



Office of The Perry County Sheriff

William R. Barker, Sheriff

110 W. Brown St., P.O. Box 107

New Lexington, OH 43764-0107

Phone (740) 342-4123 FAX (740) 342-5521

APPLICATION FOR EMPLOYMENT

JOB POSTING NUMBER: _____

The Perry County Sheriff's Office is an Equal Opportunity Employer. We consider applications for all positions regard to race, color, national origin, sex, age, disability, marital status, religion, or any other legally protected status.

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

1. A copy of your social security card
2. A copy of OPOTA Peace Officer Certification (Sworn positions only)
3. A copy of all appointment certificates (sworn positions only)
4. College Transcripts (if applicable)
5. Certification of other advanced training
6. eOPOTA Transcript Report showing all CPT requirements have been met (sworn positions only)

POSITION APPLIED FOR

- | | |
|--|--|
| <input type="checkbox"/> Full Time Sworn Officer | <input type="checkbox"/> Dispatch / Communications |
| <input type="checkbox"/> Auxiliary Officer | <input type="checkbox"/> Clerk / Typist |
| <input type="checkbox"/> Intermittent Officer | <input type="checkbox"/> Other _____ |

NAME: _____
(Print Full Name)

DATE of APPLICATION: _____

{NOTE: Applications are destroyed after one (1) calendar year}

FOR OFFICE USE ONLY

POSTING NO _____

DATE RECEIVED: _____



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NOTICE TO APPLICANTS

Dear Applicant,

Thank you for your interest in the Perry County Sheriff's Office. Due to the large number of applications received, the following rules are now in effect;

If you are interested in an auxiliary position or working as an intermittent employee, please follow the below listed directions.

If you are interested in a Full Time position, you may apply once a posting is available. If you are not already a paid and/or auxiliary employee of the Sheriff's Office, you may apply only if the posting is considered "external." Internal posting are available only to paid and/or auxiliary employees.

When applying for a posted position, it is mandatory that the job posting number is placed on your application. This number may be found on the front page of the posting itself. Postings, when available, are posted in the front lobby of the Sheriff's Office for viewing 24 hours a day.

To apply as an intermittent or auxiliary position:

- 1) Complete the following job application packet
- 2) Return your application packet to the Sheriff's Office only after all forms are completed and required documents are attached.
- 3) You will be contacted in the event we have any openings in the area in which you expressed interest.

Thank you for your cooperation and your interest in the Perry County Sheriff's Office.

Sincerely,

William R. Barker, Sheriff



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AUTHORIZATION for RELEASE of INFORMATION

To Whom It May Concern: I am an applicant for a position with the Perry County Sheriff's Office. The Sheriff's Office needs to thoroughly investigate my background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Perry County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Perry County Sheriff's Office, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Perry County Sheriff's Office to consider in determining my suitability for employment with the Sheriff's Office. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work records, my background information, my military service records, education records, my financial status, my criminal history record, including my arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization and all others from liability or damages that may result from furnishing the information requested including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Perry County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration for the Perry County Sheriff's Office acceptance and processing of my application for employment, I agree to hold your organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Perry County Sheriff's Office. I understand that should information of a criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974 and related Ohio Revised Code sections with regard to access and to disclosure of records and I waive those rights with the understanding that information furnished will be used by the Perry County Sheriff's Office in conjunction with employment procedures.

A photocopy or Fax copy of this release form will be valid as an original thereof, even though the said photocopy or FAX does not contain an original writing of my signature.

This waiver is valid upon my signature during any period of time associated with the selection process of the Perry County Sheriff's Office and for one (1) calendar year from date listed below.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

AGE _____

Printed Name _____

Date of Birth _____

Social Security Number _____

Address _____

Signature _____

Date _____



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PHOTOGRAPH RELEASE WAIVER

I, _____, authorize the Perry County Sheriff's Office to photograph me and acknowledge that all photographs become the property of the Perry County Sheriff's Office. These photographs will be used exclusively for the programs and advocacy, or any other lawful purpose, and will be used for an indefinite period of time.

I understand that the photograph(s) may be used in publications, advertisements, direct mail, electronic mail (i.e. Video, CD-ROM, internet websites, etc.) or any other form of promotion or lawful activity.

I waive the right to inspect or approve the finished photograph(s) and/or product, including written copy, which may be created in connection therewith.

I release the Perry County Sheriff's Office, the photographer and/or their designees from liability for any violation of any personal or proprietary right I may have in connect with such use.

Participant's Signature

Date.

