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| **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)* |

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| **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 ☐/ CORRECTIONS☐/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 |  |  |  |  |  |  |

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| **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:   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:  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: |

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| **REFERENCES** | | | |
| NAME | ADDRESS | HOME PHONE | DAYTIME PHONE |
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| **CIVIL LITIGATION** |
| DO YOU HAVE ANY ACTIVE OR PENDING CIVIL SUITS? YES☐ NO ☐  HAVE YOU EVER DECLARED BANKRUPTCY? YES☐ NO☐ |

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| **MILITARY EXPERIENCE** | | | |
| BRANCH: | HIGHEST RANK: | DISCHARGE DATE: | TYPE OF DISCHARGE: |
| ACTIVE DUTY FROM: T0:  *(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 ☐ NO ☐ | IF YES, HOW MANY YEARS? | HOW MANY PACKS PER DAY? |
| HOW OFTEN DO YOU DRINK ALCOHOL? | | |
| LIST ALL HOSPITALIZATIONS, SERIOUS ILLNESS, SURGERIES, OR INJURIES (AND APPROXIMATE DATES): | | |

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| **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: |

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| **FINANCIAL RECORDS** |
| NAME AND LOCATION OF YOUR BANK(S):  CHECKING ☐ SAVINGS☐  *(NAME) (ADDRESS)*  CHECKING ☐ SAVINGS☐  *(NAME) (ADDRESS)*  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 nay 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 EXPAIN: PLEASE LIST ALL TRAFFIC CITATIONS RECEIVED:  *(DATE) (AGENCY) (CHARGE) (OUTCOME)*  *(DATE) (AGENCY) (CHARGE) (OUTCOME)*  *(DATE) (AGENCY) (CHARGE) (OUTCOME)* |

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| **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. |

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| **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 COMMISION EXPIRES:** , 20 |

**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: \_\_\_\_\_\_\_\_\_\_