



Kalamazoo County Sheriff's Office Employment Application

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~~~~~ Any omission of required information will disqualify you. Only those applicants who meet the minimum requirements  
~~~~~ applying for will be considered.

~~~~~ Kalamazoo County  
~~~~~ Human Resources  
~~~~~ 201 W. Kalamazoo Avenue  
~~~~~ Kalamazoo MI 49007

# Kalamazoo County Sheriff's Office Employment Application

## Equal Opportunity Employer

The County of Kalamazoo is an Equal Opportunity Employer and does not discriminate in recruiting, hiring, training, promoting or other employment practices for reason of age, ancestry, citizenship, color, disability, ethnicity, gender identity, height, marital or domestic partner status, national origin, race, religion, sex, sexual orientation, veteran status or weight. The County also provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and applicable Michigan Civil Rights statutes.

## Significant Job Requirements

As an employee of the Kalamazoo County Sheriff's Office, you will be required to work any hour of the day, any day of the week and on any recognized holiday. You will be required to maintain proficiency in the use of police equipment. You will be required to work with and for persons of differing race, sex, religious affiliations, age group and physical disabilities.

Attach copies of the following to the application:

1. Driver's license
2. Social security card

## Completing the Application

Read the following instructions carefully before filling out your application. If an item does not apply to you or if there is no information to be given, use the letters "N/A" for "not applicable". *Whenever an address is requested, you correct zip code.*

When marking a yes or no answer, please circle the appropriate answer or place an **X** in the box. Any information submitted on unapproved forms will not be accepted. Do not attach letters of commendation, letters of reference, or school certificates, etc.

To be considered further it is important you answer all the questions on this application fully and accurately.

## Note

Falsification or omission of information will result in rejection of your application, or if you are to become employed, would result in termination. If found to have falsified or omitted any information at any time in the selection process, you will be disqualified even if the accurate information would not have disqualified you.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Position Applying for:

Security Deputy  
MCOLES Required

Corrections Deputy

Deputy Sheriff  
MCOLES Required

Civilian Aid/Booking Clerk  
Jail Control Operator

Civilian Dispatcher  
9-1-1 Emergency Dispatcher

Registered Nurse  
License # \_\_\_\_\_

# Personal Information

Name \_\_\_\_\_  
Last First Middle

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt. No. City State Zip Code

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Do you possess communication skills in any language other than English? Yes No

If yes, what language and at what skill level? \_\_\_\_\_

Are you a U.S. citizen? Yes No Date of citizenship \_\_\_\_\_

Do you personally know any employees of the County of Kalamazoo? If so, who?

\_\_\_\_\_

Do you have any relatives employed by the County of Kalamazoo? If so, who?

What relationship? \_\_\_\_\_

Do you hold a current, valid driver's license? Yes No Issuing State \_\_\_\_\_

Driver's License# \_\_\_\_\_ License Type \_\_\_\_\_

Have you ever been convicted of a crime? Yes No If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

\*if you are selected to move to the next step of the process, you will need provide additional information on any criminal acts

## Educational Background

High School \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip Code

Phone # \_\_\_\_\_ Dates Attended \_\_\_\_\_ to \_\_\_\_\_ G.P.A. \_\_\_\_\_  
Month/Year Month/Year

Diploma? Yes No G..E.D.? Yes No

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College/University Name \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip Code

Phone # \_\_\_\_\_ Dates Attended \_\_\_\_\_ to \_\_\_\_\_ G.P.A. \_\_\_\_\_  
Month/Year Month/Year

Graduation Date \_\_\_\_\_ Type of Degree \_\_\_\_\_  
Month/Year

Number of Credits \_\_\_\_\_ Major Field of Study \_\_\_\_\_

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College/University Name \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip Code

Phone # \_\_\_\_\_ Dates Attended \_\_\_\_\_ to \_\_\_\_\_ G.P.A. \_\_\_\_\_  
Month/Year Month/Year

Graduation Date \_\_\_\_\_ Type of Degree \_\_\_\_\_  
Month/Year

Number of Credits \_\_\_\_\_ Major Field of Study \_\_\_\_\_

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What organizations do you belong to (exclude those which indicate race, religion, or national group)? For example, unions, social, drug treatment or class work, correctional program assistant, coaching, counseling, etc.

List any honors, awards, or other forms of recognition which you have received for scholarship, athletics or other achievements.

**Military Service**

Have you ever served in the U.S. Armed Forces? Yes No

Branch of Service \_\_\_\_\_ Rank at discharge\* \_\_\_\_\_ Pay Grade \_\_\_\_\_

Length of Service \_\_\_\_\_ Dates of Active Military Service \_\_\_\_\_ to \_\_\_\_\_  
Years & Months Month/Year Month/Year

\*Type of discharge Honorable Dishonorable Other

Did you receive specialized training which may be beneficial to law enforcement or corrections?  
If so, please list:

Are you presently a member of the U.S. Military Reserve or National Guard Organization? Yes No

