Please inform us if you require assistance in filling out an application or taking a pre-employment test. Individuals with disabilities should request reasonable accommodations in accordance with the American with Disabilities Act prior to testing or appointment. 8 Name (Please print) \_ Last, First, MI

(417) 546-7250 FA http://www.tane INSTRUCTIONS TO APPLICANT: Typ	1005 . 65653 1/F/V/D X (417) 546-3348 eycounty.org e or print legibly i		pages of this appli	
SIGN LAST PAGE. The application and 1. Name: Last First Middle	2. Telephon (Area Code)		3 TELEPHONE: (Area Code)	· · · · · · · · · · · · · · · · · · ·
4. EMAIL ADDRESS: (if applicable)				
5. ADDRESS: Number Street			Apt	. No.
6. CITY, STATE	7. ZIP	8. COUNTY	9. SOCIAL SECU	RITY #
<ul><li>10. Are you a United States citizen? If you are not a citizen, give the nu authorization card (provide copy c</li><li>11. How did you hear about the position</li></ul>	f front and back of	card): #	Exp	Date:
12. Do you have any relative(s) workin	g for the Sheriff's [	Department?	YES	NO
Name(s) and relationship(s):				
13. Have you ever been convicted of, o (This inclu	or plead guilty to, a des ALL TRAFFIC VIOLATIO	•	•	al offense?
YES NO	(If YES, list comple	ete conviction record - (	use additional sheets, if ne	cessary.)
DATE: OFFENSE:		Locatic	DN:	
EXPLANATION (Misdemeanor or Felony- Please	give full details):			

Date:

14. List Below information concerning military duty, if any. MUST attach DD214 to verify military service and type of discharge. No credit will be given if form is not attached.						
Branch of Service	Serial#					
Type of Discharge		Dates of Service	2			
15. Have you ever been employed by Taney Co	unty? YES	NO				
Dates employed:	- 	Department: _				
I 6. Date available for employment		17. Today's Date	e			
18. Name of High School Attended:						
Address:						
Did you graduate or obtain equivalency diplom	a? YES	NO				
VOCATIONAL EDUCATION (BUSINE	ESS SCHOOL, TRADE	ES SCHOOL, SEF	<b>RVICE SCHOOL</b>	S, ETC)		
COLLEGE AND UNIVERSITY	(UNDERGRADUATE	, GRADUATE, P	ROFESSIONAL)			
NAME AND LOCATION	COURSES OF	- STUDY	DIPLOMA, CERTIFICATE, OR DEGREE RECEIVED	CREDIT HOURS EARNED		

Please list all applicable licensures, license number(s), and expiration date(s) this includes **drivers license and CDL** information:

#### EDUCATION AND EXPERIENCE SHALL BE EVALUATED WITH REGARD TO RECENCY AND QUALITY, AS WELL AS QUANTITY

19. In the space below, list your complete record of employment for the **PAST TEN YEARS** and any other relevant work/volunteer experience. Start with your present or most recent position and continue in descending order. List positions in the order you held them. List any periods of unemployment. If the vacancy announcement includes an experience requirement, be sure to show clearly that you meet such requirement. If more space is needed, attach separate sheet(s) to this application.

Employer		Dates of E	mployment	
Supervisor's Name and Title			FROM (Month/Year)	TO (Month/Year)
Address			Starting Salary	Final Salary
City State Phone			Reason For Leaving	1
Your Exact Title	Circle	• One		
	Full Time	Part Time		
Specific Duties				

Employer			Dates of Employment		
Supervisor's Name and Title			FROM (Month/Year)	TO (Month/Year)	
Address			Starting Salary	Final Salary	
City State Phone			Reason For Leaving		
Your Exact Title	Circle	e One			
	Full Time	Part Time			
Specific Duties					

Employer			Dates of Employment		
Supervisor's Name and Title			FROM (Month/Year)	TO (Month/Year)	
Address			Starting Salary	Final Salary	
City State Phone			Reason For Leaving		
Your Exact Title		e One			
Specific Duties	Full Time	Part Time			

It is our practice not to contact a present employer without the candidate's consent. Please DO NOT submit references at this time.

Additional remarks

#### APPLICANT CERTIFICATION, RELEASE OF INFORMATION, AND AUTHORIZATIONS

I hereby certify that all the statements and answers set forth on the application form and/or my resume are time and complete to the best of my knowledge, and I understand that if prior to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the denial of employment. I also understand that if subsequent to employment any such statements and/or answers are found false or that false statements or omissions may be just cause for the denial of employment. I also understand false statements or omissions may be just cause for termination of my employment. Further, I understand that by requesting this information, no promise of employment is being made.

