



MEIGS COUNTY SHERIFF'S OFFICE

104 East Second Street Pomeroy, OH 45769



Sheriff Scott Fitch
Phone: (740) 992-3371

frank.stewart@meigssheriff.org
Fax: (740) 992-2654

The Meigs County Sheriff's Office is an equal opportunity employer. We are committed to providing equal employment opportunities to all employees and applicants, and we prohibit discrimination and harassment of any type without regard to race, color, religion, sex (including pregnancy and sexual orientation), gender identity, national origin, age, disability, or military status. Our agency is dedicated to maintaining a diverse workforce that reflects the citizens we serve, in compliance with federal and Ohio law.

PERSONAL

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (State) (Zip Code)

PHONE: _____ EMAIL: _____ SSN: _____

DRIVER'S LICENSE #: _____ STATE: _____ EXPIRATION DATE: _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO DATE OF BIRTH: _____

HAVE YOU EVER BEEN CHARGED OR CONVICTED OF A FELONY OR MISDEMEANOR? YES NO
(If you answered yes, please explain below)

JOB INTEREST/SKILLS

POSITION(S) APPLIED FOR: _____ SALARY DESIRED: _____

HAVE YOU APPLIED FOR A POSITION HERE BEFORE? YES NO IF YES, WHEN? _____

TYPE OF EMPLOYMENT REQUESTED: FULL TIME /PART TIME /ROAD DEPUTY /DISPATCHER /OFFICE CLERK DATE

YOU COULD BEGIN WORKING: _____ TYPING SPEED (WPM): _____

SUMMARIZE ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS: _____



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EDUCATION

TYPE OF SCHOOL	NAME & LOCATION	COURSE OF STUDY	# OF YEARS	GRADE AVERAGE	MAXIMUM GRADE	DEGREE, DIPLOMA, CERTIFICATE, AND HONORS RECEIVED
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
OTHER EDUCATION						

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1. NAME OF EMPLOYER: _____

ADDRESS: _____
(Street) (City) (State) (Zip Code)

SUPERVISOR & TITLE: _____ SUPERVISOR PHONE #: _____

EMPLOYED FROM: _____ TO _____ STARTING SALARY: _____ ENDING SALARY: _____

JOB TITLE & WORK PERFORMED: _____

2. NAME OF EMPLOYER: _____

ADDRESS: _____
(Street) (City) (State) (Zip Code)

SUPERVISOR & TITLE: _____ SUPERVISOR PHONE #: _____

EMPLOYED FROM: _____ TO _____ STARTING SALARY: _____ ENDING SALARY: _____

JOB TITLE & WORK PERFORMED: _____

REASON FOR LEAVING: _____



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EMPLOYMENT HISTORY (CONTINUED)

3. NAME OF EMPLOYER: _____

ADDRESS: _____
(Street) (City) (State) (Zip Code)

SUPERVISOR & TITLE: _____ SUPERVISOR PHONE #: _____

EMPLOYED FROM: _____ TO _____ STARTING SALARY: _____ ENDING SALARY: _____

JOB TITLE & WORK PERFORMED: _____

REASON FOR LEAVING: _____

REFERENCES

NAME	ADDRESS	HOME PHONE	CELL PHONE

CIVIL LITIGATION

DO YOU HAVE ANY ACTIVE OR PENDING CIVIL SUITS? YES NO

HAVE YOU EVER DECLARED BANKRUPTCY? YES NO

MILITARY EXPERIENCE

BRANCH:	HIGHEST RANK:	DISCHARGE DATE:	TYPE OF DISCHARGE:

ACTIVE DUTY FROM: _____ TO: _____
(Date) (Date)



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OCCUPATIONAL HEALTH HISTORY

PLEASE LIST ANY DISEASES, ILLNESSES, OR MEDICAL CONDITIONS:

PLEASE LIST ANY MEDICATION YOU TAKE REGULARLY:

PLEASE LIST ANY PERMANENT IMPAIRMENT OR HANDICAP:

PLEASE LIST ANY PHYSICAL LIMITATIONS:

HAVE YOU EVER SMOKED CIGARETTES? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, HOW MANY YEARS?	HOW MANY PACKS PER DAY?
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HOW OFTEN DO YOU DRINK ALCOHOL?

LIST ALL HOSPITALIZATIONS, SERIOUS ILLNESS, SURGERIES, OR INJURIES (AND APPROXIMATE DATES):

FAMILY HISTORY

FATHER'S FULL NAME: _____ DATE OF BIRTH: _____ LIVING DECEASED

MOTHER'S FULL NAME: _____ DATE OF BIRTH: _____ LIVING DECEASED

SPOUSE'S NAME: _____ DATE OF BIRTH: _____ LIVING DECEASED

NAME, ADDRESS, AND DATE OF BIRTH OF YOUR CHILDREN AND YOUR SIBLINGS NOW LIVING:

FINANCIAL RECORDS

NAME AND LOCATION OF YOUR BANK(S):

(NAME) (ADDRESS) CHECKING SAVINGS

(NAME) (ADDRESS) CHECKING SAVINGS

ARE YOU DELINQUENT IN ANY FINANCIAL OBLIGATIONS? YES NO



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DRUG INFORMATION INQUIRY

The following questions and answers can be verified by polygraph examination. If the answer to any of the following questions is **YES**, it will be necessary for you to explain in detail how, when and in what way the narcotic was used. Full and comprehensive explanations are required.

