

Richardson County Sheriff's Office



Application for Employment

APPLICANT INFORMATION

- Please complete this application by typing or printing in ink. INCOMPLETE or UNSIGNED applications will not be considered
 - We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.
 - Please return completed applications to the Richardson County Law Enforcement Center at 65086-706 Trail Falls City, NE 68355
-

Type of Work Desired (CHECK ALL THAT APPLY):

Full-Time Part-Time Regular Temporary

Have you ever been employed with the Richardson County Sheriff's Office before? Yes No

if yes, give date: _____

Have you filed an application with the Richardson County Sheriff's Office before?

Yes No if yes, give date: _____

Applicant's Name (Last, First, Middle Initial): _____

Street Address: _____ City, State, Zip Code: _____

Home Telephone Number: _____ Work Telephone Number: _____

Position Applied For: _____ Date Available for Work: _____

Are you 18 years of age or older? Yes No

If you are under 18 years of age, can you provide proof of your eligibility to work? YES NO

Are you related to anyone employed here? Yes No

If so whom? _____ Relationship: _____

Will you travel? Yes No

Will you relocate? Yes No

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

RELATIVES, REFERENCES, ACQUAINTANCES

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position for which you have applied. Inquiries will be confined to job relevant matters.

Please supply the appropriate information in the spaces below. If a category is not applicable, write in "N/A".

Name	Address (include city, state and zip code)	Phone Number at which person can be contacted
Father-		
Mother-		
Father-in-law-		
Mother-in-law-		
Spouse-		
Former Spouse(s)-		
Brothers and Sisters-		
Step-father-		
Step-mother-		
Step-brothers and sisters-		

List all offspring: (Please indicate "son" or "daughter" and whether natural, adopted, from another marriage, etc. List current address and phone number as above.)

RELATIVES, REFERENCES, ACQUAINTANCES (Continued):

- List as personal or professional references 3-5 individuals who have knowledge of you and your qualifications.

NAME/RELATIONSHIP	ADDRESS	TELEPHONE

- List individuals with whom you have resided within the past 10 years. List no information prior to your 15th birthday. Exclude family members.

NAME	ADDRESS	TELEPHONE

RESIDENCE

Please list all of your residences during the last 10 years. Begin with your most current residence and proceed backward. If a residence was rented, give the landlord's name, address, and telephone number. List no information prior to your 15th birthday.

ADDRESS OF RESIDENCE	DATES (FROM/TO)	REASON FOR LEAVING	LANDLORD INFORMATION

EDUCATION

The Commission on Peace Officer Standards and Training requires a peace officer to possess a high school diploma or its equivalent. Please indicate your current status with regard to this requirement by checking the appropriate spaces.

___ I possess a high school diploma.

___ I passed the G.E.D. (General Educational Development) test.

___ I possess the following college degrees (please include name of college and year attained):

- List all the schools you have attended, beginning with high school. During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts.

Level Of Education	Name of School	Dates (from/to)	Degree Completed	Major	Teacher or Reference
High School					
College					

- Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include colleges and universities, graduate schools, business and vocational schools any formal education beyond the high school level.)

YES ___ NO ___

If "YES", please explain (include school, date and circumstances):

EXPERIENCE AND EMPLOYMENT

- Beginning with your most current employment, list all jobs you have held in the past 10 years. For purposes of the Personal History Statement, part-time, temporary, and voluntary work should be included. Please list all periods of unemployment in chronological sequence in the spaces provided for you between employment listings.

Should you need to list additional experience/employment information, please use an additional sheet of paper, and continue in the EXACT same format as below.