I, the undersigned, do hereby authorize the Taney County Sheriff and/or its designated provider to conduct an investigation with respect to my application for employment and my qualifications and fitness for the position I have applied for and for employment with the County. I release the County, my former employers, and personal references from any liability or damage caused by giving and receiving information or opinions as to my employment or character. Information obtained may include residential, achievement, job performance, attendance, employment history, personal references, credit reports, driving records, and criminal history records.

I agree to hold the County harmless and in no event shall the County be liable to me for special, indirect, or consequential damages for the refusal of employment due to information obtained during my background security check. Any information obtained through former employers and/or personal references will become property of the Taney County Sheriff.

I authorize the Taney County Sheriff's Office or its designated provider to perform pre-employment urine drug screening. I understand that I must successfully pass the drug screening in order to be eligible to begin employment with the Sheriff's Office. I understand I have the right to request a copy of the County's Substance Abuse Policy.

I understand that if I have questions regarding any portion of the employment procedure, I have the right to contact the Sheriff's Office for clarification.

Applicant Signature

Date \_\_\_\_

The Taney County Sheriff's Department is committed to workforce diversity and a drug-free workplace. Pre-employment drug testing is required. Women, minorities, and individuals with disabilities are encouraged to apply.

# **Taney County Sheriff's Office**



Name:	
Date:	

## **INVESTIGATION PACKET**

Please complete this packet as accurately as possible. The information furnished on this application is confidential and is to be utilized for the purposes of enabling the Taney County Sheriff's Office to determine your qualifications.

This application is subject to a complete and thorough review which will consist of verifying the information you have submitted regarding your personal background. As part of this review, family members and character references will be contacted, previous and current employment will be examined, your military service (if applicable) will be investigated, your driving record and arrest history will be verified and any financial information provided will be evaluated. All areas of your background will be investigated.

The Taney County Sheriff's Office has relatively few circumstances that would cause an automatic failure or rejection from the application process. You are encouraged to answer all questions completely and honestly. While some issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft or even arrest or convictions may be embarrassing or uncomfortable, they may not necessarily cause a rejection when evaluated with your entire personal history. Deliberate misstatements or omissions, however, will most likely be interpreted as untruthfulness. Since honesty and integrity are core traits necessary for employment with the Taney County Sheriff's Office, deception in the application process is usually a cause for rejection regardless of the nature or reason for the untruthfulness.

# **MEDICAL INFORMATION**

In compliance with the Americans with Disabilities Act, the Taney County Sheriff's Office will not request any medical or other disability information from you prior to receiving a conditional offer of employment.

# EQUAL OPPORTUNITY EMPLOYER

The Taney County Sheriff's Office is an equal opportunity employer. All candidates receive consideration for employment without regard to age, race, color, ancestry, national origin, irrelevant physical disability, religious beliefs, sex, marital status, or other non-job related factors except as limited by law, personnel rules, collective bargaining agreements, or bona fide occupational qualifications.

## Taney County Sheriff's Office Background Investigation Packet

The Background Investigation is a critical examination of an applicant's past work and personal history. Certain information will be needed to complete this personal history application. It is suggested that you have the information and documents listed below available when you begin to fill out this form. Additionally, your background investigator will request these forms when you submit your completed Background

# THE FOLLOWING DOCUMENTS AND INFORMATION WILL BE REQUIRED DOCUMENTS (IF APPLICABLE)

- Birth Certificate and/or naturalization papers.
- Name change documents
- Military Separation Document DD214 Long Form and Evaluations
- Marriage License
- Divorce Decree
- High school records or GED equivalency documentation
- College records
- All documents related to any arrests to include the police report and court dispositions.
- Personal credit history

# **INFORMATION NEEDED (IF APPLICABLE)**

- Dates of birth and address for dependents not living with you.
- Dates of birth and address for prior spouse.
- Dates and location of any traffic or criminal history.
- Company name, address and dates worked at all past employers.
- Character references, name, address and contact information.

