



## **HALL COUNTY SHERIFF'S OFFICE**

### **DEPUTY SHERIFF APPLICATION PACKET**

Thank you for your interest in law enforcement and in working as a deputy sheriff for Hall County. This packet should contain all the information necessary to prepare a complete application. Any questions you have should be directed to Capt. Todd Bahensky, phone # 308-385-5200 or e-mail at [toddb@hallcountyne.gov](mailto:toddb@hallcountyne.gov). The application and testing procedure is as follows:

#### **Application**

Your application must include all of the following.

Minimum requirements - To be eligible to work in law enforcement in Nebraska and for Hall County you must meet these requirements.

- Age 21 by application deadline
- High school diploma or GED
- Provide a valid birth certificate and a Nebraska driver's license (or eligible to obtain a Nebraska license at the time of the test).
- Each applicant must not have been convicted of a felony nor convicted of a Class I misdemeanor or any crime involving domestic violence or child abuse.

#### **Completed signed application**

All information must be complete and accurate. Missing or incorrect information or missing documentation may result in you being removed from the process. All required documentation must be provided by the specified deadline unless specific approval is received from Capt. Bahensky in advance of that date. Exceptions can be made in certain circumstances, however once the deadline is passed, incomplete application will be rejected if prior approval has not been obtained. See the attached application checklist to assist you in completing your application.

Your experience and education will be scored based on the information and documentation that you provide with your application. Incomplete information regarding your training, education, and experience will result in losing valuable points.

## **Testing**

Prior to the date of testing, you MUST provide documentation that you have passed the Test of Adult Basic Education (TABE). If you have already passed this test while applying for a law enforcement position in Nebraska, contact the Nebraska Law Enforcement Training Center to obtain that documentation. If you have not yet passed this test, contact the Nebraska Law Enforcement Training Center immediately at (308-385-6030) and make arrangements to take the test. Cost for this test is \$10.00 and will be your responsibility.

The date of testing will involve a written test scheduled to start promptly at 1:00 PM. Following the written test, you will be scheduled for a brief oral interview. You can leave and return to the facility at your scheduled time for the oral interview. Failure to be present at your scheduled time could result in your elimination from the candidate pool.

### **Each portion of the testing must be passed in order to continue with the process.**

Those passing all portions of the test will then be invited back for additional testing and a Merit Commission interview on June 24<sup>th</sup> and 25<sup>th</sup> 2015. You will be provided with a tentative appointment time after passing the written and oral interview. Any further questions you have should be directed to Capt. Todd Bahensky.

We appreciate your interest and look forward to the possibility of you becoming a part of our team. My personal best wishes to each candidate.

A handwritten signature in cursive script that reads "Jerry Watson". The signature is written in black ink and is positioned above the typed name.

Jerry Watson  
Sheriff- Hall County

# **TESTING SCHEDULE**

You will need to be present at the date, time, and location specified.

**Applicants arriving after the specified time will not be allowed to test.**

## **Phase One – Written Test**

Date : June 18<sup>th</sup>, 2015

Time: 1:00 pm

Location: Law Enforcement Center, 111 Public Safety Dr., Grand Island, NE  
(First stop light west of Stuhr Rd. on Hwy. 30 is Public Safety Dr.)

## **Phase Two – Preliminary Oral Interview**

Date/Time; June 18<sup>th</sup>, 2015 - By appointment following the written test

Location: Law Enforcement Center, 111 Public Safety Dr., Grand Island, NE

## **Phase Three – Preemployment Testing and Merit Commission Interview**

Date: June 24<sup>th</sup> and 25<sup>th</sup>

Times: By appointment

Location: Law Enforcement Center, 111 Public Safety Drive, Grand Island

Appointments for phase three will be made after the successful completion of phase two.

On this date you will complete a pre-employment questionnaire. This should take approximately 20-30 minutes.

Upon completion of the questionnaire you will then be interviewed by our Merit Commission hiring committee. This will take approximately 20-40 minutes.

