

EDMUNDS COUNTY SHERIFF'S OFFICE



Jonathan J. Waldner – Sheriff

Kyle Couchey – Chief Deputy

Pete Eng – Patrol Sergeant

Andrea Carlson – Chief Dispatcher



PO Box 303 -210 2nd Ave – Ipswich, SD 57451-0303- PH: 605-426-6262- Fax 605-426-6257

APPLICATION FOR DISPATCH

Name: _____
Last First Middle

Address: _____
Street/Box City State Zip

Social Security Number: _____

Telephone Number: _____
Home Office

Are you under age 18? Yes No

Are you legally eligible to be employed in the United States?
 Yes No

Do you have or can you get a State of SD Driver's License? (If position requires)
 Yes No

Employment for which you are available: Full-Time Permanent Seasonal
 Part-Time Temporary (Less than 6 months)

When could you begin employment? Now Beginning on _____
 After _____ waiting days' notice to current employer

May we contact your current or most recent employer regarding your qualifications?
 Yes No

Education and Training

Circle last year of education completed. For high school diploma or GED circle "12".

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 plus

Please list the name of the school and degrees completed. Please indicate diploma, GED, or BS/BA.

Graduated

	<u>Location</u>	<u>Credit hours</u>	<u>Major(s)</u>
High School	_____	_____	
College/ University	_____	_____	_____
Graduate School	_____	_____	_____
Business or Vocational School	_____	_____	_____
Internships:	_____		

Additional Training (workshops, seminars, apprenticeships, military, or other training). Include approximate hours or days of training.

List any relevant licenses or certifications:

Employment

1. Current or Most Recent Position:

Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total years _____ Mo. _____

Job Title _____ Starting Salary _____ Last Salary _____

Employer _____ Type of Business _____

Employer's Address _____ Phone _____

Supervisor's Name and Title _____

Number of employees you supervised _____

Average hours worked per week _____ 1-10 _____ 11-20 _____ 21-30 _____ 31-40

Reason for Leaving _____

Complete description of duties _____

2. Next Previous Position:

Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total years _____ Mo. _____

Job Title _____ Starting Salary _____ Last Salary _____

Employer _____ Type of Business _____

Employer's Address _____ Phone _____

Supervisor's Name and Title _____

Number of employees you supervised _____

Average hours worked per week _____ 1-10 _____ 11-20 _____ 21-30 _____ 31-40

Reason for Leaving _____

Complete description of duties _____

3. Next Previous Position:

Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total years _____ Mo. _____

Job Title _____ Starting Salary _____ Last Salary _____

Employer _____ Type of Business _____

Employer's Address _____ Phone _____

Supervisor's Name and Title _____

Number of employees you supervised _____

Average hours worked per week _____ 1-10 _____ 11-20 _____ 21-30 _____ 31-40

Reason for Leaving _____

Complete description of duties _____

4. Next Previous Position:

Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total years _____ Mo. _____

Job Title _____ Starting Salary _____ Last Salary _____

Employer _____ Type of Business _____

Employer's Address _____ Phone _____

Supervisor's Name and Title _____

Number of employees you supervised _____

Average hours worked per week _____ 1-10 _____ 11-20 _____ 21-30 _____ 31-40

Reason for Leaving _____

Complete description of duties _____

Additional Space: Use this block to complete information given elsewhere on this form. If you still need more space, attach additional sheets. You may also use this space to summarize other pertinent education or experience which qualifies you for the position for which you are applying.