HALL COUNTY SHERIFF'S OFFICE
DEPUTY SHERIFF APPLICATION PACKET

Thank you for your interest in law enforcement and in working as a Deputy Sheriff for Hall County!

This packet contains all the information necessary to prepare a complete application. Any questions you have should be directed to Sergeant Jason Smith, by phone at 308-385-5200 or by e-mail at jasons@hallcountyne.gov. The application and testing procedure is as follows:

Application

Your application must include all of the following.
Minimum requirements - To be eligible to work in law enforcement in Nebraska and for Hall County you must meet these requirements:

- Minimum age of 21 by application deadline
- High school diploma or GED
- Provide a valid birth certificate and a Nebraska driver's license (or eligible to obtain a Nebraska license at the time of the test).
- Each applicant must not have been convicted of a felony nor convicted of a Class I misdemeanor or any crime involving domestic violence or child abuse.
- Each applicant must not have been convicted of driving under the influence within the last 5 years.
- Meet all enrollment requirements of the Nebraska Law Enforcement Training Center. For admission requirements visit: https://ncc.nebraska.gov/academy-admission

Completed, signed application

All information must be complete and accurate. Missing or incorrect information or missing documentation may result in you being removed from the process. All required documentation must be provided by the specified deadline unless specific approval is received from Sgt. Smith in advance of that date. Exceptions can be made in certain circumstances, however once the deadline is passed, an incomplete application will be rejected if prior approval has not been obtained. See the attached application checklist to assist you in completing your application.

Your experience and education will be scored based on the information and documentation that you provide with your application. Incomplete information regarding your training, education, and experience will result in losing valuable points.

Testing

Prior to the date of testing, you MUST provide documentation that you have passed the Test of adult Basic Education (TABE). If you have already passed this test while applying for a law enforcement position in Nebraska, contact the Nebraska Law Enforcement Training Center to obtain that documentation. If you have not yet passed this test, contact the Nebraska Law Enforcement Training Center immediately at (308-385-6030) and make arrangements to take the test. The cost for this test is $10.00 and will be your responsibility.

There are two available testing dates to choose from. Testing is scheduled to start **PROMPTLY at 6:00 PM on Friday, December 5th, 2025, or at 9:00 AM on Saturday, December 6th, 2025**, at the Law Enforcement Center – 111 Public Safety Drive, Grand Island, NE 68801. This will include written and physical fitness testing. (You may want to bring a change of clothing for the outdoor physical fitness testing.) Once the complete application is received you will be contacted to reference what testing date you plan on attending.

The physical fitness testing will be the Physical readiness Entrance Test "PRET" that is used by the Nebraska Law Enforcement Training Center. For further information on the PRET and its passing requirements visit: https://ncc.nebraska.gov/academy-admission

Each portion of the testing must be passed in order to continue with the process. Failure of any of these sections will result in elimination from consideration.

Those passing all portions of the above testing will then be invited back for a Merit Commission oral exam on **December 10th, 2025**. You will be provided with a tentative appointment time after passing the written and physical fitness testing. Any further questions you have should be directed to Sergeant Jason Smith.

We appreciate your interest and look forward to the possibility of you becoming a part of our team. My personal best wishes to each candidate.

Rick Conrad
Hall County Sheriff

TESTING SCHEDULE

You will need to be present at the dates, times, and locations specified.
Applicants arriving after the specified time will not be allowed to test.

Phase One – Written Tests and Physical Fitness Testing
Date: **Friday, December 5th, 2025, at 6:00 PM** or
Saturday, December 6th, 2025, at 9:00 AM
Location: **Law Enforcement Center-111 Public Safety Drive**, Grand Island, NE 68801.

Phase Two – Merit Commission Oral Exam
Date: **Wednesday, December 10th, 2025**
Times: By appointment
Location: **Law Enforcement Center, 111 Public Safety Drive,** Grand Island, NE 68801.

Appointments for Phase Two will be made after the successful completion of Phase One.

Please contact Sergeant Jason Smith at 308-385-5200, ext. 2132, or via email at jasons@hallcountyne.gov if you have any questions.

