

# Howard County Sheriff's Department

## APPLICATION FOR EMPLOYMENT

**TO APPLICANT:** The Howard County Sheriff's Department is an equal opportunity employer. Please furnish complete and accurate information. It is important for you to answer all questions. Any question that does not apply must be answered with N/A or none. Incomplete applications will not be considered.

A resume detailing your professional, educational, and social activities is recommended for submission as part of this application. If there are any other experiences, skills, or qualifications, which you feel would enhance your application; you may attach an additional sheet of paper with the information.

It is the policy of this Agency to consider all applicants for employment based on their qualifications. This Agency fully complies with all applicable laws, which prohibit discrimination on the basis of race, color, religion, sex, national origin, age, political affiliation, military, or disability status. No question within this application is intended to secure information to be used for unlawful discrimination.

You may be required to pass a drug screen test as part of this application process. The safety of our current and future employees is paramount. This Agency intends for the workplace to be a drug-free environment.

Applications remain active for a period of one (1) year from the date they are filed. After one (1) year, the applications are retired to an inactive file and will remain in that status for the period of time required by law. If you have not received employment within one (1) year and you wish to be considered for future employment positions when they become available, you must resubmit a new application. The applicant is responsible for notifying this office of any changes to the address or telephone number.

We are pleased that you have taken the time to apply for employment with this Agency. The Howard County Sheriff's Department offers to the individual challenging and self-rewarding work opportunities.

## **DISCLAIMER**

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that HCSD will make a thorough investigation of my entire work history and may verify all data given by my application for employment, related papers, or oral interviews. I authorize such investigation and in giving and receiving of any information requested by HCSD and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent me from being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by this department at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to a search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment.

### **IMPORTANT**

5. I further understand that this is an application for employment and that no employment contract is being offered.
6. I understand that if I am employed, such employment is for (no definite period of time) and that the HCSD can change wages, benefits and conditions at any time.
7. I agree to submit to a polygraph test upon request.

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

# HOWARD COUNTY SHERIFF'S DEPARTMENT

## \* MINIMUM QUALIFICATION-REQUIREMENTS \*

1. AN APPLICANT MUST HAVE REACHED HIS OR HER TWENTY-FIRST (21) BIRTHDAY.
2. APPLICANT SHALL BE A HIGH SCHOOL GRADUATE AS EVIDENCED BY A DIPLOMA ISSUED BY A HIGH SCHOOL ACCREDITED BY THE DEPARTMENT OR AGENCY OF A STATE AUTHORIZED TO ACCREDIT HIGH SCHOOLS. AN EQUIVALENCY DIPLOMA (G.E.D.) ISSUED BY SUCH AN ACCREDITED HIGH SCHOOL IS ACCEPTABLE
3. THE APPLICANT SHALL POSSESS A VALID DRIVING LICENSE FROM THE STATE OF RESIDENCE.
4. A DISHONORABLE DISCHARGE FROM THE MILITARY SERVICE SHALL DISQUALIFY THE APPLICANT.
5. APPLICANTS RECEIVING COMPENSATION OR PENSION BENEFITS FROM THE MILITARY SERVICE CONNECTED DISABILITIES DOES NOT DISQUALIFY THE APPLICANT FOR THE PARTICULAR JOB APPLIED FOR.
6. APPLICANTS SHALL NOT HAVE BEEN CONVICTED OF A FELONY PURSUANT TO THE ATTACHED "POLICE STATEMENT ON THE EMPLOYMENT OF EX-OFFENDERS".
7. APPLICANT MUST BE ABLE TO PASS A WRITTEN APTITUDE TEST, A THOROUGH BACKGROUND INVESTIGATION. AND A FINAL ORAL INTERVIEW-
8. WRITTEN APTITUDE TESTING WILL BE CONDUCTED PERIODICALLY AS A NEED ARISES.
9. APPLICATIONS ARE KEPT ACTIVE FOR A PERIOD OF ONE (1) YEAR. AN APPLICANT MAY CONTACT OUR PERSONNEL OFFICE TO EXTEND HIS OR HER APPLICATION "ACTIVE STATUS" FOR AN ADDITIONAL YEAR IF SO DESIRED.
10. ALL APPLICANTS ARE REQUIRED TO ASSIST AND COOPERATE WITH THE HOWARD COUNTY SHERIFF'S DEPARTMENT IN OBTAINING PAST EMPLOYMENT RECORDS, MEDICAL RECORDS, OR PERSONAL HISTORY INFORMATION.

