



Sheriff James R. Frye

SHELBY COUNTY SHERIFF'S OFFICE

555 Gearhart Road, Sidney, Ohio 45365

Phone: 937-498-1111

shelbycountysheriff.com

EMPLOYMENT APPLICATION

It is the policy of the Shelby County Sheriff's Office to provide equal opportunity with regard to all terms and conditions of employment. The Shelby County Sheriff's Office complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age, or any other protected characteristics.

Instructions: Please complete this form completely and accurately. Please use a pen and print clearly.

SECTION I - PERSONAL INFORMATION

Name: _____

Address: _____

City / State / Zip _____

Social Security # _____

Email: _____

Home Telephone# _____

Cell Telephone# _____

Are you at least 18 years of age?

Yes

No

Are you prevented from lawfully becoming employed by this County because of VISA or immigration status?

Yes

No

Proof of citizenship or immigration status will be required upon employment.

Best time to contact you by phone _____

For Office Use Only

Employee# _____

Attachments:

Hire Date: _____

Resume

Position: _____

Applicant Reference Check

Applicant Background Check

Interview Form

SECTION II - WORK PREFERENCES

Are you applying for?

- Full-time work
- Part-time work
- No preference

Position Applying For:

- Dispatch
- Corrections
- Deputy Sheriff
- Reserve Deputy Sheriff

Are you currently on "lay-off" status and subject to recall?

- Yes
- No

Date Available to Start: _____

Minimum salary expectation: _____

SECTION III-EMPLOYMENT HISTORY
(In chronological order beginning with the most recent):

<p>1.</p> <p>Employer's Name _____</p> <p>Street Address/City/State/Zip _____</p> <p>Supervisor's Name _____</p>	<p>Dates Employed:</p> <p>From: _____ Month/Year _____</p> <p>To: _____ Month/Year _____</p>	<p>Your Job Title:</p> <p>Beginning: _____</p> <p>End: _____</p> <p>Your Salary:</p> <p>Beginning: _____</p> <p>End: _____</p>
<p>Describe your duties, responsibilities, equipment operated, etc., for position(s) held:</p> <hr/> <hr/>		
<p>Describe your reason(s) for leaving:</p>		
<p>2.</p> <p>Employer's Name _____</p> <p>Street Address/City/State/Zip _____</p> <p>Supervisor's Name _____</p>	<p>Dates Employed:</p> <p>From: _____ Month/Year _____</p> <p>To: _____ Month/Year _____</p>	<p>Your Job Title:</p> <p>Beginning: _____</p> <p>End: _____</p> <p>Your Salary:</p> <p>Beginning: _____</p> <p>End: _____</p>
<p>Describe your duties, responsibilities, equipment operated, etc., for position(s) held:</p> <hr/> <hr/>		
<p>Describe your reason(s) for leaving:</p>		

3.	Dates Employed: From: _____ Month/Year To: _____ Month/Year	Your Job Title: Beginning: End: Your Salary: Beginning: End:
Employer's Name _____ Street Address/City/State/Zip _____ Supervisor's Name _____	Describe your duties, responsibilities, equipment operated, etc., for position(s) held: _____ _____ _____	

4.	Dates Employed: From: _____ Month/Year To: _____ Month/Year	Your Job Title: Beginning: End: Your Salary: Beginning: End:
Employer's Name _____ Street Address/City/State/Zip _____ Supervisor's Name _____	Describe your duties, responsibilities, equipment operated, etc., for position(s) held: _____ _____ _____	

Describe your reason(s) for leaving: _____ _____ _____

SECTION IV - EDUCATION AND TRAINING

	Formal Education	College	Technical School
School Name and Location			
Years Completed	1 2 3 4 5 6 7 8 9 10 11 12	123 4 5 Above	123 4 Above
Diploma/Degree/Major			
Other School(s) attended:			
Please describe the courses you took, technical training you received, or skills you have attained which you feel would help you perform the job for which you are applying (e.g., special machines or equipment you operate, hobbies or volunteer work projects which have taught you qualifying skills, etc.)			

SECTION V – MINIMUM REQUIREMENTS

(The following information will be used only if it is directly related to the classification/position for which you are applying)

Have you ever been employed in the state or county service of the state of Ohio?

- Yes
- No

IF YES; What Agency: _____

Have you ever been convicted of a felony?

- Yes
- No

IF YES; Please explain: _____

Do you have any Misdemeanor convictions of drug offense, crime of violence, or moral turpitudes?

- Yes
- No

IF YES; Please explain: _____

Are you a United States Citizen?

- Yes
- No

Do you possess a valid Ohio Driver's License?

- Yes
- No

Do you have a High School Diploma or GED?

- Yes
- No

Do you have the legal ability to possess a firearm?

- Yes
- No

- If applying for a Deputy Sheriff Position; do you possess a valid up-to-date Ohio Peace Officer Training Commission?

- Yes
- No

IF YES; is it attached?

- Yes
- No

Have you ever filed an application here before?

Yes
 No

Have you ever been employed here before?

Yes
 No

If YES, What position? _____

Do you have any commitments (second job, school, ect....) which might interfere with or adversely affect your employment should we select you for a position?

Yes
 No

IF YES; Please explain _____

Are you a resident of Ohio?

Yes
 No

If YES; How long? _____

SECTION VI -**REFERENCES**

[Please give the name, address, and phone number of three (3) references not related to you who would know of your skills for this position]:

Name	Address	Phone
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Name	Address	Phone
------	---------	-------

Name	Address	Phone
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PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH.

IF YOU HAVE QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

1. I understand and accept that if I am selected for employment; my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing.

INITIALS _____

2. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours.

INITIALS _____

3. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

INITIALS _____

4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that I may need to be fingerprinted. Therefore, I understand and accept that it is necessary for the employer to investigate my background for any criminal or unlawful activity.

INITIALS _____

5. I understand and accept that the Employer utilizes direct deposit as a method of issuing paychecks. I further acknowledge that, as a condition of employment, I will be required to participate in the direct deposit program, if employed.

INITIALS _____

6. I hereby authorize the employers, schools, and personal references named in this application, to provide information regarding me to the employer. I further authorize the release of personnel, academic, and other records to the employer.

INITIALS _____

7. I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH SHELBY COUNTY MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT TO THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

INITIALS _____

I hereby declare that the information provided by me in this application for employment is true, correct, and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I authorize you to obtain information through contacts with my former employers and references listed above.

I understand this application will remain in the active application file and be considered only for a period of 180 days, after which I must submit a new application if I wish to continue to be considered for employment by Shelby County.

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

Applicant's Signature

Date

PREA Compliance Questionnaire

Prison Rape Elimination Act

It is the policy of the Shelby County Sheriff's Office to provide a safe, humane, and appropriately secure environment, free from the threat of sexual misconduct for all inmates by maintaining a program of prevention, detection, response, investigation and tracking. The Shelby County Jail has established a "Zero Tolerance" policy for sexual misconduct among inmates and by staff towards inmates is strictly prohibited. All allegations of sexual misconduct and/or harassment shall be administratively and/or criminally investigated.

In complying with PREA standards, we ask that you answer the following questions.

1. Have you ever engaged in sexual abuse or sexual harassment in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?

YES _____ NO _____

2. Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse?

YES _____ NO _____

3. Have you been civilly or administratively adjudicated to have engaged in the activity described in the previous question?

YES _____ NO _____

I do solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that all misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment. I recognize that my future employment with the employer will be jeopardized if I engage in any type of sexual misconduct.

Applicant's Signature

Date