



Licking County Sheriff's Office

155 E. Main St. Newark, Oh 43055 / (740) 670-5555 / www.lcounty.com/sheriff

APPLICATION FOR EMPLOYMENT

The Licking County Sheriff's Office is an Equal Opportunity Employer. We consider applicants for all positions without regard to ethnicity, national origin, gender, age, disability, marital status, religious preference, or any other legally protected status. The agency accepts all and any applications submitted.

POSITION APPLYING FOR: (check all positions that you are applying for)

SWORN POSITIONS

- DEPUTY SHERIFF (FULL-TIME)
- DEPUTY SHERIFF (RESERVE)

NON-SWORN POSITIONS

- CORRECTIONS OFFICER
- DISPATCHER
- CLERK / TYPIST
- NURSE (RN & LPN)
- MENTAL HEALTH WORKER (LSW)
- COOK
- MAINTENANCE WORKER

APPLICATION IDENTIFIER INFORMATION:

Last Name

First Name

Date application submitted



(Rev. 1-2009)

INSTRUCTIONS

This application must be printed legibly in black ink. Please DO NOT type. All listed questions must be answered. Those applications that are incomplete or completed improperly will not be given further consideration after submission. If the space provided is not sufficient for complete answers, or if you wish to furnish additional information, please include attachment pages that are numbered to the corresponding questions in this document. All applications are required to be notarized on page 15. Those applications that are not notarized will be precluded from further consideration after submission.

Applications may be dropped off at the Administration Lobby of the Sheriff's Office or sent via mail to:

Licking County Sheriff's Office
Attention: Community Services Division
155 East Main Street
Newark, Ohio 43055

★ ***Depending on the classification you are applying for (Sworn or Civilian), please place a check mark beside each of the following minimum employment qualifications that apply:***

Minimum qualifications for a sworn (Deputy) position:

- I hold a current Ohio Peace Officer Certificate **or** I have successfully completed an OPOTC certified Basic Peace Officer Academy within the past 18 months **or** I hold a Peace Officer Certificate from another state **or** I am currently enrolled in a Basic Peace Officer Academy and will successfully complete the program within the next six months
- I am at least 21 years of age
- I am a United States citizen
- I hold a valid driver's license
- I hold a high school diploma or equivalency

If the applicant meets all of the basic minimum qualifications listed above, his or her application will be put on file for a period of one year. The agency conducts testing for sworn Deputy Sheriff positions on an infrequent basis. Once a test date has been determined, candidates who have applications on file and meet the basic minimum requirements will be invited to attend testing. The notification or invitation will be sent out at least 30 days in advance of the actual test date.

Minimum qualifications for a non-sworn / civilian position:

- I am at least 18 years of age
- I am a United States citizen
- I hold a valid driver's license
- I hold a high school diploma or equivalency

If the applicant meets all of the basic minimum qualifications listed above, his or her application will be put on file for a period of one year. When a non-sworn or civilian position becomes available within the agency, applications on file for that particular classification will be reviewed by the applicable Community Services Division personnel. The persons conducting the review will then generate a non-ranked list of potential candidates who will be invited to interview with a panel of various staff members from the particular division the position originates, as well as representatives from the Community Services Division.

The agency's Community Services Division handles employee candidate testing and hiring process matters. Questions regarding this process can be directed to (740) 670-5529 or dhare@lcounty.com

PERSONAL INFORMATION

1. Legal Name:

Last Name	First Name	Middle Name	Abbv.
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2. Previous Names: list all other names you have legally assumed including, but not limited to, maiden name(s), former name(s), alias(es), and the years you were known by that name:

Name (full)	Years known by this name
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3. Are you a United States citizen? Yes No

4. Have you previously submitted an application with this agency? Yes No

If your answer is "Yes," what year did you apply: _____

What position or classification did you apply for: _____

What was the disposition of your application or status?

