

CRAWFORD COUNTY SHERIFF'S DEPARTMENT

APPLICATION FOR EMPLOYMENT JEFF HOWELL, SHERIFF



Position(s) Applying for: _____

Name: Last: _____ First: _____ MI: _____

Address: _____ City: _____ Zip: _____

Contact Numbers: Home: _____ Cell: _____

Email: _____

Drivers License Number: _____ Issuing State: _____

PLEASE ATTATCH A
CURRENT PHOTO
OF YOURSELF
WITH THIS
APPLICATION

My signature below certifies that all information contained on this application and attachments is true and complete to the best of my knowledge. Any falsifications, misrepresentations, or omissions may be cause for disqualification from consideration for employment or reason for termination of employment at another date if hired. All employers will be contacted that are listed on this application unless otherwise told by you.

Signature: _____ **Date:** _____

EDUCATION:

HIGHSCHOOL: _____ DIPLOMA OR GED EARNED? _____

LOCATION OF HIGHSCHOOL: _____

COLLEGES OR UNIVERSITYS ATTENDED: (Attach additional sheet if needed.)

NAME: _____ LOCATION: _____

DATES ATTENDED: _____ DEGREE/HOURS EARNED: _____

AREA OF STUDY: _____

NAME: _____ LOCATION: _____

DATES ATTENDED: _____ DEGREE/HOURS EARNED: _____

AREA OF STUDY: _____

NAME: _____ LOCATION: _____

DATES ATTENDED: _____ DEGREE/HOURS EARNED: _____

AREA OF STUDY: _____

NAME: _____ LOCATION: _____

DATES ATTENDED: _____ DEGREE/HOURS EARNED: _____

AREA OF STUDY: _____

LIST ANY SPECIAL SKILLS, LICENSES, OR CERTIFICATES YOU MAY HAVE:

WORK HISTORY:

List your work history starting with your most recent employer. Include any military service and volunteer work. Include any duties or skills that would contribute to the position you are applying for.
Employers listed will be contacted unless stated otherwise by you.

EMPLOYER NAME: _____ BUSINESS TYPE: _____

JOB TITLE: _____ EMPLOYMENT DATES: _____ TO _____

SUPERVISOR: _____ PHONE NUMBER: _____

FULL TIME: _____ PART TIME: _____ VOLUNTEER: _____ HRS. PER WEEK: _____

REASON FOR LEAVING: _____

CAN EMPLOYER BE CONTACTED? _____

DISCRIPTION OF DUTIES: (Include any special skills or abilities acquired.)

EMPLOYER NAME: _____ BUSINESS TYPE: _____

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REASON FOR LEAVING: _____

CAN EMPLOYER BE CONTACTED? _____

DISCRIPTION OF DUTIES: (Include any special skills or abilities acquired.)

REFERENCES OTHER THAN RELATIVES: (List at least 3)

NAME 1: _____ LENGTH OF TIME KNOWN: _____

ADDRESS: Street: _____

City: _____ State: _____ Zip Code: _____

CONTACT NUMBER: _____

NAME 2: _____ LENGTH OF TIME KNOWN: _____

ADDRESS: Street: _____

City: _____ State: _____ Zip Code: _____

CONTACT NUMBER: _____

NAME 3: _____ LENGTH OF TIME KNOWN: _____

ADDRESS: Street: _____

City: _____ State: _____ Zip Code: _____

CONTACT NUMBER: _____

NAME 4: _____ LENGTH OF TIME KNOWN: _____

ADDRESS: Street: _____

City: _____ State: _____ Zip Code: _____

CONTACT NUMBER: _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

COPY OF DRIVERS LICENSE
COPY OF HIGHSCHOOL DIPLOMA OR GED EQUIVALENT
COPY OF COLLEGE DIPLOMA OR TRANSCRIPT IF APPLICABLE
COPY OF MILITARY DD214 IF APPLICABLE

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.