

Clinton County Sheriff's Office



Today's Date _____
MM/DD/YY

| | |
|-------------------|--|
| Disclaimer | The Clinton County Sheriff's Office is an Equal Opportunity Employer |
| | The Clinton County Sheriff's Office considers all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other legally protected status. |

| | |
|---------------------|--|
| Instructions | IMPORTANT INFORMATION – DO NOT PROCEED UNTIL YOU HAVE READ THE BOX BELOW |
| | <p>Thank you for your interest in the Clinton County Sheriff's Office. Consider this application the first test of your ability to work for us. It must be completed in your own handwriting. It will be judged for completeness, ability to follow directions, and legibility. If a category requests information, it must be complete. For example: an address consists of number, street name, city, state, and zip code, or a phone number consists of an area code and the seven-digit number.</p> <p>Please initial that you have read the instructions above: _____</p> |

| | |
|-----------------------------|--|
| Position Applied For | You may check more than one box |
| | <p> <input type="checkbox"/> Deputy Sheriff <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Communications Officer <input type="checkbox"/> Intern <input type="checkbox"/> Other _____ <i>Please describe</i> </p> |

| | | | | | | | |
|--------------------------------|---------------------|--------------|-------------------|-------------|--|----------------------------|--|
| Personal Data | Name (Last) | | First | | Middle | | |
| | | | | | | | |
| | Home Address | | | City | | State and Zip | |
| | | | | | | | |
| | Home Phone | | Work Phone | | | Cell Phone or Other | |
| | | | | | | | |
| Driver's License Number | | State | | | Social Security Number (Optional) | | |
| | | | | | | | |
| | | | | | | | |

List all addresses where you have resided for the previous 10 years. Include the addresses in the military service. Use additional pages if necessary.

| | | | |
|---|--------------------|--|----------------------|
| Previous Address History | <i>Address</i> | | |
| | <i>City</i> | | <i>State and Zip</i> |
| | <i>From (Date)</i> | | |

| | | | |
|---|--------------------|------------------|----------------------|
| Previous Address History | <i>Address</i> | | |
| | <i>City</i> | | <i>State and Zip</i> |
| | <i>From (Date)</i> | <i>To (Date)</i> | |

| | | | |
|---|--------------------|------------------|----------------------|
| Previous Address History | <i>Address</i> | | |
| | <i>City</i> | | <i>State and Zip</i> |
| | <i>From (Date)</i> | <i>To (Date)</i> | |

| | | | |
|---|--------------------|------------------|----------------------|
| Previous Address History | <i>Address</i> | | |
| | <i>City</i> | | <i>State and Zip</i> |
| | <i>From (Date)</i> | <i>To (Date)</i> | |

| | | | |
|---|--------------------|------------------|----------------------|
| Previous Address History | <i>Address</i> | | |
| | <i>City</i> | | <i>State and Zip</i> |
| | <i>From (Date)</i> | <i>To (Date)</i> | |

| | | | |
|---|--------------------|------------------|----------------------|
| Previous Address History | <i>Address</i> | | |
| | <i>City</i> | | <i>State and Zip</i> |
| | <i>From (Date)</i> | <i>To (Date)</i> | |

IMPORTANT INFORMATION – DO NOT PROCEED UNTIL YOU HAVE READ THE BOX BELOW

There are very few automatic bases for rejection, however due to the nature of the job applied for there are some automatic disqualifiers (see below). Even issues of prior misconduct, such as prior misdemeanor drug use, including marijuana or drug paraphernalia are not themselves, automatic disqualifiers. However, **deliberate misstatements or omissions can and will** disqualify your application and your application will be rejected; regardless of the reasons for the misstatements or omissions. The number one reason applicants fail backgrounds is due to the applicant’s deliberate withholding or misrepresenting job-relevant information.

