



**William C. Brueggemann**  
Sheriff

## OFFICE OF SHERIFF

COUNTY OF CASS



336 Main St.  
Plattsmouth, NE 68048

### Application

## INSTRUCTIONS

### READ THESE INSTRUCTION CAREFULLY 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 you are completing this personal history statement before you 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 ACCOMODATION 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 ACCOMODATION 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 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 States?     Yes     No    Are you a resident of Nebraska?     Yes     No

Will you relocate if the job requires it?     Yes     No    Will you work overtime if required?     Yes     No

Are you able to meet the attendance requirements of the position?     Yes     No    Have you ever been bonded?     Yes     No

If yes, please provide date(s) and details \_\_\_\_\_

Do you have a any relative or other person(s) with whom you have or are currently living in the same residence who is employed in any capacity by the Cass County.    Yes     No

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 <input type="checkbox"/> Full Time <input type="checkbox"/>	
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 <input type="checkbox"/> Full Time <input type="checkbox"/>	
Reason for Leaving	
Employment Information	Description of Duties
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Dates of Employment (Month/Year)	Hourly Rate/Salary
From: _____ To: _____	Starting: _____ Final: _____
Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	
Reason for Leaving	

<b>Employment Information</b>	<b>Description of Duties</b>
Employer/Kind of Business	Position/Title
Street Address	Specific Duties
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Dates of Employment (Month/Year)	Hourly Rate/Salary
From: _____ To: _____	Starting: _____ Final: _____
Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	
Reason for Leaving	
<b>Employment Information</b>	<b>Description of Duties</b>
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 <input type="checkbox"/> Full Time <input type="checkbox"/>	
Reason for Leaving	
<b>Employment Information</b>	<b>Description of Duties</b>
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 <input type="checkbox"/> Full Time <input type="checkbox"/>	
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.

Circle Highest Grade Completed: 6 7 8 9 10 11 12 College: 1 2 3 4 5 Graduate: \_\_\_\_\_

Diploma / Degree: \_\_\_\_\_ Received: \_\_\_\_\_

High School Attended	City & State	Dates Attended		Graduated		Telephone #
		From	To	Yes	No	
College / University Attended						
City & State	Dates Attended		Major & Minor	Telephone #	Degree Received & Date	
	From	To				

Have you had training / course work or experience in (please check all that apply):

- Typing       Word Processing       Data Entry       PC/Computer       Calculator / Adding Machine  
 Dictation Equipment       Shorthand / Speedwriting       Speed Reading

In regards to typing and word processing indicate your proficiency: \_\_\_\_\_ words per minute.

Please list any other types of equipment you can operate or skills you possess, which you feel would be an asset in the position for which you are applying: \_\_\_\_\_

**PERSONAL RELATIONSHIPS**

To conduct a complete background investigation regarding your court and financial records please provide the following information. Mandating a response to any question regarding to a persons marital status and dependants is illegal prior to a conditional offer of employment. This section only, PERSONAL RELATIONSHIPS is elective and not required to be completed prior to a conditional offer of employment..

Are you ?      Single       Married       Separated       Divorced       Widowed

If Married:

Date: \_\_\_\_\_ City & State: \_\_\_\_\_

Spouse's Name (wife's maiden name): \_\_\_\_\_

Have you ever been known by any other name ? Yes  No

If yes, provide name used and why it was changed.

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Reason for name change: \_\_\_\_\_

If ever separated, divorced, or widowed:

Date of Marriage: \_\_\_\_\_ Separated  Divorces  Widowed

City & State: \_\_\_\_\_

Date of Order/Decree: \_\_\_\_\_ Court & State Where Issued: \_\_\_\_\_

Ex-Spouse's Name (ex-wife's maiden name): \_\_\_\_\_

Ex-Spouse's Present Address & Phone #: \_\_\_\_\_

List other relatives in the following order: Father, Mother (including maiden name), Brothers & Sisters, Spouse, Children, Ex-Spouse.

Name	Address	Phone #	Relationship	Age

**PERSONAL REFERENCES**

<b>Last Name</b>		<b>First Name</b>			<b>Middle Name</b>	
<b>Street Address</b>		<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Home Phone</b>			<b>Cell Phone</b>			
<b>Business Street Address</b>	<b>Suite #</b>	<b>City</b>	<b>State</b>		<b>Zip</b>	
<b>Phone Number</b>	<b>Years Acquainted</b>		<b>Occupation</b>			

<b>Last Name</b>		<b>First Name</b>			<b>Middle Name</b>	
<b>Street Address</b>		<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Home Phone</b>			<b>Cell Phone</b>			
<b>Business Street Address</b>	<b>Suite #</b>	<b>City</b>	<b>State</b>		<b>Zip</b>	
<b>Phone Number</b>	<b>Years Acquainted</b>		<b>Occupation</b>			

PERSONAL REFERENCES continued

<b>Last Name</b>		<b>First Name</b>			<b>Middle Name</b>	
<b>Street Address</b>		<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Home Phone</b>			<b>Cell Phone</b>			
<b>Business Street Address</b>	<b>Suite #</b>	<b>City</b>	<b>State</b>		<b>Zip</b>	
<b>Phone Number</b>	<b>Years Acquainted</b>		<b>Occupation</b>			

<b>Last Name</b>		<b>First Name</b>			<b>Middle Name</b>	
<b>Street Address</b>		<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Home Phone</b>			<b>Cell Phone</b>			
<b>Business Street Address</b>	<b>Suite #</b>	<b>City</b>	<b>State</b>		<b>Zip</b>	
<b>Phone Number</b>	<b>Years Acquainted</b>		<b>Occupation</b>			

