



AUGLAIZE COUNTY SHERIFF'S OFFICE

AN EQUAL OPPORTUNITY EMPLOYER



The Auglaize County Sheriff's Office accepts applications on a continuing basis.

It is the policy of the Auglaize County Sheriff's Office / Auglaize County Corrections Center (ACCC) to provide equal employment opportunity to all applicants for employment without regard to race, color, religion, gender* or national origin and to base all employment decisions so as to further this principle of equal employment opportunity. The Auglaize County Sheriff's Office / ACCC will not discriminate against any employee or applicant for employment because of race, color, religion, gender*, national origin, age**, handicap or veteran's status and will take affirmative action to ensure that applicants and employees are treated without regard to race, color, religion, gender*, national origin, age** or handicap.

The policy reflects the position of the Auglaize County Sheriff's Office / ACCC toward the principle of Equal Employment Opportunity, and it is the obligation of each employee of the Auglaize County Sheriff's Office / (ACCC) to conduct himself or herself in conformity with the principle of equal employment opportunity at all times. Every employee of the Auglaize County Sheriff's Office / ACCC shall be responsible and accountable for compliance. All employment activities, including but not limited to hiring, promotion, demotion, transfer, recruitment, advertising, layoff, discharge, rate of pay, fringe benefits and selection for training, shall be conducted without regard to race, color, religion, gender*, national origin, age** and handicap status.

All perspective applicants must be a minimum of 18 years of age if applying for a Corrections Officer, Dispatcher, Cook & Administrative Staff), possess a valid driver's license, have a high school diploma or GED; Deputy Sheriff applicants must be 21 years of age and have successfully completed Basic Peace Officer Training upon appointment.

Personnel will be selected, and the actual appointment made by the Sheriff using policies established by the Auglaize County Sheriff's Office / ACCC. Each candidate for employment will be subject to a background investigation (including but not limited to reference(s) contacted), criminal history check, perspective employees initial interview by Chief Deputy or designee, a Sheriff's interview, drug test, and scheduled psychological test. At any time during the selection process if the candidate does not meet the qualifying standards the process will be terminated and the individual will be notified in writing.

Once the perspective employee has passed the required criteria and has accepted a position at the Auglaize County Sheriff's Office; the employee will be sworn in by the Sheriff followed by an orientation with the Administrative Assistant or designee at a time agreed upon between the employee and the Administrative Assistant.

Applicants failing to satisfactorily complete any phase of the selection process will be notified in writing.

*Except when gender balance is required

WARNING

Applicants are cautioned to answer every question truthfully and without evasion. The Ohio Revised Code provides penalties for making a false statement of a material fact, or for practicing any fraud or deception in obtaining or attempting to obtain employment. Such penalties include rejection for employment or discharge after employment and/or prosecution under Ohio Revised Code section 2921.13

If you need additional room to complete your application. Please use the continuation page on the last page.

Please reference the question number and letter if it applies.

AUGLAIZE COUNTY SHERIFF'S OFFICE APPLICATION FOR EMPLOYMENT

Position Applying For: _____

1. Name: Last _____ First _____ Middle _____
2. Address: Street _____ City _____ County _____ State _____ Zip _____
3. Telephone Number _____ Alternate _____
Email Address: _____
4. Operator's License Number _____ Issuing State _____
5. Place of Birth City _____ County _____ State _____
6. Shift Preferred: _____ Would you accept full-time work _____
What date would be available to work? _____
7. Do you meet all the requirements listed on the first page of this application? _____
Can you perform this essential functions of the job without reasonable accommodations? _____
If No, please provide explanation on continuation page
8. Do you have any gap(s) in your current/previous employment, other than personal illness, injury or disability?
_____ if yes, please provide explanation on continuation page.
9. Have you been fired or asked to resign from a job? _____ if yes, please provide explanation on continuation page.
10. Have you been convicted of a felony or misdemeanor? _____ if yes, please provide explanation on continuation page including dates and locations the convictions took place.
11. Have you ever applied to the Auglaize County Sheriff's Office, or have been employed by Auglaize County
_____ if yes, please provide explanation on continuation page?
12. If hired, can you provide the documents to prove you are authorized to work in the United States?
_____ if no, please provide explanation on continuation page.

Qualifications:

Please list any education of training you feel relates to the position applied for that would help you perform the work such as schools, colleges, degrees, vocational programs and military training

13. Date Range Attended _____ School Name _____

Degree/Certification _____ Address City _____ State _____

(a) Date Range Attended _____ School Name _____

Degree/Certification _____ Address City _____ State _____

(b) Date Range Attended _____ School Name _____

Degree/Certification _____ Address City _____ State _____

(c) Date Range Attended _____ School Name _____

Degree/Certification _____ Address City _____ State _____

(d) Date Range Attended _____ School Name _____

Degree/Certification _____ Address City _____ State _____

(e) Date Range Attended _____ School Name _____

Degree/Certification _____ Address City _____ State _____

(f) Date Range Attended _____ School Name _____

Degree/Certification _____ Address City _____ State _____

Special Skills

List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organization/teams, etc.)

