

10. Please provide the name and address of your personal or family physician to be contacted in case of emergency:

Name

Address

City

State

Zip Code

()

Business Phone

11. Have you been under a doctor's care within the past 5 years? () Yes () No If yes, Explain.

NOTICE

If you need a question answered or further information on completing this application, contact:

Washington County Sheriff's Office
205 Putnam Street
Marietta, OH 45750

(740) 374-7677

The Washington County Sheriff's Office is an Equal Opportunity Employer.
Women and minorities are encouraged to apply.

4. Former Spouse(s) Name and Address:

Name

Address

City

County

State

Zip Code

5. Can you perform the essential functions of the job duties set forth in the job description for which you applied, either with or without reasonable accommodation? () Yes () No

6. For job descriptions which include testing or examination, can you take the test or examination either with or without a reasonable accommodation? () Yes () No

7. Do you now, or have you possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature? () Yes () No.

a. Drug: _____

b. Circumstance: _____

c. Number of times possessed/supplied/sold: _____

d. First time possessed/supplied/sold: _____

e. Last time possessed/supplied/sold: _____

8. Do you currently use any narcotic or controlled substance, such as those listed in paragraph 7 or have you used such a narcotic or controlled substance within the last year? () Yes () No.

9. Please provide name and address of next of kin or other person to be contracted in case of emergency:

Name

Address

City

State

Zip Code

()

()

Home Phone

Business Phone

Confidential Employee History

**The information contained herein is confidential.
It will not be made available for public inspection.**

1. Applicant's Current Address:

Address	Street Name	Apartment Number
City	County	State
Zip Code		
()		
Telephone Number		

2. Spouse's Name and Address (if different): (Voluntary)

Name	Social Security Number
Address	
City	County
State	Zip Code

3. Children's Name and Ages: (Voluntary)

Name & Social Security Number	Age	Address (if different)

Applicant's Certification

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true and complete, to the best of my knowledge. I also understand that I may be fingerprinted. I understand that this employment application shall become the property of the Washington County Sheriff's Office and that it and the information received in response to the background examination are public records.

I also understand that I may be required to furnish the Sheriff's Office with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment.

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test.

I understand that any level of alcohol in the blood stream is not permitted during work time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees. I understand that the use of illegal drugs is not permitted.

I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to perform satisfactorily the duties of my position or assignment with the Washington County Sheriff's Office

I understand the following types of information will be collected: employment and educational histories; medical, military, insurance, credit and financial information, motor vehicle and police records; information about your abilities, family, character, lifestyle, and organization memberships, and information about any current drug use via drug testing. Information will be obtained by letter, by telephone, and by personal interview with both primary and secondary sources. This information is used as one element for appointment decisions.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Sheriff's Office and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office.

I agree to conform to the rules, regulations, and orders to the Sheriff's Office and acknowledge that these rules, regulations, and orders may be changed, interpreted, withdrawn, or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me.

Signature of Applicant

Subscribed and sworn to me according to the law by the above named applicant of this _____ day of _____, 20 _____.

Notary Public

2. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts or force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

() Yes () No

3. Have you ever made a financial or other material contribution to any organization of the type described in question #2 above? () Yes () No.

4. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? () Yes () No.

5. Did you intend to promote any unlawful aims of the organization? () Yes () No
If yes to question #2, #3, #4, or #5, explain, including the name of the organization and its location.

2. Social Acquaintances: Give three (3) social acquaintances who have known you well for the past five (5) years.

NAME	STREET ADDRESS	CITY, STATE	OCCUPATION	YEARS KNOWN	PHONE

3. Are you acquainted with any members of the Washington County Sheriff Office? If so, list name(s) and your relationship to each.

Organization Membership

1. List all clubs of which you are or have been a member. Please exclude the name of any club or organization which may reveal your membership in a protected group including race, color, religion, sex, national origin, handicap, age, or ancestry.