<b>Last Name</b>		<b>First Name</b>			<b>Middle Name</b>	
<b>Street Address</b>		<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Home Phone</b>			<b>Cell Phone</b>			
<b>Business Street Address</b>	<b>Suite #</b>	<b>City</b>	<b>State</b>		<b>Zip</b>	
<b>Phone Number</b>	<b>Years Acquainted</b>		<b>Occupation</b>			

<b>Last Name</b>		<b>First Name</b>			<b>Middle Name</b>	
<b>Street Address</b>		<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Home Phone</b>			<b>Cell Phone</b>			
<b>Business Street Address</b>	<b>Suite #</b>	<b>City</b>	<b>State</b>		<b>Zip</b>	
<b>Phone Number</b>	<b>Years Acquainted</b>		<b>Occupation</b>			

<b>Last Name</b>		<b>First Name</b>			<b>Middle Name</b>	
<b>Street Address</b>		<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Home Phone</b>			<b>Cell Phone</b>			
<b>Business Street Address</b>	<b>Suite #</b>	<b>City</b>	<b>State</b>		<b>Zip</b>	
<b>Phone Number</b>	<b>Years Acquainted</b>		<b>Occupation</b>			

**MILITARY HISTORY**

**\* MUST PROVIDE COPY OF DD214**

1. Have you served in the U.S. Armed Forces?  Yes  No
2. Date of Service: From \_\_\_\_\_ To \_\_\_\_\_  
 Branch of Service: \_\_\_\_\_  
 Unit Designation: \_\_\_\_\_  
 Military Service Number: \_\_\_\_\_  
 Highest Rank Held: \_\_\_\_\_  
 Type of Discharge: \_\_\_\_\_

3. Were you ever disciplined while in the military service (include court-martial, captain's masts, company punishments, etc)?

Charge	Agency	Date	Age at Time	Disposition

If you received a discharge other than honorable, give complete details.

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**SPECIAL QUALIFICATIONS & SKILLS**

1. Indicate any law enforcement education/training:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



2. Did you receive a certificate for this training?  Yes  No Certificate Number: \_\_\_\_\_

3. Has your certificate ever been suspended, revoked, relinquished or subject to discipline or investigation by the perspective governing board?  Yes  No If yes, explain.

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4. Describe any special ability, interests and hobbies including the degree of proficiency:

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5. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued and date current license expires (except vehicle operator's license):

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6. Describe any awards, honors, citations, positions held in school organizations and other special recognition you received while attending school:

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7. List additional information you would like us to consider:

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8. If you are fluent in a foreign language, indicate in each area your degree of fluency ( excellent, good or fair):

Language	Reading	Understanding	Speaking	Writing

**MOTOR VEHICLE OPERATION**

- Do you possess a current driver's license?  Yes  No
- Has your driver's license ever been suspended or revoked?  Yes  No

If yes, give date, location and reason: \_\_\_\_\_

- With what company do you carry auto insurance? \_\_\_\_\_

**DRIVING HISTORY**

List to the best of your memory all driving citations you have received as an adult or juvenile, excluding parking tickets.

Month/Year	Charge	City/State	Disposition

Describe in a brief narrative any traffic accident in which you have been involved, giving approximate date and locations.

Month/Year	Location	Details

**CIVIL – CRIMINAL HISTORY**

Have you ever been detained by police or summoned into court?    Yes    No

Have you ever pled “guilty” or “no contest” to, or been convicted of a crime?    Yes    No

If yes, complete the following (list juvenile, as well as adult occurrences), excluding motor vehicle/ traffic related offences.

<b>Crime Charged</b>	<b>Police Agency</b>	<b>City/State</b>	<b>Date</b>	<b>Disposition</b>

Have you ever been involved as a party in a civil litigation?    Yes    No

If yes, give details:

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**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.

<b>From</b>	<b>To</b>	<b>Address</b>	<b>Rent/Land Lord</b>	<b>Own</b>	<b>Parents</b>

**FINANCIAL HISTORY**

**SOURCES OF INCOME**

1. What is your present salary or wage?      \$ \_\_\_\_\_      Per \_\_\_\_\_
  
2. Do you have income from any sources other than you principal occupation?  
    Yes       No   
  
    If yes, how much?    \$ \_\_\_\_\_      Per \_\_\_\_\_  
  
    How Often ?      \_\_\_\_\_  
  
    The Source?      \_\_\_\_\_
  
3. Do you own any real estate?      Yes     No       Value \$ \_\_\_\_\_  
  
    Location: \_\_\_\_\_
  
4. Do you own any bonds, government or other? Yes  No  Value \$ \_\_\_\_\_
  
5. Do you own any corporate stocks? Yes     No       Value \$ \_\_\_\_\_
  
6. Do you have a bank account? Yes  No

**SAVINGS**

1. Average Balance      \$ \_\_\_\_\_  
  
    Name of Bank: \_\_\_\_\_
  
2. Average Balance      \$ \_\_\_\_\_  
  
    Name of Bank: \_\_\_\_\_

**CHECKING**

1. Average Balance      \$ \_\_\_\_\_  
  
    Name of Bank: \_\_\_\_\_
  
2. Average Balance      \$ \_\_\_\_\_  
  
    Name of Bank: \_\_\_\_\_











PART III - ALCOHOL	YES	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 \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_