Final Phase – Prior to employment, additional testing will need to be passed, including an extensive background, polygraph, physical examination, drug testing, and psychological testing.

Hall County supports equal employment opportunities for all qualified individuals without distinction or discrimination because of race, color, sex, religion, age, national origin, disability or genetic information.

Name: _____

DEPUTY SHERIFF
APPLICATION CHECKLIST

IF APPLICATIONS ARE RECEIVED AFTER THE DEADLINE OR ARE INCOMPLETE, YOU WILL NOT BE ALLOWED TO TEST.

Complete applications **MUST** include the following:

☐ DD-214 (Veterans Only)

☐ Copy of Driver's License

☐ Copy of Birth Certificate (*Must be at least 21 yrs. old prior to testing)*

☐ Copy of High School Diploma or G.E.D. Certificate

☐ Copy of College Diploma or Transcripts (if applicable)

☐ Preliminary Questionnaire

☐ Proof that T.A.B.E. has been passed

☐ Copies of Law Enforcement Training Certificates (if applicable)

☐ Release of Information Form - for Hall County Sheriff's Office

☐ Release of Information Form TC-006B - for Nebraska Law Enforcement Training Center. https://ncc.nebraska.gov/sites/ncc.nebraska.gov/files/doc/TC-006b.pdf (This form is only required if applicant has previously attended the Training Center.)

☐ Release of Information Form TC-919, if a Nebraska-certified officer https://ncc.nebraska.gov/sites/ncc.nebraska.gov/files/doc/AuthorityToRelease.pdf

APPLICATION MUST BE RECEIVED BY **5:00 PM, November 21st, 2025,** AT THE:

Hall County Sheriff's Office
111 Public Safety Dr.
Grand Island, NE 68801

Please contact Sergeant Jason Smith at 308-385-5200, ext. 2132, or via email at jasons@hallcountyne.gov if you have any questions.

HALL COUNTY SHERIFF'S OFFICE
DEPUTY SHERIFF
APPLICATION FOR EMPLOYMENT

Application for testing
(Applicants must be at least 21 years of age by closing of the application period)

Date of Application: _____

How did you learn about this position?

☐ Advertisement ☐ Friend ☐ Walk-in
☐ Employment Agency ☐ In-House Advertisement Other _____

Last Name First Name Middle Name

Street Address City State Zip

Telephone Number(s) Driver's License Number/State

Email Address

When will you be able to begin work? Date: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes ☐ No ☐

Applications may be mailed to or dropped off at:

Hall County Sheriff's Office
111 Public Safety Dr.
Grand Island, NE 68801

For further information call
(308) 385-5200

EDUCATION (Include college diplomas or transcripts to receive credit)

	Elementary	High School	College/Tech	Graduate
School Name and Location				
Years completed				
Diploma/Degree				
Describe course of study				
Describe any honors you have received				

MILITARY

Complete this section if you served in the U.S. Armed Forces	Branch of Service
Describe your duties and any special training	Period of Active Duty From To
	Rank at Discharge
	Date of Final Discharge

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience:

Foreign Language

List languages that your consider yourself fluent:

LAW ENFORCEMENT CERTIFICATION

Are you currently law enforcement certified?

Yes ☐ In what state? _____ Date of Certification _____

INCLUDE COPIES OF CERTIFICATES

No ☐

SPECIALIZED LAW ENFORCEMENT TRAINING

List any Specialized Law Enforcement Training obtained through the Nebraska Law Enforcement Training Center or other recognized training facility. Only list certified training with a minimum of twenty-four classroom hours. Include copies of all certificates. Credit will only be given to those with proper documentation.

	Title of Course	Facility or Instructor	Hours
1.			
2.			
3.			
4.			
5.			

Have you been convicted of any violations of the law other than parking violations? Yes ☐ No ☐

If yes, complete the following. Be completed, add additional pages if needed.

Violation	Date	Place	Court	Disposition
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

This position is subject to a Veteran's preference. Are you eligible for and requesting a Veteran's preference

(A Veteran requesting preference must submit with his/her Application for Employment a copy of the Veteran's Department of Defense Form 214. A spouse of a Veteran requesting preference must submit with his/her Application for employment a copy of the Veteran's Department of Defense Form 214, a copy of the Veteran's disability verification from the United States Department of Veteran Affairs demonstrating a 100 percent permanent disability rating, and proof of marriage to the Veteran.)