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

Full Name:

LAST	FIRST	MIDDLE
------	-------	--------

List all other names you have used, including the circumstances and times periods you used them. (Ex: Maiden Name, former name(s), alias(es) or nickname(s):

NAME	CIRCUMSTANCES	DATES FROM MO / YR	DATES TO MO/YR

Are you 18 years old or older? Yes () No ()

Are you prevented from lawfully becoming employed
In this country because of Visa or immigration status? Yes () No ()

Do you have or have you ever applied for a passport? Yes () No ()
Passport No (If applicable): _____

EDUCATION / TRAINING

	<i>Name & Location of School</i>	<i>Course of Study</i>	<i>Did You Graduate</i>
HIGH SCHOOL			

	<i>Name & Location of School</i>	<i>From Mo/Yr</i>	<i>To Mo/Yr</i>	<i>Course of Study</i>	<i>Credit Hrs Earned</i>	<i>Did You Graduate</i>
COLLEGE						

	<i>Name & Location of School</i>	<i>From Mo/Yr</i>	<i>To Mo/Yr</i>	<i>Course of Study</i>	<i>Credit Hrs Earned</i>	<i>Did You Graduate</i>
TRADE OR BUSINESS SCHOOL						

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

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

Indicate any foreign language you can:

Speak: _____

Read: _____

Write: _____

Indicate any law enforcement education / training:

Describe any special abilities, interests and hobbies, include the degree of proficiency:

Indicate any special skills you possess and/or equipment you can use which may be related to law enforcement work (Ex: two-way radio, breathalyzer, speed detection equipment, firearms etc.)

List any typing, computer, shorthand or speed writing skills and/or training received:

Typing Speed: _____

Shorthand Speed: _____

If you have used computers in your prior or current position, list programs and/or software used:

EMPLOYMENT HISTORY

List in chronological order 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, list the dates of unemployment.

Date Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From To				
From To				
From To				
From To				
From To				
From To				

Which of these jobs did you like best and why?

Which of these jobs did you like least and why?

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? (If yes, explain) Yes () No ()

Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory work performance? (If yes, explain) Yes () No ()

Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? (If yes, please provide name of agency and date of application or service)

Yes () No ()

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? (If yes, provide name and address of business / organization and describe your position or relationship).

Yes () No ()

PAST RESIDENCES

List physical places of residence (no P.O. Box) in chronological order for the past 10 years, including residences while at school or in the military. If military residence cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box give location of post office.

Date Month & Year	Street Address	City	County	State
From To				
From To				
From To				
From To				
From To				
From To				

DRIVING HISTORY

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

Do you have a commercial driver's license? Yes () No ()

License Number: _____

Expiration Date: _____ License Restrictions: _____

Do you hold or have you ever held an automobile operator's license or commercial driver's license (CDL) in another state? (If yes provide state(s), name used and approximate dates license(s) was/were held)

Yes () No ()

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?
If yes explain _____ Yes () No ()

MILITARY HISTORY

Have you ever served in a military organization of the United States? (If yes, give periods of active military service and other data requested). Yes () No ()

From _____ To _____ Branch of Service _____

Rank _____ Date of Discharge: _____

From _____ To _____ Branch of Service _____

Rank _____ Date of Discharge: _____

From _____ To _____ Branch of Service _____

Rank _____ Date of Discharge: _____

Are you now or were you ever an active member of any branch of the United States Reserve or State National Guard? (If yes, indicate whether it was a United States Reserve Force or State National Guard, along with other data requested) Yes () No ()

Branch of Service _____ From _____ To _____

Unit _____ Present or Last Rank _____

Branch of Service _____ From _____ To _____

Unit _____ Present or Last Rank _____

Branch of Service _____ From _____ To _____

Unit _____ Present or Last Rank _____

Was any type of discipline action taken against you in the service? (If yes provide date, place, nature of offense and action taken) Yes () No ()

BUSINESS INTERESTS & LICENSES

Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? (If yes, provide name and description)

Yes () No () _____

PERSONAL REFERENCES & ACQUAINTANCES

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 for the past five (5) years. If retired, give former occupation.

	<i>NAME</i>	<i>ADDRESS</i>	<i>BUSINESS</i>	<i>PHONE #</i>	<i>YEARS KNOWN</i>
1					
2					
3					

Social Acquaintances:

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

	<i>NAME</i>	<i>ADDRESS</i>	<i>BUSINESS</i>	<i>PHONE #</i>	<i>YEARS KNOWN</i>
1					
2					
3					

Are you acquainted with any members of the Perry County Sheriff's Office. (If so, list names and your relationship to each). Yes () No ()

ORGANIZATION MEMBERSHIP

List all clubs of which you are now or have been a member of. (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).

