

# Jessamine County Sheriff's Office

## Sheriff Anthony Purcell

101 South Second Street  
Nicholasville, Kentucky 40356  
Office - (859) 885-4139  
Fax- (859) 887-5317

### **JOB DESCRIPTION FOR POSITION OF DEPUTY SHERIFF**

A Deputy Sheriff shall be responsible for the enforcement of all statutes and criminal laws, both felony and misdemeanor, in the State of Kentucky. A Deputy shall be responsible for answering any and all calls for service or assistance assigned to him/her by Central Communications. He/She will be assigned daily tasks through a chain of command created by the Sheriff. The tasks involved will include, but not be limited to the following:

1. Providing District and Circuit court with security
2. Transportation of prisoners
3. Investigating and reporting vehicle accidents
4. Investigating and reporting criminal activity
5. Service of both Civil and Criminal papers (warrants, summons, subpoena's, writs, executions, EPO's, garnishments, and evictions).

Additionally, the Deputy may be called upon to administer first aid, provide CPR, provide assistance to outside agencies, and present courtroom testimony. A Deputy will have a working knowledge of the geographical locations within the county, and will present himself/herself in a professional manner at all times.

### **CRITERIA FOR ELIGIBILITY:**

The following standards must be met before an application will be processed:

1. Is the citizen of the United States.
2. Is at least 21 Years of age.
3. Is a high school graduate or has successfully obtained a GED examination.
4. Possesses a valid license to operate a motor vehicle.
5. Has not been convicted of a felony.
6. Is not prohibited by federal or state law from possessing a firearm.
7. Has received an honorable discharge if having served in any branch of the armed forces of the U.S.
8. Has not had certification as a peace officer revoked in any state.



Beginning with most recent position, please describe in detail each specific job (especially experience which qualifies you for position sought). It is very important that you describe your duties and responsibilities of each position held.

A résumé of your background may be attached.

Company Name		Company Address		Type of Business	
Starting Date (month/year)	Leaving Date (month/year)	Approx. Starting Base Salary	Final Base Salary	Starting Position Title	Present or Last Position
Name of Immediate Supervisor		Supervisors Position Title		Phone Number	

Explain reason for leaving or wanting to leave \_\_\_\_\_

Please describe your duties and responsibilities \_\_\_\_\_

May we contact your present employer now? \_\_\_\_ Yes \_\_\_\_ No If no, when? \_\_\_\_\_

Company Name		Company Address		Type of Business	
Starting Date (month/year)	Leaving Date (month/year)	Approx. Starting Base Salary	Final Base Salary	Starting Position Title	Present or Last Position
Name of Immediate Supervisor		Supervisors Position Title		Phone Number	

Explain reason for leaving or wanting to leave \_\_\_\_\_

Please describe your duties and responsibilities \_\_\_\_\_

Company Name		Company Address		Type of Business	
Starting Date (month/year)	Leaving Date (month/year)	Approx. Starting Base Salary	Final Base Salary	Starting Position Title	Present or Last Position
Name of Immediate Supervisor		Supervisors Position Title		Phone Number	

Explain reason for leaving or wanting to leave \_\_\_\_\_

Please describe your duties and responsibilities \_\_\_\_\_

IF ADDITIONAL SPACE FOR WORK HISTORY IS NEEDED, SPECIAL SHEETS WILL BE PROVIDED UPON REQUEST

MILITARY EXPERIENCE (explain duties here) \_\_\_\_\_

Entry Date \_\_\_\_\_ Separation Date \_\_\_\_\_ Branch of Service \_\_\_\_\_

Rank at Separation \_\_\_\_\_ Present Selective Service Classification \_\_\_\_\_

LICENSES OR CERTIFICATION

If a license, or other authorization to practice a trade or profession is relevant for the position for which you are applying, complete the following:

Name of Trade or Profession	License Number	Granted by (Licensing Agency)	Address of Licensing Agency

I hereby certify, under penalty of law, that the information contained on this form is true, and complete to the best of my knowledge and belief. I am aware that should investigation at any time show any such misrepresentation or falsification, my application will be rejected, my name will be removed from the eligible list, and I will be dismissed from service. I authorize the Jessamine County Fiscal Court to make all necessary and appropriate investigations to verify the information contained herein and to verify my transcripts as needed with the university or college concerning my achieved education. I understand that my application will be on file for six months only. It is my responsibility to update and reactivate my application as I understand I will not be notified my application has expired. I also understand that when my application has expired it will be removed from the Jessamine County Fiscal Court files along with all other data relating to my application.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

REQUEST FOR RECORD CHECK

BY Jessamine County Fiscal Court  
Office of County Judge/Executive  
Courthouse  
Main Street  
Nicholasville, KY 40356

Date of Request \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY APPLICANT (PLEASE PRINT)**

NAME \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

MOST PREVIOUS ADDRESS: \_\_\_\_\_

DESCRIPTION: SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_

DRIVERS LICENSE NO.: \_\_\_\_\_ STATE: \_\_\_\_\_ EXP. DATE \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY LAW ENFORCEMENT AGENCY OR COURT OF JURISDICTION**

CRIMINAL CONVICTIONS YES \_\_\_\_\_ NO \_\_\_\_\_

TRAFFIC CONVICTIONS YES \_\_\_\_\_ NO \_\_\_\_\_

AT-FAULT ACCIDENTS YES \_\_\_\_\_ NO \_\_\_\_\_

Note: IF "YES" ON ANY OF THE ABOVE, PLEASE GIVE DETAILS, DATES, ETC., IN SPACE BELOW

DATE \_\_\_\_\_

SIGNED \_\_\_\_\_  
NAME RANK OR TITLE

AGENCY NAME: (address correction requested)

TO BE COMPLETED BY APPLICANT:

I, \_\_\_\_\_, have applied for employment with the Jessamine County Fiscal Court. Please fill in the middle of the reverse side of this form and return it to the Jessamine County Fiscal Court, Office of the Judge/Executive, Courthouse, Main Street, Nicholasville, Kentucky.

This will authorize your agency to disclose to the Jessamine County Fiscal Court, Nicholasville, Kentucky, any and all information in your office's possession pertaining in any way to me and any convictions of any felony, misdemeanor, or violation that I have had as an adult.

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SIGNATURE OF APPLICANT

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DATE