Employment Information	Description of Duties
Employer:	Position Title:
Street Address:	Specific Duties:
Immediate Supervisor/Title:	Telephone Number:
Dates of Employment (Month/Year): From: _____ To: _____	Hourly Rate/Salary: Starting: _____ Final: _____
Name you were known by:	
Name of co-workers: (Must List 3) 1. _____ 2. _____ 3. _____	
<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military	Unemployed From/To:
Reason for Leaving:	

Employment Information	Description of Duties
Employer:	Position Title:
Street Address:	Specific Duties:
Immediate Supervisor/Title:	Telephone Number:
Dates of Employment (Month/Year): From: _____ To: _____	Hourly Rate/Salary: Starting: _____ Final: _____
Name you were known by:	
Name of co-workers: (Must List 3) 1. _____ 2. _____ 3. _____	
<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military	Unemployed From/To:
Reason for Leaving:	

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Name you were known by:	
Name of co-workers: (Must List 3) 1. _____ 2. _____ 3. _____	
<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military	Unemployed From/To:
Reason for Leaving:	

EXPERIENCE AND EMPLOYMENT (Continued):

- Have you ever been fired or asked to resign from any place of employment?

YES _____ NO _____ If "YES", please give details to include when, name of employer and why.

- Have you ever applied, successful or unsuccessfully, for another position with any law enforcement agency?

YES _____ NO _____ If "YES", please provide the year, agency, and check off the processes which you completed and whether you were disqualified or hired.

Yr	Agency	Written	Physical Agility	Oral interview	Background	Polygraph	Psych	Medical Exam	Disqualified	Hired

MILITARY SERVICE

- Have you ever served in the Armed Forces, National Guard or Military

Reserves? YES _____ NO _____ If "YES", please supply the following

Information :

Branch of Service: _____ Service number: _____

Dates of service: From _____ To _____

Type of discharge: _____

- Have you registered with the Selective Service? YES _____ NO _____ If "YES ", when?

- Have you ever been the subject of any judicial or non-judicial disciplinary action while in the Military, National Guard, or Military Reserves? YES _____ NO _____ If "YES", please give details to include branch of

service, when, where, circumstances, etc. _____

MILITARY SERVICE (Continued):

- Past commanding officers or other military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

NAME	ADDRESS	TELEPHONE	MILITARY UNIT	DATES

FINANCIAL

The management of personal finances is relevant to an individual's qualifications for a position with a law enforcement agency. Therefore, please fill in the financial statement that follows. The amount of indebtedness, in itself, will not be used in evaluating your qualifications. The behavior exhibited in meeting your financial obligations will be reviewed. A credit reporting agency will be contacted for a report of your credit history.

CURRENT MONTHLY INCOME	CURRENT MONTHLY EXPENDITURES
-------------------------------	-------------------------------------

Monthly salary		Mortgage payment (s)	
Spouse's salary		Rent	
Other monthly income		Other monthly payments	
		Estimate monthly cost of living (include utilities, food, gasoline, home & car maintenance, etc.) and any other obligations.	
Total Monthly income		Total Monthly Expenditures	

CURRENT ASSETS:		CURRENT LIABILITIES:	
Savings		Mortgages	
Checking balance		Automobile loans	
Real Estate (appraised or assessed value)		Charge Accounts (total)	
Stocks and Bonds		Other liabilities (describe):	
Life Insurance (cash value)			
Automobiles			
Other assets (describe):			
Total Assets:		Total Liabilities :	

FINANCIAL (Continued):

- Please supply the following information regarding financial institutions that you have accounts or loans with:

Institution (Bank, S&L, Loan Company)	Phone #	Type of Account (checking, savings, loan)

- Please supply the following information about your charge accounts, contracts, or other financial liabilities:

Name of Firm	Address	Phone #

- Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan? YES ___ NO ___ If "YES", please give details to include when, where, and why.

- Within the last seven (7) years, have any of your bills ever been turned over to a collection agency? YES ___ NO ___ If "YES", please give details to include when, firms involved and circumstances.

FINANCIAL (Continued):

- Within the last seven (7) years, have you ever had purchased goods repossessed?

