POSITION APPLYING FOR: _____

MIAMI COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT

NAME _____
LAST **FIRST** **MIDDLE** **MAIDEN (IF APPLICABLE)**

PERMANENT ADDRESS _____
STREET

_____
CITY **COUNTY** **STATE** **ZIP**

TELEPHONE (HOME)_____ **(CELL)**_____

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
COMPLYING WITH ALL PROVISIONS OF
THE AMERICANS WITH DISABILITIES ACT

I. INITIAL REQUIREMENT DATA

A. Are you a U.S. Citizen? _____ If no, explain on a separate sheet and attach documentation.

Social Security Number _____

(For background clearance and payroll information this number is required. The application **will not** be processed without it.)

B. Age _____ Date of Birth _____ Sex _____ Race _____

(Attach Copy of Birth Certificate)

II. FAMILY DATA

A. Marital Status: Married ☐ Single ☐ Divorced ☐ Separated ☐

B. Spouse's Name (if applicable) _____

C. Dependents (if applicable)

NAME	AGE	RELATIONSHIP

D. If divorced, are you legally required to make child support payments? _____

Are you current on child support payments? If no, explain. _____

_____

III. EDUCATION DATA (ATTACH TRANSCRIPTS FOR ALL)

List information for high school and all accredited colleges/universities you have attended.

Name & Address of School	Course of Study	Number of Hours Completed	GPA on 4.0 Scale	Did you Graduate?	List Diploma Or Degree

IV. EMPLOYMENT DATA

A. Have you ever been discharged or resigned to prevent being discharged from a position of employment? _____ If yes, please explain fully on a separate sheet.

B. List chronologically (most recent employment first) all past and current employment including part time. (Use additional sheets if necessary.)

Name of Employer or Business _____

Your Title _____ Duties _____

Dates of Employment From: _____ (Month / Year) To: _____ (Month / Year)

Reason for Leaving _____

_____

Address of Business _____

City _____ State & Zip _____ Phone # _____

Name of Employer or Business _____

Your Title _____ Duties _____

Dates of Employment From: _____ (Month / Year) To: _____ (Month / Year)

Reason for Leaving _____

_____

Address of Business _____

City _____ State & Zip _____ Phone # _____

Name of Employer or Business _____

Your Title _____ Duties _____

Dates of Employment From: _____ (Month / Year) To: _____ (Month / Year)

Reason for Leaving _____

_____

Address of Business _____

City _____ State & Zip _____ Phone # _____

Name of Employer or Business _____

Your Title _____ Duties _____

Dates of Employment From: _____ (Month / Year) To: _____ (Month / Year)

Reason for Leaving _____

_____

Address of Business _____

City _____ State & Zip _____ Phone # _____

Name of Employer or Business _____

Your Title _____ Duties _____

Dates of Employment From: _____ To: _____
Month Year Month Year

Reason for Leaving _____

_____

Address of Business _____

City _____ State & Zip _____ Phone # _____

Name of Employer or Business _____

Your Title _____ Duties _____

Dates of Employment From: _____ To: _____
Month Year Month Year

Reason for Leaving _____

_____

Address of Business _____

City _____ State & Zip _____ Phone # _____

Name of Employer or Business _____

Your Title _____ Duties _____

Dates of Employment From: _____ To: _____
Month Year Month Year

Reason for Leaving _____

_____

Address of Business _____

City _____ State & Zip _____ Phone # _____

Name of Employer or Business _____

Your Title _____ Duties _____

Dates of Employment From: _____ To: _____
Month Year Month Year

Reason for Leaving _____

_____

Address of Business _____

City _____ State & Zip _____ Phone # _____

V. REFERENCES: (Please do not list relatives as references)

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Residences During The Last Five Years Other Than Present

STREET	CITY	STATE	DATES	
			FROM	TO

VI. LAW ENFORCEMENT EXPERIENCE

A. Have you ever been employed by a police department? _____

Where did you complete your basic law enforcement certification program? _____

Date law enforcement training was completed _____

Did you receive a certification upon completion of training? ☐ Yes ☐ NO

Length of basic training: Total training hours _____ Weeks of training _____

AGENCY	DATES		RANK	REASON FOR LEAVING
	FROM	TO		

B. Are you eligible for re-hire? _____ If no, explain fully on a separate sheet.

C. List any specialty training you have received. _____

_____

D. Were you ever disciplined? _____ If yes, explain fully on a separate sheet.

VII. MILITARY HISTORY AND STATUS

A. Have you ever served in the military on active duty? (Include initial active duty training with the National Guard and the Reserves.) _____ If yes, attach a copy of your DD214.

