

CLERMONT COUNTY SHERIFF'S OFFICE

Robert S. Leahy, Sheriff

Committed to Excellence

EMPLOYMENT APPLICATION AND PERSONAL HISTORY QUESTIONNAIRE

Instruction

All questions must be answered. If a question does not apply to your particular circumstance, insert "NA" (Not Applicable) in the proper blank. You may add additional sheets if more space is required for your answers.

Please be advised that **ALL** information is subject to verification via criminal history check, criminal background investigation, voice stress analysis, etc. Be fully truthful and do not evade questions. The Ohio Revised Code (ORC) provides penalties for making false statements of a material fact or for practicing fraud or deception in obtaining or attempting to obtain employment. Such penalties include rejection for appointment, discharge after appointment, and/or prosecution under Ohio Revised Code Section 2921.13.

BEFORE TURNING IN APPLICATION THE FOLLOWING DOCUMENTS MUST BE ATTACHED:

- **LAST PAGE NOTARIZED**
- **COPY OF GED, HIGH SCHOOL DIPLOMA OR COLLEGE TRANSCRIPTS**
- **DD214 – IF YOU WERE IN THE MILITARY**

ALL APPLICANTS WILL BE NOTIFIED VIA EMAIL. MAKE SURE YOU LIST YOUR EMAIL ADDRESS LEGIBLY. APPLICANTS SHOULD CHECK THEIR EMAIL DAILY.

If you have any questions in reference to this employment application and personal history questionnaire, please call Mary Gregory at (513) 732-7405.

APPLICATION FOR EMPLOYMENT

CLERMONT COUNTY SHERIFF'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER

Today's Date: _____ / _____ / _____

Driver's License # _____

Name: Last				First		M.I.		Social Security Number	
Present Address				City		State		Zip Code	
Home Phone Number			Alternate Phone Number			Email Address			
How long have you lived at your present address? _____ Yrs. _____ Mos.									
Are You a U.S. Citizen? Yes: _____ No: _____									
Are You legally eligible for employment in the U.S.? Yes: _____ No: _____									
Are You 21 Years of Age or older? Yes: _____ No: _____									
POSITION APPLYING FOR: _____ Deputy Sheriff _____ Correction Officer _____ Clerical _____ Maintenance									
Date Available to Start Work: _____									

EDUCATION

Type of School	Name & Address Of School	Last Grade Completed	Course of Study	Dates	Degree or Diploma
<u>Elementary</u>					
<u>High School</u>					
<u>College</u>					
OPOTA Certification					OPOTA CERTIFICATION MUST BE ATTACHED
Are You continuing Your Education? Yes: _____ No: _____					
If Yes, please indicate how:					
<u>Military Service Branch</u>	<u>Dates</u>	<u>Were you honorably Discharged?</u>	DD214 MUST BE ATTACHED		

List any foreign languages you can read, write or speak: _____

List any Special Abilities (lip read, sign ambidextrous etc.): _____

Are you State/Federal Certified/Licensed in any Profession: (M.D., Attorney, EMT, Fire Service etc.) _____

BEFORE TURNING IN APPLICATION THE FOLLOWING DOCUMENTS MUST BE ATTACHED: LAST PAGE NOTARIZED; COPY OF GED, HIGH SCHOOL DIPLOMA OR COLLEGE TRANSCRIPTS; DD214 – IF YOU WERE IN THE MILITARY

EMPLOYMENT HISTORY

Please list ALL employment, starting with present or most recent employer.

Account for ALL periods, including all unemployment or time not spent in school or military service

1

Name and Address of Employer

Dates of Employment

Phone Number

Supervisor Name and Title

Annual Salary \$

Job Title

Reason for Leaving

Full Time: _____ Part Time: _____

Describe type of business and duties:

2

Name and Address of Employer

Dates of Employment

Phone Number

Supervisor Name and Title

Annual Salary \$

Job Title

Reason for Leaving

Full Time: _____ Part Time: _____

Describe type of business and duties:

3

Name and Address of Employer

Dates of Employment

Phone Number

Supervisor Name and Title

Annual Salary \$

Job Title

Reason for Leaving

Full Time: _____ Part Time: _____

Describe type of business and duties:

4

Name and Address of Employer

Dates of Employment

Phone Number

Supervisor Name and Title

Annual Salary \$

Job Title

Reason for Leaving

Full Time: _____ Part Time: _____

Describe type of business and duties:

5

Name and Address of Employer

Dates of Employment

Phone Number

Supervisor Name and Title

Annual Salary \$

Job Title

Reason for Leaving

Full Time: _____ Part Time: _____

Describe type of business and duties:

6

Name and Address of Employer

Dates of Employment

Phone Number

Supervisor Name and Title

Annual Salary \$

Job Title

Reason for Leaving

Full Time: _____ Part Time: _____

Describe type of business and duties:

USE ADDITIONAL SHEET OF PAPER IF NEEDED

I hereby give my permission to contact the employers I have listed concerning my present and prior work experience. If there is a particular employer(s) you do not wish us to contact, please indicate which one(s) and explain.

