



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

## **PATROL SUPPORT OFFICER** **APPLICATION CHECKLIST**

**Applications MUST be complete in order to be considered.**

Complete applications **MUST** include the following:

\_\_\_\_\_ Signature

\_\_\_\_\_ Copy of Driver's License

\_\_\_\_\_ Copy of Birth Certificate

\_\_\_\_\_ Copy of High School Diploma or G.E.D. Certificate

\_\_\_\_\_ Copy of College Diploma or Transcripts (if applicable)

\_\_\_\_\_ Copies of Law Enforcement Training Certificates (if applicable)

\_\_\_\_\_ Release of Information Form - for Hall County Sheriff's Office

\_\_\_\_\_ Release of Information Form TC-919, if a Nebraska-certified officer  
<https://nletc.nebraska.gov/pdfs/AuthorityToRelease.pdf>

APPLICATION MUST BE RECEIVED AT THE:

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

Please contact Sgt. Jason Smith at 308-385-5200, ext. 2132, or via email at [jasons@hallcountyne.gov](mailto:jasons@hallcountyne.gov) if you have any questions.

**HALL COUNTY SHERIFF'S OFFICE**  
**PATROL SUPPORT OFFICER**  
**APPLICATION FOR EMPLOYMENT**

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Application for testing  
(Applicants must be at least 21 years of age by closing of the application period)

**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  
call:  
or dropped off at:**

**Hall County Sheriff's Ofc. For further information**  
**111 Public Safety Dr.      (308) 385-5200**  
**Grand Island, NE 68801**

**EDUCATION (Include college diplomas or transcripts to receive credit)**

	Elementary	High School	College/Tech	Graduate
School Name and Location				
Years completed	4 5 6 7 8	9 10 11 12	1 2 3 4 5	1 2 3 4
Diploma/Degree				
Describe course of study				
Describe any honors you have received				

**MILITARY**

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

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from employment or other experience:

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**Foreign Language**

List languages that you consider yourself fluent:

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**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.				

This position is subject to a veteran's preference. Are you eligible for and requesting a veteran's preference?   
 Yes  No

(A veteran requesting preference must submit with his/her Application for Employment a copy of the veteran's Department of Defense Form 214. A spouse of a veteran requesting preference must submit with his/her Application for employment a copy of the veteran's Department of Defense Form 214, a copy of the veteran's disability verification from the United States Department of Veteran Affairs demonstrating a 100 percent permanent disability rating, and proof of marriage to the veteran.)

## 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 \_\_\_\_\_

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## 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 agency.**

Signature \_\_\_\_\_

**RICK CONRAD**  
SHERIFF OF HALL COUNTY

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

Office 308-385-5200



**JIM CASTLEBERRY**  
CHIEF DEPUTY

"To Serve and Protect,  
Since 1859"

Fax 308-385-5209

*(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.

I further authorize the release of information to the HCSO, concerning all of the above mentioned area, or any other information which has a bearing on my fitness or ability to become trained and certified as a law enforcement officer, even though such information is not contained in written records and regardless of whether such information is considered privileged or confidential in nature.

This release is executed with full knowledge and understanding that the information is for the official use of the Hall County Sheriff's Office, and I further understand that such information can be released to any law enforcement agency where I might later wish to make application for employment.

I release from liability and hold Hall County and the Hall County Sheriff's Office harmless for all actions taken as a result of the information they receive.

I, the undersigned, hereby acknowledge that I give the above authority to release information of my own free will and for the purposed stated therein, and I have voluntarily furnished by Social Security number.