YES ___ NO ___ If "YES", please give details to include when, firm involved, and circumstances, _____

- Within the last seven (7) years, have your wages ever been garnished?

YES ___ NO ___ If "YES", please give details to include when, where, and why.

- Have you ever been delinquent on child support, income tax, or other tax payments?

YES ___ NO ___ If "YES", please give details to include when, where, and why.

LEGAL

- If you have ever been arrested, taken into physical custody, been issued a misdemeanor citation (exclude traffic citations), or convicted of any crime, please give the following information. (The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you answer this question.)

DATE	AGENCY/LOCATION	CHARGE	DISPOSITION

- As an adult, have you ever been placed on probation by any court?

YES ___ NO ___ If "YES", please give details to include when, where, and why.

- Please list any other crimes you have committed, **REGARDLESS** of whether stopped, arrested, and/or convicted, to include what, when, where, how, and why.

- Are you now or have you ever been involved as a defendant in any civil court action?

YES ___ NO ___ If "YES", please give details to include when, where, name of court and circumstances.

MOTOR VEHICLE OPERATION

- Operation of a motor vehicle is an integral part of the position for which you have applied. An investigation of your driving history will be made through a records check. Please supply the following information:

Driver's License Number State Name as Printed on License

- Please list other states where you have been licensed to operate a motor vehicle:

State	Name under which license was issued

- Have you ever been refused a driver's license by any state? YES ___ NO ___ If "YES", please explain when, where, and why.

- Has your driver's license ever been suspended or revoked or placed on negligent operator's probation or restriction? YES ___ NO ___ If "YES", please give details to include when, where, and under what circumstances.

- Please list all traffic citations you have received as an adult (after reaching the age of 18). Exclude parking citations.

Nature of Violation	Location (City, State)	Approximate date	Disposition

MOTOR VEHICLE OPERATION (Continued):

- Please list all motor vehicle accidents in which you have been involved as a driver within the past seven (7) years.

Date	Location (City, State)	Investigating Agency	Injury or Non-Injury?

- If there is anything you wish to discuss about your driving record which has not already been covered in the preceding sections, please explain here.

- Please list all vehicles registered to you and/or your spouse.

Year	Make	Model	License Number	Vehicle ID Number (VIN)

- Nebraska Law requires that operators and owners of motor vehicles be covered by automobile liability insurance or possess a Certificate of Self Insurance with the Department of Motor Vehicles. Therefore, please list the current liability insurance coverage that you have on your motor vehicles.

Company	Address	Policy Number	Expiration Date

- Have you ever been refused auto insurance for any reason other than failure to pay a premium?
YES ___ NO ___ If "YES", please explain, including the company name, date, and reason.

GENERAL INFORMATION

- Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, or group of persons that is, or was, totalitarian, fascist, communist, or subversive in nature, or which has adopted or expressed a policy of advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? YES ___ NO ___ If "YES", identify the organization and explain fully.

- Have you ever applied for a permit to carry a concealed firearm or other weapon?

YES ___ NO ___ Was the permit granted? _____ Date issued _____

Name of Law Enforcement Agency _____

Purpose for permit _____

- Are you willing to work all hours of the day, all days of the week, holidays, and overtime when assigned? YES ___ NO ___
- If the necessity arose in the course of your employment to use deadly force on a human being, would you have any reluctance to do so? YES ___ NO ___
- Do you have anything in your background that may disqualify you from becoming a Peace Officer in the State of Nebraska? YES ___ NO ___ If "YES", please explain.