NAME	CITY & STATE	FORMER	PRESENT (List position held & describe activity)

Business Interests and Licenses

1. Do you or have you ever owned any stock or interest in any firm, partnership or cooperation dealing wholly or partly in the sale or distribution of alcoholic beverages? () Yes () No

2. Are you now issued or have you ever been issued a license to engage in a business or profession? () Yes () No

3. Was license ever canceled, suspended, or revoked? () Yes () No
 If yes to question #1, #2, or #3, please provide details:

Personal References & Acquaintances

1. Personal References: Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

NAME	STREET ADDRESS	CITY, STATE	OCCUPATION	YEARS KNOWN	PHONE

Military History

1. Have you ever served on active duty in the Armed Forces of the United States?

() Yes () No Branch of Service: _____

Highest Rank: _____ Serial Number : _____

Duty Dates: From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

2. Date of discharge: _____

3. Are you now or have you ever been a member of a reserve unit or the National Guard?

() Yes () No

4. If yes, state branch of service, name and location of your unit and whether you attend drills, meetings, or camps.

5. Was any type of disciplinary action taken against you in the service? () Yes () No

If yes, please provide: Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

General Information Inquiry

Answer ALL questions with a Yes or No.

1. If it became necessary in the course of your police duties to take a human life, would you have any reluctance to do this? () Yes () No

2. Have you ever been placed on, or served in a Criminal Diversion type program that led to the eventual dismissal of any criminal charge(s) () Yes () No

3. Have you ever been committed to any penal institution as a result of a felony or misdemeanor conviction? () Yes () No

4. Have you ever been placed on probation as a result of a felony or misdemeanor conviction? () Yes () No

5. Are you physically capable of fully discharging the duties of the positions to which you are seeking employment with reasonable accommodations? () Yes () No

6. Are you in any way related to anyone employed by the County of Washington? () Yes () No

7. Have you worked for a county agency in the past? () Yes () No

If you answered "Yes" to any of the above, please explain:

Criminal History Post Conviction

Mark each criminal offense for which you have been convicted:

<input type="checkbox"/> Driving under the Influence of Drugs or Alcohol <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Trafficking in Drugs <input type="checkbox"/> Forgery <input type="checkbox"/> Embezzlement <input type="checkbox"/> Breaking & Entering <input type="checkbox"/> Rape <input type="checkbox"/> Unauthorized Use Of Property <input type="checkbox"/> Murder <input type="checkbox"/> Driving Under Suspension <input type="checkbox"/> Improperly Handling a Firearm in a Motor Vehicle <input type="checkbox"/> Burglary <input type="checkbox"/> Safecracking <input type="checkbox"/> Vandalism <input type="checkbox"/> Theft of Drugs <input type="checkbox"/> Trafficking in Marijuana	<input type="checkbox"/> Theft <input type="checkbox"/> Shoplifting <input type="checkbox"/> Bad Checks <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Bigamy <input type="checkbox"/> Prostitution <input type="checkbox"/> Reckless Operation <input type="checkbox"/> Robbery <input type="checkbox"/> No Operator's License <input type="checkbox"/> Theft in Office <input type="checkbox"/> Interference with Custody <input type="checkbox"/> Welfare Fraud <input type="checkbox"/> Nonsupport <input type="checkbox"/> Receiving Stolen Property <input type="checkbox"/> Corruption of a Minor <input type="checkbox"/> Criminal Damaging	<input type="checkbox"/> Arson <input type="checkbox"/> Assault <input type="checkbox"/> Gambling <input type="checkbox"/> Kidnapping <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Riot <input type="checkbox"/> Perjury <input type="checkbox"/> Misuse of Credit Cards <input type="checkbox"/> Resisting Arrest <input type="checkbox"/> False Alarms <input type="checkbox"/> Telephone Harassment <input type="checkbox"/> Defrauding Creditors <input type="checkbox"/> Trespass <input type="checkbox"/> Public Indecency <input type="checkbox"/> Vehicular Homicide <input type="checkbox"/> Gross Sexual Imposition
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If you have been convicted of any of the offenses listed, please explain.