Never contacted for interview Precluded during testing Precluded during background investigation

Other: _____

5. Are you currently a certified Peace Officer? (If applying for sworn position) Yes No

If "Yes," list the Law Enforcement agency or agencies where you currently hold a Peace Officer commission:

Agency	Dates of Service
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Agency	Dates of Service
--------	------------------

EDUCATION / TRAINING

1. High School Education *

Name of School	Address	Did you Graduate?	Cumulative GPA

** Attach a copy of high school diploma or GED certificate*

List any special achievements, honors or awards: _____

Were you active in any extracurricular activities (sports, clubs)? If so, list in detail including years of involvement:

2. College / University / Post-Secondary Education *

Name & Address	Dates Attended (Mo / Yr)		Credit Hours Earned	Degree Earned	Cumulative GPA
	Start	End			

** Attach a copy of diploma and/or transcript from last institution of higher learning attended*

3. Basic Peace Officer Training Academy* (if applying for sworn position)

Name and Address of Academy	Dates Attended: (Mo / Yr)		Academy Commander's Name / Phone Number	Successful Completion? Yes / No
	Start	End		

* Attach a copy of your Basic Peace Officer certificate or OPOTC letter denoting successful completion

4. Other Schools (Trade, Vocational, Certificate Programs, Military)

Name & Address	Dates Attended (Mo / Yr)		Type of Program	Type of Certificate Received
	Start	End		

5. Other Training: list any other training and / or education not listed above; make sure to include copies of certificate or completion letters with application.

6. Indicate any non-English language you can:

	Fluent	Good	Fair
Speak:			
Read:			
Write:			

7. Computer Software Familiarization: list any computer software programs that you are *proficient* in using:

2. Are you willing to work odd hours such as afternoons, nights & weekends? Yes No

3. Have you ever been terminated or asked to resign in lieu of termination? Yes No

If "Yes" to #3, please explain circumstances: _____

4. Have you ever had disciplinary action taken against you by an employer? Yes No

If "Yes" to #4, please explain circumstances: _____

** Failure to answer questions number three & four truthfully will result in automatic preclusion*

RESIDENTIAL HISTORY

1. List in chronological order, **starting with the most recent**, all residences where you have lived for the past **10** years. This includes college and military residences as well. If residence was a rental situation, provide name of the rental company and a phone number. Be specific with dates; month and year required.

Dates of Residence		Address	City	State	Rental Company Name and Phone Number (If applicable)
Start	End				

2. Have you ever been evicted or legally ordered to leave any of the above residences? Yes No

If "Yes" to #2, please explain circumstances: _____

DRIVING HISTORY

1. Do you currently possess a valid driver's license? Yes No
 License Number: _____ State: _____

2. Have you ever had your driver's license suspended or revoked? Yes No
 If "Yes", explain the circumstances: _____

3. Have you ever been *charged* (not necessary convicted) with the moving offense, OVI, DUI, or OMVI?
 Yes No If "Yes" to #3, please fill out the following:
 Date of charge: _____
 Charging agency: _____
 Court disposition: _____

4. How many moving violations (traffic citations) have you been issued in the past ten years? _____
 Please fill out the following for every traffic citation you have received in the past ten years:

Date of citation (Mo / Yr)	Type of citation (speed, stop sign, ACDA...)	Agency issuing citation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CRIMINAL / CIVIL HISTORY

1. Have you ever been *charged* (not necessary convicted) with a Misdemeanor crime excluding minor misdemeanor traffic citations?

Yes No

If “Yes” to #1, please provide the following information:

Charge	Month / Year	Charging Agency

2. Have you ever been *charged* (not necessary convicted) with a Felony crime including circumstances where the charge was later reduced to a misdemeanor?

Yes No

If “Yes” to #2, please provide the following information:

Charge	Month / Year	Charging Agency

3. Have you ever been listed as a plaintiff or defendant in a Civil Tort situation, including, but not limited to, a small claims court complaint, domestic relations court complaint, or a complaint heard in common pleas court?

