

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"/>			
Corrections:	<input type="checkbox"/>	Full-Time:	<input type="checkbox"/>	Part-Time:	<input type="checkbox"/>			
Clerical:	<input type="checkbox"/>	Full-Time:	<input type="checkbox"/>	Part-Time:	<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"/>	<input type="text"/>	<input type="text"/>	
Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Driver's License Number	State	SSN (Last 4)	
Are you 18 years of age or older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever filed an application with us before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, give date: <input type="text"/>
Are you a United State Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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Are you legally eligible for **EDUCATION**:

Yes & *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:

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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2. EMPLOYMENT HISTORY:

List four (4) employers you have worked for (if applicable):

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

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

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Employment history continued....

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

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

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3. REFERENCES:

List three (3) references (not relatives or former employers) who are responsible adults and who have known you well for 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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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



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

**NOTARIZED WRITTEN CONSENT
RELEASE OF PERSONAL INFORMATION**

I, _____, _____ authorize
FULL NAME SOCIAL SECURITY NUMBER

the Ohio Bureau of Motor Vehicles and all Clerk of Courts Title Offices to release my personal information, (name, address, date of birth, and driver license number) and all other information to

This authorization extends to records pertaining to my driver license, state identification card, vehicle registration, and Certificate of Title.

This authorization extends to the release of medical and disability information.

YES NO

SIGNATURE	DATE
X	

Notary:

Sworn to and subscribed in my presence this _____ day of _____, 20____ in _____ County,
State of _____

(Notary Seal)

Signature of Notary Public X _____ My commission expires _____