



Tuscarawas County Sheriff's Office Employment Application

Tuscarawas County Sheriff's Office does not discriminate on the basis of race, color, religion, national origin, sex, ancestry, age, or disability or any other protected class. Consideration was given in the development of this form to your right to individual privacy and equal opportunity. The information requested is needed to assist our office in assessing your employment interests and qualifications. Consideration for employment may be denied if this form is not completed accurately and in its entirety. Attach additional information if needed.

All applications must clearly indicate how the minimum qualifications and positive specific minimum qualifications, if applicable, are met. Applications that do not indicate this will not be given consideration.

EMPLOYMENT INTERESTS

Position Desired:

PERSONAL INFORMATION

Name: _____
Last M.I. First Date of Application

_____ Social Security Number
Disclosure of SSN is voluntary; upon appointment and pursuant to Section 5101.312 of Ohio Revised Code, a request for disclosure of SSN is mandatory.

Have you been known to others (e.g., schools, references, etc.) under a different name? If so, please list.

Present Address: _____
Street Address City State Zip Code

Telephone: _____
Home Cell Work

Are you of legal age to work in the United States? Yes No

Do you have any relatives who are currently employed by the county? Yes No

If yes, list employee's name and relationship. _____

Referral Sources: Advertisement Friend Relative Employment Agency Other

Are you able to meet the attendance requirements of this position? Yes No

Explain any scheduling conflicts due to outside interests and/or commitments

If the position requires travel, can you supply your own transportation? Yes No

EDUCATION

Educational Level	School Name/Location	Course of Study or Major	Graduate?	Degree or Diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No	



EMPLOYMENT HISTORY

Please provide the following information on former employers, assignments, or volunteer activities, beginning with your present or most recent position. (You may submit a resume in addition to completing this section.) If you need additional space, attach extra copies of this page.

JOB TITLE:			
Employer:	_____	Telephone:	_____
Address:	_____		
Employed From:	_____	To:	_____
		Involuntarily Terminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:	_____		
Salary Beginning:	\$ _____/hr.	Salary Ending:	\$ _____/hr.
Immediate Supervisor/Title:	_____	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Description of Work Responsibilities:	_____		
	Comments: _____		
JOB TITLE:			
Employer:	_____	Telephone:	_____
Address:	_____		
Employed From:	_____	To:	_____
		Involuntarily Terminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:	_____		
Salary Beginning:	\$ _____/hr.	Salary Ending:	\$ _____/hr.
Immediate Supervisor/Title:	_____	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Description of Work Responsibilities:	_____		
	Comments: _____		
JOB TITLE:			
Employer:	_____	Telephone:	_____
Address:	_____		
Employed From:	_____	To:	_____
		Involuntarily Terminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:	_____		
Salary Beginning:	\$ _____/hr.	Salary Ending:	\$ _____/hr.
Immediate Supervisor/Title:	_____	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Description of Work Responsibilities:	_____		
	Comments: _____		



SKILL EXPERIENCE INVENTORY

Please indicate your proficiency in the following skill and/or knowledge areas (check all that apply).

All information is subject to verification.

Office Skills

- Keyboarding _____ wpm
- Accounting
- Customer Service (human relations)
- Cash Handling
- Legal Terminology
- Report/Letter Writing
- Multi-line Phone System
- Budgeting
- Dictation
- Document Imaging/Scanning
- Other _____

Computer Skills

- Windows
- Software Installation
- Word Processing _____
- Hardware Installation/Repair
- Spreadsheets _____
- System Maintenance
- Presentation Software _____
- Peripherals (printers, scanners, etc.)
- Internet
- Other _____

Certifications, Licenses and Training

- Peace Officer Certification
- CPR and First Aid Certification
- Nursing License
- Radar Certification
- Paramedic License
- Use of Force Training
- Corrections Officer Training
- Firearms Certification
- Other _____

Administrative and Non-Law Enforcement Skills

- Supervision or Human Resource Management
- Medical, Emergency or Clinical Services
- Fiscal Management
- Repairs (i.e. HVAC, plumbing, etc...)
- Policy Development
- Maintenance (i.e. HVAC, plumbing, etc...)
- Grant Writing
- Food Preparation or Food Services
- Other _____

AFFILIATIONS

List professional, trade, business, or civic organizations and offices/licenses held. *(Exclude memberships which would reveal sex, race, religion, national origin, age, disability, or any other similarly protected class.)*

REFERENCES

Please list the name and telephone number of three (3) individuals whom we may contact for a professional or work-related reference. Exclude relatives and personal references.

Name/Title	Address	Phone
		() _____
		() _____
		() _____



CERTIFICATION

I hereby affirm that the foregoing statements are true and complete to the best of my knowledge. I realize that any misrepresentation or false information presented in this application could lead to withdrawal of any offer of employment or termination after employment.

I understand that this application will be given every consideration, but its receipt does not guarantee nor imply that I will be granted a selection interview or employment. I further understand that this application will be maintained on file for future reference for two years.

I also understand that a background check and drug testing may be required prior to employment.

I understand and accept that any applicant who is under final consideration for a position that involves providing direct care to clients must undergo a criminal records check.

I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical/psychological examination that the Employer deems necessary to determine whether I can perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing.

I understand and accept that given the duties and responsibilities of the Employer, I may be required to work weekends, evening hours, or at other times as determined by the Employer, including overtime hours.

AUTHORIZATION

I authorize investigation of all statements contained in this application. I understand that any employment offer is subject to a reference check. I specifically authorize the Tuscarawas County Sheriff's Office to contact any pertinent individual and/or firm for the purpose of obtaining information relating to my work history and job performance.

I hereby authorize the employers, schools, and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic, and other records to the employer.

You may be asked during the employment process if you have been convicted of a felony or misdemeanor for job-related matters but such convictions may not automatically render applicants ineligible for employment.

I waive all provisions of law forbidding colleges or universities which I have attended or past employers from disclosing any information which they have acquired relevant to my employment.

Applicant's Signature

Date