DRUG USE QUESTIONNAIRE:

- Have you used, tried, experimented, or in any way introduced into your body by any means:

DRUG	YES	NO	DATE FIRST USED	DATE LAST USED	USED ONCE
Marijuana					
Hashish, Hashish Oil					
Cocaine					
Crack, Rock, Ice					
Barbiturates, Hypnotics, or "Downers"					
Amphetamines (Cross-tops, Whites, Bennies, "Uppers")					
Methamphetamines (Speed, Crank)					
LSD or other Hallucinogens					
PCP (Angel Dust, Sherm)					
Heroin or other Opiates					
Steroids					
Pharmaceutical drugs not prescribed for you					

QUESTIONNAIRE	YES	NO
Is there any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body?		
Have you introduced into your body a substance which you thought was an illegal drug and then found out that it was not?		
Have you ever injected an illegal drug into your body?		
Have you ever sold any illegal drug?		
Have you ever purchased any drug, narcotic or controlled substance other than by a doctor's prescription?		
Have you ever participated in the manufacturing, cultivation, or production of any illegal drug, narcotic, or controlled substance?		
Have you ever acted as a courier by transporting, any illegal drug, narcotic or controlled substance?		
Have you ever acted as a middle man, go-between, or "done a favor for a friend" by becoming involved in any illegal drug transaction? Have you ever told anyone where to purchase illegal drugs?		
Have you ever temporarily stored or "held" any illegal drug, narcotic, or controlled substance?		
Have you ever had illegal drugs in your possession while at work?		
Have you ever bought or sold any illegal drug at work?		
Are any illegal drugs presently in your home or car?		

The following pages may be filled out, but must be signed in front of a notary.

**Richardson County Sheriff's Department
Falls City, Nebraska**

PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER

As an applicant to the County of Richardson for the position of Deputy Sheriff, I recognize that an employing law enforcement agency has a legal, as well as a moral obligation, to take every reasonable effort to ensure that persons employed by them as Deputy Sheriff, or in other positions, conform to the very highest standards.

Therefore, I release and hold harmless the County of Richardson, Richardson County Sheriff's Department, and the officers, agents, or assigns, now and in the future, from any claim or damages in law of inequity on behalf of myself, my heirs and assigns, for their refusal to make available any and all of the information contained in this pre-employment investigation, including, but not limited to, the identity (ies) of any person (s) and I or organization (s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.

Dated this _____ day of _____, 20____.

Signature of Applicant _____

Subscribed and Sworn to before me the _____ day of _____, 20____.

Notary Public in and for said County of _____ State of _____

Notary Public _____

Richardson County Sheriff's Department
Falls City, NE
LETTER OF UNDERSTANDING

I am applying for a position with the Richardson County Sheriff's Department. I understand that there are certain requirements I must meet before I can be accepted into this position. I understand that I must submit to an extensive background investigation, which consists of the following areas of concern, at a minimum:

- Review of my completed Personal History Statement
- Thorough criminal background check
- Thorough examination of prior employment
- Examination of my personal credit/financial report

A Hiring Review Board will evaluate the results of this investigation and make a preliminary decision as to my potential suitability for employment. I may at this point receive a conditional offer of employment, which will be followed by completion of some or all of the following tests, depending upon the position being sought:

- Polygraph examination
- Drug screening test
- Standard medical examination
- Hearing test
- Psychological evaluation
- Physical abilities test

The aforementioned tests will be administered in a manner selected by the Richardson County Sheriff's Department. I understand that the results of the tests are the property of the agency to which I have applied, and that I will not receive copies of the reports nor any information contained in them, except as it may relate to a serious condition discovered by the examining physician.

A second Hiring Review Board will evaluate all tests in light of the requirements of the job along with the previous information and will make a final decision as to my suitability for employment.

I agree to assist in the expedient conclusion of these reviews and examinations. I understand that successful completion of this process does not guarantee employment with the Richardson County Sheriff's Department, only that I will be considered for positions as they become available, pursuant to established rules and regulations of the Department. I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirements as a condition of employment with the Richardson County Sheriff's Department.

Dated this _____ day of _____, 20_____.

Signature of Applicant _____

Subscribed and Sworn to before me the _____ day of _____, 20_____.

