

William C. Brueggemann Sheriff

OFFICE OF SHERIFF

COUNTY OF CASS

Application



INSTRUCTIONS

READ THESE INSTRUCTION CARFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your personal History Statement. It is essential that the information be accurate in all respects. It will be used as a basis for a background investigation that will determine your eligibility for employment.

Your personal History Statement should be printed legibly in ink in your own writing. Answer all questions to the best of your ability.

If a question is not applicable to you, enter N/A in the space provided. Do not leave blank lines.

You are responsible for obtaining correct addresses and phone numbers. If you are not sure of an address or phone number, check it by personal verification. Your local library may have a directory service or copies of local phone directories.

If there is insufficient space on the form for you to indicate all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.

An accurate and complete form will help expedite your investigation. On the other hand deliberate omissions or falsifications may result in disqualification.

The Americans With Disability Act prohibits employers from making medically related inquiries prior to a Conditional Offer of Employment. Therefore, if your are completing this personal history statement before your have received a Conditional Offer of Employment, do not divulge information concerning physical or medical conditions, either past or current.

Be sure to read directions on application carefully.

Incomplete applications will not be processed!

Please provide copies of:
High School Diploma
College Diploma
Any other certificates of training
Drivers license
Social Security Card

Cass County Sheriff's Office



City/County Law Enforcement Center 336 Main Street Plattsmouth, NE 68048 402-296-9370



Application for Civilian-Non Sworn Positions

This application is good for 90 days

Cass County assures equal employment opportunity to applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, marital status, mental or physical disability, religion or any other prohibited basis of discrimination, as provided under applicable state and federal law.

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMIDATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMIDATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.

Type of work desired (Check all that apply)	□Full Time	□Part Time □Regular	□Temporary
Position(s) applying for: Communications	□ Clerical	☐ Maintenance/Janitorial	□Other
How did you hear about this position?			
Applicant's Name (Last, First, Middle Initial):			
Street Address:		_ City,State,Zip Code:	
Telephone Number:		Work Telephone Number:	
Best time to call you at home:	May we contact	you at work?Best t	time to call:
Have you ever been employed here before?	□ Yes □ No	If yes, give date:	
Have you ever filed an application here before	? □ Yes □ No	If yes, give date:	
Are you legally eligible to work in the United S	States?	S □ No Are you a resident of	f Nebraska? ☐ Yes ☐ No
Will you relocate if the job requires it? \Box Ye	s 🗆 No V	Vill you work overtime if require	ed? Yes No
Are you able to meet the attendance requirement	ents of the positi	on? ☐ Yes ☐ No Have you eve	er been bonded? □Yes □No
If yes, please provide date(s) and details			
Do you have a any relative or other person(s) employed in any capacity by the Cass County.			e same residence who is
If yes, please explain particulars:			

Employment History

List below the positions you have held, stating with your present employment. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Under "Specific Duties," describe clearly the tasks you performed and the nature of your supervisory, technical or other responsibilities. Please be complete. Your employment history may be verified by contacting previous employers unless you request otherwise. Volunteer, military, or unpaid experience will be evaluated in the same manner as paid employment and should be entered in the same manner. If you need more space, attach a separate sheet of paper. Please exclude organization names that indicate, for example, race, color, religion, sex, disability, or national origin.

Employment Information	Description of Duties
Employer/Kind of Business	Position/Title
Street Address	Specific Duties
Immediate Supervisor/Title	Telephone Number
Dates of Employment (Month/Year)	Hourly Rate/Salary
From: To:	Starting: Final:
Part Time	
Reason for Leaving	
Employment Information	Description of Duties
Employer/Kind of Business	Position/Title
Street Address	Specific Duties
Immediate Supervisor/Title	Telephone Number
Dates of Employment (Month/Year)	Hourly Rate/Salary
From: To:	Starting: Final:
Part Time	
Reason for Leaving	
Employment Information	Description of Duties
Employer/Kind of Business	Position/Title
Street Address	Specific Duties
Immediate Supervisor/Title	Telephone Number
Dates of Employment (Month/Year)	Hourly Rate/Salary
From: To:	Starting: Final:
Part Time	
Reason for Leaving	
IV.	

