

**OWEN COUNTY SHERIFF'S DEPARTMENT  
EMPLOYMENT APPLICATION**



NAME \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN  
(IF APPLICABLE)

PERMANENT ADDRESS \_\_\_\_\_  
STREET OR RURAL ROUTE APT NO

\_\_\_\_\_  
CITY COUNTY STATE ZIP-CODE

TELEPHONE ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
HOME BUSINESS

POLICE EMPLOYEE

CIVILIAN EMPLOYEE

~AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER~  
Complying with all provisions of the Americans with Disabilities Act

## **BASIC ELIGIBILITY REQUIREMENTS**

1. Must be a United States Citizen.
2. Must be at least 21 when appointed as a Police Employee/or 18 when appointed as a civilian employee
3. Eye requirement: Correctable to 20/50. (Police Employee)
4. Must possess a valid driver's license.
5. A minimum of High School Diploma or G.E.D. is required.
6. Must pass a drug screening as a pre-requisite for employment.

## **INSTRUCTIONS**

No exceptions will be made for anyone not meeting all requirements.

The application must be filled out by the applicant. It may be typed or printed.

Answer all questions. If the question does not apply, state: None or Does Not Apply.

**Please DO NOT include certificates and commendations, etc. Also, DO NOT Enclose original birth certificates.**

It is important that you clearly and correctly indicate your mailing address and telephone number(s). In the event you change address or phone number(s) after filling your application, mail notification of said change to us immediately.

**Applications will not be considered until complete in every respect. Incomplete applications will be returned to the applicant and misrepresentation of facts on the applications will disqualify the applicant.**

**Please do not make inquiries in regards to the status of your application. It will be received and processed in a timely manner.**

Complete applications will be kept one full year from the date the selection process ends. After that time, they will be considered inactive and be destroyed.

Do not submit a photocopy of this application. Only originals will be accepted.

## I. INITIAL REQUIREMENT DATA

- A. Are you a U.S. Citizen? \_\_\_\_\_  
 If answer is NO, explain on a separate sheet and attach all documentation.
- B. Social Security Number \_\_\_\_\_  
 (For background clearance and payroll information this number is required. The application will not be processed without it)
- C. Your Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_
- D. Race \_\_\_\_\_ (Information required for EEO compliance only)

## II. FAMILY DATA

- A. Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_
- B. Spouse's Name (If applicable) \_\_\_\_\_
- C. Dependents (If applicable)

| NAME | AGE | RELATIONSHIP |
|------|-----|--------------|
|      |     |              |
|      |     |              |
|      |     |              |
|      |     |              |
|      |     |              |
|      |     |              |
|      |     |              |
|      |     |              |
|      |     |              |

- D. If divorced, are you legally required to make child support payments? \_\_\_\_  
 Are you current on child support payments? \_\_\_\_ If answer is no, explain  
 \_\_\_\_\_  
 \_\_\_\_\_

## III. EDUCATIONAL DATA (Attach transcripts for all)

List all accredited colleges/universities you have attended.

| Name and Address of School | Course Study | Number of Hours Complete | GPA on 4.0 scale | Graduate Y/N | List Diploma |
|----------------------------|--------------|--------------------------|------------------|--------------|--------------|
|                            |              |                          |                  |              |              |
|                            |              |                          |                  |              |              |
|                            |              |                          |                  |              |              |
|                            |              |                          |                  |              |              |
|                            |              |                          |                  |              |              |

## IV. EMPLOYMENT DATA

A. List all past and current employment including part-time, chronologically beginning with most recent first. (Use additional sheet if necessary)

1. \_\_\_\_\_  
Name of Employment

\_\_\_\_\_  
Your Title Duties

\_\_\_\_\_  
Dates of Employment From To

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
Address of Business City State & Zip ( ) Phone

2. \_\_\_\_\_  
Name of Employment

\_\_\_\_\_  
Your Title Duties

\_\_\_\_\_  
Dates of Employment From To

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
Address of Business City State & Zip ( ) Phone

3. \_\_\_\_\_  
Name of Employment

\_\_\_\_\_  
Your Title Duties

\_\_\_\_\_  
Dates of Employment From To

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
Address of Business City State & Zip ( ) Phone

4. \_\_\_\_\_  
Name of Employment

\_\_\_\_\_  
Your Title Duties

\_\_\_\_\_  
Dates of Employment From To

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
Address of Business City State & Zip ( ) Phone

- B. Have you ever been discharged or resigned to prevent being discharged from position of employment? \_\_\_\_ If yes, please explain on a separate sheet.

