



William C. Brueggemann
Sheriff

OFFICE OF SHERIFF

COUNTY OF CASS

Application



336 Main St.
Plattsmouth, NE 68048

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
If past military, DD214
Any other certificates of training
Drivers license
Social Security Card



Cass County Sheriff's Office

Merit Commission

City/County Law Enforcement Center

336 Main Street

Plattsmouth, NE 68048

402-296-9370



Application for Sworn Deputy

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.

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 |
| 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 |
|-----------------------------------------------------------------------|------------------------------|
| 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

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 | | | |
| | | | | | | |
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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

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 |
|------|---------|---------|--------------|-----|
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PERSONAL REFERENCES

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|--------------------------------|--|-------------------|-------------------------|--------------|--------------------|------------|
| Last Name | | First Name | | | Middle Name | |
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| Street Address | | | Apt # | City | State | Zip |
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| Home Phone | | | Cell Phone | | | |
| | | | | | | |
| Business Street Address | | Suite # | City | State | | Zip |
| | | | | | | |
| Phone Number | | | Years Acquainted | | Occupation | |

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|--------------------------------|--|-------------------|-------------------------|--------------|--------------------|------------|
| Last Name | | First Name | | | Middle Name | |
| | | | | | | |
| Street Address | | | Apt # | City | State | Zip |
| | | | | | | |
| Home Phone | | | Cell Phone | | | |
| | | | | | | |
| Business Street Address | | Suite # | City | State | | Zip |
| | | | | | | |
| Phone Number | | | Years Acquainted | | Occupation | |

PERSONAL REFERENCES continued

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|--------------------------------|-------------------------|-------------------|-------------------|--------------|--------------------|--|
| Last Name | | First Name | | | Middle Name | |
| | | | | | | |
| Street Address | | Apt # | City | State | Zip | |
| | | | | | | |
| Home Phone | | | Cell Phone | | | |
| | | | | | | |
| Business Street Address | Suite # | City | State | | Zip | |
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| Phone Number | Years Acquainted | | Occupation | | | |
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|--------------------------------|-------------------------|-------------------|-------------------|--------------|--------------------|--|
| Last Name | | First Name | | | Middle Name | |
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| Street Address | | Apt # | City | State | Zip | |
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| Home Phone | | | Cell Phone | | | |
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| Business Street Address | Suite # | City | State | | Zip | |
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| Phone Number | Years Acquainted | | Occupation | | | |
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|--------------------------------|-------------------------|-------------------|-------------------|--------------|--------------------|--|
| Last Name | | First Name | | | Middle Name | |
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| Street Address | | Apt # | City | State | Zip | |
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| Home Phone | | | Cell Phone | | | |
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| Business Street Address | Suite # | City | State | | Zip | |
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| Phone Number | Years Acquainted | | Occupation | | | |
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|--------------------------------|-------------------------|-------------------|-------------------|--------------|--------------------|--|
| Last Name | | First Name | | | Middle Name | |
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| Street Address | | Apt # | City | State | Zip | |
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| Home Phone | | | Cell Phone | | | |
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| Business Street Address | Suite # | City | State | | Zip | |
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| Phone Number | Years Acquainted | | Occupation | | | |
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|--------------------------------|-------------------------|-------------------|-------------------|--------------|--------------------|--|
| Last Name | | First Name | | | Middle Name | |
| | | | | | | |
| Street Address | | Apt # | City | State | Zip | |
| | | | | | | |
| Home Phone | | | Cell Phone | | | |
| | | | | | | |
| Business Street Address | Suite # | City | State | | Zip | |
| | | | | | | |
| Phone Number | Years Acquainted | | Occupation | | | |
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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 |
|--------|--------|------|-------------|-------------|
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If you received a discharge other than honorable, give complete details.

Merit Commission XVII Veteran's Provisions

CASS COUNTY EMPLOYEES: Any full time Cass County employee in good standing who tests for the classified service shall receive an additional 10 percentage points.

Note: Provisional points are only added after a candidate passes an open competitive examination.

VETERAN'S PREFERENCE: Any veteran who served in the armed forces of the United States (i.e., United States Army, Navy, Marine Corps, Coast Guard and Air Force) during time of war and was honorably discharged from, or released under honorable conditions from active service may be eligible for Veterans' credit. Time of war periods include: 12/7/41 to 12/31/47; 6/27/50 to 1/31/55; 7/1/58-11/1/58; 2/28/61 to 7/1/75; 9/29/82 to 3/30/84; 10/25/83 to 12/15/83; 2/1/87 to 7/23/87; 12/20/89 to 1/31/90; and 8/2/90 to the present.

