

Name (print or type): _____

Date Received

Position Applied For: _____ by SCSO: _____

SPENCER COUNTY SHERIFF'S OFFICE APPLICANT INFORMATION SUMMARY

INTEGRITY

RESPECT



SERVICE

PROFESSIONALISM

HONOR

STATEMENT OF EQUAL EMPLOYMENT OPPORTUNITY POLICY

The Spencer County Sheriff's Office is an equal employment opportunity employer and will accept applications, hire qualified applicants, administer all terms and conditions of employment, and make available all benefits and compensations of employment without regard to race, sex, color, ancestry, national origin, religion, disability (as defined by law), age, marital status, sexual orientation, or number of dependents except when such constitutes a bona fide occupational qualification necessary for proper and efficient administration.

All applicants and employees are protected from discrimination because of political affiliation and from coercion for partisan political purposes.

No questions on this report are intended to secure information to be used for unlawful discrimination.



SPENCER COUNTY SHERIFF'S OFFICE

120 N 2ND Street
Rockport, Indiana 47635

Application for Employment

Last Name, First Name, Middle:

Date of Birth:

BASIC ELIGIBILITY REQUIREMENTS FOR MERIT DEPUTY:

- Must be a United States Citizen
- Must be at least 21 years of age on or before the date of employment
- Must meet a minimum vision standard (corrected or uncorrected) of 20/50 acuity in each eye and 20/50 binocular acuity in both eyes
- Must not have a recorded felony conviction
- Must possess a valid driver's license
- Must have earned a high school diploma or GED
- Must be willing to reside within Spencer or surrounding counties in the State of Indiana within six (6) months of appointment

BASIC ELIGIBILITY REQUIREMENTS FOR CORRECTIONS OFFICERS/CIVILIAN STAFF:

- Must be a United States Citizen
- Must be at least 18 years of age on or before the date of employment
- Must not have a recorded felony conviction
- Must possess a valid driver's license
- Must have earned a high school diploma or GED

Position you are applying for:

Merit Deputy Corrections Officer Civilian Staff Reserve Officer

Do you meet the basic eligibility requirements: Yes No

INSTUCTIONS:

- Unless otherwise requested, enter dates in the following format: MM/DD/YY
- Telephone numbers shall be entered in the following format: XXX-XXX-XXXX
- Standard two-character State abbreviations shall be used (i.e. IN for Indiana)
- Enter “N/A” when information is requested that is not applicable to the applicant
- Incomplete applications will not be considered
- Any misrepresentation of facts on this application will disqualify the applicant

Do not make inquiries regarding the status of the application; you may receive appropriate information concerning the application periodically via e-mail. It is important to monitor your email on a regular basis in order to receive time-sensitive information regarding the selection process.

BACKGROUND INFORMATION:

To determine your eligibility for employment with Spencer County Sheriff's Office, please answer the following questions:

As a candidate for employment, I understand that all information provided will be verified by a background investigation and may include a polygraph examination. Any false information provided may cause me to be removed from further consideration for employment.

Continuance of the application is acceptance of the above terms.

Have you used an illegal drug (other than marijuana), or abused a legal drug within the past five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you use marijuana within the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever knowingly or intentionally sold, transported or manufactured any illegal drug for profit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently abuse alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many times within the last year have you operated a motor vehicle (to include a motorboat) and felt impaired or "buzzed", due to alcohol and/or drugs? (Enter as a whole number only: 0, 1, 2, 3...etc.)	
Have you received any of the following Military Discharges: Bad Conduct Discharge (BCD), Dishonorable Discharge (DD), or Administrative Discharge of Other Than Honorable (OTH)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you engaged in any form of bestiality since the age of 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any tattoos, brands or mutilations exposed while wearing a collared, long-sleeve shirt?	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: Mutilation is defined under current Department policy as a purposeful, knowing, or intentional disfigurement, modification or alteration of one's natural appearance that could bring discredit to the Department or create a non-uniform appearance which might hinder Department esprit de corps. Such mutilations may include, but are not limited to brands, ear gauges, nose gauges, facial piercings, tongue trimming, tongue splitting, tongue studs, cranium cosmetic implants or any other implant that does not project an anthropomorphic appearance.

GENERAL INFORMATION:

Last Name:	Suffix (Sr., Jr., I, II, etc.):
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First Name:	Middle Name:
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Maiden Name:

Street Address:	Apt. #:
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City:	State:	Zip Code:
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TELEPHONE NUMBERS:

Home Telephone:	Business Telephone:
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Mobile Telephone:

E-MAIL ADDRESS:

E-Mail Address:

Re-enter your e-mail address:

REFERENCES:

Name	Address	Phone Number

RELATIVE DISCLOSURE INFORMATION:

In an effort to avoid nepotism during the interview process, it is necessary that you notify the Department of all relatives who have or currently work for the Spencer County Sheriff's Office in the spaces provided below. For purposes of this procedure, "relative" means father, mother, brother, sister, uncle, aunt, husband, wife, son, daughter, son-in-law, daughter-in-law, niece or nephew.