**V. PERSONAL REFERENCES**

|        |                |
|--------|----------------|
| NAME:  | TELEPHONE: ( ) |
| STREET |                |
| CITY   | STATE & ZIP    |

|        |                |
|--------|----------------|
| NAME:  | TELEPHONE: ( ) |
| STREET |                |
| CITY   | STATE & ZIP    |

|        |                |
|--------|----------------|
| NAME:  | TELEPHONE: ( ) |
| STREET |                |
| CITY   | STATE & ZIP    |

**RESIDENCE LAST FIVE YEARS OTHER THAN PRESENT**

| STREET | CITY | STATE | FROM | TO |
|--------|------|-------|------|----|
|        |      |       |      |    |
|        |      |       |      |    |
|        |      |       |      |    |
|        |      |       |      |    |
|        |      |       |      |    |
|        |      |       |      |    |

**VI. MILITARY HISTORY AND STATUS**

- A. Have you ever served in the military on active duty? \_\_\_\_\_  
 (Include initial active duty training with the National Guard and the Reserves.)  
 If yes, attach a copy of your DD214

| Military Branch | From | To | Highest Rank Attained | Rank at Discharge |
|-----------------|------|----|-----------------------|-------------------|
|                 |      |    |                       |                   |
|                 |      |    |                       |                   |
|                 |      |    |                       |                   |

B. Are you eligible to reenlist? \_\_\_\_ If no, explain on separate sheet.

C. List any citations and awards received. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Were you ever disciplined while on active duty? \_\_\_\_ (Court Martial, Article 15, Captain's Mass, etc.) If yes, explain on separate sheet.

## VII. VEHICLE ACCIDENT and ARREST RECORDS

A. Do you currently possess a valid automobile driver's license? \_\_\_\_\_  
Expiration Date \_\_\_\_\_ State of Issue \_\_\_\_\_  
License Number \_\_\_\_\_  
Has your driver's license ever been suspended? \_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_

B. List Vehicle accidents in which you have been involved as a driver.

| Date | Location | Explanation |
|------|----------|-------------|
|      |          |             |
|      |          |             |
|      |          |             |
|      |          |             |

C. Have you ever received a ticket for a traffic offense? \_\_\_\_ If yes, describe.

| Date | Location | Charge | Fine or Sentence |
|------|----------|--------|------------------|
|      |          |        |                  |
|      |          |        |                  |
|      |          |        |                  |
|      |          |        |                  |

D. Have you ever been arrested for a criminal offense? \_\_\_\_ If yes, describe.

| Date | Location | Charge | Fine or Sentence |
|------|----------|--------|------------------|
|      |          |        |                  |
|      |          |        |                  |
|      |          |        |                  |
|      |          |        |                  |

E. Have you ever been arrested for an act that would have been a crime had it been committed by an adult? \_\_\_\_ If yes, describe.

| Date | Location | Charge/Offense | Disposition of Case |
|------|----------|----------------|---------------------|
|      |          |                |                     |
|      |          |                |                     |

### VIII. MISCELLANEOUS

A. Are you a full or part owner of any business or firm? \_\_\_\_ If yes, describe nature of business. \_\_\_\_\_

Are there any licenses for said business(es) in your name? (I.E. liquor license)

\_\_\_\_\_

B. Have you ever applied for a handgun carry permit? \_\_\_\_ Reason \_\_\_\_\_  
Status \_\_\_\_\_

C. What special skills have you developed through hobbies, education, special interest or occupation? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIX PHOTOGRAPH HERE**

Photo to be front view, head and shoulders and must be 2 1/2" square. Photo must have been taken within the last six months.

**Other photographs are not acceptable**

I certify that:

1. All required items are included with this application.
  - a. Birth Certificate (copy only)
  - b. High School Diploma or G.E.D. certificate (copy only)
  - c. High School or G.E.D. transcript (copy only)
  - d. Military DD214 if Veteran
  - e. Photograph - 2 1/2" x 2 1/2" head and shoulders
2. I have personally completed this application.

I swear or affirm under the penalty of perjury that all information contained in this application is true and accurate.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**CHECK APPLICATION CAREFULLY**

BE CERTAIN ALL ITEMS ARE COMPLETE BEFORE MAILING

THIS APPLICATION WILL BE RETURNED TO YOU IF ALL INFORMATION IS NOT COMPLETED AND ALL REQUIRED DOCUMENTS ARE NOT ATTACHED

**MAIL TO:**

Owen County Sheriff Department  
291 Vandalia Avenue  
Spencer, IN 47460

**~AN EQUAL OPPORTUNITY/AFFIRMITIVE ACTION EMPLOYER~**

Complying with all provisions of the Americans with Disabilities Act

## AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, hereby authorize any person, agency, partnership, or corporation having any information concerning my **CREDIT RECORD, EDUCATIONAL RECORD, MEDICAL RECORD, EMPLOYMENT RECORD, MILITARY RECORD** or **SELECTIVE SERVICE RECORD**, to release such information to the Owen County Sheriff's Department. This information is to be used for possible employment with the Owen County Sheriff's Department.

I hereby release such person, agency, partnership, or corporation from any liability, which may be incurred in releasing this information to the Owen County Sheriff's Department, including liability under State and Federal Law.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)