



NOW HIRING FOR DEPUTY SHERIFF

Position Description: Perform law enforcement, investigation and crime prevention work. Shifts include nights, weekends and holidays

- Salary range on 8-step pay scale: \$30.90 to \$40.68 per hour
- Nebraska Certified Officers may now lateral into the Dodge County Sheriff's Office as an entry-level patrol deputy. Starting Salary will be dependent on years of experience and will be comparable to the level of pay currently offered. Additional benefits include a hiring bonus of \$5,000, vacation and sick leave. *Active or prior law enforcement certification / experience may be taken into account*

Dodge county full-time Deputy's benefits include:

- Uniform Allowance
 - Retirement
- Medical Insurance (percentage paid for by the county for family, 100% individual)
 - Vacation Leave
 - Holiday Leave
 - Sick Leave
- Take home patrol units within the county
- 45 minute response residency requirement

Spring 2026- Hiring Process:

- Spring Hiring: April 20, 2026- May 15, 2026 at 4:30 p.m.

All applications must be received by that date and time to be considered for a Deputy Position.

- All applicants will be required to complete a written and physical testing set forth by the Merit Commission. The written and physical testing will be May 23, 2026 at 9 a.m. the location will be sent via email.

If you have further hiring questions please contact gfrank@dodgecountyne.gov

Dodge County Sheriff's Office

428 N Broad

Fremont, NE 68025

402-727-2700

www.dodgecountysheriffne.com

DODGE COUNTY SHERIFF'S DEPARTMENT APPLICATION FOR EMPLOYMENT



Last Name		First Name		Middle Name
Other names used nicknames, maiden, alias, etc.		Primary Phone		Other phone
Address	P.O.Box/ Apt #	City	State	Zip Code
Place of birth (City, County, State)			U.S. Citizen Yes No	
Height	Weight	Eye Color	Hair Color	Social Security Number

MILITARY STATUS:

Have you ever served in the U.S. Armed Forces? Yes ___ No ___

While in the armed forces, were you ever disciplined, arrested or subjected to any type of Court Martial? Yes ___ No ___

If yes, give date, place, law enforcing authority or type of discipline or Court charge and action taken for each reported incident.

DATE	PLACE	AGENCY	CHARGE	DISPOSITION

Last duty station and name of commanding officer:

Are you presently a member of U.S.Reserve or State Guard Organization? Yes__

No__

If yes, complete the following questions:

GRADE & SERVICE NUMBER	BRANCH OF SERVICE
ORGANIZATION OR UNIT # AND LOCATION	ACTIVE__ INACTIVE__ STANDBY__
INDICATE RESERVE OBLIGATION, IF ANY:	

EDUCATION:

A: List all elementary, junior high and high schools attended:

NAME	CITY	STATE	DATES ATTENDED	YEARS COMPLETED	YEAR GRADUATED

B: Higher education. List information below for all colleges/universities attended.

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	DATES ATTEND		CREDIT HOURS		DEGREE RECEIVED	YEAR DEGREE RECEIVED
	FROM	TO	SEMESTER	QUARTER		
MAJOR:				MINOR:		

VEHICLE OPERATOR'S LICENSE: Give the following information concerning your operator's license you have held or now hold:

OPERATOR'S LICENSE NUMBER: _____ **STATE:** _____ **EXP:** _____

Have you ever been denied issuance of a license or had your operator's license suspended or revoked? Yes___ No___.

If yes, explain fully: _____

Have you ever had your automobile insurance withdrawn or revoked, or have you ever been refused auto insurance? Yes___ No___ If yes, please provide details, including reasons, names of companies, dates, etc.

Have you ever been arrested for Driving While Intoxicated? Yes___ No___ If yes, provide complete details: _____

EMPLOYMENT HISTORY: Begin with your most recent job and list all previous employment, including part-time, temporary and seasonal. Include all periods of unemployment.

From Date	Business Name			Telephone #	Job Title
To Date	Business Address			Name of Supervisor	
Salary	City	State	Zip Code	Why would/did you leave	
Description of your duties					

From Date	Business Name			Telephone #	Job Title
To Date	Business Address			Name of Supervisor	
Salary	City	State	Zip Code	Why would/did you leave	
Description of your duties					

From Date	Business Name			Telephone #	Job Title
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To Date	Business Address			Name of Supervisor	
Salary	City	State	Zip Code	Why would/did you leave	
Description of your duties					

Have you ever been **discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action** while in any position except the military? Yes___ No___ If yes, please state in detail the circumstances: _____

Have you **resigned or quit after being informed that your employer intended to discharge (fire) you** for any reason? Yes___ No___ . If yes, explain, giving name and address of employer, approximate date, and reasons in each case.

MEDICATION OR DRUG USAGE:

Have you ever induced into your body any drug (either legal or illegal variety) other than those prescribed for you by a licensed physician? Yes___ No___

Do you use, or have you ever used or experimented with marijuana? Yes___ No___

Have you ever used or experimented with any other illegal narcotic? Yes___ No___

If the answer is yes to any of the above questions, provide the details:

RESIDENCES: List all residences for the past 10 years, beginning with your present address. (Include duty stations in service and/or dormitories in college.)

Month and Year		Address	City	State	Zip Code
From	To				

ARREST, DETENTION AND LITIGATION: (Show all arrests, including juvenile & traffic.)

Have you ever been arrested or detained by a law enforcement agency? Yes___ No___

Have you ever been fingerprinted for any reason? (Arrest, Job Applicant) Yes___ No___

Are you currently involved in any pending civil or criminal litigation? Yes___ No___

Have you been involved in civil or criminal litigation within the past 5 years? Yes___ No___

If the answer to any of the above questions is **YES**, list the date, place and full details of each incident.

List all traffic violations, parking violations, warnings and all motor vehicle accidents in this state or elsewhere:

Date	Charge	Name of Law Enforcement Agency	City & State	Disposition

PERSONAL REFERENCES: List five personal references, who are not employers or relatives. At least three should know you personally and professionally. A home phone and business phone are required.

Name		Home Address	Business Name
Years Known	Home Phone	Other Phone	Occupation

Name		Home Address	Business Name
Years Known	Home Phone	Other Phone	Occupation

PERSONAL REFERENCES: (CONT)

Name		Home Address	Business Name
Years Known	Home Phone	Other Phone	Occupation

Name		Home Address	Business Name
Years Known	Home Phone	Other Phone	Occupation

Name		Home Address	Business Name
Years Known	Home Phone	Other Phone	Occupation

Past and Present Membership in Organizations

Name and Address	Type (Social, Fraternal Proessional, ETC.)	Office Held	Membership	
			From	To

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which may require further explanation? Yes___ No_____

If Yes, give details:

Are there any comments you care to make concerning your background or qualifications in relation to the law enforcement profession?

Please put in your email address →

CERTIFICATE

I represent and warrant the answers I have made to each and all of the foregoing questions are fully answered and true to the best of my knowledge and belief. In order that the Sheriff of Dodge County or his designee may be fully informed as to my personal character and qualifications for employment, I refer to each of my former employers and to any person who may have relevant information concerning me. As this information is furnished at my express request and for my benefit. I do hereby release them from any and all liability for damage of whatsoever nature and account of furnishing said information. Further, I acknowledge that any false statement knowingly made in answering questions contained in the Dodge County Sheriff's Department Application for Employment is just cause for my removal the eligibility register or discharge during or after probation.

Signature of Applicant_____

Date of Application_____

**** Before you submit the application, make sure it is saved to your computer. Use the download button in adobe. ****