14. _____

Work History

Start with your present or most recent employment and work backward. (Include paid and unpaid positions)

15. Job Title _____ Start Date _____ End Date _____

Company Name _____ Supervisors Name _____ Phone Number _____

City _____ State _____ Zip _____ May we contact your current employer?

Reason for Leaving _____ Starting Salary _____ Ending Salary _____:

(a) Job Title _____ Start Date _____ End Date _____

Company Name _____ Supervisors Name _____ Phone Number _____

City _____ State _____ Zip _____ May we contact your former employer?

Describe your duties, responsibilities, equipment operated, promotions, etc.

Reason for Leaving _____ Starting Salary _____ Ending Salary _____:

Work History Cont.

(b) Job Title _____ Start Date _____ End Date _____

Company Name _____ Supervisors Name _____ Phone Number _____

City _____ State _____ Zip _____ May we contact your former employer?

Describe your duties, responsibilities, equipment operated, promotions, etc.

Reason for Leaving _____ Starting Salary _____ Ending Salary _____:

(c) Job Title _____ Start Date _____ End Date _____

Company Name _____ Supervisors Name _____ Phone Number _____

City _____ State _____ Zip _____ May we contact your former employer?

Describe your duties, responsibilities, equipment operated, promotions, etc.

Reason for Leaving _____ Starting Salary _____ Ending Salary _____:

Work History Cont.

(d) Job Title _____ Start Date _____ End Date _____

Company Name _____ Supervisors Name _____ Phone Number _____

City _____ State _____ Zip _____ May we contact your former employer?

Describe your duties, responsibilities, equipment operated, promotions, etc.

Reason for Leaving _____ Starting Salary _____ Ending Salary _____ :

Prior Addresses

List all places of residence for the last (5) years starting with your last previous address

16. Date Range Resided _____ Street Address _____

City _____ State _____ Zip _____

(a) Date Range Resided _____ Street Address _____

City _____ State _____ Zip _____

(b) Date Range Resided _____ Street Address _____

City _____ State _____ Zip _____

(c) Date Range Resided _____ Street Address _____

City _____ State _____ Zip _____

(d) Date Range Resided _____ Street Address _____

City _____ State _____ Zip _____

(e) Date Range Resided _____ Street Address _____

City _____ State _____ Zip _____

References:

Please list (5) professional references not related to you. If you do not have 5 professional references, then list personal, unrelated references

17. Name _____ Address _____

Phone _____ Relationship _____

(a) Name _____ Address _____

Phone _____ Relationship _____

(b) Name _____ Address _____

Phone _____ Relationship _____

(c) Name _____ Address _____

Phone _____ Relationship _____

(d) Name _____ Address _____

Phone _____ Relationship _____

18. General Information Inquiry

Note: The following questions and answered will be verified though a background investigation. If the answer to any of the following is "yes"- It is required for you to explain, in detail on the continuation page.

- a. Have you ever operated a motor vehicle impaired in the past **2 yrs.**? Yes No
- b. Do you have any problem controlling your temper? Yes No
- c. Do you have any problems because of gambling? Yes No
- d. Have you ever been involved in glue sniffing or used such chemical agents for the purpose of obtaining a state of intoxication? Yes No
- e. Have you ever used any prescription drugs or any other drug for any purpose other than the purpose for which they were intended, or used such drugs for an extended period of time without a prescription for any reason? Yes No
- f. Have you ever used a hallucinogen? Yes No
- g. Have you ever used a narcotic drug at anytime? Yes No
- h. Have you ever knowingly bought or sold stolen property? Yes No
- i. As an adult, have you stolen anything? Yes No
- j. Have you ever filed for, or received, compensation, the amounts of which you were not eligible to receive?

Yes No

I: I understand and accept that, if I am selected for employment, my employment may be conditioned upon 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 includes drug, alcohol, or substance abuse testing.

Initial _____

II: 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.

Initial _____

III: 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.

Initial _____

IV: I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees, I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initial _____

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

Initial _____

VI: I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions, or misrepresentations may result in my dismissal. I authorize the employer to make an investigation of any of the facts set forth in this application and release employer from liability.

Signature _____ **Date** _____

If you are applying for **any** position in the jail, you **must** complete questions 19 & 20.

In accordance with National Standards to Prevent, Detect and Respond to Prison Rape, PREA Standard 115.17, a correctional facility must make the following inquiries of any applicant for employment in a position that may have contact with inmates and all contractors who may have contact with inmates. In accordance with PREA Standard 115.17, any material omission in answering the following questions or the provision of materially false information shall be grounds for disqualification or for immediate termination if discovered after hire.

19. Have you ever engaged in or been accused of engaging in sexual harassment in any prior employment?

If yes, explain below

20. Have you resigned from or quit any job following allegations that you engaged in any form of sexual misconduct?

If yes, explain below

I understand that I have a continuing, affirmative duty to immediately report in writing to the OFFICE any such misconduct during the time I am employed by/contract with or volunteer for the Auglaize County Corrections Center. I further understand that failure to do so may result in disciplinary action up to and including discharge.

Signature _____ Date _____