MILITARY BRANCH	DATES		HIGHEST RANK ATTAINED AND RANK AT SEPARATION	TYPE OF DISCHARGE AND REENLISTMENT CODE
	FROM	TO		

B. Are you eligible to re-enlist? _____ If no, explain fully on a separate sheet.

C. List any citations and awards received. _____

_____

D. Were you ever disciplined (court martial, article 15, captain's mast, etc.) while on duty? _____
If yes, explain fully on a separate sheet.

VIII. VEHICLE CRASH AND ARREST RECORDS

A. Do you currently possess a valid automobile drivers license? _____ Expiration Date: _____

License Number _____ State _____

Has your drivers license ever been suspended? _____ If yes, explain. _____

_____

B. List vehicle crashes in which you have been involved as a driver: Give date(s) and location(s).

DATE	LOCATION	WHAT HAPPENED

C. Have you ever received a ticket for a traffic offense? _____ If yes, describe below:

DATE	LOCATION	CHARGE	FINE OR SENTENCE

D. Have you ever been arrested for a criminal offense? _____ If yes, describe below:

DATE	LOCATION	CHARGE	FINE OR SENTENCE

E. Have you ever been convicted of a felony? _____ (If yes, explain on a separate sheet of paper)

F. Have you ever been arrested for an act that would have been a crime had it been committed by an adult? _____ If yes, describe below.

DATE	LOCATION	CHARGE/OFFENSE	DISPOSITION OF CASE

G. Have you ever been or are you currently involved as a plaintiff, defendant, petitioner or respondent in any civil court action? _____ If yes, explain fully on a separate sheet.

X. MISCELLANEOUS

A. Do you own your own home? _____ If yes, how much is current mortgage indebtedness? _____

B. What is the amount of your indebtedness, other than home? _____

C. Annual Income: Applicant _____ Spouse _____

D. Are you a proprietor or part owner of any business or firm? _____ If yes, describe nature of business.

_____

_____

_____

Are there any licenses for this/these business(es) in your name, i.e., liquor license?

_____

_____

E. Have you ever applied for a permit to carry a handgun? _____ Reason _____

Status _____

Mount Photograph
In
This space.

Affix Securely

Photograph to be front view, head and shoulders, 2½ square, and taken within the past six months. **Other photographs are not acceptable.**

I certify that:

1. All required items are included with this application.
   A. Birth Certificate (copy only)
   B. High School and College Transcripts (Grade Reports are not accepted)
   C. Military - DD214 (if veteran), DD217 (if active duty)
      - If active military, letter of endorsement from military commander
      - Any supporting letters of commendations from military personnel file
      - Copies of specialized training certificates and awards
   D. Previous Law Enforcement Documentation
      - Copy of law enforcement academy certificate
      - Copies of performance appraisals from last three (3) years
      - Letter of endorsement from supervisor and law enforcement agency commander
      - Copies of commendations and awards
   E. Photograph - 2½" x 2½" head and shoulders
2. I have personally completed this application.

I swear or affirm under penalty of perjury that all information contained in this application is true and accurate to the best of my knowledge.

Signature _____

Date _____

CHECK APPLICATION CAREFULLY. BE CERTAIN ALL ITEMS ARE COMPLETE BEFORE MAILING.

THIS APPLICATION WILL BE RETURNED TO YOU IF ALL INFORMATION IS NOT COMPLETED AND ALL REQUIRED DOCUMENTS ARE NOT ATTACHED

Mail to:

MIAMI COUNTY SHERIFF'S OFFICE
1104 WEST 200 NORTH
PERU, IN 46970

- AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER -
Complying with all provisions of the Americans with Disabilities Act

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize any person, agency, partnership or corporation having any information concerning my CREDIT RECORD, EDUCATION RECORD, MEDICAL RECORD, EMPLOYMENT RECORD, MILITARY RECORD OR SELECTIVE SERVICE RECORD, to release such information the MIAMI COUNTY SHERIFF'S OFFICE. This information is to be used for possible employment with the Miami County Sheriff's Office and will not be available for public inspection.

I hereby release such person, agency, partnership or corporation from any liability which may be incurred in releasing this information to the Miami County Sheriff's Office, including liability under any Federal Law.

_____
Signature

_____
Date

_____
Witness