APPLICANT PERSONAL INFORMATION									
FIRST NAME			LAST	Γ ΝΑΜΕ			MIDDLE NAM	MIDDLE NAME	
PREVIOUS NAME	GEND	ER	SSN		AGE		RACE		
DATE OF BIRTH	•	BIRTH	COUN	ГY	BIRTH CI	ТҮ		BI	IRTH STATE
ARE YOU A RESIDENT ALIEN?									
ARE YOU LEGALLY AUTH THE UNITED STATES?	IORIZED	TO ACCI	EPT WO	PRK AND REMAII	N IN DRIV	ERS LIC	ENSE STATE	D	PRIVERS LICENSE NUMBER
HEIGHT (FT)	HEIGHT	(IN)		WEIGHT (LBS	5)	HAIR (	COLOR		EYE COLOR
WERE YOU NATURALIZE	D?							<b>I</b>	
CELL PHONE			WORI	K PHONE					
CURRENT ADDRESS									
EMAIL									
POSITION APPLIE	ED FOI	R							
DESIRED POSITION									
REASON FOR APPLYING									
LANGUAGE(S) SP	OKEN								
LANGUAGE				PROFICIEN	CY				

DO YOU HAVE ANY SCARS, MARKS, PIERCINGS OR TATTOOS?	LOCATION ON BODY	ТҮРЕ
DESCRIPTION		
MEANING		
DO YOU HAVE ANY SCARS, MARKS, PIERCINGS OR TATTOOS?	LOCATION ON BODY	ТҮРЕ
DESCRIPTION		
MEANING		
DO YOU HAVE ANY SCARS, MARKS, PIERCINGS OR TATTOOS?	LOCATION ON BODY	ТҮРЕ
DESCRIPTION		
MEANING		
DO YOU HAVE ANY SCARS, MARKS, PIERCINGS OR TATTOOS?	LOCATION ON BODY	ТҮРЕ
DESCRIPTION		
MEANING		

<b>RESIDENCY HISTORY</b>					
DATES OF RESIDENCY		NAME ON LEASE OR MORTGAGE			
ADDRESS					
DID YOU RENT THIS PROPERTY?					
LANDLORD NAME	APARTMENT COMPLEX				
LANDLORD PHONE	LANDLORD EMAIL				
DID SOMEONE OTHER THAN YOURSELF LIVE AT THIS	S ADDF	RESS, IF YES, WHO?			
WERE ANY MEMBERS OF THE HOUSEHOLD ARRESTE	D, IF Y	ES, NAME(S) AND REASON(S)?			

DATES OF RESIDENCY		NAME ON LEASE OR MORTGAGE		
ADDRESS				
DID YOU RENT THIS PROPERTY?				
LANDLORD NAME	APA	RTMENT COMPLEX		
LANDLORD PHONE	LAN	DLORD EMAIL		
DID SOMEONE OTHER THAN YOURSELF LIVE AT THIS	5 ADDI	RESS, IF YES, WHO?		
WERE ANY MEMBERS OF THE HOUSEHOLD ARRESTE	D, IF Y	'ES, NAME(S) AND REASON(S)?		
DATES OF RESIDENCY	NAME ON LEASE OR MORTGAGE			
ADDRESS				
DID YOU RENT THIS PROPERTY?				
LANDLORD NAME	APA	RTMENT COMPLEX		
LANDLORD PHONE	LAN	DLORD EMAIL		
DID SOMEONE OTHER THAN YOURSELF LIVE AT THIS	5 ADDI	RESS, IF YES, WHO?		
WERE ANY MEMBERS OF THE HOUSEHOLD ARRESTED, IF YES, NAME(S) AND REASON(S)?				
HAVE YOU EVER BEEN EVICTED, ASKED TO LEAVE A HOUSEHOLD EXPENSES? IF YES, DESCRIBE.	RESIE	DENCE OR LEFT A RESIDENCE OWING RENT, UTILITITES, OR OTHER		

### DRIVING HISTORY

HAVE YOU BEEN DENIED A LICENSE OR HAD A LICENSE SUSPENDED OR REVOKED?

HAVE YOU BEEN DENIED INSURANCE OR HAD YOUR INSURANCE SUSPENDED OR REVOKED?

HAVE YOU EVER FAILED TO APPEAR FOR A TRAFFIC CITATION?

HAVE YOU EVER FAILED TO PAY A TRAFFIC CITATION?