Do you currently have or ever had relatives employed by the Spencer County Sheriff's Office?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "Yes", enter their information below:

Their Name:

Position They Held:

Your Relationship to Them:

INITIAL DATA OF APPLICANT:

Date of Birth:	Your Age:
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Race:	Sex:
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Marital Status:	Are you a U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
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EDUCATION DATA:

Highest grade of high school completed:	<input type="checkbox"/> Diploma <input type="checkbox"/> GED
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Highest level of college completed:

Degree(s) Obtained:

Name of School (Include City and State)	# of Hours Completed	GPA on 4.0 Scale	Did You Graduate?	Degree or Diploma

PRIOR LAW ENFORCEMENT DATA:

Do you have full-time paid law enforcement experience as a police officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If “Yes”, complete the following information:

Did you complete a state accredited law enforcement academy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If “Yes”, what academy/facility did you attend?

Did you receive a certificate upon completion of this training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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What month and year was this training completed? (MM/YY)
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Total number of academy training hours.

Below, list ALL law enforcement experience, beginning with the most recent:

Agency Name	Start Date MM/YY	End Date MM/YY	Status Full Time or Reserve	Had you been disciplined?	Reason for Leaving	Eligible for Rehire?

MILITARY HISTORY AND STATUS:

Include active duty service with the National Guard and Reserve Components.

Have you ever served in the United States military on active duty (including basic training)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If “Yes”, how many total years of active duty?
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If “Yes”, complete the information below for each branch of service, beginning with the most recent:

Military Branch	Start Date MM/YY	ETS MM/YY	Rank at Separation	Current Status	Had you been disciplined?

EMPLOYMENT HISTORY:

List current employment, beginning with the most recent (include part-time) add additional sheets if necessary:

Name of Employer #1:

Address:

Telephone Number:

Position or Professional Title for Employer #1	Start Date MM/YY	End Date MM/YY	Had you been disciplined?

Name of Employer #2:

Address:

Telephone Number:

Position or Professional Title for Employer #2	Start Date MM/YY	End Date MM/YY	Had you been disciplined?

Name of Employer #3:

Address:

Telephone Number:

Position or Professional Title for Employer #3	Start Date MM/YY	End Date MM/YY	Had you been disciplined?

Name of Employer #4:

Address:

Telephone Number:

Position or Professional Title for Employer #4	Start Date MM/YY	End Date MM/YY	Had you been disciplined?

DRIVER’S LICENSE INFORMATION:

Do you currently possess a valid driver’s license:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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List issued driver’s license information below:

Driver’s License Number	State of Issue	Expiration Date MM/YY

Has your driver’s license ever been suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If “Yes”, what state(s)?

VEHICLE CRASH AND TRAFFIC TICKET INFORMATION:

Have you ever been involved in a vehicle crash?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If “Yes”, what is the number of crashes you have been involved in?
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Have you ever received a ticket for a traffic offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If “Yes”, what is the number of tickets you have received?
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CRIMINAL ARREST INFORMATION:

Have you ever been arrested or ticketed for a misdemeanor that has not been expunged by a court, even if charges were later dropped or dismissed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If “Yes”, complete the information requested below for each offense, beginning with the most recent:

Date MM/YY	Arresting Agency	Charge/Offense	Disposition of Case

Have you ever been arrested or ticketed for a felony that has not been expunged by a court, even if charges were later dropped or dismissed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "Yes", what offense were you convicted of?

Have you ever been arrested for an act as a juvenile that would have been a crime had it been committed by an adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "Yes", what offense were you convicted of?

Have you ever been, or are you currently involved as a plaintiff, defendant, petitioner or respondent in any civil court case?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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MISCELLANEOUS INFORMATION:

Do you currently possess a personal protection handgun permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been denied a personal protection handgun permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever had a personal protection handgun permit that was suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Number of your dependents?

Are you legally required to make child support payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "Yes" are your child support payments current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you speak a foreign language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "Yes", what language(s)?

If "Yes", what language(s) do you speak fluently?

If "Yes", what language(s) do you read and understand?
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The Spencer County Sheriff's Office may require, at a later time, the following documentation. You will be notified when it will be necessary to provide this documentation.

- Birth Certificate
- High School transcripts (Copy)
- Official College/University transcripts (if applicable)
- Military DD214 (if applicable)
- If active duty, a letter of endorsement from a military commander is required
- Copies of specialized training certificates and awards
- Previous law enforcement documentation:
 - Copy of State accredited law enforcement academy certificate and curriculum
 - Copies of commendations and awards

By placing my name in the box below, I swear or affirm under the penalty of perjury, all information contained in this application is true, accurate and complete to the best of my knowledge. I understand any false information provided may cause me to be removed from further consideration of employment.

Applicant's full name:	Date completed:
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How to Submit Your Application

- 1) Download the application template to your computer.
- 2) Complete the application thoroughly and according to instructions, providing all information requested.