Notary Public in and for said County of _____ State of _____

Notary Public _____

**Richardson County Sheriff's Department
Falls City, NE**

CHILD SUPPORT DOCUMENT

Please mark the appropriate response. Failure to mark one of the three will result in the denial of your application.

I am not subject to a court order for the support of a child.

I am subject to a court order for the support of one or more children and I am in compliance with the order, or I am in compliance with a plan approved by the District Attorney (or other public agency), enforcing the order for the repayment of the amount owed, pursuant to the order.

I am subject to a court order for the support of one or more children and I am NOT in compliance with the order or a plan approved by the District Attorney (or other public agency), enforcing the order for the repayment of the amount owed, pursuant to the order.

Applicant's social security number: _____

Dated this _____ day of _____, 20_____.

Signature of Applicant _____

Subscribed and Sworn to before me the _____ day of _____, 20_____.

Notary Public in and for said County of _____ State of _____

Notary Public _____

**Richardson County Sheriff's Department
Falls City, NE**

Authorization to Release Information

Name of Applicant _____

Please print your full name

Date of Birth _____ SSN# _____

As an applicant for a position with the Richardson County Sheriff's Department, I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information provided to this agency is confidential and will be used only for investigating my suitability for law enforcement employment.

Toward this end, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies, and all others, to furnish to the Richardson County Sheriff's Department any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Dated this _____ day of _____, 20_____.

Signature of Applicant _____

Subscribed and Sworn to before me the _____ day of _____, 20_____.

Notary Public in and for said County of _____ State of _____

Notary Public _____

**Richardson County Sheriff's Department
Falls City, NE**

CERTIFICATION AND PENALTY

I hereby declare that all statements and information provided to the Richardson County Sheriff's Department in this Personal History Statement, as well as any other statements and information provided for my pre-employment background investigation or any other phase of my pre-employment screening, are true and complete to the best of my knowledge and belief.

I understand that any misstatement of material fact, willful omission of material fact, or willful deception, will be cause for disqualification and rejection as a candidate for employment, without appeal.

I further understand that these aforementioned misstatements, omissions, or deceptions are also grounds for termination after employment, without notice and without any right of appeal.

Dated this _____ day of _____, 20_____.

Signature of Applicant _____

Subscribed and Sworn to before me the _____ day of _____, 20_____.

Notary Public in and for said County of _____ State of _____

Notary Public _____



**AUTHORITY TO RELEASE INFORMATION
TO PROSPECTIVE EMPLOYER (791)**

FULL NAME _____ SSN _____ DATE OF BIRTH _____
(Print or Type)

CURRENT ADDRESS _____

This release is being made in conjunction with a conditional offer of employment as a law enforcement officer with the following agency: _____
(Type or print the name of agency and its address)

I do hereby authorize a review and full disclosure to the above-mentioned agency of any and all records, reports or files (or any part thereof) pertaining to me, from any agency where I have been previously employed as a law enforcement officer. Such records or files shall include, but not be limited to employment records and/or personnel files regarding reasons for separation from employment and the circumstances surrounding separation including results of polygraph examinations, efficiency ratings, complaints and/or grievances involving me as well as court records or documents in civil or criminal cases in which I am involved, and any records, files or documents regarding any arrests, convictions or other criminal investigations or charges pertaining to me whether in writing or in electronic media databases.

I further authorize the release of information to the above-mentioned agency concerning all of the above mentioned areas, or any other information which has a bearing on my fitness or ability to serve as a law enforcement officer in the State of Nebraska, regardless of whether the information is considered privileged or confidential in nature, which relate to incompetence, neglect of duty, incapacitation, dishonesty, felony violation of state or federal law, misdemeanor violation of state or federal law having a rational connection to my fitness or capacity to serve as a law enforcement officer, violation of oath of office, code of ethics or other statutory duties.

I release and hold harmless any previous agency, administrator or individual who releases information in accordance with this release for all actions taken as a result of the information provided.