## **INSTRUCTIONS**

1. READ EACH ITEM CAREFULLY.
2. THIS FORM MUST BE TYPED OR PRINTED NEATLY IN INK.
3. ALL ITEMS MUST BE COMPLETED AND NECESSARY DOCUMENTATION INCLUDED.
4. IF ADDITIONAL SPACE IS NEEDED, USE THE SUPPLEMENTAL PAGE AT THE END OF THE FORM REFFERENCING EACH ITEM.
5. THE COMPLETED FORM MUST BE RETURNED TO THE HOWARD COUNTY SHERIFF'S DEPARTMENT, AS INSTRUCTED.

### **POLICY REGARDING THE APPLICANT INFORMATION SUMMARY**

1. FAILURE TO COMPLY WITH INSTRUCTIONS AND POLICY REGARDING THIS PHASE OF THE APPLICANT SCREENING PROCESS WILL RESULT IN THE REJECTION OF THE APPLICANT.
2. FAILURE TO ACCURATELY AND TRUTHFULLY COMPLETE THIS FORM WILL RESULT IN THE REJECTION OF THE APPLICATION.
3. APPLICANTS WHO ARE REJECTED DURING THIS PHASE OF THE APPLICANT SCREENING PROCESS MAY NOT REAPPLY FOR A PERIOD OF ONE (1) YEAR FROM THE DATE OF REJECTION.
4. APPLICATIONS WILL NOT BE ACCEPTED WITHOUT COMPLETE ADDRESSES, TELEPHONE NUMBER AND ZIP CODES. IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE CONTACT THE HOWARD COUNTY SHERIFF'S OFFICE AT (756) 456-2020.

# APPLICATION FOR EMPLOYMENT

## AN EQUAL OPPORTUNITY EMPLOYER

All statements made by the applicants of employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, martial or veteran's status, sex, national origin, disability, or any other legally protected status.

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### PERSONAL INFORMATION

Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Present Address \_\_\_\_\_ Cell phone No. \_\_\_\_\_

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you over the age of 21? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have the legal right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
If not, why? \_\_\_\_\_  
\_\_\_\_\_

Position(s) applied for \_\_\_\_\_

How soon could you report to work? \_\_\_\_\_

Type of employment: \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_ Temporary

What days and hours if part time? Days \_\_\_\_\_ Hours \_\_\_\_\_

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### EDUCATION

Type of school	Name and Address of School	Graduate Y or N	Degrees
Elementary	5 6 7 8		
High School	9 10 11 12		
College	1 2 3 4		

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Have you applied for a job with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever worked for us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been bonded? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been refused a bond? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, state reason and date. \_\_\_\_\_  
\_\_\_\_\_

Have you ever served in the U.S. Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, branch? \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

Have you ever been convicted of a crime except a minor traffic violation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state citation, date court, and place where offense occurred. \_\_\_\_\_  
\_\_\_\_\_