Yes No

If “Yes” to #3, please provide the following information:

Court Complaint was Heard	Month / Year	Plaintiff / Defendant

MILITARY HISTORY

1. Have you ever served on “Active Duty” status in a branch of the United States Armed Forces?

Yes No If “Yes” to #1, please provide the following information:

Branch of service: _____ Highest rank attained: _____

Dates of active duty: _____ Date of discharge*: _____

2. Are you now, or have you ever been a member of a Reserve Unit in a branch of the United States Armed Forces or the National Guard of a particular state?

Yes No If “Yes” to #2, please provide the following information:

Branch of service: _____ Highest rank attained: _____

Name and location of Reserve Unit: _____

Dates of service: _____ Date of discharge*: _____

* Include copy of your DD214 with application

ORGANIZATIONAL MEMBERSHIP

1. Please list all professional and private organizations where you are currently listed as a recognized member.

Name of Organization	City & State	Member Since (Year)

2. Please list any titles, positions, or recognitions you hold or have received in the past from the above listed organizations:

REFERENCES

1. *Professional References:* List three (3) references who have known you on a professional level within the past five years. This would include former co-workers, supervisors, employers, teachers, or fellow members of a professional organization. Please DO NOT list friends, family members, relatives or social acquaintances.

Name:	Years Known:
Address:	
Phone:	Occupation:
Relationship to Applicant:	

Name:	Years Known:
Address:	
Phone:	Occupation:
Relationship to Applicant:	

Name:	Years Known:
Address:	
Phone:	Occupation:
Relationship to Applicant:	

2. *Personal References:* List three (3) references who have known you on a personal level within the past five years (friends, social acquaintances, fellow classmates, etcetera...). Please DO NOT list relatives or family members.

Name:	Years Known:
Address:	
Phone:	Occupation:
Relationship to Applicant:	

Name:	Years Known:
Address:	
Phone:	Occupation:
Relationship to Applicant:	

Name:	Years Known:
Address:	
Phone:	Occupation:
Relationship to Applicant:	

3. *Licking County Sheriff's Office References:* List any current or former employees of the Licking County Sheriff's Office who know you or have known you on either a professional or a personal level.

LCSO Employee	Relationship to Applicant	Years Known

CONFIDENTIAL EMPLOYEE HISTORY

The information requested in the following pages will be considered confidential and not open to public records request per ORC § 149.43 (A) (7), (11). You are asked to be completely honest and truthful with your answers. All answers will be checked and verified during the background investigation stage of the hiring process and may also be verified through the use of truth verification devices.

1. Social Security Number: _____

2. Current Residence:

Address Street Name City State Zip

3. Contact Information: _____
Home Phone Cell Phone

Email address

For questions 4 – 10, if your answer is “Yes”, please provide information about your answer in the space provided.

4. Have you ever used or experimented with Marijuana? Yes No

Number of times used in entire life: _____ Number of times in last 2 years: _____

Date of last usage (month / year): _____

5. Have you ever used or experimented with Cocaine? Yes No

Number of times used in entire life: _____ Number of times in last 5 years: _____

Date of last usage (month / year): _____

6. Have you used or experimented with Amphetamines, Methamphetamine, Dexedrine, “Speed”, “Crank”? Yes No

Number of times used in entire life: _____ Number of times in last 5 years: _____

Date of last usage (month / year): _____

7. Have you ever used or experimented with PCP? Yes No

Number of times used in entire life: _____ Number of times in last 5 years: _____

Date of last usage (month / year): _____

8. Have you ever used or experimented with Opiates, Morphine, or Heroin?

Yes No

Number of times used in entire life: _____ Number of times in last 5 years: _____

Date of last usage (month / year): _____

9. Have you used or experimented with LSD, Mushrooms or any other type of Hallucinogens?

Yes No

Number of times used in entire life: _____ Number of times in last 5 years: _____

Date of last usage (month / year): _____

10. Have you ever used or experimented with any illegal drug or narcotic not listed above in questions 4 – 9?

Yes No

Type of drug or drugs: _____

Number of times used in entire life: _____ Number of times in last 5 years: _____

Date of last usage (month / year): _____

11. Have you ever intentionally or unintentionally slapped, punched, struck or otherwise injured a spouse or domestic partner?

