



Brown County Sheriff's Office

Sheriff Gordon Ellis

750 Mt Orab Pike
Georgetown, OH 45121
Office (937)378-4435 Fax (937)378-2039
www.browncountyohiosheriff.us

Employment Application

I. Personal Information:

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____

State _____ Zip Code _____ Phone number _____

Cell Phone _____ County of Residence _____ Sex M F

Social Security Number _____ - _____ - _____ Date of Birth _____ - _____ - _____

Email Addresses:

Social Network accounts including screen names: _____

II. Availability

Are you interested in: Full Time Part Time Special

Do you have a valid Ohio Driver's License? Yes No

If yes, Operators License Number _____

Do you have reliable transportation to work? Yes No

Position you are applying for:

Road patrol Corrections Cook Medic Clerk

III. Residence

Please list your previous three residences including dates. There should be no gaps in residence dates and list backward in chronological order.

Address	City, State, Zip Code	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. Education

Name and address of High School: _____

Did you receive a high school diploma or GED? Yes No

Name and address of College, trade or technical schools including dates:

Highest degree attained? _____

Major subject studied? _____

List any training or education you have received that would help qualify you for the position you are applying for.

Are you currently certified police officer through OPOTC? Yes No

If yes, when did you receive your certification? ____-____-____

If yes, are you currently up to date on your training? Yes No

If no, do you intend to receive this certification in the future? Yes No

V. Financial

The management of personal finances is relevant to an individual’s qualifications for the position. Therefore, please fill in the financial information below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations. Do your monthly bills exceed your take-home pay? Yes No

Current Monthly Income

Current Monthly Expenditures

Monthly Salary \$ _____

Real Estate (mortgage) payments(s)..... \$ _____

Spouse’s Salary _____

Rent _____

Other monthly income – describe:

Other monthly payments – describe:

Total monthly income - \$ _____

Total monthly expenditures - \$ _____

Current Assets

Current Liabilities

Savings \$ _____

Real estate indebtedness \$ _____

Checking _____

Long-term loans _____

Real estate _____

Charge accounts _____

Stocks and bonds _____

Other liabilities – describe:

Autos _____

Other assets – describe:

Total assets - \$ _____

Total liabilities - \$ _____

Have you ever filed for or declared bankruptcy; or filed for the wage earner’s plan? Yes No

If “yes”, please give details (include when, where, why).

Have any of your bills ever been turned over to a collection agency? Yes No Are you now delinquent in any financial obligations: Yes No

If "yes", please give details (include when, firms involved, circumstances).

Have you ever had purchased goods repossessed? Yes No

If "yes", please give details (include when, firms involved, circumstances).

VI. Employment

Beginning with your most current employment, please list in chronological order all jobs (including part-time, temporary and voluntary positions) you have held up to the past 10 years. For the purposes of this personal history questionnaire, voluntary work should be included as employment. For identification and verification, please indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Dates of employment	Name and address of employer	Name of supervisor
From _____	_____	_____
To _____	_____	Telephone number _____
Full time <input type="checkbox"/> _____yrs.	_____	_____
Part time <input type="checkbox"/> _____yrs.	Job title and responsibilities: _____	_____
Voluntary <input type="checkbox"/> _____yrs.	_____	_____

Reason for leaving: _____

Dates of employment	Name and address of employer	Name of supervisor
From _____	_____	_____
To _____	_____	Telephone number _____

Full time _____ yrs. _____
Part time _____ yrs. Job title and responsibilities: _____
Voluntary _____ yrs. _____

Reason for leaving: _____

Dates of employment	Name and address of employer	Name of supervisor
From _____	_____	_____
To _____	_____	Telephone number
Full time <input type="checkbox"/> _____ yrs.	_____	_____
Part time <input type="checkbox"/> _____ yrs.	Job title and responsibilities: _____	_____
Voluntary <input type="checkbox"/> _____ yrs.	_____	_____

Reason for leaving: _____

Dates of employment	Name and address of employer	Name of supervisor
From _____	_____	_____
To _____	_____	Telephone number
Full time <input type="checkbox"/> _____ yrs.	_____	_____
Part time <input type="checkbox"/> _____ yrs.	Job title and responsibilities: _____	_____
Voluntary <input type="checkbox"/> _____ yrs.	_____	_____

Reason for leaving: _____

Would any problem result if your present employer were contacted during the course of the background investigation? Yes No
If yes, please explain below.

Have you, regardless of whether the matter is or was appealed, regardless of whether the matter is part of your official record, regardless of whether you believe or think that it might not still be in your file:
A. Ever been discharged from employment (fired) for any reason? Yes No
B. Ever resigned (quit) after being told that your employer intended to discharge (fire) you for any reason?
Yes No

- C. Ever resigned (quit) after being told that your employer intended to take disciplinary action against you? Yes No
- D. Ever resigned (quit) because you suspected your employer intended to discharge (fire) you for any reason? Yes No
- E. Ever resigned (quit) because you suspected your employer intended to take disciplinary action against you? Yes No
- F. Ever been reprimanded, counseled, or otherwise been put on notice by any employer? Yes No

If you answered yes to any question, give all details, including name and address of employer, date(s) and circumstances.

Have you ever been employed in any State or County service in Ohio? Yes No

If yes, when and where? _____

VII. Military

Have you ever served in the armed forces, National Gard or military reserves? Yes No

If yes, attach a copy of your DD Form 214

Branch of service	Service number	Dates of service	Type of discharge
_____	_____	_____	_____

If you are a male and have never served in the armed forces, please provide the following (if applicable):

Selective Service Number	Approximate date of registration	Address at time of registration
_____	_____	_____
_____	_____	_____

Were you ever investigated for any criminal activity while in the military? Yes No

If yes, please explain below.

Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? Yes No

If yes, explain below and be specific.

Date	Violation(s)	Describe incident and penalty received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VIII. Legal

Have you ever been reported to a law enforcement agency as a missing person or a runaway? Yes No

If yes, please give details including date, law enforcement agency and circumstances.

Have you ever had your operator's license suspended or revoked? Yes No

If yes, please explain below including dates.

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? Yes No

If yes, please give details including when, where, name and location of court, and circumstances.

Has any member of your immediate family (spouse, parent, brother, sister or child), or any person residing in your home, whether related to you or not, ever been arrested for felony? Yes No

If yes, explain relationship, date and type of offense:

Have you experimented with, or tried, any type of an illegal drug or narcotic? Yes No

If "yes", indicate with an "X" all drugs that you have experimented with, or tried, from the list below.

Experimentation includes, but is not limited to smoking, swallowing, tasting, inhaling, or injecting.

<input type="checkbox"/> Marijuana	<input type="checkbox"/> Whites	<input type="checkbox"/> Downers	<input type="checkbox"/> Peyote
<input type="checkbox"/> Hashish	<input type="checkbox"/> Bennies	<input type="checkbox"/> Reds	<input type="checkbox"/> Mushrooms
<input type="checkbox"/> Hashish oil	<input type="checkbox"/> Uppers	<input type="checkbox"/> Quaaludes	<input type="checkbox"/> Glue
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Methamphetamines	<input type="checkbox"/> PCP	<input type="checkbox"/> Opium
<input type="checkbox"/> Crack	<input type="checkbox"/> Speed	<input type="checkbox"/> Sherms	<input type="checkbox"/> Heroin
<input type="checkbox"/> Rock	<input type="checkbox"/> Crank	<input type="checkbox"/> Angel Dust	<input type="checkbox"/> Steroids
<input type="checkbox"/> Ice	<input type="checkbox"/> Crystal	<input type="checkbox"/> LSD	Others (list)
<input type="checkbox"/> Amphetamines	<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Acid	<input type="checkbox"/> _____
<input type="checkbox"/> Crosstops	<input type="checkbox"/> Black Beauties	<input type="checkbox"/> Mescaline	<input type="checkbox"/> _____

Have you ever used a prescription drug not prescribed for you? Yes No

If yes, please explain below including date of last use.

Have you ever sold, provided or given illegal drugs or narcotics to anyone? Yes No

If yes, please explain below including date of last incident.

Have you ever grown marijuana or manufactured any type of drug or narcotic? Yes No

If yes, please explain below including date of last incident.

Have you or anyone else ever injected an illegal drug or narcotic into your body? Yes No

If yes, please explain below including date of last incident.

Do you associate with any person who you suspect uses illegal drugs or narcotics? Yes No

If yes, please explain below.

When was the last time you were present where illegal drugs, narcotics, or other illegal substances were being used?

Month _____ Year _____ Circumstances _____

When was the last time you used an illegal drug, narcotic, or other illegal substance?

Month _____ Year _____ Circumstances _____

Have you ever been convicted of a Felony? Yes No

If yes, please explain in detail including dates.

Have you ever been convicted of a Misdemeanor? Yes No

If yes, please explain in detail including dates.

Have you ever committed an offense that was not detected or that you were not charged, that would have been a misdemeanor? Yes No

If yes, please explain in detail including dates.

Have you ever committed an offense that was not detected or that you were not charged, that would have been a felony? Yes No

If yes, please explain in detail including dates.

IX. References

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Relationship _____ Years known _____

Title _____ Employer _____

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Relationship _____ Years known _____

Title _____ Employer _____

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Relationship _____ Years known _____

Title _____ Employer _____

Do you have any relatives working for any Brown County Agencies? Yes No

If yes, what Brown County agency? _____

If yes, who? _____

Please list any individuals that you are well acquainted with who are members of law enforcement agencies.
Exclude individuals who are listed as references.

Name and Rank	Address where person can be contacted	Telephone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

It is the policy of the Brown County Sheriff's Office to ensure equal employment opportunity in accordance with the Ohio Revised Code 125.111 and all applicable federal regulations and guidelines.

X. Affirmation of Applicant

On this _____ day of _____, 20 _____, I,

Swear and affirm that the information contained herein is full, accurate and truthful. I understand that any misrepresentation or omission of fact shall be cause for my disqualification from consideration for, or dismissal from, employment, as applicable.

I further understand and acknowledge that I must notify the background investigator of any situation which alters the information contained herein. This includes any change of address or telephone number(s); change of employer(s); arrests; traffic citations; or any other material event(s). This notification must be immediate and must be in writing.

Signature

Date

STATE OF OHIO)

)§

COUNTY OF _____)

The foregoing Agreement was acknowledged before me this _____ day of

_____, 20_____ by _____

Witness my hand and official seal.

My commission expires_____

Notary Public

(Seal)

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any commissioned agent or representative of the Brown County Sheriff's Office bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, credit or educational records including, but not limited to, academic achievements, attendance, athletic, personal history and disciplinary records, arrest records, military records, medical records and credit records. I hereby direct you to release such information upon request of the bearer.

This request is executed with full knowledge and understanding that the information is for the official use of Brown County Sheriff's Office. Consent is granted for Brown County Sheriff's Office to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you as the custodian of such records, and any school, University or other education institution, hospital, or other repository of medical records, military records credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to validity of this release, you may contact me as indicated below.

Full Name (Signature) _____

Full Name (Printed) _____ Date _____

Current Address

Telephone Number _____