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: Full Time: Part Time: Reserve:

Non Certified Auxiliary:

Communications: Full Time: Part Time:

Clerical/ Secretary:

1. **PERSONAL INFORMATION**

Last Name First Name Middle Name

Primary Phone Number Additional Phone Number Email

Address City State Zip Code

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

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 YES NO

Concealed weapon or possession of a dangerous ordnance?

Have you ever been convicted of vehicular homicide, leaving the scene YES NO

Of an accident, reckless operation of a vehicle, or operating a motor vehicle

While under the influence of alcohol and/or drugs?

Have you had driving privileges revoked or suspended? YES NO

I certify that the above information is true.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **EDUCATION** *Please check all that apply:*

College Degree: OPOTA Certification: High School Diploma: GED:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 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:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Fluent | Good  | Fair |
| Speak |  |  |  |
| Read |  |  |  |
| Write |  |  |  |

 Please indicate any foreign language you have working knowledge of below

Language 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

1. **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: |  |

|  |  |
| --- | --- |
| 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: |  |

1. **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: |  |

**Completion of the following section is optional**

Sex of Applicant: Male: Female**:**

Race/ National Origin of Applicant: Indian/ Alaskan:

 Asian/ Pacific Islander:

 Black:

 Hispanic:

 White:

 Other:

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

The APPLICANT understands and acknowledges that the PIKE COUNTY SHERIFF (Employer) reserves the right to requi9re 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