

MONTGOMERY COUNTY SHERIFF'S OFFICE

AN EQUAL OPPORTUNITY EMPLOYER

We do not discriminate on the basis of race, color, religion, national origin, sexual orientation, gender identity, age, national origin, veteran status, military status or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.



Each question should be fully and accurately answered. If a question *does not apply* to your particular circumstance, write "DNA" in that blank. You must provide complete address information. Partial address responses are unacceptable.

No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **Please print.** In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

WARNING

Applicants are cautioned to answer every question truthfully and without evasion. The Ohio Revised Code provides penalties for making a false statement of a material fact, or for practicing any fraud or deception in obtaining or attempting to obtain employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code section 2921.13.

Revised 01/14/2016

MONTGOMERY COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT

Print clearly. Use black ink. Press firmly and answer all questions.

1. Name: _____
Last First Middle

2. Address: _____
Street City County State Zip

3. Telephone Number: _____ Alternate: _____
Email Address: _____

4. A. Position for which you are applying: (Mark only **one** per application)
 Deputy Sheriff
 Reserve Deputy
 Corrections Officer
 Clerk Typist
 Dispatcher
 Bookkeeper
 Other, (specify _____)

B. Have you ever applied here before? Yes ___ No ___
If yes, when? _____ Position _____

C. Were you ever employed here? Yes ___ No ___
If yes, when? _____ Position _____

6. When will you be available for employment? _____

7. Are you 18 or over? Yes _____ No _____; Are you 21 or over? Yes _____ No _____

8. Do you meet the minimum qualifications for the classification for which you are applying? _____

9. Place of Birth: _____
City County State

10. A. Drivers License: State: _____ Number: _____

B. For driving Jobs Only:
Do you have a valid driver's license: Yes ___ No ___

11. If hired, can you provide the documents to prove you are authorized to work in the United States?
Yes _____ No _____

12. Have you ever had a firearms license?

Yes _____ No _____

If yes, State _____ License Number _____

13. MILITARY SERVICE INFORMATION

Branch of Service: _____

Highest Rank Achieved: _____

Job Title: _____ Duties: _____

Total Length of Service Time: _____ Reserve or National Guard Status: _____

Type of Discharge _____ Date _____

14. FINANCIAL INFORMATION (If yes, explain on last page)

a. Yes No Are you now delinquent in any financial obligation, including child or spousal support?

b. Yes No Do your monthly bills exceed your take-home pay?

c. Yes No Do you, your spouse or ex-spouses have any immediate civil action pending against you?

d. Yes No If employed by the Sheriff's Office, do you anticipate any income other than your salary?

e. Yes No Have you ever been refused a life, automobile, health, or other insurance policy?

15. EMPLOYMENT HISTORY

Account for *all times* for the past **ten** years, including periods of unemployment. Indicate the name used, if other than the signature on this application. Begin with present position or occupation. In addition, list any other qualifying experience *prior* to the last ten years. (If you need more room, use a separate sheet of paper.) A resume is both welcomed and urged in addition to completion of this application. It will become an official part of the application, but may not be substituted for any part of this application.

A. Company Name: _____ Salary: _____ Per: _____

Company Address: _____
 Street City State Zip

Supervisor's Name: _____ Telephone Number: _____

Your Title: _____ Date: from mo. _____ yr. _____ to mo. _____ yr. _____

Your Duties: _____

Reason for Leaving: _____

May we contact? Yes No

B. Company Name: _____ Salary: _____ Per: _____

Company Address: _____
 Street City State Zip

Supervisor's Name: _____ Telephone Number: _____

Your Title: _____ Date: from mo. _____ yr. _____ to mo. _____ yr. _____

Your Duties: _____

Reason for Leaving: _____

May we contact? Yes No

C. Company Name: _____ Salary: _____ Per: _____

Company Address: _____
 Street City State Zip

Supervisor's Name: _____ Telephone Number: _____

Your Title: _____ Date: from mo. _____ yr. _____ to mo. _____ yr. _____

Your Duties: _____

Reason for Leaving: _____

May we contact? Yes No

D. Company Name: _____ Salary: _____ Per: _____
 Company Address: _____
 Street City State Zip
 Supervisor's Name: _____ Telephone Number: _____
 Your Title: _____ Date: from mo. _____ yr. _____ to mo. _____ yr. _____
 Your Duties: _____

 Reason for Leaving: _____
 May we contact? Yes No

16. GOVERNMENT APPLICATION HISTORY

a. Yes No Have you ever applied for a position with any law enforcement or other government agency?

Name of Department or Agency	Date Applied	Accepted		If No, give reason for rejection
		Yes	No	

17. REFERENCES *(List a minimum of 3 references not related to you)*

A. Name: _____ Relationship: _____
 Address: _____
 Street City State Zip
 Phone: Home: () _____ Work: () _____

B. Name: _____ Relationship: _____
 Address: _____
 Street City State Zip
 Phone: Home: () _____ Work: () _____

C. Name: _____ Relationship: _____

Address: _____
Street City State Zip

Phone: Home: () _____ Work: () _____

D. Name: _____ Relationship: _____

Address: _____
Street City State Zip

Phone: Home: () _____ Work: () _____

E. Name: _____ Relationship: _____

Address: _____
Street City State Zip

Phone: Home: () _____ Work: () _____

18. EDUCATION

Are you currently enrolled in school? _____ Part Time _____ Full Time _____
Name of institution

Have you completed an Ohio Peace Officer Academy? Yes _____ No _____

If yes, what academy? _____ Date of Certification: _____

	Number of Years Completed	Did you Graduate ?	Course of Study	Give types of degree, credits earned, or other documents awarded.
High School _____ Or GED <small>Name</small> ----- <small>City</small> <small>State</small>				
College: _____ (undergraduate) <small>Name</small> ----- <small>City</small> <small>State</small>				
College: _____ (graduate) <small>Name</small> ----- <small>City</small> <small>State</small>				
Business/ Technical: _____ <small>Name</small> ----- <small>City</small> <small>State</small>				
Military/ Correspondence: _____ <small>Name</small> ----- <small>City</small> <small>State</small>				
Other: _____ <small>Name</small> ----- <small>City</small> <small>State</small>				

19. **GENERAL INFORMATION INQUIRY**

NOTE: The following questions and answers will be verified through a polygraph and thorough background investigation.

