



NOW HIRING For DEPUTY SHERIFF

- ***Position Description:*** Perform law enforcement, investigations and crime prevention work. Shifts include nights, weekends and holidays.
 - **Salary Range on 8-step pay scale:** \$ 22.14 to \$30.54 per hour
Active or prior law enforcement certification / experience may be taken into account

Hall County full time Deputy's benefits include:

- Uniform allowance
 - Retirement
- Medical Insurance (percentage paid for by the county)
 - Vacation leave
 - Holiday leave
 - Sick leave
- Take home patrol unit within 2 miles of Hall County

Areas of Specializations:

- Bicycle Patrol
- Investigations
 - Narcotics
 - Canine Patrol
- Field Training Officer
- Defensive Tactics Instructor
 - Firearms Instructor
- Motor Vehicle Accident reconstruction

Testing Dates: Saturday, September 28, 2019 and Wednesday, October 2, 2019.
Testing will be held at Nebraska Law Enforcement Training Center.

Application Deadline: September 16, 2019 at 5:00pm

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

308-385-5200 www.hallcountyne.gov



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 contains all the information necessary to prepare a complete application. Any questions you have should be directed to Sgt. Jason Smith, by phone at 308-385-5200 or by e-mail at jasons@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;

- Minimum age of 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.
- Each applicant must not have been convicted of driving under the influence within the last 5 years.
- Meet all enrollment requirements of the Nebraska Law Enforcement Training Center.

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 Sgt. Smith 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.

There are 2 available testing days to choose from to complete the written and physical fitness testing portions. The days and times are Saturday, September 28, 2019 starting at 9:00 AM. or Wednesday, October 2, 2019 starting at 5:00 PM. Both the written test and physical fitness tests will be completed on the day that you choose. (You may want to bring a change of clothing for the outdoor physical fitness testing portion.) The testing for both days will be held at the Nebraska Law Enforcement Training Center (NLETC) – 3600 Academy Road (out near the airport), Grand Island, NE 68801.

Mark which testing day you will be testing on.

____ Saturday, September 28, 2019 starting at 9:00 AM, **OR**

____ Wednesday, October 2, 2019 starting at 5:00 PM

Each portion of the testing must be passed in order to continue with the process. Failure of any of these sections will result in elimination from consideration.

Those passing all portions of the above testing will then be invited back for a Merit Commission oral exam on **October 8, 2019**. You will be provided with a tentative appointment time after passing the written and physical fitness testing. The oral exam will be held at Hall County Sheriff's Department – 111 Public Safety Drive, Grand Island, NE 68801. Any further questions you have should be directed to Sgt. Jason Smith.

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.



Rick Conrad
Hall County Sheriff

TESTING SCHEDULE

You will need to be present at the dates, times, and locations specified.

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

Phase One – Written Tests and Physical Fitness Testing

Date: **Saturday, September 28th, 2019**

Time: **9:00 am**

- **OR** -

Date: **Wednesday, October 2nd, 2019**

Time: **5:00 pm**

Location: **Nebraska Law Enforcement Training Center (NLETC)**
– 3600 Academy Rd., Grand Island, NE 68801. (Out near the airport.)

Phase Two – Merit Commission Oral Exam

Date: **Tuesday, October 8nd, 2019**

Times: By appointment

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

Appointments for Phase Two will be made after the successful completion of Phase One.

Please contact Sgt. Jason Smith at 308-385-5200, ext. 2144, or via email at jasons@hallcountyne.gov if you have any questions.

Final Phase – Prior to employment, additional testing will need to be passed, including an extensive background check and polygraph, physical examination, 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)
- _____ Preliminary Questionnaire
- _____ 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 TC-006B - for Nebraska Law Enforcement Training Center. (This form is only required if applicant has previously attended the Training Center.)
- _____ Release of Information Form TC-919 if a Nebraska-certified officer

APPLICATION MUST BE RECEIVED BY **5:00 PM, September 16th, 2019**
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. 2144, or via email at jasons@hallcountyne.gov if you have any questions.

HALL COUNTY SHERIFF'S OFFICE
DEPUTY SHERIFF
APPLICATION FOR EMPLOYMENT

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
or dropped off at:**

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

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

EDUCATION (Include college diplomas or transcripts to receive credit)

	Elementary	High School	College/Tech	Graduate
School Name and Location				
Years completed				
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:

Foreign Language

List languages that you consider yourself fluent:

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.

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

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

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

4. 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 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, it's 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.

SIGNATURE

DATE

The next pages contain the Nebraska Law Enforcement Training's "Entrance Physical Standard requirements" that are part of their certification program.

Please review these (the actual documents can be found on the Training Center's website at <http://nletc.nebraska.gov>).

This is not a part of our agency's initial application process, but it is a requirement of the law enforcement certification program, should you be hired by our department and are not yet a certified officer.