

AUGLAIZE COUNTY SHERIFF'S OFFICE

Application for Employment
This is application is for the position of _____

Date _____

☐ Auxiliary

☐ Volunteer - Intern

It is the policy of the Auglaize County Sheriff's Office to provide equal opportunity with regard to all terms and condition of employment. The Auglaize County Sheriff's Office complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age, or any other protected characteristics.

Name: _____

Phone: _____ (home) _____ (cell)

Address: _____

City / State / Zip _____

Date of Birth _____ Social Security# _____

Place of Birth _____ US Citizen ☐ yes ☐ no

Shift preferred ☐ 1 ☐ 2 ☐ 3 ☐ Any

Would you accept full time work ☐ yes ☐ no

Would you accept part-time work ☐ yes ☐ no

What date would you be available for work? _____

Have you ever been employed here before? ☐ yes ☐ no

If yes, when _____

Are you able to perform the essential functions of the job, which you are applying for (with or without reasonable accommodations)?

This question is not designed to elicit information about an applicants disability. Please do not provide information about the existence of a disability, accommodations, or whether accommodations is necessary. These issues may be addressed at a later stage to the extend permitted by law.

☐ yes ☐ no ☐ Need more information about the job's essential functions to respond
Explain any gap(s) in your employment, other than personal illness, injury or disability. _____

Have you ever been fired or asked to resign from a job? ☐ yes ☐ no
If yes, please explain _____

Special training or skill (language, machine operation, etc.) that would be a benefit in the job you are applying for _____

FOR OFFICE USE ONLY

EMPLOYEE # _____

HIRE DATE: _____

POSITION: _____

SKILL: _____

OTHER NOTES: _____

ATTACHMENTS

- ☐ RESUME
- ☐ APPLICANT REFERENCE CHECK
- ☐ APPLICANT INTERVIEW
- ☐ PAYROLL CHANGE NOTICE
- ☐ OTHER _____

Are you eligible for employment in the United States? ☐ yes ☐ no

List all places of residence for the last five (5) years:

Education:

High School: _____ Year Graduated: _____

College _____ Degree, Credit Hours: _____

Course of Study: _____

Other education: _____

Do you have a current, valid operator's license: ☐ yes ☐ no Issuing State: _____

Operators License Number: _____

Have you ever been convicted of a felony or misdemeanor: ☐ yes ☐ no

If yes, please explain: _____

List the names and address of at least five (5) individuals who may be contacted regarding the character and personal history of the applicant please do not list any family members or former employer.

Name and Address

Telephone Number

Number of years acquainted
with applicant

1. _____

2. _____

3. _____

4. _____

5. _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

In this section, list all employment history and work experience in date order, including military experience. Begin with your **current** employer. Use additional paper, if necessary. Failure to include all employment may be grounds for disqualification.

Current employer: _____

(Write "None", if unemployed)

May we contact your *current* employer prior to employment? ☐ yes ☐ no

Address: _____

Phone number _____

Date employed (from – to date) _____ to _____

Job title _____

Supervisor's name _____

Beginning salary: _____ current salary: _____

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

Why do you want to leave?

Previous employer: _____

Address: _____

Phone Number: _____

Dates employed (from – to date): _____

Job title: _____

Beginning Salary: _____ Current Salary: _____

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

Why did you leave?

Previous employer: _____

Address: _____

Phone Number: _____

Dates employed (from – to date): _____

Job title: _____

Beginning Salary: _____ Current Salary: _____

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

Why did you leave? _____

Previous employer: _____

Address: _____

Phone Number: _____

Dates employed (from – to date): _____

Job title: _____

Beginning Salary: _____ Current Salary: _____

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

Why did you leave? _____

Previous employer: _____

Address: _____

Phone Number: _____

Dates employed (from – to date): _____

Job title: _____

Beginning Salary: _____ Current Salary: _____

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

Why did you leave? _____

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my 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.

Initials: _____

2. 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.

Initials: _____

3. 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.

Initials: _____

4. 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.

Initials: _____

5. I hereby authorize the employers, schools, and personal reference named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic, and other records to the employer.

Initials: _____

I solemnly swear that all of the information furnished in this employment application is true, accurate, and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that any misrepresentation or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

Applicant's Signature

Date

Sworn to and subscribed in my presence this _____ day of _____, 20 ____.

Notary Public

03/2021 gs

My commission expires: _____