Please contact Capt. Todd Bahensky at 308-385-5200 or via email at [toddb@hallcountyne.gov](mailto:toddb@hallcountyne.gov) if you have any questions.

**Final Phase – Prior to employment, additional testing will need to be passed including extensive background check, physical examination, physical fitness testing, drug testing, and psychological testing.**

*Hall County supports equal employment opportunities for all qualified individuals without distinction or discrimination because of race, color, sex, religion, age, national origin, disability or genetic information.*

Name: \_\_\_\_\_

**DEPUTY SHERIFF**  
**APPLICATION CHECKLIST**

**IF APPLICATIONS ARE RECEIVED AFTER THE DEADLINE OR ARE INCOMPLETE, YOU WILL NOT BE ALLOWED TO TEST.**

Complete applications must include the following:

- \_\_\_\_\_ Signature
- \_\_\_\_\_ Copy of Driver's License
- \_\_\_\_\_ Copy of Birth Certificate (*Must be at least 21 yrs. old prior to testing*)
- \_\_\_\_\_ Copy of High School Diploma or G.E.D. Certificate
- \_\_\_\_\_ Copy of College Diploma or Transcripts (if applicable)
- \_\_\_\_\_ Proof that T.A.B.E. has been passed
- \_\_\_\_\_ Copies of Law Enforcement Training Certificates (if applicable)
- \_\_\_\_\_ Release of Information Form - for Hall County Sheriff's Office
- \_\_\_\_\_ Release of Information Form - for Nebraska Law Enforcement Training Center. This form is only required if applicant has previously attended the Training Center.

APPLICATION MUST BE RECEIVED BY **5:00PM, June 5<sup>th</sup>, 2015**  
AT THE:

Hall County Sheriff's Office  
111 Public Safety Dr.  
Grand Island, NE 68801

Please contact Capt. Todd Bahensky at 308-385-5200 or via email at [toddb@hallcountyne.gov](mailto:toddb@hallcountyne.gov) if you have any questions.

**HALL COUNTY SHERIFF'S OFFICE**  
**DEPUTY SHERIFF**  
**APPLICATION FOR EMPLOYMENT**

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Application for testing  
(Applicants must be 21 years of age by closing of application)

**Date of Application:** \_\_\_\_\_

How did you learn about this position?

- Advertisement       Friend       Walk-in  
 Employment Agency       In-House Advertisement      Other \_\_\_\_\_

Last Name

First Name

Middle Name

Street Address

City

State

Zip

Telephone Number(s)

Driver's License Number/State

Email Address

When will you be able to begin work?

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

Are you prevented from lawfully becoming employed in  
this country because of Visa or Immigration Status?

Yes       No

**Applications may be mailed to  
or dropped off at:**

**Hall County Sheriff's Ofc.  
111 Public Safety Dr.  
Grand Island, NE 68801**

**For further information call:  
(308) 385-5200**

<b>EDUCATION (Include college diplomas or transcripts to receive credit)</b>				
	<b>Elementary</b>	<b>High School</b>	<b>College/Tech</b>	<b>Graduate</b>
<b>School Name and Location</b>				
<b>Years completed</b>	4 5 6 7 8	9 10 11 12	1 2 3 4 5	1 2 3 4
<b>Diploma/Degree</b>				
<b>Describe course of study</b>				
<b>Describe any honors you have received</b>				

<b>MILITARY</b>	
<b>Complete this section if you served in the U.S. Armed Forces</b>	Branch of Service
Describe your duties and any special training	Period of Active Duty From _____ To _____
	Rank at Discharge
	Date of Final Discharge

<b>SPECIAL SKILLS AND QUALIFICATIONS</b>
Summarize special job-related skills and qualifications acquired from employment or other experience: <hr/> <hr/> <hr/> <hr/>

<b>Foreign Language</b>
List languages that you consider yourself fluent: <hr/> <hr/> <hr/> <hr/>

**LAW ENFORCEMENT CERTIFICATION**

Are you currently law enforcement certified?