Disqualifiers for all positions include:

Felony Convictions

Use, possession or purchase of marijuana in the past 5 years

Any illegal sales of drugs, including marijuana, and prescription drugs

Any pattern of illegal drug use or current and untreated abuse of alcohol, chemical agents, solvent based substances or prescription drugs

Conviction for OVI or equivalent criminal conviction for operating a motor vehicle while intoxicated in the past 5 years

Conviction of Vehicular Homicide

One revocation or suspension of driver’s license, as an adult, in effect during the last 5 years due to point violation, Financial Responsibility Act and/or court order

Verified, admitted or conviction for Domestic Violence or a reduced charge where the original offense was Domestic Violence

Intentional violation of any protection order and/or temporary restraining order

Non-compliance with court ordered child support, alimony or other financial responsibility within the proceeding 5 years

Carrying concealed weapon violations

Military discharges of less than honorable or conviction of any article of the Uniformed Code of Military Justice that would be equivalent to a felony under Ohio Revised Code

Juvenile felony or domestic violence adjudication

The Clinton County Sheriff’s Office has a policy that prohibits tattoos and/or branding that would be exposed wearing a standard uniform. This includes tattoos and/or brandings that are on the head, neck, arm and hand area. Tattoos may be removed prior to any offer of employment, but would be at the expense of the applicant.

Please initial that you have read the above: _____

| | |
|----------------------------------|--|
| General History Questions | <p>Have you possessed or used drugs? This includes marijuana and prescription drugs that were sold or used inconsistent with the prescription. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain</p> |
| | |
| | |
| | |

| | |
|----------------------------------|---|
| General History Questions | <p>If it became necessary in the course of your police duties to take a human life, do you think you would be able to? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Only answer if applying for Deputy Sheriff.</p> <p>If no, please explain</p> |
| | |
| | |
| | |

| | |
|----------------------------|---|
| Applicant Statement | <p>IMPORTANT INFORMATION – DO NOT PROCEED UNTIL YOU HAVE READ THE BOX BELOW</p> |
| | <p>I certify that the above information is true to the best of my knowledge. I understand that due to the nature of the job applied for, a background investigation will take place, and I authorize investigation of all statements contained in this application for employment. I understand that this investigation is necessary for the Clinton County Sheriff's Office to arrive at an employment decision.</p> <p>In the event of employment, I understand that false or misleading information given at my application or interview(s) may result in termination of my employment with the Clinton County Sheriff's Office.</p> <p>Signature: _____ Date: _____</p> |

| | | |
|------------------|--|--|
| Education | Do you have one or more: You may check more than one box | |
| | <input type="checkbox"/> High School Diploma | <input type="checkbox"/> OPOTA Certificate |
| | <input type="checkbox"/> College Degree | <input type="checkbox"/> GED |
| | <input type="checkbox"/> Master's/Graduate Degree | |
| | <input type="checkbox"/> Other _____ <i>Please describe</i> | |

Please list all school information. Start with your high school, college, post degree/graduate school, professional school and Ohio Peace Officer Training Academy

| School/College Address History | <i>Number of Years Attended</i> | <i>Name of School and Street Address</i> | <i>City</i> | <i>State</i> | <i>Zip</i> | |
|---------------------------------------|---------------------------------|--|-------------|--------------|------------|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| |
|--|
| Can you read, speak or write any other language than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain |
| |
| |
| |
| |
| |

Many jobs at the Clinton County Sheriff's Office require a working knowledge of computers, computer programs, or special skills. Do you have working knowledge of any of these? Or a special skill that would be a benefit for the job you have applied for? If you do, please describe below.

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |

List profession, trade, business or civic activities and offices held. You may *exclude membership* which would reveal race, color, religion, gender, national origin, age, disability, veteran status, or any other legally protected status.

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |

| | |
|-------------------------|--|
| Criminal History | List any crimes that you have been convicted of. |
| | |
| | |
| | |
| | |

| | | | | |
|---------------------|--|--|--|--|
| Instructions | IMPORTANT INFORMATION – DO NOT PROCEED UNTIL YOU HAVE READ THE BOX BELOW | | | |
| | Please complete the employment history as accurately as possible. Start with your most current job first. Include any military service and volunteer activity. Make sure all employer addresses and phone numbers are current. | | | |
| | Use extra paper if necessary. | | | |

| | | | | | |
|---------------------------|----------------------|------------------------|-------------|-------------------------|---------------------|
| Employment History | Employer Name | | | | |
| | | | | | |
| | Address | | City | State and Zip | |
| | Phone | Supervisor Name | | Beginning Salary | Final Salary |
| | Start Date | End Date | | Job Title | |
| | | | | | |
| Reason for Leaving | | | | | |
| | | | | | |

| | | | | | |
|---------------------------|----------------------|------------------------|-------------|-------------------------|---------------------|
| Employment History | Employer Name | | | | |
| | | | | | |
| | Address | | City | State and Zip | |
| | Phone | Supervisor Name | | Beginning Salary | Final Salary |
| | Start Date | End Date | | Job Title | |
| | | | | | |
| Reason for Leaving | | | | | |
| | | | | | |