EMPLOYMENT EXPERIENCE

PLEASE GIVE ACCURATE, COMPLETE EMPLOYMENT RECORD. ADD ADDITIONAL PAGES IF NEEDED. START WITH PRESENT OR MOST RECENT EMPLOYER.

1.	Company Name	Telephone
	Address	Employed From To
	Name of Supervisor/Title	Annual/Hourly Pay
	Your Job Title/Position	Reason for Leaving

2.	Company Name	Telephone
	Address	Employed From To
	Name of Supervisor/Title	Annual/Hourly Pay
	Your Job Title/Position	Reason for Leaving

3.	Company Name	Telephone
	Address	Employed From To
	Name of Supervisor/Title	Annual/Hourly Pay
	Your Job Title/Position	Reason for Leaving

4.	Company Name	Telephone
	Address	Employed From To
	Name of Supervisor/Title	Annual/Hourly Pay
	Your Job Title/Position	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact. ☐ **DO NOT CONTACT**

Employer Number(s) _____

Reason: _____

PERSONAL REFERENCES

PLEASE LIST REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.

1.
Name: _____

Address: _____ Phone: _____

Occupation: _____ Years Acquainted: _____

2.
Name: _____

Address: _____ Phone: _____

Occupation: _____ Years Acquainted: _____

3.
Name: _____

Address: _____ Phone: _____

Occupation: _____ Years Acquainted: _____

4.
Name: _____

Address: _____ Phone: _____

Occupation: _____ Years Acquainted: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also understand to be considered for employment I must pass a pre-employment drug screen. I understand and agree that the Hall County Sheriff's Office may make pre-employment inquiries into my ability to perform job-related functions, and that I may be offered employment conditioned upon the results of a medical examination. I further agree and understand that any misstatement or omission of material fact may constitute cause for dismissal from employment with the aforementioned agency.

Signature _____

RICK CONRAD
SHERIFF OF HALL COUNTY

City – County Public Safety Center
111 Public Safety Drive
Grand Island, NE 68801

Office 308-385-5200

JOSH BERLIE
CHIEF DEPUTY

"To Serve and Protect,
Since 1859"

Fax 308-385-5209

(Please do not use blue ink or pencil when completing this form.)

AUTHORITY TO RELEASE INFORMATION

FULL NAME: _____
Printed Name **(Signature)**

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

CURRENT ADDRESS: _____

_____

TELEPHONE NUMBER: _____ DATE: _____

I have made application for employment at the Hall County Sheriff's Office (HCSO) in order to become an employee (deputy sheriff / support staff).

I hereby authorize a review and full disclosure of all records of files, or any part thereof, concerning myself that may be related to my application for employment to the HCSO, its employees or its agents bearing or furnishing this release, within twelve (12) months of its date, whether the said records are public or private, and including these which may be deemed to be of a privileged or confidential nature. I authorize the full and complete disclosure of the records and files of educational institutions; financial or credit agencies; medical and psychiatric consultation and/or treatment, including hospitals, clinics, private practitioners, the U.S. Veteran's Administration, and all military and psychiatric facilities; public utility companies; employment and pre-employment records, including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of civil nature made by or against me, including, but not limited to, the records and recollections of attorneys at law, other counsel representing or having represented me; and any records of any type whatsoever which concern any arrests or criminal charges involving me.

I further authorize the release of information to the HCSO, concerning all of the above mentioned area, or any other information which has a bearing on my fitness or ability to become trained and certified as a law enforcement officer, even though such information is not contained in written records and regardless of whether such information is considered privileged or confidential in nature.

This release is executed with full knowledge and understanding that the information is for the official use of the Hall County Sheriff's Office, and I further understand that such information can be released to any law enforcement agency where I might later wish to make application for employment.

I release from liability and hold Hall County and the Hall County Sheriff's Office harmless for all actions taken as a result of the information they receive.

