



**BOONE COUNTY, MISSOURI  
APPLICATION ADDENDUM**

NOTICE: This addendum to the County of Boone's application is required for positions in the nature of the services which are provided by this Office.

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Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Operator's or Chauffeur's License #: \_\_\_\_\_

Has your operator's/chauffeur's ever been suspended or revoked? \_\_\_\_\_

List all traffic violations you have received, excluding parking tickets:

<u>DATE</u>	<u>LOCATION</u>	<u>OFFENSE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**RESIDENCES**

List all locations where you actually lived, regardless of the period of time you resided there, from today back. If you were in the service, list dates and branch only. Do not list mailing address unless you actually lived at these locations during the period of time in question. Attach an extra sheet if needed.

<u>FROM</u>	<u>TO</u>	<u>STREET ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>LANDLORD &amp; ADDRESS &amp; TELEPHONE #</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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**RESIDENCES (CONTINUED):**

<u>FROM</u>	<u>TO</u>	<u>STREET ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>LANDLORD &amp; ADDRESS &amp; TELEPHONE #</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

What is your visual acuity? With Glasses: Left Eye \_\_\_\_\_/20 Right Eye \_\_\_\_\_/20  
 Without Glasses: Left Eye \_\_\_\_\_/20 Right Eye \_\_\_\_\_/20

Have you received certification from a Basic Law Enforcement Training Academy? \_\_\_\_\_  
 Date: \_\_\_\_\_ Hours of certification? \_\_\_\_\_

**Please be certain to include any special skills as they apply to the position for which you are applying for (i.e. ability to speak/read/write foreign languages and skilled to perform photography/darkroom, martial arts, C.P.R., sign language, weapons use, etc.)**

What are your occupational and career goals?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Briefly describe the type of work which you would like to do and would best use your training and experience.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How do you believe your background qualifies you for the position for which you are applying and would make you an asset to the Boone County Sheriff's Office?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Answer the following question only if you are applying for the following position: Patrol, Investigator, Corrections Officer, Civil Process, Transport, and Crime Prevention:  
 Does your conscience preclude the bearing of arms? \_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN** – I certify that the above statements are correct, and if employed, understand that any false information in the application or its supporting documents will be sufficient grounds for termination without notice. I further agree that all rules, orders and regulations of the County of Boone affecting my employment shall constitute a part of my appointment or employment. My signature authorizes the County of Boone to review my previous employment, driving and criminal records, and other background data as it may relate to the position(s) for which I am applying. I understand and agree that if I am employed in a position which requires me to operate a County owned vehicle, my driving record shall be reviewed on an annual basis. I understand that at such time as my employment with Boone County is terminated by retirement or otherwise, I must return all of my employer's property in my custody before I am entitled to final payments of any amounts due me on separation.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_