



Monroe County Sheriff's Office

Charles R. Black, Jr., Sheriff

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: _____

Position Applied for: _____

Are you a citizen of the United States? Yes / No If no, are you authorized to work in the U.S.? Yes / No

Have you ever worked for this company? Yes / No If yes, when? _____

Have you ever been convicted of a felony? Yes / No

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes / No Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes / No Diploma: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes / No Diploma: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____



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References Continued

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes / No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes / No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes / No



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Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



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The check off questions below provide a means of quickly reviewing your qualifications. Please place a check mark on the Yes or No line provided beside the corresponding question, including those that may duplicate other questions on this application.

Questions Used as Indicators for Applicants	Yes	No
1. Are you a United State citizen?	_____	_____
2. Have you ever been convicted of a felony?	_____	_____
3. Do you have a valid driver's license?	_____	_____
4. Are you 18 years old or older?	_____	_____
5. Are you a high school graduate?	_____	_____
6. Do you have a GED or HSED?	_____	_____
7. Are you a graduate from a two-year college or technical school?	_____	_____
8. Are you a graduate of a four-year college?	_____	_____
9. Have you ever earned a Master's degree of Ph.D. or other advanced degree?	_____	_____
10. Circle the highest <u>semester credit hours</u> of education completed after high school:		
30-60 61-90 91-120 121-150 over150		
11. Do you have two years of work experience?	_____	_____
12. Do you have hearing in the normal range?	_____	_____
13. Are you willing to work weekends and holidays?	_____	_____
14. Are you certified by, or have you successfully completed an Ohio Peace Officer Training Academy (OPOTA)?	_____	_____
15. Have you been certified by any other state as a Law Enforcement Officer?	_____	_____
16. Are you a certified OPOTA Jail Officer?	_____	_____
17. Have you been certified by any other state as a corrections/jail officer?	_____	_____
18. Have you ever use or experimented with heroin?	_____	_____
19. Have you ever use or experimented with hashish?	_____	_____
20. Have you ever use or experimented with steroids?	_____	_____
21. Have you ever use or experimented with methamphetamines?	_____	_____
22. Have you ever use or experimented with ecstasy?	_____	_____
23. Have you ever use or experimented with marijuana?	_____	_____
24. Have you ever use or experimented with cocaine?	_____	_____



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25. Have you ever use or experimented with LSD or other hallucinogens? _____
26. Have you ever use or experimented with a prescription drug
not prescribed to you? _____
27. Have you ever use or experimented with any other street drugs? _____
28. Have you ever been in the military, National Guard, or Reserves? _____
29. Have you ever had auto insurance withdrawn, cancelled, revoked,
or refused? _____
30. Have you ever been refused a driver's license? _____
31. Has your driver's license ever been revoked, suspended or cancelled? _____
32. Circle the number of traffic violations for which you have been convicted in
the past five years: (do not include parking violations)
- 0 1 2 3 4 5 6 7 8 9 10
33. Have you ever been convicted of any violation(s) of city ordinances, county
ordinances, or municipal ordnances, state or federal laws (excluding traffic)? _____
34. Do you have any criminal action pending against you? _____
35. Have you ever been on court ordered probation? _____
36. Have you ever been discharged from a job? _____
37. Have you ever been suspended or expelled from any high school,
college, university, graduate school, vocational, or business school? _____

ALL APPLICANTS MUST SIGN THIS CERTIFICATE

I have read the job specifications and, in my opinion, I meet the minimum requirements. I have read and made a complete answer to each question. I certify that my answers in each instance are true and correct, containing no misrepresentations, omissions, or falsifications, and are complete. I agree that any misstatements or omissions of material fact may cause forfeiture on my part of all rights to any employment in the county service.

Signature:

Date:



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PERSONAL RECORD RELEASE AND WAIVER

Print Your Full Name

Today's Date

Purpose of Inquiry: Job Reference Request from Potential Employer
 Workers' Compensation Information
 Dates of employment
 Salary of last position
 Copies of performance evaluations
 Disciplinary actions
 Position held
 Contents of Personnel File
 Attendance Records

ORGANIZATION REQUESTING INFORMATION

Name of Organization: Monroe County Sheriff's Office
Phone Number: (740) 474-1612

Contact Person: Charles R. Black, Jr.
Fax Number: (740) 472-5132

PERSON AUTHORIZING RELEASE OF INFORMATION

I, _____ (former employee) hereby authorize and request
_____ (former employer) to provide information regarding my
employment to the Monroe County Sheriff's Office. My signature indicates that I release
_____ (former employer), its officers, and employees from any and all liability
for providing the above information to the requesting party indicated on this form. This release is good for
90 days following the date written below.

Signature

Date Signed

Social Security Number