I, the undersigned, hereby acknowledge that I give the above authority to release information of my own free will and for the purposed stated therein, and I have voluntarily furnished by Social Security number.

_____ _____

SIGNATURE **DATE**

Please review the web pages that contain the Nebraska Law Enforcement Training's "Entrance Physical Standard requirements" that are part of their certification program.

These documents can be found on the Training Center's website at https://ncc.nebraska.gov/academy-admission).

The complete listing of physical requirements is not a part of our agency's initial application process, but it is a requirement of the law enforcement certification program, should you be hired by our department and are not yet a certified officer.

RICK CONRAD
SHERIFF OF HALL COUNTY
City - County Public Safety Center
111 Public Safety Drive
Grand Island, NE 68801

Office 308-385-5200

JOSH BERLIE
CHIEF DEPUTY

"To Serve and Protect
Since 1859"

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PRELIMINARY QUESTIONNAIRE

LAST NAME	FIRST NAME	FULL MIDDLE NAME	BIRTH NAME		
STREET ADDRESS					
CITY	COUNTY	STATE	ZIP CODE		
HOME TELEPHONE (AREA CODE)	BUSINESS TELEPHONE (AREA CODE)	CELL (AREA CODE)			
DATE OF BIRTH (MONTH/DAY/YEAR)	AGE	PLACE OF BIRTH			
U.S. CITIZENSHIP	YES OR NO	OTHER			
NATURALIZED CITIZEN	YES OR NO				
SOCIAL SECURITY NUMBER	RACE	GENDER	HEIGHT	WEIGHT	MARITAL STATUS
DRIVER'S LICENSE NUMBER	STATE OF ISSUE				
ANSWER THE FOLLOWING QUESTIONS AND INCLUDE BRIEF EXPLANATIONS FOR ANY "YES" ANSWER(S) OR WHEN DETAILS ARE REQUESTED					

ALL ANSWERS TO THE FOLLOWING QUESTIONS MAY BE VERIFIED BY POLYGRAPH EXAMINATION. SPECIFIC AREAS ADDRESSED BY THE POLYGRAPH EXAMINATION WILL BE: CRIMINAL HISTORY, INTEGRITY, ILLEGAL CONDUCT, DRUG USE, PERSONAL HISTORY AND PRIOR EMPLOYMENT. (32.4.1) **ANY MISREPRESENTATION, FALSIFICATION OR OMISSION PERTAINING TO ANY**

APPLICATION OR DOCUMENT YOU SUBMIT TO THIS AGENCY WILL BE GROUNDS FOR PERMANENT DISQUALIFICATION.

NOTE! CURRENT AND PRIOR PUBLIC SAFETY OFFICALS

Questions 13 and 14 pertain to the possession and transfer of controlled substances. These questions concern personal possession and transfer of controlled substance. When answering these questions, DO NOT include or refer to any possession or use of controlled substances that occurred legally in the course of your official public safety duties.

1.Have you ever been **arrested by any public safety agency (include criminal and serious motor vehicle violations) either as an adult or as a juvenile?**

Have you ever been a defendant in a criminal case? ___ ___

DATE:	PLACE:	AGENCY:	CHARGE(S):	DISPOSITION(S):

2.Have you ever been **detained by any public safety agency (include criminal, mental health, and serious motor vehicle violations) either as an adult or a juvenile?**

DATE:	PLACE:	AGENCY:	CHARGE(S):	DISPOSITION(S):

3.Have you ever been accused, or has anyone ever claimed that you have beaten, abused, mistreated, or sexually assaulted your spouse, domestic partner, or significant other?
List these details below and a summary of each incident:

DATE:	ACCUSATION(S) / CHARGE(S):	LOCATION:	DISPOSITION(S):

4.Have you ever had a driver's license issued to you from any other state?

List the state(s) and license number for which you have been issued a permit.

_____

What is the status and disposition of these permits?

SURRENDERED? ☐ **EXPIRED?** ☐

5.How many citations/moving violations have you received in your lifetime? _____

List the details below.

DATE:	**PLACE:**	**AGENCY:**

If additional space is needed, turn to the last page of the document and continue.

