

# Madison County Sheriff's Office

## **Employment Application**



### To The Applicant:

Your interest in our agency is appreciated. The information requested in this application will help our agency assess your qualifications and work history. If you have a resume, you may attach it to this application form. However you must still complete this application to be considered for employment. If there is insufficient space available on this form to enter the requested information completely, use an additional sheet of paper and attach it to the back of this form. Please be aware that this is the first step in the application/hiring process. Should it be determined by The Madison County Sheriff's Office that a position you are applying for becomes available, additional paperwork will need to be completed upon the start of a background investigation.

Applicants for employment with the Madison County Sheriff's Office are evaluated and selected on the basis of individual merit and ability with respect to the position being filled. Applicants are selected and hired without consideration of race, color, religion, sex, age, national origin, political affiliation, disability or ancestry.

Position desired:	Submit application:
☐ Deputy Sheriff	In Person to the Madison County Sheriff's Office Or by mail to:
☐ Communications Dispatcher	Madison County Sheriff's Office John R. Swaney, Sheriff
☐ Other:	P.O. Box 558 London, Ohio 43140-0558

### **Personal Information**

	Last	First	Middl	е
Address:				
	Street	City	State	Zip
Геlephone:				
•	Home	Cell	Email	Address

# **Employment History**

List all previous employ	ment for the la	st ten (10) yea	ars in chronolo	ogical order,	last position	first		
Employer:					Telephone:			
Address:								
	Street			City		State	Zip	
Supervisor's name:								
Dates employed: From _	tc	)	_ Your title:					
Job duties:								
Reason for leaving:								
-								
May we contact this em	ployer for a job	reference:					Yes LI INC	» Ц 
Employer:					Telephone:			
Address:								
	Street			City		State	Zip	
Supervisor's name:			_Title		Phone			
Dates employed: From _	tc	)	Your title					
Job Duties:								
Bassan for Logying								
Reason for Leaving:								
May we contact this em	ployer for a job	reference:					Yes 🔲 No	o 🗆
Employer:					Telephone:_			
Address:					-			
<del>-</del>	Street			City		State	Zip	
Supervisor's name:			Title		Pho	one		
Dates employed: From _	tc	)	Your title:					
Job duties								
Reason for leaving:								
May we contact this e	employer for a	job reference	<b>)</b> :				Yes 🗆 No	o 🗆

Other Employers					
	Company			Dates E	mployed
Do you have any secondary or side li			to continue if	hired by the	Madison County Sheriff's
Office? Yes \( \square\) No \( \square\) If yes, list the	nature of your secondary occ	supation:			
	Edu	cation			
Name of action on college				O de al patia	Distance and due to 2
Name of school or college	Location City, State Zip	Subject Degree/Ma		Scholastic Average	Did you graduate?
High School:					Yes 🗆 No 🗆
					Year completed: ☐9, ☐10, ☐11, ☐12
					□9, □10, □11, □12 GED obtained:
					Yes □ No□
College:					
					Yes □ No □
College or other school:		<del>                                     </del>			
					Yes □ No □
College or other school:					
					Yes □ No □
D Ohio Dolice	C/// T in-in-m Anadamy C		—— N □		
Do you currently have an Ohio Police	Officer Training Academy Ce	ertificate? Yes 🗀	No L		
Describe briefly the type of work which			kground, educ	ation, previo	us employment or training
and tell why you feel qualified for the	position(s) for which you are	applying:			
List any special certifications or awar	ds which help demonstrate vo	our canability to be	erform the ioh	for which you	ı are anniving:
List any special certifications or awards which help demonstrate your capability to perform the job for which you are applying:					

## **Personal Data**

How long have you lived at your current address		
If hired, who should we contact in case of an emergency		
Have you ever been employed by Madison County      If yes, by which department      Dates of employment Fromto		
Were you referred to the Madison County Sheriff's Office   If Yes, by whom		No
Are you related to anyone employed by the Madison County Sheriff's Office		
Do you have time commitments that may interfere with your employment    If yes, please explain:	Yes 🔲 n	No 🗆
Have you ever been dismissed from or asked to resign from any employment position     If yes, please explain:	Yes 🗆	No 🗆
What status of employment are you applying for: Full-Time ☐ / Part-time ☐ / Seasonal ☐ / Special Deputy ☐  • If you are applying for full-time employment, enter the date available to start:  • If you are applying for employment other than full-time, please indicated days and hours available:		
Do you have a valid Ohio driver's license         Class	Yes 🔲	No 🗆

## Personal data continued

Has your driver's license ever been suspend	ed or revoked		Yes	
If yes, list details of the suspension or revocation:				
Have you ever been convicted of a felony off	ense involving the use	or operation of a motor vehicle	Yes	
If yes, give the details of the convict	tion:			
Have you had any traffic violations in the pas	st three (3) years		Yes	
If yes, please list below:				
Offense		Approximate Da	ate/Year	
		ences uployers and relatives		
Name			Phone number	

Name	Complete address	Phone number

#### All persons seeking employment with this agency as a law enforcement officer must:

- Be a United States citizen
- Possess a valid Ohio Driver's License.
- Have a high school diploma or GED.
- Successfully complete the minimum training required for licensure.
- Never have been convicted of a felony or misdemeanor involving moral turpitude or is not currently under indictment for any criminal offense.
- Never been convicted of any family violence offense.
- Not be prohibited by state or federal law from operating a motor vehicle. 7.
- Not be prohibited by state or federal law from possessing firearms or ammunition.
- Be subject to a thorough background investigation and personal interviews by Madison County Sheriff's Office personnel.
- 10. Have never had a commission or peace officer license denied by final order or revoked.
- 11. Demonstrate honesty and integrity by successfully completing pre-employment CVSA (Certified Voice Stress Analyzer) and drug testing.
- 12. Demonstrate good general medical health as determined by a medical doctor, who is licensed by the Ohio State Board of Medical Examiners and physical performance testing. Applicant shall provide a copy of a physical within the last year
- Be declared in satisfactory psychological and emotional health by a psychiatrist who is licensed by the Ohio State Board of Medical Examiners or psychologist, who is licensed by the Ohio State Board of Examiners of Psychologists.
- 14. Be fingerprinted and subjected to a search of local, state and national records and fingerprint files.
- 15. Must pass a background check

#### CERTIFICATION

I hereby affirm that the foregoing statements are true and complete to the best of my knowledge. I realize that any misrepresentation or false information presented in this application could lead to withdrawal of any offer of employment or termination after employment.

I understand that this application will be given every consideration, but its receipt does not guarantee nor imply that I will be granted a selection interview or employment. I further understand that this application will be maintained on file for future reference for two years.

I also understand that a background check and drug testing may be required prior to employment.

I understand and accept that any applicant who is under final consideration for a position that involves providing direct care to clients must undergo a criminal records check.

I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical/psychological examination that the Employer deems necessary to determine whether I can 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.

I understand and accept that given the duties and responsibilities of the Madison County Sheriff's Office, I may be required to work weekends, evening hours, or at other times as determined by Madison County Sheriff's Office, including overtime hours.

In signing below, you are indicating that you understand that the misrepresentation or omission of facts is cause for termination of this

application and/or separation from employment. Madison Cour such cause.	nty shall not be liable in any respect if your employment is t	terminated for
Applicant's signature	Date	
<u>No</u>	otary Public	
Sworn to before and subscribed by assignor:	in my presence thisday of	20
My Commission Expires20		
	Notary Public	