If the answer to *any* of the following is yes – it will be necessary for you to explain, in detail, on the continuation sheet provided. Full and comprehensive explanations are necessary.

1. If it became necessary in the course of your duties to take a human life, would you have any reluctance to do so because of religious or other belief?	YES	NO
2. Have you ever traveled outside the United States? (If yes, what countries)	YES	NO
3. Have you ever operated a motor vehicle while you were intoxicated?	YES	NO
4. Do you have any hatreds or prejudices toward others because of their race, color, religion, national origin, sexual orientation, gender identity, age, national origin, veteran status, military status or disability?	YES	NO
5. Do you have any problem controlling your temper?	YES	NO
6. Do you have any problems because of gambling?	YES	NO
7. Do you drink alcohol?	YES	NO
8. Have you ever been involved in glue sniffing or used any other such chemical agents for the purpose of obtaining a state of intoxication?	YES	NO
9. Have you ever used any prescription drugs or any other drug for any purpose other than the purpose for which they were intended, or used any such drugs for an extended period of time without a prescription for any reason?	YES	NO
10. Have you ever used a hallucinogen? (Including marijuana)	YES	NO
11. Have you ever illegally used any narcotic drug at any time?	YES	NO
12. Have you knowingly bought or sold stolen property?	YES	NO
13. Have you ever filed for, or received, compensation, the amounts of which you were not eligible to receive?	YES	NO
14. Have you ever received compensation through any welfare services agency, i.e., A.D.C. or general assistance, to which you were not lawfully entitled to receive?	YES	NO
15. As an adult, have you ever stolen anything?	YES	NO
16. Have you ever been fired, terminated, or asked to resign from a job?	YES	NO

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving record, and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation, and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I understand that compliance with the Sheriff's Code of Professional Conduct is a condition of my employment.

I understand I will be required to successfully pass a drug-screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of my employment.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time.

I have read, understand, and by my signature consent to these statements.

Signature of Applicant: _____

Print Name: _____

Date: _____

Signature of Witness: _____

Print Name: _____

Date: _____

MONTGOMERY COUNTY SHERIFF'S OFFICE

DAYTON, OHIO

PERMISSION FOR RELEASE OF INFORMATION FOR
BACKGROUND INVESTIGATION

I hereby give my permission for authorized agents of the Montgomery County Sheriff's Office to conduct an investigation of my background, including education, employment, health, credit, reputation, military records, and any other factors which such agents may deem proper and necessary subjects of investigation, in order to properly assess my character and background in connection with my application for the position of _____ with the Montgomery County Sheriff's Office.

I give my permission for any person, business or institution contacted in the course of such investigation to release any and all information properly requested, and copies of same if requested, and do hereby release such person, business or institution from all liability for providing correct information.

I recognize the right of the Montgomery County Sheriff's Office to treat, at its discretion, certain sources as confidential, and its right to withhold from me, or my agent, the names of such confidential sources, and information obtained therefrom.

Signature: _____

Print Name: _____

Social Security (Optional): _____

Witness Signature: _____

Print Name: _____

AN EQUAL OPPORTUNITY EMPLOYER

**PERMISSION FOR RELEASE OF INFORMATION FOR
BACKGROUND INVESTIGATION**

I hereby give my permission to the Montgomery County Sheriff's Office, to seek criminal justice information about me in conjunction with my application for employment with them.

Further, I give my permission for any person within the criminal justice agency, to whom this waiver is directed, to release any and all information and do hereby release such person and/or agency from any and all liability for providing correct information.

I recognize the right of the Montgomery County Sheriff's Office to treat as confidential sources of information and to withhold the same from me, or my agent.

Signature: _____

Print Name: _____

Social Security (Optional): _____

Witness Signature: _____

Print Name: _____

MONTGOMERY COUNTY SHERIFF'S OFFICE

APPLICANT EEO DATA SHEET

PLEASE PRINT:

NAME: _____ SOCIAL SECURITY(Optional) _____

POSITION APPLYING FOR: _____

Information on sex, race and ethnic background is being collected to enable Montgomery County to monitor its equal opportunity/affirmative action efforts and to ensure compliance with the Civil Rights Act of 1964 (Title 42, U.S.C. Section 2000 et. Seq.) and related laws and regulations. This information will be kept separately from your application and will not influence employment decisions.

Your answers are completely voluntary.

1. Group Status (check one):

- White Asian or Pacific Islander
 Black American Indian or Alaskan Native
 Hispanic

2. Date of Birth: _____
month day year

3. Sex: Male Female

4. Vietnam Era Veteran: Yes No

5. Disabled Veteran: Yes No

6. Referral Source (how did you learn of the job?):

- CETA Ohio Bureau of Employment Services Newspaper
 TV/Radio Professional/Trade Association Walk-In
 Friend/Relative Other: _____ Urban League

Do you have any physical or mental impairments that would keep you from performing the functions of the position that you are applying for? Yes No

If yes, please explain: _____

Signature _____

Date _____