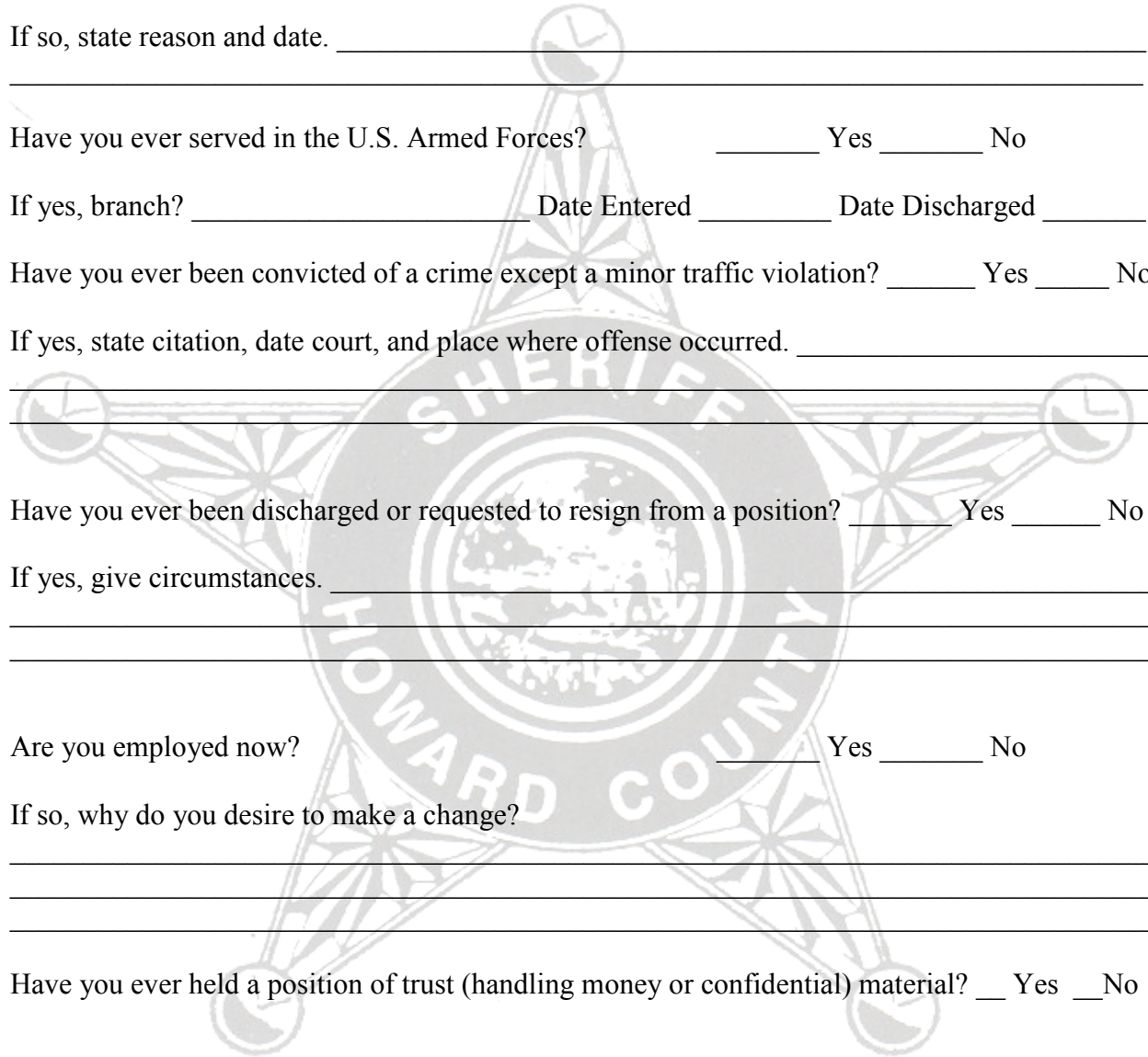
Have you ever been discharged or requested to resign from a position? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give circumstances. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you employed now? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, why do you desire to make a change?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever held a position of trust (handling money or confidential) material? \_\_ Yes \_\_ No



## **EMPLOYMENT HISTORY**

Beginning with your PRESENT or most recent employer, list in REVERSE ORDER the last 10 years of employment. Describe in detail your specific duties beginning with your primary duties. (Attach additional sheets if necessary). Explain all gaps in employment.

Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name and Title \_\_\_\_\_

Phone No. \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

If this is your current employer may we contact them? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe your duties in detail \_\_\_\_\_

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Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name and Title \_\_\_\_\_

Phone No. \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Describe your duties in detail \_\_\_\_\_

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Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name and Title \_\_\_\_\_

Phone No. \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Describe your duties in detail \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name and Title \_\_\_\_\_