Employment Information	Description of Duties
Employer/Kind of Business	Position/Title
Street Address	Specific Duties
Immediate Supervisor/Title	Telephone Number
Dates of Employment (Month/Year)	Hourly Rate/Salary
From: To:	Starting: Final:
Part Time	
Reason for Leaving	
Employment Information	Description of Duties
Employer/Kind of Business	Position/Title
Street Address	Specific Duties
Immediate Supervisor/Title	Telephone Number
Dates of Employment (Month/Year)	Hourly Rate/Salary
From: To:	Starting: Final:
Part Time	
Reason for Leaving	Α
Employment Information	Description of Duties
Employer/Kind of Business	Position/Title
Street Address	Specific Duties
Immediate Supervisor/Title	Telephone Number
Dates of Employment (Month/Year)	Hourly Rate/Salary
From: To:	Starting: Final:
Part Time Full Time	
Reason for Leaving	

EDUCATION / SKILLS HISTORY

Please list education or specialized experience that relates to the position(s) for which you are applying. Exclude names or terms that indicate, for example, race, color, religion, sex, disability, or national origin.

		Received:						
High School Attended	City & State	Dates A From	ttended To	Graduated Yes N	Telephone #			
illege / University Attended	Dates Attended	Major & Mir	nor	Telephone#	Degree Received &			
City &State	From To			Telephone #	Degree Received &			
regards to typing and word pro	cessing indicate your proficion	ency:	wo	rds per minute	a.			
ease list any other types of equip	ment you can operate or skil	ls you possess, w	hich you	feel would be a				
conduct a complete background in the prior to a conditional offer of employment. The pleted prior to a conditional offer Are you? Single	PERSONAL RI nvestigation regarding your co o any question regarding to a pair section only, PERSONAL r of employment	ELATIONSH urt and financial persons marital st	IPS records pleatus and de	feel would be a	e following egal prior to a uired to be			
conduct a complete background in the ditional offer of employment. The pleted prior to a conditional offer Are you? If Married:	PERSONAL RI nvestigation regarding your co o any question regarding to a pais section only, PERSONAL r of employment Married Sepa	ELATIONSH urt and financial streensons marital streeLATIONSHIE	TPS records pleatus and depth is election	ase provide the ependants is illeve and not requ	e following egal prior to a uired to be			
conduct a complete background in britian offer of employment. The pleted prior to a conditional offer Are you? If Married: Date:	PERSONAL RI nivestigation regarding your co o any question regarding to a pair section only, PERSONAL of employment Married City & State	ELATIONSH urt and financial stresons marital streELATIONSHIF	IPS records pleatus and decay is election	ase provide the ependants is illeve and not requ	e following egal prior to a uired to be			
conduct a complete background is primation. Mandating a response to ditional offer of employment. The pleted prior to a conditional offer Are you? Single If Married: Date: Spouse's Name (wife's mandating)	PERSONAL RI nvestigation regarding your co o any question regarding to a pais section only, PERSONAL r of employment Married Sepa	ELATIONSH urt and financial strength s	IPS records pleatus and decay is election	ase provide the ependants is illeve and not requ	e following egal prior to a uired to be			
conduct a complete background is primation. Mandating a response to the iditional offer of employment. The impleted prior to a conditional offer Are you? If Married: Date: Spouse's Name (wife's management)	PERSONAL RI nivestigation regarding your co o any question regarding to a pairs section only, PERSONAL r of employment Married Separative State Aniden name): The property of the proper	ELATIONSH urt and financial strength s	IPS records pleatus and decay is election	ase provide the ependants is illeve and not requ	e following egal prior to a uired to be			