1. Have you ever used or possessed any prescription drug illegally?
2. Have you ever sold an illegal narcotic or drug?
3. Have you ever used, possessed, or sold any of the following?

Marijuana	Yes	No
Cocaine	Yes	No
Steroids	Yes	No
Hashish	Yes	No
Opium	Yes	No
Heroin	Yes	No
Downers	Yes	No
Spice	Yes	No
Bath Salts	Yes	No
Peyote	Yes	No
Ecstasy	Yes	No
Mushrooms	Yes	No
LSD/Acid	Yes	No
Methamphetamine	Yes	No
PCP/Angel Dust	Yes	No

All applicants must sign the following certification:

I certify that the statements contained in this inquiry are true to the best of my knowledge. I understand that any false statement made in this inquiry may be cause for disapproval of my appointment or for discharge after my appointment

Signature of applicant: _____ Date: _____



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DRIVER'S LICENSE INFORMATION

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO HAS YOUR LICENSE EVER BEEN SUSPENDED? YES NO
HAS YOUR LICENSE EVER BEEN REVOKED? YES NO IF YES, PLEASE PROVIDE DATES AND EXPLAIN: _____

PLEASE LIST ALL TRAFFIC CITATIONS RECEIVED:

(DATE)	(AGENCY)	(CHARGE)	(OUTCOME)

SUMMARY OF QUALIFICATIONS

IN THE AREA BELOW, DESCRIBE BRIEFLY THE EXPERIENCE, EDUCATION, TRAINING, AND OTHER FACTORS THAT QUALIFY YOU FOR THE POSITION OR EXAMINATION FOR WHICH YOU ARE APPLYING. REFER TO THE MINIMUM QUALIFICATION(S) AND ANY POSITION-SPECIFIC QUALIFICATION(S) POSTED FOR THIS POSITION OR EXAMINATION. BE SURE TO PROVIDE DETAILS OF YOUR BACKGROUND.

ACKNOWLEDGEMENT

I CERTIFY THAT THE ANSWERS GIVEN BY ME IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION OF THIS APPLICATION, WHETHER WILLINGLY OR ACCIDENTAL, IS GROUNDS FOR DISQUALIFICATION OF EMPLOYMENT CONSIDERATION, OR DISMISSAL FROM EMPLOYMENT IF I AM HIRED. I AUTHORIZE THE COMPANY TO CONTACT ANY AND ALL OF THE REFERENCES I HAVE LISTED ABOVE TO OBTAIN PREVIOUS EMPLOYMENT INFORMATION OR ANY OTHER PERTINENT INFORMATION THAT THEY MAY HAVE. FURTHER, I RELEASE THE ABOVE-MENTIONED REFERENCES FROM ANY AND ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM INFORMATION COLLECTED BY THIS COMPANY. VERIFICATION OF ELIGIBILITY TO WORK IN THE UNITED STATES MUST BE SATISFIED FOR AN OFFER TO BE MADE.

APPLICANT'S SIGNATURE: _____
SWORN TO AND SUBSCRIBED BEFORE ME, THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC (SEAL)

MY COMMISSION EXPIRES: _____, 20 _____



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**Pre-Employment Disclosure
 Authorization and Release**

I understand that the Meigs County Sheriff's Office or other authorized third parties may be conducting a background check in connection with my application for employment. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, driving history, criminal history, credit history, and such other information that may be required.

I understand that the Meigs County Sheriff's Office may rely on all or part of this information in determining whether to extend an offer of employment to me. I further understand that if any adverse action is taken by the Meigs County Sheriff's Office based upon any of this information, I will be provided with a copy of such information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that a background check may be performed by the Meigs County Sheriff's Office or it's representatives as part of the pre-employment process, in order to evaluate the suitability of an applicant for employment and is not conducted for any other purpose other than in connection with an application for employment. I understand that the information supplied by me shall be used solely for the purposes of obtaining information, validating, or verifying information received, as part of the background check.

I, the undersigned applicant for employment, have read this pre-employment disclosure and by signing below, hereby authorize the Meigs County Sheriff's Office, its representatives, agents, and authorized third parties, to conduct a background check, as described herein, in conjunction with my application for employment and information provided by me or obtained about me in connection with my application for employment and a background check that may be performed. I further direct or authorize such third parties who may be the custodians of or who may be in possession of requested records or information to disclose such information or records to the Meigs County Sheriff's Office, or their representatives and agents, in connection with this authorization and release. I voluntarily provide my date of birth in order to obtain and verify records obtained, in the background check.

Signature: _____ Date: _____

Printed Name: _____

****THE INFORMATION SUPPLIED BELOW WILL ONLY BE USED TO REQUEST AND VERIFY RECORDS****

Current Address: _____

Former Name(s): _____

Social Security Number: _____ DOB: _____

Driver's License Number: _____ Driver's License State: _____ Exp. Date: _____