

**RICHLAND COUNTY SHERIFF'S OFFICE - LAW ENFORCEMENT DIVISION  
APPLICATION FOR EMPLOYMENT  
SPECIAL DEPUTY**

**PRINT CLEARLY AND ANSWER ALL QUESTIONS**

Date of Application: \_\_\_\_\_

Position Applied For: Special Deputy

Special Deputy: Sworn Deputy     Special Deputy: Non-Sworn     Special Deputy: Mounted Unit     Chaplain

**A. MINIMUM QUALIFICATIONS**

1. Be a United States Citizen;
2. Be (18) eighteen years of age or older;
3. Possess a high school diploma or GED;
4. Possess a valid Ohio Driver's License;
5. Possess a current Ohio Peace Officer Certification (Sworn Deputy Only);
6. Pass a Physical Fitness Evaluation; (Sworn Deputy Only)
7. Pass a Background Investigation to Include;
  - a. Criminal History Examination;
  - b. Financial History Examination (Sworn Deputy Only);
  - c. Employment History Examination;
  - d. Personal, Family and/or Reference Interviews;
8. Pass a Truth Verification Examination (Sworn Deputy Only);
9. Pass a Physical, Drug and Alcohol Examination (Sworn Deputy Only);
10. Pass a Psychological Examination (Sworn Deputy Only).

**B. GENERAL INFORMATION**

Name: \_\_\_\_\_  
Last First Middle (Full)

Additional Names: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

\_\_\_\_\_  
Contact Phone Number Social Security Number Email Address

\_\_\_\_\_  
Driver's License No. State Date of Birth

Yes     No  
Are You a Citizen of the United States of America?

\_\_\_\_\_  
Peace Officer Academy Attended Date Completed Certificate No.

\_\_\_\_\_  
Corrections Officer Academy Attended Date Completed Certificate No.

1. Have you ever had any type of protection order filed against you? Yes  No   
If YES, please list the date(s) of issue and type: \_\_\_\_\_

2. Have you filed an application with Richland County before? Yes  No   
If YES, when? \_\_\_\_\_ Which Department/Office? \_\_\_\_\_

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3. Do you have relatives currently employed at the Richland County Sheriff's Office? Yes  No

If YES, list their name(s): \_\_\_\_\_

**C. MILITARY SERVICE INFORMATION**

1. Are you a United States Military Veteran? Yes  No

If YES, Branch of Service \_\_\_\_\_ Highest Rank Achieved \_\_\_\_\_

Total Length of Consecutive Active Duty Time \_\_\_\_\_

Type of Discharge \_\_\_\_\_ **(Less than Honorable Discharge will not be considered)**

Reserve or National Guard Status \_\_\_\_\_

**D. EDUCATION INFORMATION High School Diploma  G.E.D.  Date Received**

1. \_\_\_\_\_  
High School City State

Course of Study Degree Completed Dates Attended

2. \_\_\_\_\_  
College City State

Course of Study Degree Completed Dates Attended

3. \_\_\_\_\_  
Other City State

Course of Study Degree Completed Dates Attended

**E. PERSONAL REFERENCE INFORMATION**

1. \_\_\_\_\_  
Name Address Phone Relationship

2. \_\_\_\_\_  
Name Address Phone Relationship

3. \_\_\_\_\_  
Name Address Phone Relationship

4. \_\_\_\_\_  
Name Address Phone Relationship

**F. EMPLOYMENT HISTORY INFORMATION**

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Account for ALL times of employment including periods of unemployment. Begin with PRESENT position or occupation. If you need more room, use a separate piece of paper. A resume is welcome in addition to this application, however, it MAY NOT be substituted for any part of this application. Incomplete information may prevent your application from being processed.

Company \_\_\_\_\_  
Name Address Phone

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

Current Salary: \$ \_\_\_\_\_ Per Hour Your Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company \_\_\_\_\_  
Name Address Phone

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_  
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**G. RELEASE AND AUTHORIZATION – PLEASE READ CAREFULLY**

I certify that all statements contained herein or at any step of the employment process are true, complete, and correct to the best of my knowledge. I understand that a false answer or material omissions may be grounds for dismissal from the Richland County Sheriff's Office.

By signing this waiver, I expressly authorize the Richland County Sheriff's Office to complete a thorough investigation of my past employment and activities which may include, but not be limited to, an operator license record check, criminal history check, financial credit check, etc. I also authorize the Richland County Sheriff's Office to complete an inquiry of my former employer(s) concerning my work record, job qualifications and performance. I authorize my former employer to furnish the Richland County Sheriff's Office with this information upon their request. I recognize the right of the Richland County Sheriff's Office to treat, at its discretion, certain sources as confidential, and its right to withhold from me or my agent the names of such confidential sources, and information obtained there from.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

Applications may be filed in person or mailed to the following listed location. After submitting an application, please do not call the Sheriff's Office to inquire as we will notify you on the decision made to either cease or continue with the employment process. Thank you for your interest in serving our community.

**Richland County Sheriff's Office  
Attn: Special Deputy Applications  
597 Park Ave. East  
Mansfield, Ohio 44905**

# Affirmative Action Data Record

To be returned with application

## Richland County Sheriff's Office

### MISSION STATEMENT

The Richland County Sheriff's Office is dedicated to providing a safe and secure community for the citizens and visitors of Richland County through integrity, professionalism and efficiency of services.

*Applicants are treated during the hiring process and employment without regard to race, color, creed, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.*

*As an employer with an affirmative action program, the Richland County Sheriff's Office complies with government regulations, including affirmative action responsibilities where applicable.*

*The purpose of this form is to comply with government record keeping and reporting requirements. The Sheriff's Office may be required to file reports on the following information. The completion of this form is optional. If you choose to volunteer the requested information, please note that this information is kept in a confidential file separate from your application. **PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA HEREIN WILL NOT AFFECT ANY EMPLOYMENT DECISION.***

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

Position Applied for: \_\_\_\_\_

#### 1. How did you learn about this position? (Check One):

- Agency Internet Site
- Social Media, i.e. Facebook, Twitter etc.
- Private Employment Web Site.
- Other Internet Site.
- Poster.
- Newspaper.
- Magazine.
- TV/Radio.
- Student association.
- Private Employment Office.
- State Employment Office.
- Federal, state, or local Job Information Center.
- Agency Human Resources Department (bulletin board or other announcement).
- Agency or other Federal government on campus.
- Religious organization.
- School or college counselor or other official.
- Job Fair (give location: \_\_\_\_\_).
- Friend or relative working for this agency.
- State Vocational Rehabilitation Agency.
- Professional organization or publication.
- Other \_\_\_\_\_

**2. Sex (Check One**

- Male
- Female

3. Date of Birth \_\_\_\_\_

4. Check if any of the following are applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Disabled Individual

**3. Ethnicity (Check One):**

- Hispanic or Latino—a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino.

**4. Race (Check all that apply):**

- American Indian or Alaska Native—a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian—a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.
- Black or African American—a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander—a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
- White—a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.