

UNION COUNTY SHERIFF'S OFFICE
APPLICATION FOR EMPLOYMENT



Eddie Cathey
Sheriff of Union County
3344 Presson Road
Monroe, North Carolina 28112

(704) 283-3612

Applicant's Name: _____

Date Submitted: _____

UNION COUNTY SHERIFF’S OFFICE

APPLICATION FOR EMPLOYMENT

Equal Employment Opportunities: It is the policy of the Sheriff of Union County to maintain a systematic, consistent recruitment program, to promote equal employment opportunity, and to identify and attract the most qualified applicants for all, present and future vacancies. This intent is achieved through consistency in announcing all positions, evaluation of all applicants on the same criteria, and by applying accepted testing and evaluation methods. Equal employment opportunities are allowed without regard to sex, race, religion, color, national origin, age or non-disqualifying handicap.

Educational Requirements: A four-year college degree is preferred for employment as a Deputy Sheriff. A two-year college degree is preferred for employment as a Detention Officer.

Residential Requirements: You do not have to be a resident of Union County to be considered for a position however, you must be a resident of North Carolina in order to be certified by the Sheriff’s Standards Division. You must be able to report for duty within (1) one hour of being notified.

Terms of Employment: The Office of Sheriff is the oldest public office in the United States. The Sheriff and his employees subscribe to the Law Enforcement Code of Ethics. Therefore they must hold themselves to a higher standard of conduct than other law enforcement officers and the general public. Sheriff’s employees answer to the Sheriff through an established chain-of-command.

The Sheriff is a Constitutional Officer and the Chief Law Enforcement Officer of the County. He is civilly responsible for the acts, commissions and omissions of his employees. Employment by the Sheriff is a political appointment and service is at the will and pleasure of the Sheriff.

Application Process: Applications are maintained for one (1) year. They are reviewed by the Sheriff and the senior staff (Chief Deputy, and Captains) once received and vacancies arise. A background investigation may be initiated. (A copy of the following will be required for background investigation purposes: high school diploma or GED certificate, valid driver’s license and social security card.) You must be completely thorough and honest in completing this document. Falsified or incomplete information will result in immediate termination of your application. If you have a question regarding the information requested, please call 283-3789 and ask for either the Chief Deputy or Executive Officer.

If an interview is necessary a background investigator or senior staff will schedule it. Please do not call this office seeking to be interviewed.

Please answer these questions first. No explanation is necessary. Just answer the questions “yes” or “no.”

- 1. Do you have a college degree with a diploma in hand? Yes No
- 2. Do you reside in Union County? Yes No If no, in what county do you reside? _____.
- 3. Are you twenty-one years of age or older? Yes No
- 4. Have you ever been found guilty of or plead guilty to a felony? Yes No

Section I Personal Information (Please print or type)

Position(s) Applying for _____ SSN: _____

Name: _____ Nicknames: _____
First Middle/Maiden Name Last

Present Mailing Address: _____

With Whom Do You Live? _____ Home Phone: _____ Work Phone: _____

Date of Birth: ____/____/____ Place of Birth: _____ Citizenship: US Born: _____

US Naturalized: _____ Other: _____ Eye Color: _____ Hair Color: _____ Height: _____

Weight: _____ Sex: _____ Marital Status: _____ If Married, When: _____

Do You Have Any Children? _____ How Many? _____ Do You Possess A Valid NC Driver's License? _____

If Yes, License # _____ Have You Ever Been Licensed In Another State? _____ If Yes, List State and

License Number _____ Has Your License Ever Been Suspended or Revoked? Yes No

If Yes, Give Details _____

Have You Previously Submitted An Application With This Agency? Yes No Date Submitted: _____

Section II Educational Background

A. High School: _____ City/State: _____

Years/Work Completed: _____ When Attended: _____ Graduated: Yes ___ No ___

B. College: _____ City/State: _____ Yrs./Work Completed _____

When Attended: _____ Graduated: Yes ___ No ___ Degree: _____ Major: _____

C. Other Schools: _____ City/State: _____ Yrs./Work Completed _____

When Attended: _____ Graduated: Yes No Degree: _____ Major: _____

If you did not graduate from high school have you passed the General Education Development (GED) Test? _____

If yes, When: _____ Where: _____

Section III Family History

Are you related by blood or marriage to any person(s) now employed by this agency? Yes No If **yes**, give name(s) and details. _____

Has any member of your immediate family ever been in jail, prison or on probation or parole? Yes No If **yes**, give name and details. _____

Section IV Residences

List addresses for the past ten (10) years beginning with your present address at the top.