Date of Order/Decree:								
		_ Court &	State V	Vhere Issue	d:			
Ex-Spouse's Name (ex-	wife's ma	aiden nam	ie):	19				
Ex-Spouse's Present Ad	ldress &	Phone #:						
1							 ,	
List other relatives in Sisters, Spouse, Child		10-28	der: Fat	her, Moth	er (including ma	iden name)), Brothers &	
Name		Add	Iress	10023	Phone #	Rela	tionship	Age
		7			1			
		Р	ERSO	NAL REFI	ERENCES			
		Р	ERSO	NAL REFI	ERENCES			
Last Name	and the land	P		NAL REFI	ERENCES		Middle Name	
Last Name Street Address		P		First Name	City	State		Zip
		P		First Name	City	State Cell Phone		
Street Address		City		First Name	City			Zip
Street Address Home Pho	one		Apt #	First Name	City			Zip
Street Address Home Pho Business Street Address Phone Number	one	City	Apt #	First Name # State	City		Zij	Zip
Business Street Address Phone Number Last Name	Suite#	City	Apt #	First Name State d	Occupation	Cell Phone	Zij	Zip
Business Street Address Phone Number Last Name Street Address	Suite#	City	Apt #	First Name State d	Occupation	Cell Phone State	Zij	Zip
Business Street Address Phone Number Last Name Street Address Home Pho	Suite #	City Years Ac	Apt #	First Name # State d First Name	Occupation	Cell Phone	Zij	Zip
Business Street Address Phone Number Last Name Street Address Home Pho	Suite#	City	Apt #	First Name State d	Occupation	Cell Phone State	Zij	Zip

Separated

Divorces □

Widowed \square

If ever separated, divorced, or widowed:

Date of Marriage: _____

PERSONAL REFERENCES continued

Last Name		F	irst Name	Mid	Middle Name	
Street Add		Apt#	City	State	Zip	
Home	Phone				Cell Phone	er er er er er er er
Business Street Address	Suite #	City		State		Zip
Phone Number		Years Ac	quainted	Occupa	tion	

Last Name		First Na	me	Middle Name		
Street Add	ress		Apt#	City	State	Zip
Home	Phone				Cell Phone	
Business Street Address	Suite #	City	State		grand (1900)	Zip
Phone Number		Years Acqua	inted	Occupation		

Last Name	First Name			Middle Name		
Street Add	ress		Apt#	City	State	Zip
Home	Phone	lika in		straine at recognition caps	Cell Phone	
Business Street Address	Suite #	City	Stat	e		Zip
Phone Number		Years Acc	quainted	Occupatio	n	

Last Name		First N	ame	Middle Name		
Street Add	Apt#		City	State	Zip	
Home	Phone			Saar and Car Hillsholm 1944 is	Cell Phone	recommendation of the second
Business Street Address	Suite #	City	State			Zip
Phone Number		Years Ac	quainted	Occupatio	on	

Last Name			Firs	t Name	Middle Name	
Street Add	ress		Apt#	City	State	Zip
Home	Phone	785672			Cell Phone	
Business Street Address	Suite #	City	Sta	te		Zip
Phone Number		Years Ac	quainted	Occupatio	n	

MILITARY HISTORY

	DD214				
Have you served in th	ne U.S. Armed Forces?		Yes	□ N	lo
Date of Service:	From	1	То		
Branch of Service:				1.0	
Unit Designation:					
Military Service Num	ber:				
Highest Rank Held:		4			
Type of Discharge: _ Were you ever discipl company punishment	lined while in the milits, etc)?	ary service (inclu	de court-n	naterial, c	aptain's masts,
Charge	Agency	Date	Age at	Time	Disposition
51-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3	harge other than honor				
If you received a disc	n	able, give comple	ete details.		
If you received a disc	harge other than honor	able, give comple	ete details.	5 2	
If you received a disc	harge other than honor	able, give comple	ete details.	5 2	
If you received a disc	harge other than honor	able, give comple	ete details.	5 2	

Has you	ur certificate ever been suspended, revoked, relinquished or subject to discipline or
investig	gation by the perspective governing board? Yes No If yes, explain.
t o	
ъ и	
Describ	be any special ability, interests and hobbies including the degree of proficiency:
	
Indicate where th	e any type of special license such as pilot, radio operator, etc., showing licensing authorhe license was first issued and date current license expires (except vehicle operator's li
_	
Describe recognit	e any awards, honors, citations, positions held in school organizations and other special tion you received while attending school:
(
List add	itional information you would like us to consider:
List aud	itional information you would like us to consider.