Signature: _____ Date: _____

REFERENCES-WORK RELATED: Only list supervisors you worked with directly for each job

1

Name Title Phone Number

Address City State/Zip

Name of Company:

2

Name Title Phone Number

Address City State/Zip

Name of Company:

3

Name Title Phone Number

Address City State/Zip

Name of Company:

4

Name Title Phone Number

Address City State/Zip

Name of Company:

5

Name Title Phone Number

Address City State/Zip

Name of Company:

I certify that the above information is true to the best of my knowledge.

Signature: _____ Date: _____

PERSONAL HISTORY QUESTIONNAIRE

Purpose and Use

Thank you for taking the time and effort to complete this Personal History Questionnaire. We want you to understand the purpose of this form and its objective, along with the professional manner in which we will treat the information you provide.

We want you to consider the Personal History Questionnaire as an opportunity to organize and present relevant information about yourself. This information will assist us in gaining an accurate picture of your background to be used as one of the bases in our assessment process. Other assessments are your physical ability testing, written testing, a personal interview, background investigation, voice stress examination, psychological evaluation, and medical examination.

Additionally, we want you to know that we not only consider the facts presented, but we also consider your explanations surrounding the facts. That is why it is so critically important that you make a special effort to answer all questions completely, truthfully, and thoughtfully. There are many opportunities for you to offer a thorough explanation of facts, and/or circumstances.

Please acknowledge your reading and full understanding of the Employment Application and Personal History Questionnaire by signing the space below.

Signature: _____

Date: _____

FINANCIAL STATUS

Indebtedness (check as many as apply today)

_____ Own _____ Rent/lease _____ Living with parents
_____ Living with other _____ Other Explain: _____

All YES answers require an explanation and date of occurrence (use additional sheet if necessary)

YES NO
_____ _____
Have you ever had your wages attached or garnished?
If YES, provide date & explain _____

YES NO
_____ _____
Have you ever been involved in a civil case or lawsuit as a plaintiff or defendant?
If YES, provide date & explain _____

YES NO
_____ _____
Have you ever filed bankruptcy or been declared bankrupt?
If YES, provide date & explain _____

YES NO
_____ _____
Have you ever been declared delinquent in child support payments?
If YES, provide date & explain _____

YES NO
_____ _____
Have you ever been refused credit?
If YES, provide date & explain _____

YES NO
_____ _____
Have you ever had property repossessed?
If YES, provide date & explain _____

YES NO
_____ _____
Do you owe past taxes?
If YES, provide date & explain _____

YES NO
_____ _____
Have you ever skipped paying bills or debts on time?
If YES, provide date & explain _____

YES NO
_____ _____
Are any of your bills in the hands of a bill collection agency?
If YES, & explain: _____

I certify that the above information is true to the best of my knowledge.

Signature: _____

Date: _____

FINANCIAL STATUS (cont)

Obligation	Company (Name, City, State)	Amount Owed	-- Overdue	-- Past Due
Home Loan				
Personal Loan				
Auto Loan #1				
Auto Loan #2				
Finance Co.				
Finance Co.				
Credit Card				
Credit Card				
Department Store				
Department Store				
Credit Union				
Obligation	Court of Jurisdiction			
Child Support				
Child Support				
Chapter 13				
Bankruptcy				
Small Claims				
Civil Suits				
Alimony				

YES **NO** Do you have a personal checking account?
_____ _____ If **YES**, institution name _____
_____ _____ Do you have a personal savings account?
_____ _____ If **YES**, institution name _____

I certify that the above information is true to the best of my knowledge.

Signature: _____

Date: _____

GAMBLING

Within the past five (5) years, have you gambled or participated in any games of chance for financial rewards?

_____ **YES** _____ **NO**

If **YES**, check all that apply:

- _____ **Bingo**
- _____ **State Lottery**
- _____ **Horse Racing**
- _____ **Sports**
- _____ **Cards, Poker, etc.**
- _____ **Casino**
- _____ **Other; specify: _____**

How frequently do you engage in the above activities? _____

Do you currently have any outstanding gambling debts or obligations?

_____ **YES** _____ **NO**

If **YES**, provide specifics regarding the outstanding debt/obligation: _____

Do you currently have a valid Ohio Driver's License ? _____ **YES** _____ **NO**

If **NO**, Explain: _____

I certify that the above information is true to the best of my knowledge.

