

**Bourbon County Sheriff's Office  
293 E. 20th St.  
Fort Scott, KS 66701  
(620) 223-1440**

**BACKGROUND INVESTIGATION WORKBOOK FOR  
EMPLOYMENT CANDIDATES**

**I CERTIFY THAT I HAVE ANSWERED ALL QUESTIONS IN THIS WORKBOOK COMPLETELY  
AND TRUTHFULLY TO THE BEST OF MY ABILITY AND KNOWLEDGE. I UNDERSTAND  
THAT FALSIFICATIONS OR MISINFORMATION IS GROUNDS FOR DISQUALIFICATION OR  
DISMISSAL.**

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CANDIDATE'S SIGNATURE

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DATE

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**BACKGROUND INVESTIGATION WORKSHEET**

**NOTICE:** Because of the sensitive nature of law enforcement positions, a thorough background investigation is required of all candidates. This investigation requires information broader in scope than that found for non-sensitive positions. The Bourbon County Sheriff's Office does not discriminate on the basis of sex, race, creed, color or natural origin. Age guidelines as mandated by State and Federal law will be followed. The Bourbon County Sheriff's Office is an equal opportunity employer and welcomes minority applicants.

**DIRECTIONS:** All answers must be hand printed in ink. Do not type or write in script. Do not leave any blanks. If a question does not apply to you, print "N/A". All information must be accurate and false information is grounds for disqualification or termination if discovered after appointment.

Date of Application _____		Position Applied For: <input type="checkbox"/> Deputy Sheriff <input type="checkbox"/> Civilian Employee <input type="checkbox"/> Correction Officer			
Legal Name: Last	First	Middle	Maiden/Nickname		
Present Address: Street	Apt.	City	State	Zip Code	
Phone Number:	Date of Birth:	Place of Birth	City/State	Social Security Number:	
Height	Weight	Hair Color		Eye Color	
Driver's License No.	State	Type	Expiration	Restrictions	
Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Naturalized, List Date and Location		
With whom do you now live?		What is their relationship to you?			
Marital Status (single/widowed/divorced)			Date and Location of Marriage		
Spouse's Name		Address if Different		Date of Birth	
Names and Dates of Birth of Dependent Children (Include Any Other Dependents)					

If divorced, widowed, or annulled, complete the information below. If additional space is required, use the space provided on the rear sheet of this form.

Full Name of Former Spouse	City & State Where Married	Date of Marriage
Address of Former Spouse (Street, City, State, Zip)		Grounds for Divorce
Amount of Child Support	Title/Location of Court	Date Divorce Was Final

**FINANCIAL AND RESIDENCE RECORD**

Indebtedness involving you, your spouse, or ex-spouse(s): Do not include credit cards.			
To Whom Owed	Address	Current Balance Due	Payment/Month
1		\$	\$
2		\$	\$
3		\$	\$
4		\$	\$
5		\$	\$

Name & Address of Your Bank	Phone No.	Checking Acct. No. Savings Acct. No.
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Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you or your spouse ever had your wages attached (garnished)?
<input type="checkbox"/>	<input type="checkbox"/>	Have you or your spouse ever been a party to a small claims court action?
<input type="checkbox"/>	<input type="checkbox"/>	Do you or your spouse have any civil court actions pending?
<input type="checkbox"/>	<input type="checkbox"/>	Have you or your spouse ever had any judgments rendered against you?
<input type="checkbox"/>	<input type="checkbox"/>	If employed by the Bourbon County Sheriff's Office, do you anticipate any other sources of income besides you/your spouse's salary?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been refused a life, health, or auto insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Have you/your spouse ever had an insurance policy cancelled on you?
<input type="checkbox"/>	<input type="checkbox"/>	Have you/your spouse ever had any property repossessed?
<input type="checkbox"/>	<input type="checkbox"/>	Have you/your spouse ever filed for bankruptcy?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been bonded?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a bond refused?

If the answer to any of the above questions is yes, give the details on the last page of this worksheet in the space provided.



Dates From - To	Name of School	City and State

List degrees or certificates of completion from technical schools. If the degree involved honors such as "Magna Cum Laude" or was otherwise notable, please indicate same in the column marked "Remarks".

Degree/Major	GPA	Name of School	Remarks

Military Branch	Date of Entry	Date of Exit	Rank at Discharge
Unit Assignment		Location	
Unit Assignment		Location	
Unit Assignment		Location	
Unit Assignment		Location	
Type of Discharge		Reserve Status <input type="checkbox"/> Ready Reserve <input type="checkbox"/> Standby <input type="checkbox"/> None	
Have you ever been rejected for military service? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever filed for conscientious objector status? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Attach a copy of your Form DD214 to the back of this workbook.			

