
_____	Heroin:_____	_____
_____	Cocaine:_____	_____
_____	Codeine:_____	_____
_____	Mescaline:_____	_____
_____	Smoked Marijuana:_____	_____
_____	Any other drug not mentioned:_____	_____

For all "yes" answers, give full details on pages 12 and 13 of this questionnaire.

39. 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 pages 12 and 13 of this questionnaire.

40. How much and how frequently do you drink alcoholic beverages?

41. Do you smoke? _____Yes _____No If yes, give type(s):_____

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

43. Have you EVER been arrested, charged, cited or held by Federal, State, or Local Law Enforcement authorities regardless of whether the arrest or citation was dropped or dismissed, or you were found not guilty? (Include traffic offenses and all court marital or non-judicial punishment while in the military service.) _____ Yes ___ No If yes, give full details on pages 12 and 13.
44. As a result of being arrested, charged, cited or held by law enforcement authorities, have you ever been convicted, fined or forfeited bond to a 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 pages 12 and 13 of this questionnaire.
45. 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 pages 12 and 13 of this questionnaire.
46. Have you ever been fingerprinted before? _____ Yes ___ No If yes, where and when?

47. Have you ever been issued a permit or license to carry a handgun or other weapon on your person? _____ Yes ___ No If yes, where and when?

48. Do you own a hand gun? _____ Yes _____ No
49. Have you had firearms training? _____ Yes ___ No
50. 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 pages 12 and 13 of this questionnaire. If yes, give full details on pages 12 and 13 of this questionnaire. Include a copy of your Naturalization Certificate with this questionnaire.
51. Are you a United States citizen? _____ Yes ___ No
If naturalized, give the following information:
Date _____ Place _____
Court _____ Certificate Number _____
52. Are you legally eligible for employment in the United States? ___ Yes ___ No

53. Have you 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 investigation, domestic problems, etc.)

54. List all and any social media sites that you are registered with including your email and login.____

55. When are you applying for this position with the 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.)

CERTIFICATION AND SIGNATURE

Have you been completely truthful to all questions asked? Keep in mind the Kenton County Sheriff's Office **Verifies** the information given to further evaluate applicants and to insure the Information furnished by the Applicant has been truthful to the best of his or her knowledge.

I hereby certify that every statement made on this 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 result of a complete character/background investigation. I also understand that all appointments are probationary for a period of one year, during which time I must demonstrate my fitness for continued employment by the Kenton County Sheriff's Office.

Date: _____

Signature of Candidate: _____

All employees hired by the Kenton County Sheriff's Office are subject to work schedules that May include any day of the week, (Monday through Sunday);(Holidays); and a Scheduled Shift dictated by management. Any employee hired by the Kenton County Sheriff's Office may be Scheduled to work at any work station that is dictated by management. (I.E. Independence or Covington).

Date _____

Signature of Candidate: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public, State at Large