You may also be eligible for Veteran's Preference (5 percentage points), if:

Do you claim Veteran's Preference? If yes, check one of the following.

- A. As a veteran (as defined above) who is not eligible for disability compensation or pension from the United States through the Veterans' Administration.
- B. As a spouse of such a veteran who is not eligible for disability compensation or pension from the United States through the Veterans' Administration and, who by reason of such veteran's disability is unable to pursue gainful employment.
- C. As an unmarried surviving spouse of such a veteran who is not eligible for disability compensation or pension from the United States through the Veterans' Administration.

You have been honorably discharged or released under honorable conditions from active service in the armed forces of the United States, and have served in a military action for which you received or were entitled to receive a campaign badge or expeditionary medal.

Do you claim Disabled Veteran's Preference (5 percentage points)? If yes, check one of the following.

- A. As a disabled veteran (as defined above) who is eligible for disability compensation or pension from the United States through the Veterans' Administration.
- B. As a spouse of a disabled veteran who is eligible for disability compensation or pension from the United States through the Veterans' Administration, and who is unable to pursue gainful employment due to the veteran's disability.
- C. As an unmarried surviving spouse of a disabled Veteran who is eligible for disability compensation or pension from the United States through the Veterans' Administration.

IMPORTANT: Proof of right to Veteran's Preference (DD214) and other relevant information must be forwarded to the Cass County Merit Commission secretary at the City- County Law Enforcement Center, 336 Main Street, Plattsmouth, Nebraska 68048

Note: Veterans and preferred Cass County points are only added after a candidate passes an open competitive examination.

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 law enforcement certificate ever been suspended, revoked, relinquished or subject to discipline or investigation by the CJST? Yes No If yes, explain.

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

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):

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

7. 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 |
|----------|---------|---------------|----------|---------|
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MOTOR VEHICLE OPERATION

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

If yes, give date, location and reason: _____

3. 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 |
|------------|--------|------------|-------------|
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Describe in a brief narrative any traffic accident in which you have been involved, giving approximate date and locations.

| Month/Year | Location | Details |
|------------|----------|---------|
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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.

| Crime Charged | Police Agency | City/State | Date | Disposition |
|---------------|---------------|------------|------|-------------|
| | | | | |
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Have you ever been involved as a party in a civil litigation? Yes No

If yes, give details:

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 | To | Address | Rent/Land Lord | Own | Parents |
|------|----|---------|----------------|-----|---------|
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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: _____

BANKRUPTCY

| | YES | NO |
|------------------------------------------------------------------------------------------------|-----|----|
| Have you, or companies controlled by you filed for bankruptcy? | | |
| Have you, or companies controlled by you declared bankruptcy? | | |
| Have you, or a company controlled by you had a legal judgment rendered against you for a debt? | | |
| Have you or companies controlled by you been subject to a tax lien? | | |
| <i>If YES to any of these questions, please provide details.</i> | | |
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ORGANIZATION MEMBERSHIP

| 1. List all clubs, societies of which you are or have been a member : | | | |
|-----------------------------------------------------------------------|--------------|--------|----------------------------------------------------------------|
| Name | City & State | Former | Present <i>(list position held & describe activity)</i> |
| | | | |
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| | YES | NO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 2. Are you or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny others persons their rights under the constitution of the United States, or which seek to alter the form of government of the United States by unconstitutional means? | | |
| 3. Have you ever made a financial or other material contribution to any organization of the type described in the above ? <i>If yes to question #2 or #3, answer questions #4 and #5 also.</i> | | |
| 4. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization ? | | |
| 5. Did you intend to promote any unlawful aims of the organization? | | |

| <i>If yes to question #2,#3, #4 or #5, explain including name of organization and location.</i> |
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2008 DRUG AND ALCOHOL USAGE QUESTIONNAIRE

Applicant: _____
 Last Name (Please Print)

 First Name (Please Print)

Please read the directions carefully:

1). **It is absolutely necessary that you be completely honest when answering questions on this form.** Prior drug and alcohol usage is not an automatic disqualification. Should information present itself during another step in this process that you have used drugs or alcohol, but you did not indicate so on this form, it is highly likely that you will be disqualified from the selection process.

2). "Yes" or "No" must be indicated for each question. If any question is answered "Yes", it is mandatory to provide a date(s) and age, and an explanation of the drug usage in the appropriate space provided.

| 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? | | | | |
| 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", please provide detailed information on your drug usage in the space provided below: <i>(Continue on the back of this sheet if more space is needed.)</i> | | | | |
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| 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 & jail 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: ____ / ____ / ____