

Application for Employment
OFFICE OF THE SHERIFF, MCDOWELL COUNTY
DUDLEY GREENE, SHERIFF

Position Applied For: _____ Date: _____

Are you applying for: Full-time () Part-time () Volunteer ()

Name of Applicant: _____
(First) (Middle) (Last)

Address: _____

SSN #: _____ - _____ - _____ Date of Birth: _____ - _____ - _____ Citizenship _____

Phone: (H): (____) _____ - _____ (C): (____) _____ - _____ (W): (____) _____ - _____

Height: ____ ft. ____ in. Weight: _____ lbs

Highest Level of Education: _____ Degree: _____

High School Attended: _____ Address: _____

College Attended: _____ Address: _____

Marital Status: _____

Do You Possess a Valid NC Driver License? _____ License Number/State: _____

Has Your Driver License Ever Been Revoked or Suspended? _____

Have You Ever Used marijuana? _____ Date Last Used: _____

Explain: _____

Have You Ever Been Convicted Of A Felony: _____ Misdemeanor: _____

Explain Conviction: _____

Have You Ever Received Professional Treatment Or Been Committed To A Facility For An Alcohol or Drug Abuse Problem? _____ If So, Explain To Include Name Of Facility: _____

Have You Ever Served In The Military? _____ If Yes, List Dates Of Service And The Type Of Discharge Issued: _____

Have You Ever Been Discharged Or Resigned From Any Employment Because Of Misconduct Or Unsatisfactory Performance? _____ Give Details: _____

Do You Object To Wearing A Uniform? _____ Working A Shift Rotation? _____ Working At Night? _____

Have You Ever Filed A Claim For Worker's Compensation? _____ If Yes, Explain : _____

(OVER PLEASE)

Complete The Following Concerning Your Employment For The Past Ten (10) Years, Begin With The Most Recent Employment:

(A): Employer _____
Address: _____ Phone: (____) ____-____
Your Title Or Position: _____
Supervisor: _____ Number Of Years Employed: _____
Salary: \$ _____ Hourly / Annually
Reason For Leaving: _____

(B): Employer _____
Address: _____ Phone: (____) ____-____
Your Title Or Position: _____
Supervisor: _____ Number Of Years Employed: _____
Salary: \$ _____ Hourly / Annually
Reason For Leaving: _____

(C): Employer _____
Address: _____ Phone: (____) ____-____
Your Title Or Position: _____
Supervisor: _____ Number Of Years Employed: _____
Salary: \$ _____ Hourly / Annually
Reason For Leaving: _____

.....
References (Do Not List Relatives Or Former Supervisors)

NAME	ADDRESS	PHONE
(A) _____	_____	(____) ____-____
(B) _____	_____	(____) ____-____
(C) _____	_____	(____) ____-____

.....
List Any Special Skills, Training Or Experience Which Qualifies You For This Position:

Date Completed Basic Law Enforcement Training ___ / ___ / _____

Are You A Sworn Officer? _____ If So, Which Law Enforcement Agency Is Currently Holding Your

Certification _____