This release of information form, or a duly executed photo copy and/or fax is valid for a period of one year from the date of execution.

I, the undersigned, after first being duly sworn, hereby acknowledge that I give the above authority to release information of my own free will and for the purposes stated therein and I have voluntarily furnished my social security number.

Signature _____ Date _____

Subscribed and sworn to before me on this _____ day of _____, 20____.

Notary Public

Previous Law Enforcement Employment Reference Check

_____ Agency Administrator Name
_____ Agency
_____ Agency Street Address
_____ Agency City, State, Zip Code

RE: Applicant Name & DOB _____

The above-named individual has been conditionally offered a job as a law enforcement officer with my agency.

As required by Neb. Rev. 81-14556, the applicant has provided me with "An Authority to Release Information to Prospective Employer (791)" form which I have enclosed with this letter. I would appreciate your prompt attention and your return of this form to me.

Please note the applicant cannot be employed with my agency until I have reviewed all previous law enforcement employment records.

The above individual was/is an employee of this agency: Yes No

Employee records for the above individual are available for viewing. Yes No

To make arrangements to view employee records contact _____

Signature/Rank _____ Date _____

Thank you for your assistance in this matter.
Sincerely,

Hiring Administrator

Hiring Agency

ENCL,



AUTHORITY TO RELEASE INFORMATION
TO PROSPECTIVE EMPLOYER (791)

FULL NAME _____ SSN _____ DATE OF BIRTH _____
(Print or Type)

CURRENT ADDRESS _____

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(Type or print the name of agency and its address)

I do hereby authorize a review and full disclosure to the above-mentioned agency of any and all records, reports or files (or any part thereof) pertaining to me, from any agency where I have been previously employed as a law enforcement officer. Such records or files shall include, but not be limited to employment records and/or personnel files regarding reasons for separation from employment and the circumstances surrounding separation including results of polygraph examinations, efficiency ratings, complaints and/or grievances involving me as well as court records or documents in civil or criminal cases in which I am involved, and any records, files or documents regarding any arrests, convictions or other criminal investigations or charges pertaining to me whether in writing or in electronic media databases.

I further authorize the release of information to the above-mentioned agency concerning all of the above mentioned areas, or any other information which has a bearing on my fitness or ability to serve as a law enforcement officer in the State of Nebraska, regardless of whether the information is considered privileged or confidential in nature, which relate to incompetence, neglect of duty, incapacitation, dishonesty, felony violation of state or federal law, misdemeanor violation of state or federal law having a rational connection to my fitness or capacity to serve as a law enforcement officer, violation of oath of office, code of ethics or other statutory duties.

I release and hold harmless any previous agency, administrator or individual who releases information in accordance with this release for all actions taken as a result of the information provided.

This release of information form, or a duly executed photo copy and/or fax is valid for a period of one year from the date of execution.

I, the undersigned, after first being duly sworn, hereby acknowledge that I give the above authority to release information of my own free will and for the purposes stated therein and I have voluntarily furnished my social security number:

Signature _____ Date _____

Subscribed and sworn to before me on this ____ day of _____, 20__.

Notary Public

Previous Law Enforcement Employment Reference Check

_____ Agency Administrator Name
_____ Agency
_____ Agency Street Address
_____ Agency City, State, Zip Code

RE: Applicant Name & DOB _____

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As required by Neb. Rev. Stat. 81-14556, the applicant has provided me with "An Authority to Release Information to Prospective Employer (791)" form which I have enclosed with this letter. I would appreciate your prompt attention and your return of this form to me.

Please note the applicant cannot be employed with my agency until I have reviewed all previous law enforcement employment records.

The above individual was/is an employee of this agency: Yes No

Employee records for the above individual are available for viewing. Yes No

To make arrangements to view employee records contact _____

Signature/Rank _____ Date _____

Thank you for your assistance in this matter.
Sincerely,

Hiring Administrator

Hiring Agency

ENCL.