HAVE YOU EVER BEEN ISSUED A TRAF	FIC VIOLATION?					
OFFENSE DISPOSITION	DATE		PE			
СІТҮ	STATE					
OFFENSE DESCRIPTION						
HAVE YOU EVER BEEN ISSUED A TRAF	FIC VIOLATION?					
OFFENSE DISPOSITION	DATE		VIOLATION TY	PE		
СІТҮ	STATE					
OFFENSE DESCRIPTION						
HAVE YOU EVER BEEN INVOLVED IN A	TRAFFIC ACCIDENT AS A	DRIVER OF THE VEHI	ICLE?			
DATE						
СІТУ		STATE				
ACCIDENT DETAILS						
DO YOU CURRENTLY HAVE VEHICLE I	NSURANCE?					
TYPE OF COVERAGE	VEHICLE MAKE         VEHICLE YEAR         VEHICLE REGISTRATION NUMBER					
INSURANCE COMPANY NAME		POLICY NUMBER		EXPIRATION DATE		
HAVE YOU EVER DRIVEN A VEHICLE WITHOUT AUTO INSURANCE AS REQUIRED BY LAW?						
HAVE YOU EVER BEEN REFUSED A DR	VER'S LICENSE BY ANY ST	FATE? IF YES, EXPLAI	N:			

FAMILY INFORMAT	ION		
SPOUSE'S FIRST NAME	MIDDLE INITIAL	LAST NAME	IS HE/SHE STILL ALIVE?
CONTACT PHONE NUMBER	EMAIL ADDRESS	DATE OF BIRTH	OCCUPATION
CHILD'S FIRST NAME	MIDDLE INITIAL	LAST NAME	IS HE/SHE STILL ALIVE?
CONTACT PHONE NUMBER	EMAIL ADDRESS	DATE OF BIRTH	OCCUPATION
CHILD'S FIRST NAME	MIDDLE INITIAL	LAST NAME	IS HE/SHE STILL ALIVE?
CONTACT PHONE NUMBER	EMAIL ADDRESS	DATE OF BIRTH	OCCUPATION
CHILD'S FIRST NAME	MIDDLE INITIAL	LAST NAME	IS HE/SHE STILL ALIVE?
CONTACT PHONE NUMBER	EMAIL ADDRESS	DATE OF BIRTH	OCCUPATION
CHILD'S FIRST NAME	MIDDLE INITIAL	LAST NAME	IS HE/SHE STILL ALIVE?
CONTACT PHONE NUMBER	EMAIL ADDRESS	DATE OF BIRTH	OCCUPATION
PARENT'S FIRST NAME	MIDDLE INITIAL	LAST NAME	IS HE/SHE STILL ALIVE?
CONTACT PHONE NUMBER	EMAIL ADDRESS	DATE OF BIRTH	OCCUPATION
PARENT'S FIRST NAME	MIDDLE INITIAL	LAST NAME	IS HE/SHE STILL ALIVE?
CONTACT PHONE NUMBER	EMAIL ADDRESS	DATE OF BIRTH	OCCUPATION
SIBLING'S FIRST NAME	MIDDLE INITIAL	LAST NAME	IS HE/SHE STILL ALIVE?
CONTACT PHONE NUMBER	EMAIL ADDRESS	DATE OF BIRTH	OCCUPATION
SIBLING'S FIRST NAME	MIDDLE INITIAL	LAST NAME	IS HE/SHE STILL ALIVE?
CONTACT PHONE NUMBER	EMAIL ADDRESS	DATE OF BIRTH	OCCUPATION

SIBLING'S FIRST NAME	MIDDLE INITIAL	LAST NAME	IS HE/SHE STILL ALIVE?
CONTACT PHONE NUMBER	EMAIL ADDRESS	DATE OF BIRTH	OCCUPATION
SIBLING'S FIRST NAME	MIDDLE INITIAL	LAST NAME	IS HE/SHE STILL ALIVE?
CONTACT PHONE NUMBER	EMAIL ADDRESS	DATE OF BIRTH	OCCUPATION
HAVE YOU EVER BEEN DIVORCED?			

#### **CRIMINAL/CIVIL HISTORY**

HAVE YOU EVER BEEN CHARGED WITH A CRIME? IF YES, EXPLAIN:

HAVE YOU EVEN BEEN INVOLVED IN A DOMESTIC VIOLENCE INCIDENT? IF YES, EXPLAIN:

HAVE YOU OR A MEMBER OF YOUR FAMILY EVER BEEN INVOLVED IN ANY CRIMINAL GANG OR GANG RELATED ACTIVITY? IF YES, EXPLAIN:

HAVE YOU EVER BEEN INVOLVED IN A CIVIL LITIGATION? IF YES, EXPLAIN:

HAVE YOU EVER BEEN DETAINED OR QUESTIONED BY A LAW ENFORCEMENT AGENCY? IF YES, REASON AND WHEN. IF YES, EXPLAIN:

HAVE YOU EVER BEEN FINGERPRINTED BY ANY LAW ENFORCEMENT AGENCY? IF YES, EXPLAIN:

#### **FINANCE HISTORY**

ARE YOU REQUIRED TO PAY ALIMONY?