Status: Active Inactive

Date of Service: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year of expected completion

Branch of Service and Component \_\_\_\_\_

Organization and Station of Unit \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip Code

***PLEASE COMPLETE THIS SECTION IF APPLYING FOR SECURITY & CORRECTIONS DEPUTY OR DEPUTY SHERIFF***

MCOLES certified police officer: Yes No MCOLES ID # \_\_\_\_\_

Academy \_\_\_\_\_ Dates Attended \_\_\_\_\_ to \_\_\_\_\_

If currently attending academy:

Academy \_\_\_\_\_ Dates Attended \_\_\_\_\_ to \_\_\_\_\_  
Expected graduation

If you are a certified police officer in another state, please provide the information below:

Date certified \_\_\_\_\_ State \_\_\_\_\_

MCOTC certified corrections officer Yes No

Academy \_\_\_\_\_ Dates Attended \_\_\_\_\_ to \_\_\_\_\_

State certification obtained \_\_\_\_\_

## Employment History

Please provide your employment history in the last 10 years, starting with your present employer. Account for all periods including casual employment. You may make additional copies of this page if necessary.

\*if you are selected to move to the next step of the process, a KCSO investigator may interview employers, supervisors and co workers.

Current Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_  
Number Street City State Zip Code

Phone \_\_\_\_\_ Name of Immediate Supervisor \_\_\_\_\_

Dates of employment from \_\_\_\_\_ to \_\_\_\_\_ Position/Title \_\_\_\_\_  
Month/Year Month/Year

May we contact? Yes No

Description of duties, responsibilities, courses and accomplishments

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Current Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_  
Number Street City State Zip Code

Phone \_\_\_\_\_ Name of Immediate Supervisor \_\_\_\_\_

Dates of employment from \_\_\_\_\_ to \_\_\_\_\_ Position/Title \_\_\_\_\_  
Month/Year Month/Year

Description of duties, responsibilities, courses and accomplishments

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Current Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_  
Number Street City State Zip Code

Phone \_\_\_\_\_ Name of Immediate Supervisor \_\_\_\_\_

Dates of employment from \_\_\_\_\_ to \_\_\_\_\_ Position/Title \_\_\_\_\_  
Month/Year Month/Year

Description of duties, responsibilities, courses and accomplishments

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Please list any special training, experience, skills or abilities that you think would be of value to the Kalamazoo County Sheriff's Office.

## Previous Law Enforcement Applications

Have you previously applied for employment with the Sheriff's Office?                      Yes                      No

Have you ever taken the KCSO Test administered by EMPCO?                      Yes                      No

If yes, please indicate your score \_\_\_\_\_

Have you ever been rejected after a psychological exam?                      Yes                      No

Have you ever applied to another law enforcement agency?                      Yes                      No

If yes, complete the information below.

Agency and/or Department \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position applied for \_\_\_\_\_ Status \_\_\_\_\_

Date applied/tested \_\_\_\_\_

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Agency and/or Department \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position applied for \_\_\_\_\_ Status \_\_\_\_\_

Date applied/tested \_\_\_\_\_

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Agency and/or Department \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position applied for \_\_\_\_\_ Status \_\_\_\_\_

Date applied/tested \_\_\_\_\_

**Applicant Authorization Consent for Release of Information**  
**Please Read Carefully**

We welcome your application with the Kalamazoo County Sheriff's Office. We require, as a condition of employment, that all applicants consent to and authorize a pre-employment verification of the background information submitted on their application, assessment questionnaire, and personal background questionnaire.

This release and authorization acknowledges that the Kalamazoo County Sheriff's Office may now or at any time while you are employed, conduct a verification of your education, personal references, motor vehicle records and to receive any criminal history record information pertaining to you which may be in the files of any Federal, State or local criminal justice agency in Michigan or any OTHER state and/or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility under the Department's employment policies. All results will be proprietary and will be kept confidential.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge.

I have read and understand the release and consent, and I authorize the background verification. I authorize all individuals, school, current and former employers, financial or credit institutions and other organizations and agencies to provide the Kalamazoo County Sheriff's Office with all information requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that a copy of this document is as valid as the original.

I do hereby agree to forever release and discharge the Kalamazoo County Sheriff's Office and their associates, from any claims, damages, losses and expenses or another charge or complaint filed with any agency arising from retrieving and reporting of information and acknowledge notice of right to receive a copy upon written request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For KCSO use only:

Part 2 \_\_\_\_\_ Sent \_\_\_\_\_