	Language	Reading	Understanding	Speaking	Writing
		МОТО	OR VEHICLE OPE	RATION	
•	Do you possess a cu	urrent driver's license	? □ Yes □ No		
•	Has your driver's li	cense ever been suspe	ended or revoked?	□ Yes □ No	
	If yes, give date, lo	cation and reason:			
	With what company	y do you carry auto in	surance?		
			,		
		100 H 751 F 1 4 V C 10	DRIVING HISTO	D.V.	
			DRIVING HISTO	KI	
	List to the best of yexcluding parking	your memory all driving tickets.	ng citations you hav	e received as an adu	lt or juvenile,
	Month/Year	Charge	e established and shall C	ity/State	Disposition

approximate date and locations.

Month/Year	Location	Details

CIVIL - CRIMINAL HISTORY

Have you ever been d	letained by police or su	mmoned into court?	□ Yes □ N	No
Have you ever pled "No	guilty" or "no contest"	to, or been convicted	of a crime?	☐ Yes ☐
If yes, complete the forvehicle/ traffic related	ollowing (list juvenile, d offences.	as well as adult occur	rences), excludir	ng motor
Crime Charged	Police Agency	City/State	Date	Disposition
200 year to be compared to the				
		9		
Have you ever been i	nvolved as a party in a	civil litigation?	□ Yes □ No	N.

RESIDENCES

List all addresses where you have lived during the past ten (10) years, beginning with present address. List date by month and year, attach extra page if necessary.

From	То	Address	Rent/Land Lord	Own	Parents

FINANCIAL HISTORY

SOURCES OF INCOME

1.	What is your present	t salary or wage?	\$	Per
2.	Do you have income Yes □	e from any sources No	s other than you p	rincipal occupation?
	If yes, how much?	\$	Per	
	How Often?			
	The Source?			
3.	Do you own any rea	l estate?	Yes □ No □	Value \$
	Location:			
4.	Do you own any bor	nds, government o	r other? Yes □ N	Io Value \$
5.	Do you own any cor	porate stocks? Ye	s □ No □	Value \$
6.	Do you have a bank	account? Yes	No □	
SAV	INGS			
1.	Average Balance	\$		
	Name of Bank:			
2.	Average Balance	\$		
	Name of Bank:			
CHE	CKING			
1.	Average Balance	\$	· · · · · · · · · · · · · · · · · · ·	
	Name of Bank:			
2.	Average Balance	\$		
	Name of Bank:			

FINANCIAL OBLIGATIONS

Give name and address of the individuals, companies, or others to whom you are indebted, and the extent of your debt. Please list all debts over \$500.00. Be sure to include student loans, rent, mortgages, vehicles payments, charge accounts, credit cards, child support payments, and any other debts and payments. Also list any dept where payment is **past due**, regardless of amount.

Туре	Name	Reason for Debt, Item Purchased or Loan	Account #	Total Balance	Monthly Payment
		w.			
					la .

Total	2			
I Utai	Φ.			

BANKRUPTCY

YES	NO
P T	
	YES

ORGANIZATION MEMBERSHIP

	List all clubs, societies of which you	City & State	Former		sent on held & activity)
				YES	NO
2.	movement, group or combination of p or approving the commission of acts of the constitution of the United States, of States by unconstitutional means?	aber of any foreign or domestic organization dersons which has adopted, or shows a polic of force or violence to deny others persons the or which seek to alter the form of government	y of advocating heir rights under nt of the United	ILS	NO
3.	Have you ever made a financial or oth described in the above? If yes to question #2 or #3, answer question	ner material contribution to any organization ions #4 and #5 also.			
-	At the time of your membership, parti	cipation, or contribution, did you know of a	any unlawful		
4.	aims of the organization?	• •			

If yes to question #2,#3, #4 or #5, explain including name of organization and location.	

2008 Domestic Violence Questionnaire

Applicant: Last Name (Please Print)	First Name (Please Print)
Please read the directions carefully:	
1). It is absolutely necessary that you be completely hon Applicants found to be the perpetrators of violence (inclusexual assault, stalking or domestic violence) shall not be another step in this process that you have a history of violenchighly likely you will be disqualified from the selection process.	ding, but not limited to; elder abuse. Child abuse, e hired. Should information present itself during lence, but you did not indicate so on this form, it is process.
2). "Yes" or "No" must be indicated for <u>each</u> question. It to provide a date(s) of occurrence, and explanation of the	f any question is answered "Yes", it is mandatory incident.
HISTORY OF ABUSE / VIOLENCE	YES NO
Have you ever been investigated for, arrested, (1). Elder Abu (2) Child Abu (3) Sexual As (4) Stalking (5) Domestic Have you ever had a Protection Order issued against yo If you answered "Yes" to any of the above questions, plexplanation of the incident.	violence u?
I hereby certify that there are no misrepresentations of fa any part of this application. Should any part of the Ca investigation and /or polygraph examination disclose application, I understand that my application will be current hiring process. APPLICANT'S SIGNATURE:	ss County Sheriff's Office background any misrepresentations of falsifications on my