<i>NAME</i>	<i>CITY & STATE</i>	<i>FORMER / PRESENT</i>	<i>LIST POSTION HELD & DESCRIBE ACTIVITY</i>

APPLICANT DISQUALIFIERS

The Sheriff shall select an applicant for hire to fill vacant or new positions from the available pool of most qualified applicants. The filling of a position will be based solely on the applicant's knowledge, skill abilities, job fitness and job related qualifications. Any applicant will be disqualified from consideration for any of the following reasons;

1. Applicant does not possess the knowledge, skills and abilities necessary to effectively perform essential duties of the position, as measured by interviews, written responses to questions, evaluations of work records, job reference checks or other bona-fide selection procedures.
2. Applicant has made a false statement, committed or attempted to commit any fraudulent act of material fact on the application form, or during the selection process.
3. Applicant is an alien without authorization to work in the United States.
4. Applicant has not successfully passed any state or federally required medical examinations or has failed an examination required after an offer of employment has been made. Such examination, however, may only be required if the exam is given to all applicants who have been offered employment in the same job classification.
5. Applicant does not possess or is unable to obtain any state or federally required license or certification required to perform the job, such as OPOTA certification.
6. Applicant has criminal convictions involving Driving While Under the Influence of Drugs or Alcohol, Domestic Violence, Drugs, Theft, Sex Offenses, or any crime of violence.
7. Any other reason and lawful grounds relating to failure to meet job requirements.

I have read the above Applicant Disqualifiers and circled any that apply to me.

(None apply to me _____)

INITIAL

APPLICANT'S SIGNATURE

DATE

CONFIDENTIAL PERSONNEL HISTORY

*The information contained herein is confidential
It will not be made available for public inspection without the applicant's consent*

APPLICANT'S PERSONAL INFORMATION

Last Name	First Name	Middle Name
Date of Birth	Social Security Number	

APPLICANT'S CURRENT ADDRESS

Street Address / Name	Lot / Apartment Number
-----------------------	------------------------

City	State	Zip Code	County
------	-------	----------	--------

Mailing Address if different from above (PO Box – etc.)

SPOUSE'S NAME AND ADDRESS (if different)

Name	DOB:	Social Security Number
------	------	------------------------

Street Address / Name	Lot/Apartment Number
-----------------------	----------------------

City	State	Zip Code	County
------	-------	----------	--------

3. Do you now, or have you possessed, supplied or sold any narcotic or controlled substance such as, but not limited to, marihuana, hashish, cocaine, LSD, amphetamines, heroin, steroids, or any other drug of a similar nature? (If yes please complete the following)

Yes () No ()

Drug: _____

Circumstance: _____

Number of Times possessed / supplied / sold: _____

First time possessed / supplied / sold: _____

Last time possessed / supplied / sold: _____

4. Do you currently use any narcotic or controlled substance, such as those listed above or have you used such a narcotic or controlled substance within the past year?

Yes () No ()

EMERGENCY CONTACT INFORMATION:

Please provide name and address of next of kin or other person to be contacted in case of an emergency.

Name

Address City State Zip Code

Home Phone Cell Phone Work Phone

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

Physician's Name Business Phone Number

Physician's Address City State Zip Code

Have you been under a doctor's care within the past five (5) years? (If yes explain) Yes () No ()

APPLICANT 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 will be fingerprinted. I understand that this employment application shall become the property of the Perry 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 application.

I understand that the use of drugs or alcohol 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 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 Perry 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 members, 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 agree to conform to the rules, regulations and orders of 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 prior notice to me.

Signature of Applicant

Date

Full Name of Applicant (Printed)

Signature of Witness

Printed Name of Witness

Date

If you have any questions regarding this application or the selection process, please contact:

Perry County Sheriff's Office

110 West Brown Street

PO Box 107

New Lexington, Ohio 43764

(740) 342-4123

The Perry County Sheriff's Office is an Equal Opportunity Employer

APPLICATION ACTIVITY LOG

For office use only

<i>Date</i>	<i>By Whom</i>	<i>Description</i>

FOR OFFICE USE ONLY

- | | | |
|--|---|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Driver's License | <input type="checkbox"/> Reference / Employers |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Driving Record | <input type="checkbox"/> Complete Address Info |
| <input type="checkbox"/> Discharge DD214 | <input type="checkbox"/> Notarized Authorization | <input type="checkbox"/> Citizenship Certification |
| <input type="checkbox"/> SS Card | <input type="checkbox"/> Licenses or Certifications | <input type="checkbox"/> Name Change or Aliases |