6.How many points do you **CURRENTY** have on your license? _____

Has your driver's license or your privilege to drive in any state ever been:

Refused? **Suspended?** **Revoked?**

If you have answered yes to any of the above questions, list the details below.
If you have answered no to the questions, proceed to question eight (8).

DATE(S):	**STATE(S):**	**REASON(S):**

If additional space is needed, turn to the last page of the document and continue.

8.List any serious violation(s) of the law in which you have been involved that went undiscovered by the police:

DATE(S):	**PLACE(S):**	**ACTION(S):**	**RESOLUTION(S):**

If additional space is needed, turn to the last page of the document and continue.

9.Have you ever stolen anything from any place of employment, past or present?

If so, list the details below.

DATE(S):	**EMPLOYER(S):**	**ITEM(S):**	**ESTIMATED COST(S):**

If additional space is needed, turn to the last page of the document and continue.

10.Have you ever **possessed, tried, experimented with, used or tasted** any controlled dangerous substances/ illegal substances?

If you have answered yes, enter last date of use_____.

List the details below.

If you have answered no, continue to question eleven (11).

SUBSTANCE(S):	Y/N?	AMOUNTS	METHOD OBTAINED	# TIME(S) USED:
MARIJUANA				
HASHISH				
COCAINE				
CRACK				
PCP				
HEROIN				
LSD				
MUSHROOMS				
ICE				
CRYSTAL METH				
KAT				
AMPHETAMINE				
BARBITURATE				
STEROID(S):				
ORAL				
INJECTED				

If additional space is needed, turn to the last page of the document and continue.

11.Have you ever inhaled any substance(s) such as glue, paint thinner, amyl nitrate, "rush", etc., for the purpose of getting high?

If you have answered yes, list the details below.
If you have answered no, continue to question twelve (12).

DATE(S): **AMOUNT(S):** **SUBSTANCE(S):**

_____
_____
_____
_____
_____
_____

If additional space is needed, turn to the last page of the document and continue.

12.Have you ever taken any prescribed medication not specifically prescribed for you?

If you have answered yes, list the details below.

If you have answered no, continue to question thirteen (13).

DATE(S):	**PLACE(S):**	**SUBSTANCE(S):**	**AILMENT/PRESCRIBED TO:**

If additional space is needed, turn to the last page of the document and continue.

13.Have you ever **sold, held or passed** any illegal drugs or substances?

If you have answered yes, list the details on the next page.

If you have answered no, continue to question fourteen (14).

EVENT(S):	**TIME(S):**	**SUBSTANCE(S):**

If additional space is needed, turn to the last page of the document and continue.

14.Have you ever been **present during or participated in any way** in any illegal drug transaction?

If you have answered yes, list the details on the next page.

If you have answered no, continue to question fifteen (15).

DATE(S)/PLACE(S):	**SUBSTANCE(S):**	**CIRCUMSTANCE(S):**

If additional space is needed, turn to the last page of the document and continue.

15.Have you ever been with someone else who bought any illegal drugs or substances?

If you have answered yes, list the details on the next page.
If you have answered no, continue to question sixteen (16).

DATE(S)/PLACE(S): **EVENT(S):** **SUBSTANCE(S):**

If additional space is needed, turn to the last page of the document and continue.

16.Have you ever received any verbal or written reprimand in your current or any prior employment, to include during military service? _____

If you have answered yes, list the details on the next page.
If you have answered no, continue to question seventeen (17).

DATE(S)PLACE(S): **EVENT(S):** **SUBSTANCE(S):**

If additional space is needed, turn to the last page of the document and continue.

17.Have you ever received any disciplinary action (included, but not limited to a loss in pay, docked accrued leave, or any Non-Judicial Punishment under Article 15 of the U.C.M.J.) in your current or any prior employment, to include during military service?

If you have answered yes, list the details below.
If you have answered no, continue to question eighteen (18).

DATE(S): **AMOUNT(S):** **SUBSTANCE(S):**

If additional space is needed, turn to the last page of the document and continue.

