# PRINT CLEARLY AND ANSWER ALL QUESTIONS

Date of Application:	Position Applied For: Deputy Sheriff			
<ul> <li>A. MINIMUM QUALIFICATIONS <ol> <li>Be a United States Citizen;</li> <li>Be (18) eighteen years of age or older;</li> <li>Possess a high school diploma or GED;</li> <li>Possess a valid Ohio Driver's License;</li> <li>Possess a current Ohio Peace Officer Certification;</li> <li>Pass a Physical Fitness Evaluation;</li> <li>Pass a Background Investigation to Include;</li> <li>Criminal History Examination;</li> <li>Financial History Examination;</li> <li>Personal, Family and/or Reference Interviews;</li> <li>Pass a Physical, Drug and Alcohol Examination;</li> <li>Pass a Physical, Drug and Alcohol Examination;</li> <li>Pass a Physical, Drug and Alcohol Examination;</li> </ol> </li> </ul>				
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				
Peace Officer Academy Attended	Date Completed Certificate No.			
Corrections Officer Academy Attended	Date Completed Certificate No.			
<ol> <li>Have you ever had any type of protection order filed against you If YES, please list the date(s) of issue and type:</li> </ol>	? Yes 🗆 No 🗆			
<ol> <li>Have you filed an application with Richland County before?</li> <li>If YES, when?</li> </ol>	Yes □ No □			
3. Do you have relatives currently employed at the Richland Count	y Sheriff's Office? Yes □ No □			

If YES, list their name(s):

C.	MILITARY SERVICE INFORM	ATION		
1. If Yl	Are you a United States Military Ve ES, Branch of Service		□ _ Highest Rank Achieved	
Tota	al Length of Consecutive Active Duty	/ Time		
Тур	e of Discharge		_ (Less than Honorable Discharge	e will not be considered)
Res	serve or National Guard Status			
D.	EDUCATION INFORMATION	High School Diplon	na 🗆 G.E.D. 🗆 Date Received	
1. <u> </u>	High School	City		State
-	Course of Study	Degree Com	pleted I	Dates Attended
	College	City		State
-	Course of Study	Degree Com	pleted	Dates Attended
	Other	City		State
-	Course of Study	Degree Com	pleted	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

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		То	Job Title:	
	(MM/DD/YYYY)	(MM/DD/YYYY)		
Current Salary: \$	Per Hour	Your Duties:		
Reason for Leaving:				
CompanyName	Address			Phone
			Job Title:	
Dates of Employment: From	(MM/DD/YYYY)	To(MM/DD/YYYY)		
Current Salary:	Per Hour	Your Duties:		
Reason for Leaving:				
Company Name	<b>A</b> 1 1			
				Phone
Dates of Employment: From			Job Title:	
Current Salary: \$	Per Hour	Your Duties:		
Reason for Leaving:				
Company				
CompanyName	Address			Phone
Dates of Employment: From		То	Job Title:	
Dates of Employment: From	(MM/DD/YYYY)	(MM/DD/YYYY)		
Current Salary:	Per Hour	Your Duties:		
Reason for Leaving:				

Company				
Name	Address			Phone
Dates of Employment: From		Το	Job Title <sup>.</sup>	
	(MM/DD/YYYY)	_ To		
Current Salary: <u>\$</u>	Por Hour	Vour Dutios:		
	Ferriou			
Reason for Leaving:				
Company Name				
Name	Address			Phone
Dates of Employment: From		То	Job Title:	
	(MM/DD/YYYY)	_ To		
Current Salary: \$	Per Hour	Your Duties:		
Reason for Leaving:				
Company Name				
Name	Address			Phone
Dates of Employment: From		То	Job Title:	
Dates of Employment: From	(MM/DD/YYYY)	To(MM/DD/YYYY)		
Current Salary: <u></u> \$	Por Hour	Your Duties:		
	Ferriou			
Reason for Leaving:				
Company				
Name	Address			Phone
Dates of Employment: From		То	Job Title:	
	(MM/DD/YYYY)	(MM/DD/YYYY)		
Current Salary: \$	Per Hour	Your Duties:		
Reason for Leaving:				
Company	Address			
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:				

#### 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: 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 you 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.
- $\Box$  Other Internet Site.
- $\Box$  Poster.
- $\Box$  Newspaper.
- $\Box$  Magazine.
- □ TV/Radio.
- $\Box$  Student association.
- □ Private Employment Office.
- $\Box$  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.
- $\Box$  Religious organization.
- $\Box$  School or college counselor or other official.
- $\Box$  Job Fair (give location:\_\_\_\_\_).
- $\Box$  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.
- $\Box$  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.