ARE YOU REQUIRED TO PAY CHILD SUPPORT?

ARE YOU CURRENTLY MORE THAN 30 DAYS BEHIND PAYMENT TO ANY CREDITOR? IF YES, EXPLAIN:

DO YOU HAVE ANY OUTSTANDING STUDENT LOANS?

HAVE YOU EVER BEEN DELINQUENT ON ANY INSTALLMENT LOANS? IF YES, EXPLAIN:

HAVE ANY OF YOUR BILLS EVER BEEN TURNED OVER TO A COLLECTION AGENCY? IF YES, EXPLAIN:

HAVE YOU EVER HAD YOUR WAGES GARNISHED? IF YES, EXPLAIN:

HAVE YOU EVER BEEN DELINQUENT IN FILING YOUR FEDERAL OR STATE INCOME TAX? IF YES, EXPLAIN:

HAVE YOU EVER HAD ANY PERSONAL PROPERTY REPOSED? IF YES, EXPLAIN:

HAVE YOU EVER BEEN EVICTED? IF YES, EXPLAIN:

HAVE YOU EVER BEEN REFUSED CREDIT? IF YES, EXPLAIN:

HAVE YOU EVER FILED FOR BANKRUPTCY? IF YES, EXPLAIN:

HAVE YOU EVER HAD ANY COURT ORDERED JUDGEMENTS? IF YES, EXPLAIN:

#### PREVIOUS LAW ENFORCEMENT APPLICATIONS

HAVE YOU EVER APPLIED TO ANOTHER LAW ENFORCEMENT AGENCY? IF YES, WHAT AGENCY AND WHEN.

#### STATUS OF APPLICATION

#### **DRUG HISTORY**

HAVE YOU EVER USED ILLEGAL DRUGS OR PRESCRIPTION DRUGS ILLEGALLY?

#### DRUG TYPE

DATE LAST USED

NUMBER OF TIMES USED

DURING THE PAST FIVE YEARS, HAVE YOU ASSOCIATED WITH FRIENDS, ACQUAINTANCES, HOUSEMATES, OR FAMILY MEMBERS WHO HAVE ILLEGALLY USED DRUGS OR NARCOTICS, AND/OR ILLEGALLY USED PRESCRIPTION MEDICATIONS? IF YES, EXPLAIN:

#### **GUN PERMIT INFORMATION**

HAVE YOU EVER APPLIED FOR A GUN PERMIT?

HAVE YOU EVER TAKEN A CARRYING A CONCEALED WEAPONS COURSE?

# SOCIAL NETWORKING SERVICE (FACEBOOK, INSTRAGRAM, TIK TOK, ETC.) USERNAME SERVICE (FACEBOOK, INSTRAGRAM, TIK TOK, ETC.) USERNAME

#### **ADDITIONAL QUESTIONS**

HAVE YOU EVER BEEN FIRED, RELEASED DURING PROBATION, OR ASKED TO RESIGN FROM ANY PLACE OF EMPLOYMENT? IF YES, EXPLAIN:

WERE YOU EVER INVOLVED IN A PHYSICAL/VERBAL ALTERCATION WITH A SUPERVISOR, CO-WORKER, OR CUSTOMER? IF YES, EXPLAIN:

HAVE YOU EVER QUIT WITHOUT GIVING PROPER NOTICE? IF YES, EXPLAIN:

HAVE YOU EVER RESIGNED IN LIEU OF TERMINATION? IF YES, EXPLAIN:

HAVE YOU EVER BEEN ACCUSED OF DISCRIMINATION (SUCH AS SEXUAL HARASSMENT, RACIAL BIAS, ETC.) BY A CO-WORKER, SUPERIOR, SUBORDINATE, OR CUSTOMER? IF YES, EXPLAIN:

WERE YOU EVER THE SUBJECT OF A WRITTEN COMPLAINT AT WORK? IF YES, EXPLAIN:

HAVE YOU EVER BEEN COUNSELED AT WORK DUE TO TARDINESS OR ABSENCES? IF YES, EXPLAIN:

DID YOU EVER RECEIVE AN UNSATISFACTORY PERFORMANCE REVIEW? IF YES, EXPLAIN:

HAVE YOU EVER CALLED IN SICK WHEN YOU WERE NEITHER SICK NOR CARING FOR A SICK FAMILY MEMBER? IF YES, EXPLAIN:

IN THE PAST FIVE YEARS, HAVE YOU BEEN WARNED BY AN EMPLOYER ABOUT YOUR DRINKING OR DRUG HABITS AND THEIR IMPACT ON YOUR PERFORMANCE? IF YES, EXPLAIN:

HAVE THE POLICE EVER BEEN CALLED TO YOUR RESIDENCE FOR ANY REASON? IF YES, EXPLAIN:

HAVE YOU OR YOUR SPOUSE / PARTNER EVEN BEEN REFERRED TO CHILD PROTECTIVE SERVICES? IF YES, EXPLAIN:

HAVE YOU EVER USED FORCE OR VIOLENCE AGAINST ANOTHER? IF YES, EXPLAIN:

HAVE YOU EVER CONTRIBUTED TO THE DELINQUENCY OF A MINOR? IF YES, EXPLAIN:

HAVE YOU EVER DRIVEN UNDER THE INFLUENCE OF ALCOHOL AND DRUGS? IF YES, EXPLAIN:

HAVE YOU EVER BEEN INTOXICATED IN PUBLIC? IF YES, EXPLAIN:

HAVE YOU EVER BEEN INVOLVED IN ILLEGAL HUNTING OR FISHING? (WITHOUT A LICENSE) IF YES, EXPLAIN:

HAVE YOU EVER IMPERSONATED A POLICE OFFICER? IF YES, EXPLAIN:

HAVE YOU EVER INTENTIONALLY WRITTEN A BAD CHECK? IF YES, EXPLAIN:

DID YOU EVER POSSESS ALCOHOL AS A MINOR? IF YES, EXPLAIN:

HAVE YOU EVER SOLICITED A PROSTITUTE? IF YES, EXPLAIN:

HAVE YOU EVER DRIVEN A VEHICLE RECKLESSLY? IF YES, EXPLAIN:

HAVE YOU EVER STOLE MONEY OR VALUABLES ENTRUSTED TO YOU? IF YES, EXPLAIN:

HAVE YOU EVER SEXUALLY ASSAULTED ANOTHER USING PHYSICAL FORCE? IF YES, EXPLAIN:

HAVE YOU EVER FALSIFIED ANY TYPE OF DOCUMENT, CHECK, CERTIFICATE, LICENSE, CURRENCY, ETC.? IF YES, EXPLAIN:

HAVE YOU EVER FRAUDULENTLY USED A CREDIT CARD, ATM CARD OR DEBIT / CHECK CARD? IF YES, EXPLAIN:

I hereby attest and certify that I have personally completed this application. The answers I have given to each question are true and complete to the best of my knowledge and belief. I understand they will be used to consider my suitability for employment. This information is furnished at my request and for my benefit. As such, I release the employers, references and any other individual that provides information, from all liability for any damages of any nature.

I understand and agree that any misstatement or falsification knowingly made to questions on this application will subject me to possible disqualification, or if I have been hired is cause for removal from employment either during or after employment.

Signature of Applicant:

Date: \_\_\_\_\_

Signature of Witness:

Date: \_\_\_\_\_



**Taney County Sheriff's Office** 

Applicant Background Checklist

# **BACKGROUND INVESTIGATION SUPPORTING DOCUMENTATION**

As part of your background investigation for a position with the **Taney County Sheriff's Office**, please obtain the following documents. (*Some documents, may not apply*)

An <b>official</b> copy of your Birth Certificate; (If no record of your birth is on file at the Department of Health or the Bureau of Vital Statistics of the State in which you were born, obtain a statement attesting to the fact.)
Valid Driver's License
Proof of Citizenship / Naturalization documents (if born outside of US)
High School / College / Trade School Transcripts <u>and Diploma;</u> (Transcripts <b>MUST</b> be submitted in a <b>SEALED</b> envelope from the institution or <b>sent directly to your assigned Background Investigator</b> )
DD214 – Military Record of Separation (Long Form)
Passport (Including all pages with transactions)
Marriage Certificate
Separation / Divorce Decree(s) (face page and signature page only)
Records of any change in name
Missouri POST Certificate (for Police Officer Applicants)
Social Security Card
Court Orders (child support, exparte, full orders of protection, garnishments, etc.)
Credit report

# FAILURE TO PRODUCE THESE DOCUMENTS WILL DELAY THE PROCESSING OF YOUR APPLICATION.

# Please deliver a signed copy of your Background Investigation Packet to the Background Investigator at the Pre--Background Interview.