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**SIGNATURE**

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**DATE**



**RICK CONRAD**  
 SHERIFF OF HALL COUNTY  
 City - County Public Safety Center  
 111 Public Safety Drive  
 Grand Island, NE 68801



**JIM CASTLEBERRY**  
 CHIEF DEPUTY

“To Serve and Protect  
 Since 1859”

Office 308-385-5200

Fax 308-385-5209

**PRELIMINARY QUESTIONNAIRE**

LAST NAME		FIRST NAME		FULL MIDDLE NAME		BIRTH NAME	
STREET ADDRESS							
CITY		COUNTY		STATE		ZIP CODE	
HOME TELEPHONE (AREA CODE)			BUSINESS TELEPHONE (AREA CODE)			CELL (AREA CODE)	
DATE OF BIRTH (MONTH/DAY/YEAR)				AGE		PLACE OF BIRTH	
U.S. CITIZENSHIP			YES OR NO		OTHER		
NATURALIZED CITIZEN			YES OR NO				
SOCIAL SECURITY NUMBER		RACE	GENDER	HEIGHT	WEIGHT	MARITAL STATUS	
DRIVER'S LICENSE NUMBER				STATE OF ISSUE			
ANSWER THE FOLLOWING QUESTIONS AND INCLUDE BRIEF EXPLANATIONS FOR ANY "YES" ANSWER(S) OR WHEN DETAILS ARE REQUESTED							

**ALL ANSWERS TO THE FOLLOWING QUESTIONS MAY BE VERIFIED BY POLYGRAPH EXAMINATION. SPECIFIC AREAS ADDRESSED BY THE POLYGRAPH EXAMINATION WILL BE: CRIMINAL HISTORY, INTEGRITY, ILLEGAL CONDUCT, DRUG USE, PERSONAL HISTORY AND PRIOR EMPLOYMENT. (32.4.1) ANY MISREPRESENTATION, FALSIFICATION OR OMISSION PERTAINING TO ANY APPLICATION OR DOCUMENT YOU SUBMIT TO THIS AGENCY WILL BE GROUNDS FOR PERMANENT DISQUALIFICATION.**



4. Have you ever had a driver's license issued to you from any other state? \_\_\_\_\_ List the state(s) and license number for which you have been issued a permit.

\_\_\_\_\_

What is the status and disposition of these permits?

**SURRENDERED?** \_\_\_\_\_

**EXPIRED?** \_\_\_\_\_

5. How many citations/moving violations have you received in your lifetime?

\_\_\_\_\_

List the details below.

**DATE:**            **PLACE:**            **AGENCY:**            **CHARGE(S):**            **DISPOSITION(S):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If additional space is needed, turn to the last page of the document and continue.**

6. How many points do you **CURRENTY** have on your license? \_\_\_\_\_

Has your driver's license or your privilege to drive in any state ever been:

**Refused?** \_\_\_\_\_            **Suspended?** \_\_\_\_\_            **Revoked?** \_\_\_\_\_

If you have answered yes to any of the above questions, list the details below.

If you have answered no to the questions, proceed to question eight (8).

**DATE(S):**                            **STATE(S):**                            **REASON(S):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If additional space is needed, turn to the last page of the document and continue.**

8. List the most serious violation(s) of the law in which you have been involved that went undiscovered by the police?

**DATE(S):**                      **PLACE(S):**                      **ACTION(S):**                      **RESOLUTION(S):**

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**If additional space is needed, turn to the last page of the document and continue.**

9. Have you ever stolen anything from any place of employment, past or present?

\_\_\_\_\_ List the details below.

**DATE(S):**                      **EMPLOYER(S):**                      **ITEM(S):**                      **ESTIMATED COST(S):**

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**If additional space is needed, turn to the last page of the document and continue.**

10. Have you ever **possessed, tried, experimented with, used or tasted** any controlled dangerous substances/illegal substances? \_\_\_\_\_

If you have answered yes, enter last date of use \_\_\_\_\_.

List the details below.

If you have answered no, continue to question eleven (11).

