

Application For Employment

**Wabash County Sheriff's
Department**



79 West Main Street
Wabash, Indiana 46992-3162
(260) 563-8891

APPLICATION - POSITION WITH WABASH COUNTY SHERIFF'S DEPARTMENT

A person submitting an application to the Wabash County Sheriff's Department, for consideration for the position of _____ shall meet the following requirements:

1. Be a citizen of the United States of America.
2. Reside within the boundaries of Wabash County, Indiana or be willing to establish this residence upon appointment, as set forth under IC: 36-8-4-2 (1981).
3. Be a graduate of an accredited high school and possess a diploma.
4. Be 18 years of age to apply for a Jail Position. Be 21 years of age to apply for a Merit Deputy or Reserve Deputy.
5. Date of birth shall be supported by a certificate or an affidavit properly sworn and subscribed and recorded in the office of the Clerk of the Circuit Court in the county of birth.
6. Be able to perform the essential functions and requirements set forth in the Position Description.
7. Complete in satisfactory manner, a thorough physical and mental examination which will be conducted by a physician or therapist recommended by the Wabash County Sheriff's Department.
8. Possess a valid Indiana Driver's License.
9. Not have been found guilty of any violations of the law except a minor traffic offense.
10. Be of good character, appearance, and personality.
11. Possess a good prior work-attendance record; a check will be made with previous employer.
12. Possess an Honorable discharge from any former military service.
13. Sign waivers and agree to background checks, polygraph examination, credit checks, as well as a drug screening test.
14. Provide copies of birth certificate, high school transcript. (Most high schools insist on mailing transcripts directly to prospective employers and this is acceptable).
15. Provide transcripts showing courses of study and grades obtained from any college or university that the applicant has attended.
16. Provide copy of military discharge documents, if applicable. (DD-214).

****OMISSION OF ANY ONE OF THESE REQUIREMENTS MAY BE SUFFICIENT CAUSE TO DISQUALIFY THE APPLICANT.**

**APPENDIX A
APPLICATION FOR EMPLOYMENT
COUNTY OF WABASH
AN EQUAL OPPORTUNITY EMPLOYER**

Please type or print responses to all of the questions contained in the entire application form. Any application not completed in its entirety will be disqualified.

Position Sought: _____

Last Name: _____ First Name: _____

Middle Initial: _____ Former Names: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____

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: _____
Enter "none" if unemployed

May we contact your current employer prior to employment?

Yes _____ No _____

Current employer's address: _____

Phone number: _____ Date Employed: _____

Job title: _____

Supervisor's name: _____

Beginning Salary: _____ Per: _____

Ending Salary: _____ Per: _____

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

Why did you (or do you want to) leave?: _____

Previous Employer: _____

Address: _____ Phone: _____

Dates employed: From: _____ To: _____

Job Title: _____

Supervisor's name: _____

Beginning salary: _____ Per: _____

Ending salary: _____ Per: _____

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

Why did you leave?: _____

Previous Employer: _____

Address: _____ Phone: _____

Dates employed: From: _____ To: _____

Job Title: _____

Supervisor's name: _____

Beginning salary: _____ Per: _____

Ending salary: _____ Per: _____

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

Why did you leave?: _____

Previous Employer: _____

Address: _____ Phone: _____

Dates employed: From: _____ To: _____

Job Title: _____

Supervisor's name: _____

Beginning salary: _____ Per: _____

Ending salary: _____ Per: _____

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

Why did you leave?: _____

Previous Employer: _____

Address: _____ Phone: _____

Dates employed: From: _____ To: _____

Job Title: _____

Supervisor's name: _____

Beginning salary: _____ Per: _____

Ending salary: _____ Per: _____

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

Why did you leave?: _____

**IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS
EMPLOYERS, PLEASE USE A BLANK SHEET OF PAPER
TO DO SO.**

EDUCATION AND TRAINING
<p>This section is intended to give the employer information about the education and training that you have completed, and to demonstrate your skills, knowledge and abilities to perform the job duties of the position.</p>

High school attended: _____

Address: _____

Did you graduate: _____ High school equivalent: _____

Activities, awards, sports, etc.: _____

College or trade school attended: _____

Address: _____

Date of attendance: _____ To: _____

Did you graduate? _____ Degree: _____

Please list below any seminars or special training which you believe would be relevant to the type of work you are seeking:

Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application.

PERSONAL INFORMATION

Do you have any commitments (I.E., second job, school, etc.) which might interfere with, or adversely effect, your employment should we select you for a position? Yes No

If yes, please explain: _____

Have you ever been convicted of a felony? Yes: _____ No: _____

If yes, please explain: _____

PLEASE LIST FOUR REFERENCES WHO ARE NOT RELATED TO YOU:

Name: _____

Phone: _____ Address: _____

Name: _____

Phone: _____ Address: _____

Name: _____

Phone: _____ Address: _____

Name: _____

Phone: _____ Address: _____

AVAILABILITY INFORMATION: (Please mark an "X" for each question)

Are you interested in:	Yes	No
Full-time permanent work:	_____	_____
Part-time work:	_____	_____
Temporary work:	_____	_____

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 hired, I may be hired conditional upon passing any medical and/or psychological examinations that the employer deems to be necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: _____

- 2 I understand that it may be necessary for me to approve and sign any waivers necessary in order for that employer to obtain information from my current and former employers.

Initials: _____

- 3 I understand that the employer provides a seven day per week and twenty four hour per day service, and therefore, if employed, I may be required to work evening shifts or night shifts, including weekends.

Initials: _____

- 4 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: _____

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 MY MISREPRESENTATIONS OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT.

BY THE SUBMISSION OF THIS DOCUMENT, I HEREBY AGREE THAT I SHALL EXECUTE THE EMPLOYER'S CONDITIONAL AND POST-EMPLOYMENT MEDICAL EXAMINATION AND DRUG TESTING CONSENT FORMS. 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)

WABASH COUNTY SHERIFF'S OFFICE

AUTHORIZATION TO RELEASE INFORMATION

I, _____ (print clearly), hereby authorize any person, agency partnership or corporation having any information concerning my background (including any **State Tax** information), **credit record, financial record, educational record, criminal record, employment record, medical record, military record, or Selective Service record**, to release such information to the Wabash County Sheriff's Office. This information is to be used for possible employment with the Wabash County Sheriff's Office and will not be available for public inspection. I authorize the Wabash County Sheriff's Office to release information as necessary to complete an investigation of my character and background for employment purposes.

I hereby release such person, agency, partnership or corporation from any liability which may be incurred in releasing this information to the Wabash County Sheriff's Office including liability under Federal Law.

Signature

Social Security #

Email address

PSID # (if applicable)

Date of Birth

Date

Witness