18.Have you ever been terminated by an employer or asked to resign? _____

If you have answered yes, list the details below.
If you have answered no, continue to question nineteen (19).

EMPLOYER(S)/REASON(S):	DATE:	TIME(S):	ACTION TAKEN:

If additional space is needed, turn to the last page of the document and continue.

19. List all dates of all periods of military service (indicate active or reserve), to include:

BRANCH(ES):	PERIOD(S):	RANK AT DISCHARGE:	OCCUPATION(S):

20. Have you ever received any discharge **other than an Honorable** Discharge (i.e. General Discharge under Honorable Conditions or Bad Conduct Discharge) from any branch of the service? _____ If "yes" provide a detailed explanation below.

21. What is your reenlistment code? _____ If known, list Narrative Reasons for Separation.

22. Have you ever been **refused** entry into military service? _____ If "yes", provide a detailed explanation below.

23. Have you ever had or are you currently experiencing the following credit situation(s)?

- Judgments ____ If "yes", explain in detail on page 9 of this document.
- Liens _____ If "yes", explain in detail on page 9 of this document.
- Collections If "yes", explain in detail on page 9 of this document.
- Bankruptcy _____ If "yes", explain in detail on page 9 of this document.
- Defaulted loans If "ves", explain in detail on page 9 of this document.
- Defaulted student loans If "yes", explain in detail on page 9 of this document.

24. Have you ever applied to any other **public safety** agency or agencies? If "yes", explain in detail on pages 10 and 11 of this document.

- The name of the agency with whom you applied.
- The date you applied.
- What steps of the background investigation were conducted?
- What was the outcome of the investigation?

25. Have you ever been rejected for employment by any other **public safety** agency or agencies? _____ If "yes", explain in detail on pages 10 and 11 of this document.

26. Have you ever manufactured, procured, or ignited; or provided material or assistance to manufacture, procure, or ignite any explosive device more destructive than that regulated by law as a "firework"? _____ If "yes" explain in detail on pages 10 and 11 of this document.

27. Have you ever intentionally burned or caused to be burned, or destroyed by fire any personal property belonging to another person without the consent of that person or any property with the intent to cause harm or defraud? _____ If "yes" explain in detail on pages 10 and 11 of this document.

28. Have you ever knowingly viewed, published, distributed, or solicited the purchase of any image or video depicting sexually explicit conduct of a child or minor? _____ If "yes explain in detail on pages 10 and 11 of this document.

29. The Hall County Sherriff's Department has a policy regulating visible tattoos. Visible tattoos are not necessarily prohibitive to hiring and are waiver-able at the discretion of the Sheriff. List and describe any and all tattoos that you have and include verbatim any words, symbols, or depictions, their location, and their meaning: In the "Visible" section of the table, indicate if the tattoo would be visible while wearing a standard length short sleeve shirt and pants. If you do not find room below, continue with the above described information in the space available on pages 10 or 11 of this form.

TATTOO:	**Visible Y/N:**	**Location**	**Description**	**Meaning**
1.				
2.				
3.				
4.				
5.				
6.				

I CERTIFY THAT THE ANSWERS I HAVE GIVEN TO THESE QUESTIONS ARE TRUE, COM PLETE AND CORRECT. I ALSO UNDERSTAND THAT I WILL NOT BE CONSIDERED FOR EMPLOYMENT IF ANY OF THESE ANSWERS CONTAIN ANY FRAUDULENT MISREPRESENTATIONS OR FALSIFICATIONS, OR IF ANY INFORMATION HAS BEEN OMITTED.

PRINT NAME SIGNATURE DATE

RESPONSE TO QUESTION #23:

A.
B.
C.
D.
E.
F.

RESPONSE TO QUESTION #24:

AGENCY: DATE APPLIED: STEPS COMPLETED: STATUS/DISP.:

RESPONSE TO QUESTION #25:

RESPONSE TO QUESTION # :

RESPONSE TO QUESTION # _____ :

RESPONSE TO QUESTION # _____ :

RESPONSE TO QUESTION # _____ :

RESPONSE TO QUESTION # _____ :

RESPONSE TO QUESTION # _____ :

RESPONSE TO QUESTION # _____ :