<u>SUBSTANCE(S):</u>	<u>Y/N?</u>	<u>AMMOUNTS</u>	<u>METHOD OBTAINED</u>	<u># TIME(S)</u> <u>USED:</u>
MARIJUANA				
HASHISH				
COCAINE				
CRACK				
PCP				
HEROIN				
LSD				
MUSHROOMS				
ICE				
CRYSTAL METH				
KAT				
AMPHETAMINE				
BARBITURATE				
STEROID(S):				
ORAL				
INJECTED				

**If additional space is needed, turn to the last page of the document and continue.**

11. Have you ever inhaled any substance(s) such as glue, paint thinner, amyl nitrate, “rush”, etc., for the purpose of getting high? \_\_\_\_\_

If you have answered yes, list the details below.

If you have answered no, continue to question twelve (12).

**DATE(S):**

**AMOUNT(S):**

**SUBSTANCE(S):**

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**If additional space is needed, turn to the last page of the document and continue.**

12. Have you ever taken any prescribed medication not specifically prescribed for you?

\_\_\_\_\_

If you have answered yes, list the details below.

If you have answered no, continue to question thirteen (13).

**DATE(S):      PLACE(S):      SUBSTANCE(S):      AILMENT/PRESCRIBED TO:**

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**If additional space is needed, turn to the last page of the document and continue.**

13. Have you ever **sold, held or passed** any illegal drugs or substances? \_\_\_\_\_

If you have answered yes, list the details on the next page.

If you have answered no, continue to question fourteen (14).

**EVENT(S):                      TIME(S):                      SUBSTANCE(S):**

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**If additional space is needed, turn to the last page of the document and continue.**

14. Have you ever been **present during or participated in any way** in any illegal drug transaction?

\_\_\_\_\_

If you have answered yes, list the details on the next page.

If you have answered no, continue to question fifteenth (15).

**DATE(S)/PLACE(S):              SUBSTANCE(S):              CIRCUMSTANCE(S):**

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**If additional space is needed, turn to the last page of the document and continue.**

15. Have you ever been with someone else who bought any illegal drugs or substances?

\_\_\_\_\_

If you have answered yes, list the details on the next page.  
If you have answered no, continue to question sixteen (16).

**DATE(S)/PLACE(S):**

**EVENT(S):**

**SUBSTANCE(S):**

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**If additional space is needed, turn to the last page of the document and continue.**

16. Have you ever received any verbal or written reprimand in your current or any prior employment, to include during military service? \_\_\_\_\_

If you have answered yes, list the details on the next page.  
If you have answered no, continue to question seventeen (17).

**DATE(S)PLACE(S):**

**EVENT(S):**

**SUBSTANCE(S):**

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**If additional space is needed, turn to the last page of the document and continue.**

17. Have you ever received any disciplinary action (included, but not limited to a loss in pay, docked accrued leave, or any Non-Judicial Punishment under Article 15 of the U.C.M.J.) in your current or any prior employment, to include during military service? \_\_\_\_\_

If you have answered yes, list the details below.  
If you have answered no, continue to question eighteen (18).

**DATE(S):**

**AMOUNT(S):**

**SUBSTANCE(S):**

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**If additional space is needed, turn to the last page of the document and continue.**

18. Have you ever been terminated by an employer or asked to resign? \_\_\_\_\_

If you have answered yes, list the details below.  
If you have answered no, continue to question nineteen (19).

**EMPLOYER(S)/REASON(S):**

**DATE:**

**TIME(S):**

**ACTION TAKEN:**

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**If additional space is needed, turn to the last page of the document and continue.**

19. List all dates of all periods of military service (indicate active or reserve), to include:

**BRANCH(ES):**

**PERIOD(S):**

**RANK AT  
DISCHARGE:**

**OCCUPATION(S):**

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20. Have you ever received any discharge **other than an Honorable** Discharge (i.e. General Discharge under Honorable Conditions or Bad Conduct Discharge) from any branch of the service? \_\_\_\_\_ If “yes” provide a detailed explanation below.

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21. What is your reenlistment code? \_\_\_\_\_ If known, list Narrative Reasons for Separation.