When your application is completed and ready for submission, follow the steps listed below:

- 3) Proofread your application thoroughly, ensuring all fields are completed.
- 4) Save a copy of your completed application using the following format (required for submission):

Last Name, First Name, Middle Initial, Job Position
(Example) “Doe, John, A. DEPUTY SHERIFF”

- 5) Once you have saved a copy of your completed application to your computer, send the application as an attachment in an e-mail message using the following criteria to finish submitting your application to the Spencer County Sheriff’s Office.

To: administration@sheriff74.in.gov

Subject: Application for the Spencer County Sheriff’s Office

Message/Narrative Section: Include your full name (Last Name, First Name, Middle Initial) and Date of Birth (MM-DD-YY).

ATTACH Your Application: When you have completed the information above, attach your application utilizing your e-mail programs file attachment protocols.

Send: Confirm all information above is accurate and that you have entered the correct e-mail address for the Spencer County Sheriff’s Office: adminstration@sheriff74.in.gov

CRIMINAL RECORDS AND BACKGROUND CHECK

I, _____, understand that my any employment offer or continuation of employment by the Spencer County Sheriff’s Office is contingent upon, but not limited to, the following:

1. An acceptable background check and/or security clearance from both the Federal Bureau of Investigation and the Indiana State Police.
2. An acceptable background check, which includes, but is not limited to, investigation of my character, personal history, credit history*, financial condition and information contained in this application.
3. An unlimited criminal history data check which may include information with respect to any arrest, indictment, information, or other formal criminal law violation, even if no charges or disposition has been entered. It may also include juvenile court records or juvenile records of a law enforcement agency.

**Read the following statement carefully and contact the Sheriff’s Office with any questions prior to signing and submitting the form.*

I hereby authorize and give my consent to the release of any and all background information and/or records about me, by any person, business, agency or other entity in possession of the same, to the Spencer County Sheriff’s Office for the purposes of a hiring background check. I authorize the Spencer County Sheriff’s Office to obtain copies of this document and allow such copies to be provided in place of the original to all entities for which information about me is sought. I have freely and voluntarily agreed and consented to the matters herein.

I certify that the information contained in this form is true, complete, and accurate. I acknowledge that any misrepresentation of facts or other information contained herein is cause for rejection of my application or dismissal after appointment. I understand that final employment is contingent in part upon satisfactory completion of all phases of the applicant screening process.

I hereby waive, release, and surrender all rights or claims which I may have against the County or any of its officers, employees, or agents as a result of the release of such records.

Signature

Date

Witness

Date

*Credit Report: You are hereby provided with written notice that your credit report will be obtained in accordance with the Fair Credit Reporting Act.

AUTHORIZATION TO RELEASE CREDIT HISTORY

I, _____, hereby authorize the release of my credit history to the Spencer County Sheriff's Office.

I am aware that my credit history information will be used for employment purposes by the Sheriff's Office. Before any adverse action is taken by the Spencer County Sheriff's Office as a result of a credit report issued by the Credit Reporting Agency, the Spencer County Sheriff's Office will provide:

A pre-adverse action disclosure that includes:

- 1) A copy of your consumer report.
- 2) A copy of "A Summary of Your Rights Under the Fair Credit Reporting Act."

Signature

Date

Social Security

Date of Birth

Witness

Date

***RELEASE AND HOLD HARMELESS AGREEMENT FOR PHYSICAL TESTING**

*For use for merit positions only

I have submitted my application for the position of police officer with the Sheriff's Office. I wish to take the physical agility test, which each applicant is required to pass in order to have his or her application considered for said position. I understand that current physical agility testing for Sheriff's Deputies includes muscular strength, muscular endurance, cardiovascular endurance and musculoskeletal flexibility.

In consideration for being permitted to take this physical fitness test, I hereby release, discharge and agree to hold harmless the Spencer County Sherriff's Office and its officers, agents and employees from any and all liability for personal injury or property damage which I may sustain in any way as a result of my taking this test, whether such injury or damage occurs before, during or after the test, and whether or not such injury or damage occurs in, on or about the premises where the test is conducted. I will assume full responsibility for any such injury or damage and I do hereby fully and forever release and discharge the Spencer County Sheriff's Office and its officers, agents and employees from any and all claims, demands, damages, rights of action or causes of action present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of my taking physical agility test.

In the event that my taking this test should result in injuries or damages to person or property and a claim is asserted against the Spencer County Sheriff's Office, I will hold harmless, defend and indemnify the Sheriff's Office against any claim, demand, damage, right of action or cause of action present or future, whether the same be known, anticipated or unanticipated, resulting from my taking this test.

I further state that I voluntarily take this physical agility test, and that I recognize and voluntarily assume the risks inherent in taking the test, and that I have to my knowledge no medical condition or risk factor that would prevent my taking the test.

This Release and Hold Harmless Agreement shall be binding upon my heirs, assigns, guardian, executors and/or administrators.

Print First and Last Name

Signature

Date

Witness Signature