



Van Wert County Sheriffs Office

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:		Date of Application:	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name:	First Name:	Middle Name:	
Address	City	State	Zip
Telephone Number	Date of Birth	Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No If Yes, give the date: _____

Have you ever been employed with us before? Yes No If Yes, give the date: _____

Are you currently employed? Yes No If Yes, with whom: _____

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available to begin work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and \ or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

Employment Experience

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer		Dates Employed		Work Performed:
			From	To	
	Address				
	Telephone		Wage Information		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					

2	Employer		Dates Employed		Work Performed:
			From	To	
	Address				
	Telephone		Wage Information		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					

3	Employer		Dates Employed		Work Performed:
			From	To	
	Address				
	Telephone		Wage Information		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					

4	Employer		Dates Employed		Work Performed:
			From	To	
	Address				
	Telephone		Wage Information		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

List professional, trade, business or civic activities and offices held. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Additional Information

Other Qualifications. Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills. Check Skills \ Equipment Operated.

- | | | |
|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> CRT | <input type="checkbox"/> Fax | List Others: _____

_____ |
| <input type="checkbox"/> PC | <input type="checkbox"/> PBX System | |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Lotus 1-2-3 | |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Excel | |
| <input type="checkbox"/> Access | <input type="checkbox"/> Microsoft Word | |

State any additional information you feel may be helpful to us in considering your application:

Note to Applicants: *DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.*

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you applied? ___ YES or ___ NO

References

1	Name	Phone	How Known (friend, relative, etc)
	Address		
2	Name	Phone	How Known (friend, relative, etc)
	Address		
3	Name	Phone	How Known (friend, relative, etc)
	Address		

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Interviewer: _____ Date: _____

Remarks: _____

Employed Yes No Date of Employment: _____

Job Title: _____ Department: _____ Hourly Rate \ Salary: _____

By: _____ Date: _____
Signature \ Title

Notes: _____



Ohio Department of Public Safety
Division of Homeland Security
<http://www.homelandsecurity.ohio.gov>

PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

DECLARATION

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No

PUBLIC EMPLOYMENT - CONTINUED

4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?
 Yes No

In the event of a denial of public employment due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization.

X

Signature

Date

Van Wert County Sheriff's Office

Authorization for the Release of Information

TO WHOM IT MAY CONCERN:

As an applicant for a position with the Van Wert County Sheriff's Office, I recognize that two essential characteristics for anyone entering the law enforcement profession are honor and integrity. I further recognize the need for the Van Wert County Sheriff's Office to conduct an extensive background check on every applicant.

With this recognition in mind, I hereby authorize the Van Wert County Sheriff's Office and its authorized representatives in possession of this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education, juvenile court, psychological, or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the Van Wert County Sheriff's Office. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any law enforcement agency, court, school, college, university, or other educational institution, hospital, or other repository of medical 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 and 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 attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, court, law enforcement, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Full Name (Print): _____

Address: _____

Telephone Number: (_____) _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____, _____,
in and for _____ county, in the state of _____.

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____

AFFIDAVIT

STATE OF

_____, being first duly sworn on oath, states as follows:

1. My name is _____. I am applying for an employment position with _____. As part of my background investigation, I have been asked to provide this sworn affidavit to attest to whether I have ever been the subject of a domestic violence investigation; a protective order related to domestic violence ~~or~~ an arrest based on a domestic violence charge. I understand that as a condition of employment, this background investigation requires that I provide this information. This is necessary to ensure that I meet the criteria for employment with _____. I understand that this information is necessary due to federal statutes which disqualify certain individuals from possessing firearms.

Subscribed and sworn to before
me this ____ day of _____ .

Notary Public, State of
My Commission _____

AFFIDAVIT

STATE OF

_____, being first duly sworn on oath, states as follows:

1. My name is _____. I am applying for an employment position with _____. As part of my background investigation, I have been asked to provide this sworn affidavit to attest to whether I have any social network accounts. I understand that as a condition of employment, this background investigation requires that I voluntarily provide access to any such social network accounts I may have. This is necessary to ensure that I meet the criteria for employment with _____. I am not being required to provide the passwords for any account, simply access for review. I understand that this information in itself will not disqualify me from employment, but will provide the department with additional information that will assist in a reasonable employment background investigation.

2. (Alternative for current employee) My name is _____. I understand that my employment status with _____ can be adversely effected if I engage in any conduct that has the potential to adversely effect my job performance or conduct that has the potential to adversely affect the department's morale, operations or effectiveness. I hereby subscribe that I (do) or (do not) have any social network accounts. I understand that should I be subject to an administrative investigation by my department that will be enhanced by access to my social network accounts, I will be required to

provide access to the assigned investigator. I understand that any such investigation will be strictly limited to my conduct, directly and narrowly related to my position with this department that might have the potential to adversely affect my performance or the operations of my department.

Subscribed and sworn to before
me this _____ day of _____ .

Notary Public, State of _____
My Commission _____