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22. Have you ever been **refused** entry into military service? \_\_\_\_\_ If “yes”, provide a detailed explanation below.

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23. Have you ever had or are you currently experiencing the following credit situation(s)?

- Judgments \_\_\_\_\_ If “yes”, explain in detail on page 9 of this document.
- Liens \_\_\_\_\_ If “yes”, explain in detail on page 9 of this document.
- Collections \_\_\_\_\_ If “yes”, explain in detail on page 9 of this document.
- Bankruptcy \_\_\_\_\_ If “yes”, explain in detail on page 9 of this document.
- Defaulted loans \_\_\_\_\_ If “yes”, explain in detail on page 9 of this document.
- Defaulted student loans \_\_\_\_\_ If “yes”, explain in detail on page 9 of this document.



24. Have you ever applied to any other **public safety** agency or agencies? \_\_\_\_\_ If “yes”, explain in detail on pages 10 and 11 of this document.
- The name of the agency with whom you applied.
  - The date you applied.
  - What steps of the background investigation were conducted?
  - What was the outcome of the investigation?
25. Have you ever been rejected for employment by any other **public safety** agency or agencies? \_\_\_\_\_ If “yes”, explain in detail on pages 10 and 11 of this document.
26. Have you ever manufactured, procured, or ignited; or provided material or assistance to manufacture, procure, or ignite any explosive device more destructive than that regulated by law as a “firework”? \_\_\_\_\_ If "yes" explain in detail on pages 10 and 11 of this document.
27. Have you ever intentionally burned or caused to be burned, or destroyed by fire any personal property belonging to another person without the consent of that person or any property with the intent to cause harm or defraud? \_\_\_\_\_ If “yes” explain in detail on pages 10 and 11 of this document.
28. Have you ever knowingly viewed, published, distributed, or solicited the purchase of any image or video depicting sexually explicit conduct of a child or minor? \_\_\_\_\_ If “yes explain in detail on pages 10 and 11 of this document.
29. The Hall County Sherriff’s Department has a policy regulating visible tattoos. Visible tattoos are not necessarily prohibitive to hiring and are waiver-able at the discretion of the Sheriff. List and describe any and all tattoos that you have and include verbatim any words, symbols, or depictions, their location, and their meaning: In the “Visible” section of the table, indicate if the tattoo would be visible while wearing a standard length short sleeve shirt and pants. If you do not find room below, continue with the above described information in the space available on pages 10 or 11 of this form.

<u>TATTOO:</u>	<u>Visible Y/N:</u>	<u>Location</u>	<u>Description</u>	<u>Meaning</u>
1.				
2.				
3.				
4.				
5.				
6.				

**I CERTIFY THAT THE ANSEWRS I HAVE GIVEN TO THESE QUESTIONS ARE TRUE, COMPLETE AND CORRECT. I ALSO UNDERSTAND THAT I WILL NOT BE CONSIDERED FOR EMPLOYMENT IF ANY OF THESE ANSEWRS CONTAIN ANY FRAUDULENT MISREPRESENTATIONS OR FALSIFICATIONS, OR IF ANY INFORMATION HAS BEEN OMITTED.**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**RESPONSE TO QUESTION #23:**

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_

**RESPONSE TO QUESTION #24:**

**AGENCY:                      DATE APPLIED:    STEPS COMPLETED:                      STATUS/DISP.:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESPONSE TO QUESTION #25:**

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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**RESPONSE TO QUESTION # \_\_\_\_\_ :**

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\_\_\_\_\_  
\_\_\_\_\_

**RESPONSE TO QUESTION # \_\_\_\_\_ :**

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**RESPONSE TO QUESTION # \_\_\_\_\_ :**

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**RESPONSE TO QUESTION # \_\_\_\_\_ :**

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**RESPONSE TO QUESTION # \_\_\_\_\_ :**

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