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

Section V Financial

What income other than salary do you have at the present? _____

Are you now supporting all children born to you or adopted by you? Yes No If **No**, give details: _____

Are there persons other than your spouse and children who are presently dependent upon you for support? _____

If **Yes**, give names and details: _____

Are you currently under court order to pay child support? Yes No If **yes** where and the amount being paid: _____

Have you ever been sued with a civil judgment being rendered against you? Yes No Has a tax lien been placed against you by the Department of Revenue or IRS? Yes No If **Yes**, give details: _____

What is the total amount of all your debts at present? \$ _____. What is the average monthly total of all your bills, payments, and current living expenses? \$ _____

List Credit References, including businesses to which you make monthly payments:

1. Business _____ City/State _____

Acct. # _____ Amount Owing: \$ _____ Payment: \$ _____

2. Business _____ City/State _____

Acct. # _____ Amount Owing: \$ _____ Payment: \$ _____

3. Business _____ City/State _____

Acct. # _____ Amount Owing: \$ _____ Payment: \$ _____

4. Business _____ City/State _____

Acct. # _____ Amount Owing: \$ _____ Payment: \$ _____

5. Business _____ City/State _____

Acct.# _____ Amount Owing \$ _____ Payment: \$ _____

6. Business _____ City/State _____

Acct.# _____ Amount Owing: \$ _____ Payment: \$ _____

Section VI Employment History

Have you ever been denied employment by a criminal justice agency? Yes No If yes, give details: _____

If you have ever been discharged or requested to resign from any position because of criminal misconduct or rule violations? Yes No If yes, give details: _____

Do you object to wearing a uniform? Yes No

Do you object to working nights? Yes No

Do you object to working rotating shifts? Yes No

Do you object to being away from home overnight and/or for other periods of time attending meetings, acquiring training or otherwise performing official duties Yes No

List all jobs you have held in the last ten (10) years. Put your present or most recent jobs first. If you need more space you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

Position: _____		Ending Salary: _____	
Employer: _____			
Employer's Address		Employer's Phone #	
Date Employed	Date Separated	Full Time Yrs. / Mos.	Part Time Yrs. / Mos.
Duties: _____			

Reason for leaving: _____

Position: _____ Ending Salary: _____

Employer: _____

Employer's Address

Employer's Phone #

Date Employed Date Separated Full Time Yrs. / Mos. Part Time Yrs. / Mos.

Duties: _____

Reason for leaving: _____

Position: _____ Ending Salary: _____

Employer: _____

Employer's Address

Employer's Phone #

Date Employed Date Separated Full Time Yrs. / Mos. Part Time Yrs. / Mos.

Duties: _____

Reason for leaving: _____

Position: _____ Ending Salary: _____

Employer: _____

Employer's Address

Employer's Phone #

Date Employed Date Separated Full Time Yrs. / Mos. Part Time Yrs. / Mos.

Duties: _____

Reason for leaving: _____

Section VII Military

Were you ever in the military service or any other military organization? Yes No If Yes, give branch and dates of service: _____ Service # _____ Highest Rank _____

List Unit Assignments:

Branch: _____ Unit: _____ From: _____ To: _____

Location: _____

Branch: _____ Unit: _____ From: _____ To: _____

Location: _____

Branch: _____ Unit: _____ From: _____ To: _____

Location: _____

Branch: _____ Unit: _____ From: _____ To: _____

Location: _____

What was the date and location of your last discharge from active duty? Date: _____ Location: _____

Honorable Discharge? Yes No If No, give details: _____

Section VIII Use of Alcohol/Drugs

Do you drink alcoholic beverages? Yes No How often? _____

Have you ever used Marijuana? Yes No What were the circumstances? _____

Have you ever used any other illegal drugs, including but not limited to opiates, pills, heroin, cocaine, "crack," LSD, or have you used prescription drugs without a doctor's direction, etc.? Yes No If yes, give details: _____

Section IX Criminal Conduct

Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense or an infraction?
 Yes No

Offense: _____ Date: _____

Agency: _____ Disposition: _____

Offense: _____ Date: _____

Agency: _____ Disposition: _____

Offense: _____ Date: _____

Agency: _____ Disposition: _____

Offense: _____ Date: _____

Agency: _____ Disposition: _____

Section X Career Objective

Briefly explain your reasons for applying for this position: _____

List all skills, training, fields or work for which you are licensed, registered or certified. List hobbies, which may be useful in the performance of the duties of the position for which you have applied: _____

What are your feelings about the use of deadly force if it becomes necessary in the performance of official duties? _____

Section XI References

Give names of five responsible persons other than relatives or past employers who could provide information about your character, ability, experience, personality and other qualities.

Name: _____ Phone # _____ Home _____ work

Address: _____

Name: _____ Phone # _____ Home _____ work

Address: _____

Name: _____ Phone # _____ Home _____ work

Address: _____

Name: _____ Phone # _____ Home _____ work

Address: _____

Name: _____ Phone # _____ Home _____ work

Address: _____

Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his/her complete background. To assist us in finding the proper position for you in our agency, use the space below to summarize any additional information necessary to describe your full qualifications.

