

APPLICATION FOR EMPLOYMENT
The Pike County Sheriff's Office is an Equal Opportunity Employer

Date:

The Pike County Sheriff's Office considers applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other legally protected status.

Please select which position you are applying for below:

OPOTA Certified Deputy: <input type="checkbox"/>	Full Time: <input type="checkbox"/>	Part Time: <input type="checkbox"/>	Reserve: <input type="checkbox"/>
Non Certified Auxiliary: <input type="checkbox"/>			
Communications: <input type="checkbox"/>	Full Time: <input type="checkbox"/>	Part Time: <input type="checkbox"/>	
Clerical/ Secretary: <input type="checkbox"/>			

1. PERSONAL INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Phone Number	Additional Phone Number	Email

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driver's License Number	State	Date of Birth	SSN (Optional)

Are you 18 years of age or older? Yes No

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

Are you a United State Citizen? Yes No

Are you legally eligible for employment in the United States? Yes No

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Starting with your present address, list all addresses you have resided for the past ten years, including your addresses in the military service.

Date From	Date To	Street Address	City	County	State	Zip Code

The following questions apply to **ANY** court of law?

Have you ever been convicted of a felony? YES NO

Have you been convicted of a misdemeanor in the past five (5) years? YES NO

Have you ever used a prohibited drug or abused a controlled substance? YES NO

Have you ever been convicted of a sex offense? YES NO

Have you ever been convicted of violating any gun control laws, carrying Concealed weapon or possession of a dangerous ordnance? YES NO

Have you ever been convicted of vehicular homicide, leaving the scene Of an accident, reckless operation of a vehicle, or operating a motor vehicle While under the influence of alcohol and/or drugs? YES NO

Have you had driving privileges revoked or suspended? YES NO

I certify that the above information is true.

Signature: _____

Date: _____

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2. EDUCATION

Please check all that apply:

College Degree:	<input type="checkbox"/>	OPOTA Certification:	<input type="checkbox"/>	High School Diploma:	<input type="checkbox"/>	GED:	<input type="checkbox"/>
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	Name and Address of School	Course of Study	Years Completed or Dates Completed	Diploma Degree or Certificate
High School				
College				
Graduate or Professional				
Ohio Police Officer Academy				
Other (Specify)				

Please list any training you have completed that would apply to the position you are seeking:

Type of Training	Date Completed

Please list any skills that would apply to the position you are seeking:

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Please indicate any foreign language you have working knowledge of below

Language

	Fluent	Good	Fair
Speak			
Read			
Write			

Language

	Fluent	Good	Fair
Speak			
Read			
Write			

Check beside the computer programs or office equipment you have working knowledge of:

Windows		Copy Machine	
Excel		OHLEG	
Access		LEADS	
Word		Typing WPM	
Outlook		Other: _____	
Fax Machine		Other: _____	

List professional trade, business, or civic activities, and offices held. You may exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

Are you capable of performing in a reasonable manner, without reasonable accommodation, the activities involved in the job or occupation for which you have applied?

YES NO

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3. EMPLOYMENT HISTORY

Name of Employer:			
Address Of Employer :			
Employer Phone Number:			
Start Date:		End Date :	
Job Title :		Supervisor Name:	
Beginning Salary:		Ending Salary:	
Work Performed:			
Reason for Leaving:			

Name of Employer:			
Address Of Employer :			
Employer Phone Number:			
Start Date:		End Date :	
Job Title :		Supervisor Name:	
Beginning Salary:		Ending Salary:	
Work Performed:			
Reason for Leaving:			

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Address Of Employer :			
Employer Phone Number:			
Start Date:		End Date :	
Job Title :		Supervisor Name:	
Beginning Salary:		Ending Salary:	
Work Performed:			
Reason for Leaving:			

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4. REFERENCES

List three (3) references (not relatives or former employers) who are responsible adults and whom have known you well during the past five years:

Name :			
Address :			
How Long Known:		Type of Reference:	
Phone Number :		Alt. Phone Number:	

Name :			
Address :			
How Long Known:		Type of Reference:	
Phone Number :		Alt. Phone Number:	

Name :			
Address :			
How Long Known:		Type of Reference:	
Phone Number :		Alt. Phone Number:	

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Completion of the following section is optional

Sex of Applicant:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Race/ National Origin of Applicant:	Indian/ Alaskan: <input type="checkbox"/> Asian/ Pacific Islander: <input type="checkbox"/> Black: <input type="checkbox"/> Hispanic: <input type="checkbox"/> White: <input type="checkbox"/> Other: <input type="checkbox"/>

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**POST-JOB OFFER
MEDICAL EXAMINATION AND DRUG SCREEN**

The APPLICANT understands and acknowledges that the PIKE COUNTY SHERIFF (Employer) reserves the right to require the applicant to submit to any requested medical examination after a job offer has been made and prior to the applicant's first day of employment. Such examination will be performed by a licensed physician or medical practitioner of the Employer's choosing. Furthermore, the applicant may be subjected to pre-employment testing relating to drug, alcohol or substance use or abuse. If such use or abuse is identified or there is other information found that would render the applicant physically incapable of performing the offered job, the application process will be terminated and the job offer is withdrawn, and the applicant will NOT be hired.

By signing this document, the applicant consents to submit to the aforementioned test and procedures if required, and agrees that he or she has no cause of action against the Employer arising from these issues. If the applicant refuses to consent to any of said tests and procedures, the Employer shall not accept or further process his or her application for employment.

Signature of Applicant

Date

CERTIFICATION OF RELEASE

I certify that I have read and understand the applicant notes on this application and form, and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the Pike County Sheriff and/ or his agents to verify any of this information including by not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release and hold harmless and said persons, schools, companies and law enforcement authorities from liability for any damage whatsoever for issuing this information.

Signature of Applicant

Date