

**THE HANCOCK COUNTY SHERIFF  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**APPLICATION FOR EMPLOYMENT**

**PAGE 1 OF 7**

Instructions: Please complete this form completely and accurately. Please type or use a pen and print clearly.

**SECTION I - PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First MI

Street Address City State County Zip Code

Home Telephone Number

Cell Phone Number

Are you at least 18 years of age? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed by this county because of VISA or Immigration Status? ☐ Yes ☐ No

**Proof of citizenship or immigration status will be required upon employment.**

Best time to contact you by phone at: Home \_\_\_\_\_ Cell \_\_\_\_\_

**SECTION II - WORK REFERENCES**

**Position applying for:**

**Date of Application**

Road Deputy Corrections Officer Communications Officer

Cadet Program Clerical Intern Other

Are you applying for: ☐ Full-time work ☐ Part-time work ☐ No preference

Are you interested in:

☐ Permanent Work

☐ Intermittent work

☐ Temporary work

☐ Seasonal work

☐ No preference

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Minimum salary expectation: \_\_\_\_\_

Date available to start: \_\_\_\_\_

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**Employment History (In chronological order beginning with the most recent):**

<p>1.</p> <p>_____</p> <p>Employer's Name</p> <p>_____</p> <p>Street Address/City/State/Zip</p> <p>_____</p> <p>Supervisor's Name/Phone</p>	<p>Dates Employed:</p> <p>From: _____</p> <p style="text-align: center;">Month/Year</p> <p>To: _____</p> <p style="text-align: center;">Month/Year</p>	<p>Your Job Title:</p> <p>Beginning: _____</p> <p>End: _____</p> <p>Your Salary:</p> <p>Beginning: _____</p> <p>End: _____</p>
<p>Describe your duties, responsibilities, equipment operated, etc., for position(s) held:</p> <p>_____</p> <p>_____</p> <p>Describe your reason(s) for leaving:</p> <p>_____</p> <p>Are you currently employed?      <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>May we contact your present employer? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		

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<p>2.</p> <p>_____</p> <p>Employer's Name</p> <p>_____</p> <p>Street Address/City/State/Zip</p> <p>_____</p> <p>Supervisor's Name/Phone</p>	<p>Dates Employed:</p> <p>From: _____</p> <p style="text-align: center;">Month/Year</p> <p>To: _____</p> <p style="text-align: center;">Month/Year</p>	<p>Your Job Title:</p> <p>Beginning: _____</p> <p>End: _____</p> <p>Your Salary:</p> <p>Beginning: _____</p> <p>End: _____</p>
<p>Describe your duties, responsibilities, equipment operated, etc., for position(s) held:</p> <p>_____</p> <p>_____</p> <p>Describe your reason(s) for leaving:</p> <p>_____</p>		

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<p>3.</p> <p>_____</p> <p>Employer's Name</p> <p>_____</p> <p>Street Address/City/State/Zip</p> <p>_____</p> <p>Supervisor's Name/Phone</p>	<p>Dates Employed:</p> <p>From: _____</p> <p style="text-align: center;">Month/Year</p> <p>To: _____</p> <p style="text-align: center;">Month/Year</p>	<p>Your Job Title:</p> <p>Beginning: _____</p> <p>End: _____</p> <p>Your Salary:</p> <p>Beginning: _____</p> <p>End: _____</p>
<p>Describe your duties, responsibilities, equipment operated, etc., for position(s) held:</p> <p>_____</p> <p>_____</p> <p>Describe your reason(s) for leaving:</p> <p>_____</p>		

Attach additional pages if necessary to include additional employers. Failure to include all employment may be grounds for disqualification.

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**SECTION III - EDUCATION AND TRAINING**

	Formal Education	College	Technical School
School Name and Location			
Years Completed	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 Above	1 2 3 4 Above
Diploma/Degree/Major			
Other School(s) attended:			
Please describe the courses you took, technical training you received, or skills you have attained which you feel would help you perform the job for which you are applying (e.g., special machines or equipment you operate, hobbies or volunteer work projects which have taught you qualifying skills, etc.):			
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<hr/>			
<hr/>			
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**SECTION IV – MISCELLANEOUS**

(The following information will be used only if it is directly related to the classification/position for which you are applying.)

Have you ever been employed in state or county service of the State of Ohio? ☐ Yes ☐ No

Have you ever filed an application here before? ☐ Yes ☐ No

Have you ever been employed here before? ☐ Yes ☐ No

If yes, give date \_\_\_\_\_

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**References - (Please give the name, address, and phone number of three (3) references not related to you who would know of your skills for this position):**

Name	Address	Phone
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Name	Address	Phone
------	---------	-------

Name	Address	Phone
------	---------	-------

Do any of your immediate family members currently work for the Sheriff's Office? ☐ Yes ☐ No

If yes, please indicate the immediate family member's name(s) and position held: \_\_\_\_\_

\*\*\*\*\*  
PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.  
\*\*\*\*\*

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 may include drug, alcohol, or substance abuse testing.

Initials: \_\_\_\_\_

2. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application shall be disqualified from further consideration. I further understand and accept that if I am employed by the Employer, I shall be terminated from employment if any information required by this application has been falsified or intentionally excluded.

Initials: \_\_\_\_\_

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3. 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 it may be necessary for the Employer to investigate my background for any criminal or unlawful activity.

Initials: \_\_\_\_\_

4. I hereby authorize the employers, schools, and personal references named in this application to provide information regarding me to the Employer and to release any personnel, academic, and other records and information to the employer.

Initials: \_\_\_\_\_

**\*\*READ CAREFULLY BEFORE SIGNING\*\***

I SOLEMNLY SWEAR OR AFFIRM THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED SHALL LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT.

I ALSO RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

FINALLY, I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH THE HANCOCK COUNTY SHERIFF'S OFFICE MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT OF THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

I UNDERSTAND THIS APPLICATION WILL REMAIN IN THE ACTIVE APPLICATION FILE AND BE CONSIDERED ONLY FOR A PERIOD OF 60 DAYS, AFTER WHICH I MUST SUBMIT A NEW APPLICATION IF I WISH TO CONTINUE TO BE CONSIDERED FOR EMPLOYMENT BY THE HANCOCK COUNTY SHERIFF'S OFFICE.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date