If you have been convicted of an offense not listed, list the offense and explain

From	To	Street Address	City	County	State

Driving History

1. Are you a licensed Ohio automobile operator? () Yes () No

Do you have a Commercial Driver's License (CDL)? () Yes () No

License Number: _____

Expiration Date: _____ Restrictions _____

2. Do you hold or have you ever held an automobile operator's license or Commercial Driver's License (CDL) in another state? () Yes () No If yes, please provide state(s), name used, and approximate dates license(s) was/were held:

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? () Yes () No If yes, please provide complete details including why the license was revoked.

2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? Yes No
3. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No If yes, to question #2 or #3, please provide details.

4. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? Yes No If yes, please provide name of agency and date of application or service.

5. Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? Yes No If yes, please provide name and address of business, corporation, or organization and describe your relationship or position.

Residences

1. Actual places of residence for past 10 years – list chronologically all addresses, including residences while at school and in military. For college on campus residence, give dormitory name, city and state. If residences in military service cannot be shown as street addresses, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

From	To	Street Address	City	County	State

11. Typing Speed _____ Shorthand Speed _____

12. Have you used computers or computer terminals in your prior or current position?

() Yes () No If yes, list programs, software used:

13. Are you willing to work Nights? () Yes () No
 Evenings? () Yes () No
 Weekends? () Yes () No

<h2>Employment History</h2>

1. List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	From	To	Salary	Job Responsibilities	Reason for Leaving
Name					
Address					
City, State, Zip					
Area Code & Phone No.					
Name					
Address					
City, State, Zip					
Area Code & Phone No.					
Name					
Address					
City, State, Zip					
Area Code & Phone No.					
Name					
Address					
City, State, Zip					
Area Code & Phone No.					
Name					
Address					
City, State, Zip					
Area Code & Phone No.					

5. Indicate any foreign language you can

Speak

Read

Write

6. Indicate any law enforcement education / training:

7. Did you receive a certificate for this training?

() Yes

() No

Certificate Number

8. Describe any special abilities, interests, and hobbies, including the degree of proficiency:

9. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license)

10. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms):

Education / Training

1.

High School Name / Address	Did You Graduate?

2.

*College/University Name/Address	From	To	Credit Hours Earned	Did You Graduate?	Type of Degree

* Attach diploma or official transcript from last institution of higher education attended.

Major _____ Minor _____

3. Other Schools (Trade, Vocational, Business, or Military):

*College/University Name/Address	From	To	Credit Hours Earned	Did You Graduate?	Type of Degree

4. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school.

Instructions

This application must be printed legibly in ink. Do not type. All questions must be answered. Applications which are not complete, or completed improperly, will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

Personal History

1. **Full Name**

Last Name	First	Middle
Address	City, State	Zip

2. **Other: List all other names you have used, including the circumstances and time periods you used them. (For example: maiden name, former name(s), alias(es), or nickname(s)).**

Name	Circumstances	Dates From Mo./Yr.	Dates To Mo./Yr.

3. **Are you a United States Citizen?** Yes No

4. **Social Security Number** _____

5. **Do you have or have you ever applied for a passport?** Yes No

Passport Number _____

WASHINGTON COUNTY SHERIFF'S OFFICE



309 Fourth Street
Marietta, OH 45750
(740) 376-7070

Application for Employment

The Washington County Sheriff's Office is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion, or any other legally protected status. All applications will remain on file with the Sheriff's Office for 1 year.

NOTICE: The following additional documents must be attached to this application.

1. A copy of social security card
2. If a graduate, a copy of OPOTA Peace Officer Certificate
3. College transcripts and/or copies of certification of other advanced training

POSITION APPLIED FOR: (Number in order of preference)

- Full-time Sworn Officer
- Reserve Officer
- Correction Officer

- Dispatch/Communications
- Clerk/Typist
- Cook
- Other _____

Today's Date: _____