

Muskingum County Sheriff's Office

Matthew J. Lutz, Sheriff

www.ohiomuskingumsheriff.org



Muskingum County Sheriff's Office

Application for Employment

The Muskingum County Sheriff's Office is an Equal Opportunity Employer. We consider applications for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion, or any other legally protected status.

NOTICE: The following documents must be attached to this application:

1. A copy of your social security card
2. A copy of OPOTA Peace Officer Certificate (sworn positions only)
3. A copy of all appointment certificates (sworn positions only)
4. SF400 Packet (positions in red)
5. College transcripts (if applicable)
6. Certification of other advanced training

POSITION APPLIED FOR:

- | | |
|---|--|
| <input type="checkbox"/> Full Time Sworn Officer | <input type="checkbox"/> Dispatch/Communications |
| <input type="checkbox"/> Corrections Officer – Civilian | <input type="checkbox"/> Clerk/Typist |
| <input type="checkbox"/> Reserve Officer | <input type="checkbox"/> Other _____ |

Name: _____
(Print Full Name)

Date: _____

(NOTE: Applications are destroyed after one calendar year.)

FORM #05-45
EFF. 12/21/05
REV. 03/03/09

INSTRUCTIONS

This application must be printed legibly in ink. **Do not type.** All questions must be answered. Applications which are not complete or completed improperly will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

PERSONAL HISTORY

Full Name:

Last

First

Middle

List all other names you have used, including the circumstances and time periods you used them. (Ex. maiden name, former name(s), alias(es) or nickname(s)).

Name	Circumstances	Dates from Mo/Yr	Dates To Mo/Yr

Are you 18 years or older? Yes _____ No _____

Are you prevented from lawfully becoming employed
in this country because of Visa or immigration status? () Yes () No

Do you have or have you ever applied for a passport? () Yes () No
Passport # (if applicable) _____

EDUCATION/TRAINING

	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE?
HIGH SCHOOL			

	NAME & LOCATION OF SCHOOL	FROM Mo/Yr	TO Mo/Yr	COURSE OF STUDY	CREDIT HRS EARNED	DID YOU GRADUATE
COLLEGE						

	NAME & LOCATION OF SCHOOL	FROM Mo/Yr	TO Mo/Yr	COURSE OF STUDY	CREDIT HRS EARNED	DID YOU GRADUATE
TRADE OR BUSINESS SCHOOL						

Attach diploma or official transcript from last institution of higher education attended

Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school.

CONFIDENTIAL PERSONNEL HISTORY

**The information contained herein is confidential
It will not be made available for public inspection**

Applicant's Personal Information:

Last Name	First Name	Middle
Date of Birth	Social Security Number	

Applicant's Current Address:

Street Name	Apartment/Lot Number		
City	State	Zip Code	County
Mailing Address if different from above (P.O. Box, etc.)			
()			
Telephone Number			

Spouse's Name and Address (if different):

Name	Social Security Number		
Address			
City	State	Zip Code	County

Children's Names and Ages: (Voluntary)

Name & Social Security Number	Age	Address (if different)

Former Spouse(s) Name and Address(s):

Name			
Address			
City	State	Zip Code	County

EMPLOYMENT HISTORY

List in chronological order all employment, beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, list the dates of unemployment.

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From To				
From To				
From To				
From To				
From To				
From To				
From To				
From To				
From To				

Which of these jobs did you like best, and why?

What of these jobs did you like least, and why?

Have you ever been dismissed or asked to resign, or had any disciplinary action taken against you from any employment or position you have held? (If yes, explain.)

() Yes () No

Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? (If yes, explain)

() Yes () No

Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? (If yes, please provide name of agency and date of application or service.)

() Yes () No

Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously a current or former employer? (If yes, provide name and address of business/organization and describe your position or relationship.)