Signature: _____ **Date:** _____

ALCOHOL

Do you consume alcoholic beverages?

_____ **YES** _____ **NO**

What type?

_____ **Beer** _____ **Wine** _____ **Liquor**

Approximately how many drinks do you have per week?

Where do you consume alcoholic beverages?

_____ **Own Home**

_____ **Friends' Home**

_____ **Bars / Restaurants**

_____ **In Vehicles**

_____ **Other (please explain)** _____

How do you characterize your alcohol consumption?

_____ **Light** _____ **Moderate** _____ **Heavy**

GENERAL QUESTIONS

YES **NO**

_____ _____ Have you ever taken an employment related polygraph/voice stress analysis exam?
If **YES**, explain & give date(s): _____

YES **NO** Have you ever been dismissed from or asked to resign from any position for any non - health related reason?
If **YES**, explain & give date(s): _____

The question below is to be completed by Deputy applicants only:

YES **NO** If hired, a segment of the training required involves mace being dabbed near your eye. Is there a medical or other reason(s) why you would not be able to participate in this training?
If **YES**, explain: _____

I certify that the above information is true to the best of my knowledge.

Signature: _____ **Date:** _____

PRIOR APPLICATIONS

YES NO

_____ _____ Have you ever applied for a law enforcement position with the Clermont County Sheriff's Office or any other law enforcement agency in the U.S.? If **YES**, please list below:

Date	Department	Position	Hired	If rejected, reason if known

SOFTWARE KNOWLEDGE

List all computer software you use.
List whether you are proficient or familiar next to each software.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

I certify that the above information is true to the best of my knowledge.

Signature: _____ **Date:** _____

SOCIAL CONTACTS: List 5 of your closest associates/friends.

1		
Name		Phone Number
Address	City	State/Zip
Relationship		

2		
Name		Phone Number
Address	City	State/Zip
Relationship		

3		
Name		Phone Number
Address	City	State/Zip
Relationship		

4		
Name		Phone Number
Address	City	State/Zip
Relationship		

5		
Name		Phone Number
Address	City	State/Zip
Relationship		

I certify that the above information is true to the best of my knowledge.

Signature: _____ Date: _____

WAIVER

I, _____
do hereby authorize the Clermont County Sheriff's Office to conduct a full background investigation of my past activities. This investigation will include but not be limited to checking my fingerprints and any previous criminal records with the Federal Bureau of Investigation, Ohio Bureau of Criminal Identification and Investigations, and other law enforcement agencies. I also authorize the Sheriff's Office to interview my family members including parents, spouse, former spouses, children, other relatives, as well as my associates, employers, former employers, acquaintances, neighbors, teachers or other officials of any educational institution I have attended. I specifically authorize any of these persons to allow the Clermont County Sheriff or his agents to inspect any and all records in their possession that pertain to my employment record and other records they may request, including birth certificate, operator's license, diplomas, transcripts, or certificates that verify educational achievements, and any documents pertaining to a dishonorable discharge from military service. I also permit the Clermont County Sheriff or his agents to obtain financial credit information pertaining to me as stipulated under the Federal Fair Credit Reporting Act.

It is also understood and agreed that I completely release and absolve the Clermont County Sheriff and his agents of any liability which may arise from the conduct of this investigation.

The determination of my suitability for employment will be at the sole discretion of the Sheriff, and I shall accept his decision without reservation and with full knowledge that it is final and not subject to appeal through any civil or administrative procedure.

I understand, as a Public Office, the Office of Clermont County, Ohio, Sheriff must comply with the Ohio Public Records Law. Upon request, some documents contained in my Application Packet are subject to public disclosure.

I solemnly swear or affirm that all of the information I have provided in this application/questionnaire is complete and true to the best of my knowledge and belief. I further understand that my providing any false, misleading or incorrect information will render this application/questionnaire void and may be cause for immediate dismissal and possible criminal charges under Ohio Revised Code 2921.13.

Applicant's Printed Name – Last, First, Middle	Maiden or other Name(s)
Current Address – Street, City, State, Zip	How long have you lived there?
Social Security Number	
Signature	Date

(This form is to be pulled from the application packet and placed with the medical information in the personnel folder)

NOTARY REQUIREMENT

This page must be signed in the presence of a Notary prior to turning in the Application.

Applicant Signature

State of Ohio)

_____ County) SS:

Personally appeared before me, Notary Public, in and for said County and State, the above named _____, Applicant, who is known to me or who proved his/her identity to me and who acknowledged his/her signature herein this _____ Day of _____ 20__.

Notary Public

My Commission Expires: _____