| | | | | | |
|---------------------------|----------------------|------------------------|-------------|-------------------------|---------------------|
| Employment History | Employer Name | | | | |
| | | | | | |
| | Address | | City | State and Zip | |
| | Phone | Supervisor Name | | Beginning Salary | Final Salary |
| | Start Date | End Date | | Job Title | |
| | | | | | |
| Reason for Leaving | | | | | |
| | | | | | |

| | | | | | |
|---------------------------|---------------------------|------------------------|-------------|-------------------------|---------------------|
| Employment History | Employer Name | | | | |
| | | | | | |
| | Address | | City | State and Zip | |
| | Phone | Supervisor Name | | Beginning Salary | Final Salary |
| | Start Date | End Date | | Job Title | |
| | Reason for Leaving | | | | |

| | | | | | |
|---------------------------|---------------------------|------------------------|-------------|-------------------------|---------------------|
| Employment History | Employer Name | | | | |
| | | | | | |
| | Address | | City | State and Zip | |
| | Phone | Supervisor Name | | Beginning Salary | Final Salary |
| | Start Date | End Date | | Job Title | |
| | Reason for Leaving | | | | |

| | | |
|----------------------------|---|--|
| Applicant Statement | IMPORTANT INFORMATION – DO NOT PROCEED UNTIL YOU HAVE READ THE BOX BELOW | |
| | <p>I hereby give my permission to contact the employers I have listed concerning my present and prior work experience.</p> <p>If there is a particular employer(s) you do not wish us to contact, please indicate which one(s) and explain.</p> <p>I certify that the above information is true and accurate to the best of my knowledge.</p> <p>Signature: _____ Date: _____</p> | |

| | | | |
|---------------------|--|--|--|
| Instructions | IMPORTANT INFORMATION – DO NOT PROCEED UNTIL YOU HAVE READ THE BOX BELOW | | |
| | List three (3) references (not a relative or former employers) who are responsible adults and who have known you well during the past 5 years. | | |

| | | | | | | |
|-------------------|---------------------|--|-------------------|-------------|---------------|----------------------------|
| References | Name (Last) | | First | | Middle | |
| | | | | | | |
| | Home Address | | | City | | State and Zip |
| | Home Phone | | Work Phone | | | Cell Phone or Other |
| | Years Known | | | | | |
| | | | | | | |

| | | | | | | |
|-------------------|---------------------|--|-------------------|-------------|---------------|----------------------------|
| References | Name (Last) | | First | | Middle | |
| | | | | | | |
| | Home Address | | | City | | State and Zip |
| | Home Phone | | Work Phone | | | Cell Phone or Other |
| | Years Known | | | | | |
| | | | | | | |

| | | | | | | |
|-------------------|---------------------|--|-------------------|-------------|---------------|----------------------------|
| References | Name (Last) | | First | | Middle | |
| | | | | | | |
| | Home Address | | | City | | State and Zip |
| | Home Phone | | Work Phone | | | Cell Phone or Other |
| | Years Known | | | | | |
| | | | | | | |

Employment Requirements: Application Attachment

All persons seeking employment with this agency as a law enforcement officer or other civilian position must:

1. Be a United States citizen; or
2. Applicants that meet the requirements set forth by Immigration Reform and Control;
3. Have a high school diploma or GED;
4. Successfully complete and maintain the minimum training required for licensure;
5. Maintain a valid driver's license; (for positions that require motor vehicle operation);
6. Be 18 years of age or older for civilian positions ;
7. Be 21 years of age or older for certified law enforcement officer position;
8. Law enforcement applicants must possess and maintain an Ohio peace officers certificate;
9. Must be of good moral character;
10. Be subject to a thorough background investigation and personal interviews by Clinton County Sheriff's Office Personnel;
11. Be fingerprinted and subject to a search of local, state, and national records and fingerprint files.

Certified Peace officers Only

12. Demonstrate honesty and integrity, by successfully completing pre-employment polygraph and drug testing;
13. Demonstrate good general medical health as determined by a medical doctor, who is licensed by the Ohio State Board of Medical Examiners;
14. Be declared in satisfactory psychological and emotional health by the contract psychiatrist who is licensed by the Ohio State Board of Examiners of psychologists, who is licensed by the Ohio State Board of Examiners;