Yes No

12. Have you ever been charged (not necessary convicted) with the misdemeanor crime of Domestic Violence?

Yes No

13. Have you ever been served with or been the subject of a domestic violence protection order?

Yes No

14. Have you ever lied, misled or misrepresented facts during an application or employment evaluation process?

Yes No

15. Have you ever had a criminal conviction expunged from public court records?

Yes No

Charge: _____ Date record was expunged: _____

Court where record was expunged: _____

I attest that the information contained in this application is true and accurate to the best of my knowledge.

Applicant Signature

Date

APPLICANT CERTIFICATION

Please read the following waiver thoroughly and completely. After each paragraph, initial in the space provided and have the document notarized under your signature. Those applicants that fail to sign this form and / or fail to have the document notarized will not be given further employment consideration.

I understand that my employment or appointment 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 as an employee of the Licking County Sheriff's Office. I agree to these conditions and certify that all written statements made by me in this application for employment document are true and complete to the best of my knowledge.

_____ Applicant's Initials

I also understand that this employment application shall become the property of the Licking County Sheriff's Office upon submission and that it and the information contained herein as well as any information generated during the background investigation are public record under Ohio Revised Code § 149.43 and the Freedom of Information Act, 5 U.S.C. § 552. (Privileged information such as an applicant's home address and social security number are redacted per ORC § 149.43 (A) (7), (11) when a public records request is received). I understand that the following information will be collected during the background investigation phase of the hiring process: employment and educational histories; medical, military, insurance, credit and financial information; motor vehicle operation, criminal and civil tort records; information about personal abilities, family, character and lifestyle; organizational memberships; and any information regarding current or past alcohol and illegal drug usage. This information may be obtained by letter, by telephone, by personal interview, or by electronic mail, with both primary and secondary sources being utilized.

_____ Applicant's Initials

I further understand that I may be required to furnish the Licking County Sheriff's Office with a copy of my Income Tax Return for the years preceding the date of application submission and for each year during my employment or appointment if so requested. I understand and agree that my employment or appointment will be contingent upon the results of a complete drug screen, physical exam, and psychological exam.

_____ Applicant's Initials

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 Licking County Sheriff's Office and I relieve all such parties from any and all liability for any damage that might result from furnishing such information.

YOU MUST PERSONALLY APPEAR BEFORE A NOTARY PUBLIC WHEN SIGNING BELOW

Applicant Signature

Subscribed and duly sworn before me according to law, by the above named applicant on this the

_____ day of _____ 20 _____ at _____

County of _____ and State of _____

Signature of Official _____

Title _____

Commission Expiration Date _____



LICKING COUNTY SHERIFF'S OFFICE APPLICATION FOR EMPLOYMENT

Equal Employment Opportunity Information

The Licking County Sheriff's Office is an equal opportunity employer and strictly prohibits discriminatory practices within any of its hiring processes. To ensure there is no adverse impact against legally protected candidate characteristics in all hiring processes, the following information is requested from each employment candidate.

Completion of this form is completely voluntary; in no way will the completion or omission of this page affect the processing of the application. The information contained herein will be used for statistical purposes only and will be processed separately from the attached application. The information provided below will hold no bearing, either positively or negatively, upon a candidate's application or employment consideration.

Date of Application: _____

- Gender: Female Male

- Age (in years): _____

- Ethnicity / Race: (select one or more)
 - American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Hispanic
 - Native Hawaiian or Other Pacific Islander
 - White or Caucasian
 - Other: _____

- Do you have a physical condition or disability that normally limits your ability to obtain employment?
 Yes No

Type of disability: _____

** Note: if you have a disability that would require special accommodation in any of the various testing methods utilized by this agency in the hiring process, such as Braille, Optacons, sign language interpreters, etcetera..., please ensure that the agency is made aware of such needs prior to testing. This notification can be denoted on the application or by contacting a member of the agency's Personnel Office.*