



## Finney County Sheriff's Office

The Finney County Sheriff's Office is accepting applications for full-time

### Jail Deputies

**Qualifications:** At least 19 years of age, high school diploma or GED, verifiable work experience, correctable vision to 20/20 with no color blindness, height and weight must be proportionate, and must possess a valid Kansas driver's license. No felony or serious misdemeanor convictions allowed. Serious traffic violations may also disqualify applicant. Pre-employment test, pre-employment drug screen, physical and psychological exams are required.

**Primary Responsibilities:** Supervise prisoners in a direct supervision and linear style setting, maintains discipline, enforces rules and regulations, and may be called upon to use the necessary force for control purposes. Receives, assigns and transports prisoners to housing assignments, issues bedding, clothing, supplies and assists with food service. Inspects and searches prisoners and their quarters. Transports prisoners to and from various activities. Prepares and presents written and oral reports as required. Other duties as assigned. Computer proficiency is required. Shift work with 12 hour work schedule.

**Benefits:** Paid vacation, holidays and sick. Blue Cross/Blue Shield Health and Dental plans (County pays 75% of premium). KPERs retirement program. Deferred Compensation is available. Longevity incentive payment after every five years of employment (5% of previous 12 months salary). Excellent opportunity for advancement to other Law Enforcement and Jail positions.

**Salary:** From \$13.25 to \$21.75 per hour depending on previous experience and qualifications.

All testing will be conducted at the Finney County Sheriff's Office. Applications may be submitted by email, fax, mail or in person. If you have any questions please contact Gaye at 620-272-3700 or at the email below.

#### FINNEY COUNTY SHERIFF'S OFFICE

Attn: Gaye  
304 N 9<sup>TH</sup> St.  
Garden City, Kansas 67846

**Fax:** 620-272-3777  
**Email:** [admaide@ficolec.org](mailto:admaide@ficolec.org)

Equal Opportunity Employer



9. Are you capable of performing, with or without a reasonable accommodation, the essential functions involved in the job for which you have applied: Yes ( ) No ( )

10. On what date would you be available for work: \_\_\_\_\_

11. Education, check the highest level you completed:

<input type="checkbox"/> High School	
(School)	(Address)
<input type="checkbox"/> High School Equivalency (GED)	
(School)	(Address)
<input type="checkbox"/> Technical/Vocational School	Number of years:
(School)	(Address)
<input type="checkbox"/> One year college (30 credits)	
(School)	(Address)
<input type="checkbox"/> Two years college (60 credits)	
(School)	(Address)
<input type="checkbox"/> Three years college (90 credits)	
(School)	(Address)
<input type="checkbox"/> College degree	( )BA/BS ( )AA.....Specify type:
(School)	(Address)
<input type="checkbox"/> Graduate degree	Specify type:
(School)	(Address)
<input type="checkbox"/> Other	Specify type:
(School)	(Address)

12. Are you bilingual: Yes ( ) No ( )

13. Driver's License: \_\_\_\_\_  
 (Number) (State) (Type) (Expiration Date)

14. Have you ever had any criminal convictions: Yes ( ) No ( )  
 If yes, how many times:

For all convictions, write your age at the time, explain the circumstances, charge(s), and the Disposition(s):

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15. Employment history:

Employer:	Address:	Phone:
Brief job description:	Supervisor:	Phone:
Employment dates:	Reason for leaving:	
Employer:	Address:	Phone:
Brief job description:	Supervisor:	Phone:
Employment dates:	Reason for leaving:	
Employer:	Address:	Phone:
Brief job description:	Supervisor:	Phone:
Employment dates:	Reason for leaving:	
Employer:	Address:	Phone:
Brief job description:	Supervisor:	Phone:
Employment dates:	Reason for leaving:	
Employer:	Address:	Phone:
Brief job description:	Supervisor:	Phone:
Employment dates:	Reason for leaving:	
Employer:	Address:	Phone:
Brief job description:	Supervisor:	Phone:
Employment dates:	Reason for leaving:	
Employer:	Address:	Phone:
Brief job description:	Supervisor:	Phone:
Employment dates:	Reason for leaving:	

16. Personal references: (Do not include relatives or former employers)

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

17. Are there any incidents in your life, not mentioned elsewhere herein, which might reflect adversely on your loyalty or upon your stability to perform the duties for which you are applying, or which might be considered detrimental to excellent character?

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**PLEASE READ BEFORE SIGNING**

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, would affect this application unfavorably.

I authorize my previous employers and schools to give any information regarding employment or education records. I agree that this organization and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions, or answers made by me on the application. In the event of my employment with this organization, I will comply with all rules and regulations set forth in any communication distributed to employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment.

I acknowledge that I have been given a copy of the job description for the position for which I am applying and that I am able to perform the essential functions of the job, with or without a reasonable accommodation.

I hereby acknowledge that I have read and understand the above statements.

SIGNATURE:

DATE:

**PLEASE COMPLETE THE ATTACHED WAIVER OF LIABILITY AND RELEASE FORM**

TO WHOM IT MAY CONCERN:

As an applicant for a position with the Finney County Sheriff's Office, I am required to furnish information concerning my background.

In this regard, I authorize release of any and all information of a confidential or privileged nature.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My appointment expires: \_\_\_\_\_