() Yes () No

MILITARY HISTORY

Have you ever served in a military organization of the United States? (If yes, give periods of active military service and other data requested) () Yes () No

From _____ To _____ Branch of Service _____
Serial Number _____ Rank _____
Date of Discharge: _____

From _____ To _____ Branch of Service _____
Serial Number _____ Rank _____
Date of Discharge: _____

From _____ To _____ Branch of Service _____
Serial Number _____ Rank _____
Date of Discharge: _____

Are you now or were you ever an active member of any branch of the United States Reserves or State National Guard? (If yes, indicate whether it was a United States Reserve Force or State National Guard, along with other data requested) () Yes () No

Branch of Service _____ From _____ To _____
Unit _____ Present or last rank _____

Branch of Service _____ From _____ To _____
Unit _____ Present or last rank _____

Branch of Service _____ From _____ To _____
Unit _____ Present or last rank _____

Was any type of disciplinary action taken against you in the service? (If yes provide date, place, nature of office and action taken) () Yes () No

BUSINESS INTERESTS & LICENSES

Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? (If yes provide name and description)

() Yes () No

PERSONAL REFERENCES & ACQUAINTANCES

Personal References:

Give three (3) references (not relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you for the past five (5) years. If retired, give former occupation.

NAME	ADDRESS	BUSINESS	PHONE # HOME/BUSINESS	YEARS ACQUAINTED
1.				
2.				
3.				

Social Acquaintances:

Give three (3) social acquaintances who have known you well for the past five (5) years.

NAME	ADDRESS	BUSINESS	PHONE # HOME/BUSINESS	YEARS ACQUAINTED
1.				
2.				
3.				

Are you acquainted with any members of the Muskingum County Sheriff's Office? (If so list name(s) and your relationship to each.)

() Yes () No

ORGANIZATION MEMBERSHIP

List all clubs of which you are now or have been a member. (Exclude the name of any club or organization which may reveal your membership in a protected group, including race, color, religion, sex, national origin, handicap, age or ancestry.)

Name	City & State	Former/Present (F or P)	List Position Held & Describe Activity

APPLICANT DISQUALIFIERS

The Sheriff shall select an applicant for hire to fill vacant or new positions from the available pool of most qualified applicants. The filling of a position will be based solely on the applicant's knowledge, skill abilities, job fitness and job related qualifications. Any applicant will be disqualified from consideration for any of the following reasons:

1. Applicant does not possess the knowledge, skills and abilities necessary to effectively perform essential duties of the position, as measured by interviews, written responses to questions, evaluations of work records, job reference checks or other bona-fide selection procedures.
2. Applicant has made a false statement, committed or attempted to commit any fraudulent act of material fact on the application form, or during the selection process.
3. Applicant is an alien without authorization to work in the United States.
4. Applicant has not successfully passed any state or federally required medical examinations, or has failed an examination required after an offer of employment has been made. Such examination, however, may only be required if the exam is given to all applicants who have been offered employment in the same job classification.
5. Applicant does not possess or is unable to obtain any state or federally required license or certification required to perform the job, such as OPOTA certification.
6. Applicant has criminal convictions involving Driving While Under the Influence of Drugs or Alcohol, Domestic Violence, Drugs, Theft, Sex Offenses or any crime of violence.
7. Any other reason and lawful grounds relating to failure to meet job requirements.

I have read the above Applicant Disqualifiers and circled any that apply to me. (None apply to me _____.)
Initial

Applicant Signature

Date

APPLICANT CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentative will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true and complete, to the best of my knowledge. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Muskingum County Sheriff's Office and that it and the information received in response to the background examination are public records.

I also understand that I may be required to furnish the Sheriff's Office with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test and/or physical examination.

I understand that the use of drugs or alcohol is not permitted during work time, whether paid or unpaid, in the areas including vehicles where work is performed by employees or appointees.

I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to perform satisfactorily the duties of my position or assignment with the Muskingum County Sheriff.

I understand the following types of information will be collected: employment and educational histories; medical, military, insurance, credit and financial information, motor vehicle and police records; information about your abilities, family, character, lifestyle and organization members, and information about any current drug use via drug testing. Information will be obtained by letter, by telephone and by personal interview with both primary and secondary sources. This information is used as one element for appointment decisions.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Sheriff's Office and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office.

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I agree to conform to the rules, regulations and orders of the Sheriff's Office and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to, by the Sheriff's Office at its discretion, at any time and without any prior notice to me.

Signature of Applicant

Date

Full name of Applicant (Printed)

Signature of Witness

Name of Witness (Printed)

Title

NOTICE

If you need a question answered or further information on completing this application contact:

Muskingum County Sheriff's Office
28 N. 4th Street
Zanesville, Ohio 43701
(740) 452-3637

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