Yes \_\_\_\_\_ In what state? \_\_\_\_\_ Date of Certification \_\_\_\_\_

*INCLUDE COPIES OF CERTIFICATES*

No \_\_\_\_\_

**SPECIALIZED LAW ENFORCEMENT TRAINING**

List any Specialized Law Enforcement Training obtained through the Nebraska Law Enforcement Training Center or other recognized training facility. Only list certified training with a minimum of twenty-four classroom hours. Include copies of all certificates. Credit will only be given to those with proper documentation.

	Title of Course	Facility or Instructor	Hours
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Have you been convicted of any violations of the law other than parking violations? Yes  No   
If yes, complete the following. Be completed, add additional pages if needed.

Violation	Date	Place	Court	Disposition
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

## EMPLOYMENT EXPERIENCE

PLEASE GIVE ACCURATE, COMPLETE EMPLOYMENT RECORD. ADD ADDITIONAL PAGES IF NEEDED. START WITH PRESENT OR MOST RECENT EMPLOYER.

<b>1.</b> Company Name	Telephone
Address	Employed From _____ To _____
Name of Supervisor/Title	Annual/Hourly Pay
Your Job Title/Position	Reason for Leaving

<b>2.</b> Company Name	Telephone
Address	Employed From _____ To _____
Name of Supervisor/Title	Annual/Hourly Pay
Your Job Title/Position	Reason for Leaving

<b>3.</b> Company Name	Telephone
Address	Employed From _____ To _____
Name of Supervisor/Title	Annual/Hourly Pay
Your Job Title/Position	Reason for Leaving

<b>4.</b> Company Name	Telephone
Address	Employed From _____ To _____
Name of Supervisor/Title	Annual/Hourly Pay
Your Job Title/Position	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

**DO NOT CONTACT**  
Employer Number(s) \_\_\_\_\_ Reason \_\_\_\_\_

## PERSONAL REFERENCES

PLEASE LIST REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.

1.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_
  
2.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_
  
3.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_
  
4.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

## APPLICANT'S STATEMENT

**I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also understand to be considered for employment I must pass a pre-employment drug screen. I understand and agree that the Hall County Sheriff's Office may make pre-employment inquiries into my ability to perform job-related functions, and that I may be offered employment conditioned upon the results of a medical examination. I further agree and understand that any misstatement or omission of material fact may constitute cause for dismissal from employment with the aforementioned agencies.**

Signature \_\_\_\_\_

JERRY WATSON  
SHERIFF OF HALL COUNTY

City – County Public Safety Center  
111 Public Safety Drive  
Grand Island, NE 68801

Office 308-385-5200  
Fax 308-385-5209



CHRIS REA  
CHIEF DEPUTY

"To Serve and Protect,  
Since 1859"

*(Please do not use blue ink or pencil when completing this form.)*

### **AUTHORITY TO RELEASE INFORMATION**

FULL NAME: \_\_\_\_\_  
**Printed Name** **(Signature)**

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

I have made application for employment at the Hall County Sheriff's Office (HCSO) in order to become an employee (deputy sheriff / support staff).

I hereby authorize a review and full disclosure of all records of files, or any part thereof, concerning myself that may be related to my application for employment to the HCSO, its employees or its agents bearing or furnishing this release, within twelve (12) months of its date, whether the said records are public or private, and including these which may be deemed to be of a privileged or confidential nature. I authorize the full and complete disclosure of the records and files of educational institutions; financial or credit agencies; medical and psychiatric consultation and/or treatment, including hospitals, clinics, private practitioners, the U.S. Veteran's Administration, and all military and psychiatric facilities; public utility companies; employment and pre-employment records, including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of civil nature made by or against me, including, but not limited to, the records and recollections of attorneys at law, other counsel representing or having represented me; and any records of any type whatsoever which concern any arrests or criminal charges involving me.