List all full time and part time employment you have held for the past 10 years beginning with your current job and working backwards. Date must include month and year. Indicate if pay rate is per week, per month, or annual.

1. Employer		Complete Address	Area Code/Phone
Date Started	Date Ended	Your Job Title/Duties	Ending Pay Rate
Supervisor's Name/Title			Reason for Leaving
2. Employer		Complete Address	Area Code/Phone
Date Started	Date Ended	Your Job Title/Duties	Ending Pay Rate
Supervisor's Name/Title			Reason for Leaving
3. Employer		Complete Address	Area Code/Phone
Date Started	Date Ended	Your Job Title/Duties	Ending Pay Rate
Supervisor's Name/Title			Reason for Leaving
4. Employer		Complete Address	Area Code/Phone
Date Started	Date Ended	Your Job Title/Duties	Ending Pay Rate
Supervisor's Name/Title			Reason for Leaving
5. Employer		Complete Address	Area Code/Phone
Date Started	Date Ended	Your Job Title/Duties	Ending Pay Rate
Supervisor's Name/Title			Reason for Leaving
6. Employer		Complete Address	Area Code/Phone
Date Started	Date Ended	Your Job Title/Duties	Ending Pay Rate
Supervisor's Name/Title			Reason for Leaving

7. Employer		Complete Address	Area Code/Phone
Date Started	Date Ended	Your Job Title/Duties	Ending Pay Rate
Supervisor's Name/Title			Reason for Leaving
8. Employer		Complete Address	Area Code/Phone
Date Started	Date Ended	Your Job Title/Duties	Ending Pay Rate
Supervisor's Name/Title			Reason for Leaving
9. Employer		Complete Address	Area Code/Phone
Date Started	Date Ended	Your Job Title/Duties	Ending Pay Rate
Supervisor's Name/Title			Reason for Leaving
10. Employer		Complete Address	Area Code/Phone
Date Started	Date Ended	Your Job Title/Duties	Ending Pay Rate
Supervisor's Name/Title			Reason for Leaving
11. Employer		Complete Address	Area Code/Phone
Date Started	Date Ended	Your Job Title/Duties	Ending Pay Rate
Supervisor's Name/Title			Reason for Leaving
12. Employer		Complete Address	Area Code/Phone
Date Started	Date Ended	Your Job Title/Duties	Ending Pay Rate
Supervisor's Name/Title			Reason for Leaving
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been fired from a job?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been asked to resign your job?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever received unemployment compensation?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever filed a workman's compensation claim?	
If the answer to any of the above questions is "YES" please explain in the space provided on the last page of this worksheet.			







In the space below, list any other criminal justice agencies where you have applied within the past year and current eligibility within that agency.

Agency	Date Applied	Present Status

**REFERENCES**

In the space provided below, please list complete data requested for personal references. Do not use anyone who has not known you for at least three years. Likewise, do not list any family member, room mate, minister, etc.

1. Name	Home Address	Home Phone
Occupation	Business Address	Business Phone
Years Known	In What Capacity Do You Know This Individual?	
2. Name	Home Address	Home Phone
Occupation	Business Address	Business Phone
Years Known	In What Capacity Do You Know This Individual?	
3. Name	Home Address	Home Phone
Occupation	Business Address	Business Phone
Years Known	In What Capacity Do You Know This Individual?	
4. Name	Home Address	Home Phone
Occupation	Business Address	Business Phone
Years Known	In What Capacity Do You Know This Individual?	
5. Name	Home Address	Home Phone
Occupation	Business Address	Business Phone
Years Known	In What Capacity Do You Know This Individual?	

6. Name	Home Address	Home Phone
Occupation	Business Address	Business Phone
Years Known	In What Capacity Do You Know This Individual?	
7. Name	Home Address	Home Phone
Occupation	Business Address	Business Phone
Years Known	In What Capacity Do You Know This Individual?	

SUPPLEMENTAL INFORMATION: Use this page to record additional information from other sections of the worksheet.

**BOURBON COUNTY SHERIFF'S OFFICE**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**  
**EMPLOYMENT CANDIDATE**

I, (print full name) \_\_\_\_\_ hereby authorize the release of any and all information regarding my employment, credit, arrest and/or conviction record, or any other information, whether personal or otherwise, that may or may not be on my records to:

Bourbon County Sheriff's Office  
293 E. 20th St.  
Fort Scott, KS 66701

and release from all liability for any damage, whatsoever, that may arise for furnishing such information. I understand that this information is necessary to meet K.S.A. 22-2201 et. seq.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date