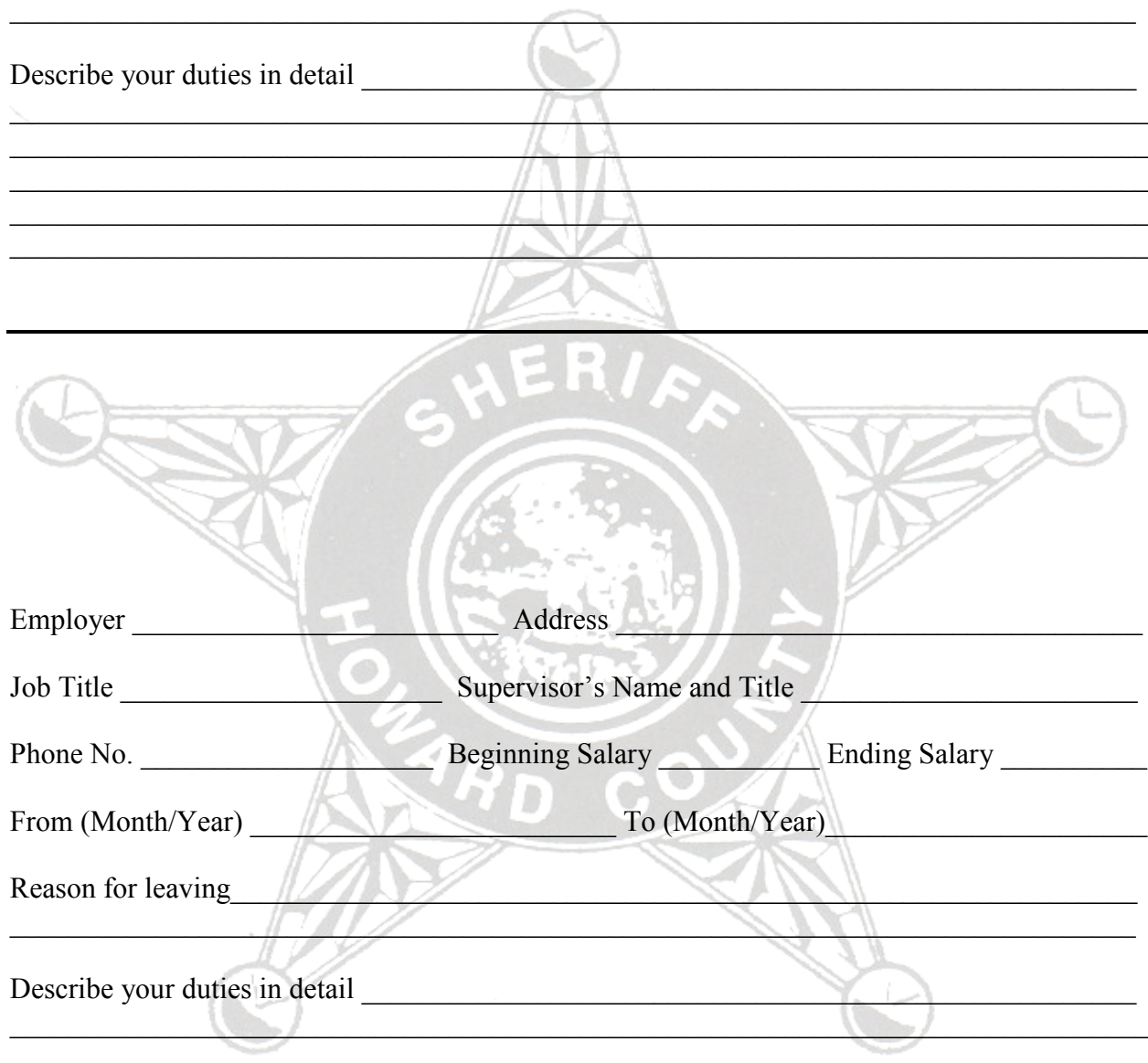
Phone No. \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Describe your duties in detail \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name and Title \_\_\_\_\_

Phone No. \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Describe your duties in detail \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name and Title \_\_\_\_\_

Phone No. \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Describe your duties in detail \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

(Do not list relatives or former employers)

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

(List H.C.S.D. Employees Separate)

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

List all traffic citations you have received in the past three (3) years:

DATE	LOCATION	CHARGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your driver's license been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Limitations of controlled substance use:

No delivery for monetary or material gain.

No use of any type controlled substance two (2) years prior to placement of application.

I agree to submit to a drug-screening test. \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you agree to submit to being fingerprinted? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you agree to submit to a polygraph examination? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there any information not mentioned in this report that may reflect upon your suitability to perform the duties you may be called upon to perform, or that might require further explanation? If so, explain.

SUPPLEMENTAL PAGE



## **JOB APPLICANTS AGREEMENT AND CERTIFICATION**

"I certify that the information given by me in this application is true in all respects, and I agree that if the information is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Howard County Sheriff's Department and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Howard County Sheriff's Department unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Howard County Sheriff's Department retains the same right."

"I understand that prior to being offered employment with Howard County Sheriff's Department I may be requested to take an employment examination. In the event I have a disability, which will affect my ability to take the test, I will so inform Howard County Sheriff's Department prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. Howard County Sheriff's Department reserves the right to require medical documentation concerning the need for the accommodation."

"I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time."

"I understand that this application will be kept on active file for one (1) year from the date completed, after which time I would have to reapply in accordance with established company procedures."

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Signature of Applicant      Date

**PLEASE READ AND SIGN BELOW**

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal, educational, or work history except where I have specifically indicated otherwise in this application. In the event that I am employed by the Sheriff Department, I agree to comply with all its orders, rules and regulations.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and Sworn before me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Notary Expires  
\_\_\_\_\_ 20 \_\_\_\_\_  
Notary Public  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Printed  
\_\_\_\_\_

APPLICANT -Do not write in these spaces  
FOR PERSONNEL DEPARTMENT USE ONLY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SHERIFF OF HOWARD COUNTY  
ADMINISTRATIVE OFFICE  
1800 W. MARKLAND AVE.  
KOKOMO, IN 46901  
(765) 456-2020  
FAX (765) 456-2145