

# York County Sheriff's Office



## Application and Personal History Statement

Position Applied For: \_\_\_\_\_

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### **PERSONAL INFORMATION**

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

Mailing Address: \_\_\_\_\_  
Street

\_\_\_\_\_ Town/City State Zip Code

Physical Address: \_\_\_\_\_  
Street

\_\_\_\_\_ Town/City State Zip Code

Primary Contact Number ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you over 18 years of age?  Yes  No

Have you ever legally changed your name?  Yes  No

List any other name(s), including nicknames, you have used: \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

Do you have any relatives who are currently employed, or were previously employed, by the York County Sheriff's Office?  Yes  No

Are you legally eligible to work in the United States?  Yes  No

When would you be available for employment? \_\_\_\_\_

Are you able to work all shifts?  Yes  No

Are you able to adhere to a dress code?  Yes  No

Are you able to perform the job functions of a Corrections Officer?  Yes  No

If No, list only the accommodation(s) needed: \_\_\_\_\_

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**EDUCATION AND TRAINING**

Indicate the highest education level completed: 1 2 3 4 5 6 7 8 9 10 11 12 12+

Did you graduate from high school?  Yes  No If no, have you passed a G.E.D. test?  Yes  No

Name and location of the last high school attended: \_\_\_\_\_

	School Name and Location	Number of Years Attended	Did you Graduate?	Degree	Major Area of Study
<b>College or University</b>					
<b>Other Education</b>					

List and training, skills, education, or professional qualifications that you believe may be an asset to the York County Sheriff's Office: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILITARY SERVICE**

Have you ever been a member of any branch of the Armed Forces?  Yes  No

If Yes, which branch of the Armed Forces? \_\_\_\_\_

Date entered: \_\_\_\_\_ Date discharged if not currently serving: \_\_\_\_\_

Highest Rank: \_\_\_\_\_

Primary Duties: \_\_\_\_\_

Were you subject to any disciplinary action while in the Armed Forces?  Yes  No

If Yes, provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EXPERIENCE AND EMPLOYMENT HISTORY**

Beginning with your current or most recent position, list all of your experience, to include work, volunteer and military service. Be sure to include all requested information. If additional space is required, use the space provided on Page 8.

\_\_\_\_\_ Job Title: \_\_\_\_\_ From: \_\_\_\_\_ to: \_\_\_\_\_  
Present/Last Employer

\_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Average hours per week: \_\_\_\_\_  
Street Address

\_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_ Describe your position: \_\_\_\_\_  
Telephone

\_\_\_\_\_ Supervisor's Name

May we contact? Yes No \_\_\_\_\_

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\_\_\_\_\_ Job Title: \_\_\_\_\_ From: \_\_\_\_\_ to: \_\_\_\_\_  
Past Employer

\_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Average hours per week: \_\_\_\_\_  
Street Address

\_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_ Describe your position: \_\_\_\_\_  
Telephone

\_\_\_\_\_ Supervisor's Name

May we contact? Yes No \_\_\_\_\_

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\_\_\_\_\_ Job Title: \_\_\_\_\_ From: \_\_\_\_\_ to: \_\_\_\_\_  
Past Employer

\_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Average hours per week: \_\_\_\_\_  
Street Address

\_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_ Describe your position: \_\_\_\_\_  
Telephone

\_\_\_\_\_ Supervisor's Name

May we contact? Yes No \_\_\_\_\_

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Past Employer \_\_\_\_\_ Job Title: \_\_\_\_\_ From: \_\_\_\_\_ to: \_\_\_\_\_

\_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Average hours per week: \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

\_\_\_\_\_ Describe your position: \_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_ Supervisor's Name \_\_\_\_\_

May we contact? Yes No \_\_\_\_\_

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Past Employer \_\_\_\_\_ Job Title: \_\_\_\_\_ From: \_\_\_\_\_ to: \_\_\_\_\_

\_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Average hours per week: \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

\_\_\_\_\_ Describe your position: \_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_ Supervisor's Name \_\_\_\_\_

May we contact? Yes No \_\_\_\_\_

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Past Employer \_\_\_\_\_ Job Title: \_\_\_\_\_ From: \_\_\_\_\_ to: \_\_\_\_\_

\_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Average hours per week: \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

\_\_\_\_\_ Describe your position: \_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_ Supervisor's Name \_\_\_\_\_

May we contact? Yes No \_\_\_\_\_

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Past Employer \_\_\_\_\_ Job Title: \_\_\_\_\_ From: \_\_\_\_\_ to: \_\_\_\_\_

\_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Average hours per week: \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

\_\_\_\_\_ Describe your position: \_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_ Supervisor's Name \_\_\_\_\_

May we contact? Yes No \_\_\_\_\_

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**MOTOR VEHICLE AND DRIVING HISTORY**

Do you possess a valid driver's license?     Yes     No    If Yes, issuing state: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever held a driver's license from another state or jurisdiction?     Yes     No

If Yes, issuing state(s) or jurisdiction(s): \_\_\_\_\_

Has your right to operate a motor vehicle ever been suspended or revoked?     Yes     No

If Yes, Explain: \_\_\_\_\_

List all of your motor vehicle history including accidents and summonses, regardless of the disposition of the charge, for the past five (5) years. If additional space is required, use the space provided on Page 8.

Date	Accident or Summons	Charge (if applicable)	Agency	Disposition

**CRIMINAL HISTORY**

Have you ever been charged, summonsed, arrested, convicted, or adjudicated for any crime or attempted crime, including motor vehicle and fish and wildlife crimes?     Yes     No

If Yes, list each instance below. If additional space is required, use the space provided on Page 8.

Date	Charge	City/Town, State	Agency	Disposition

Have you ever had a Protection Order or Cease Harassment Order issued against you?     Yes     No

If Yes, provide details: \_\_\_\_\_

Is there anything in your life that you have not fully explained already, that may influence the York County Sheriff's Office evaluation of your suitability for employment?  Yes  No

If Yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RESIDENTIAL HISTORY**

Beginning with where you currently reside, list all of your residences in reverse chronological order. If additional space is required, use the space provided on Page 8.

<b>FROM Month Year</b>	<b>TO Month Year</b>	<b>Address</b>	<b>City/Town</b>	<b>State</b>	<b>Zip Code</b>

**REFERENCES**

List five persons whom you have know for at least one year and are not related to you by blood or marriage.

<b>Name</b>	<b>City/Town</b>	<b>State</b>	<b>Primary Contact Number</b>	<b>Secondary Contact Number</b>