2008 DRUG AND ALCOHOL USAGE QUESTIONNAIRE

Applicant:				
Last Name (Please Print)	First Nar	ne (Plea	ase Print)	
Please read the directions carefully:				
1). It is absolutely necessary that you be completely hone Prior drug and alcohol usage is not an automatic disqualifica another step in this process that you have used drugs or alcohol is highly likely that you will be disqualified from the selection	tion. Shou	ıld infori	mation propert itae	of desire
2). "Yes" or "No" must be indicated for <u>each</u> question. If an to provide a date(s) and age, and an explanation of the drug u	y question sage in the	is answ e approp	ered "Yes", it is m riate space provide	andatory ed.
Part I - MARIJUANA USAGE	YES	NO	DATE	AGE
Have you ever used marijuana?				
If you answered YES, and it is more times you can actually note dates for, please indicate the number of years you used marijuana. Have you ever purchased marijuana.				
Were you ever present when marijuana was purchased?				
Have you ever grown marijuana?				
Have you ever sold marijuana?				
Have you ever harvested marijuana?				+
Have you ever been present when marijuana was used?				
Part II - ILLICIT DRUG USAGE	YES	NO	DATE	AGE
Have you ever used hashish or a compound or oil derivative form the stalk, fiber, or seeds of the marijuana plant, cocaine, meth, LSD, ecstasy or any other hallucinogen?	1230	110	DATE	AGE
Have you ever used drugs not prescribed by a physician (i.e. steroids) or have you ever abused prescription drugs? If YES, list the name of the drug(s)				
Have you ever been present when illicit drugs were used?				
Have you ever bought or sold illicit drugs at any time?				
Were you ever present when someone else bought or sold drugs?				
Have you ever intentionally used glue, paint or other substance for a purpose other than what it was intended for?				
Have you ever laced someone's food or drink with any substance which would render them unable to function normally?				
If any of the questions regarding drug usage were answered "YES", usage in the space provided below: (Continue on the back of this shape)	please protect if more	vide detai	iled information on paeeded.)	your drug
				,

PART III - ALCOHOL		NO
Have you ever been cited, arrested or convicted of DWI or DUI?		
If you answer YES, please list the date(s) of conviction:		
Do you drive after consuming alcoholic beverages?		
If YES, how many drinks consumed per hour before driving?		
How many drinks do you feel would compromise your driving ability?		
Do you currently purchase, or have you purchased in the last year, alcohol for		
minors?		
If YES, please explain:		

I hereby certify that there are no misrepresentations of falsifications of the answers to the above questions or any part of this application. Should any part of the Cass County Sheriff's Office background investigation and /or polygraph examination disclose any misrepresentations of falsifications on my application, I understand that my application will be rejected, and I will be disqualified from the current hiring process.

APPLICANT'S SIGNATURE: _	DATE	

APPLICANT STATEMENT

I Certify that all information I have provided in order to apply for and secure work at the Cass County Law Enforcement Center is true, complete and correct.

I understand that any information provided by me is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I) cancel further consideration of this application, or (II) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the Cass County Sheriff's Office, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the Cass County Sheriff's Office, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the Cass County Sheriff's Office does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with proper notice, and the employer reserves the same right to terminate my employment at any time, with or without cause, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the Sheriff's Office is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Cass County Sheriff.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard. I also understand that a complete background check will be conducted on me and that some positions require a polygraph, psychological and medical testing.

As per Nebraska Law, a complete background check must be completed prior to offering employment in the Law Enforcement field. In order to complete this requirement, your date of birth and driver's license number are required.

Date of Birth:

Driver's License Number:	State:			
Social Security #	Email Address			
DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.				
I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.				
Signature of Applicant				