



POSITION APPLYING FOR _____

MIAMI COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT

(Attach résumé)

NAME _____
LAST FIRST MIDDLE MAIDEN
(IF APPLICABLE)

PERMANENT ADDRESS _____
STREET

CITY COUNTY STATE ZIP

TELEPHONE (HOME) _____ (CELL) _____

EMAIL ADDRESS _____

DATE _____

**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
COMPLYING WITH ALL PROVISIONS OF
THE AMERICANS WITH DISABILITIES ACT**

INITIAL REQUIREMENT DATA

Are you a U. S. Citizen? _____ If no, explain on a separate sheet and attach documentation.

Age _____ Date of Birth _____ Sex _____ Race _____
 (Attach Copy of Birth Certificate)

FAMILY DATA

Marital Status: Married _____ Single _____ Divorced _____ Separated _____

Spouse's Name (if applicable) _____

Dependents (if applicable):

NAME	AGE	RELATIONSHIP

If divorced, are you legally required to make child support payments? _____

Are you current on child support payments? If no, explain: _____

EDUCATION DATA (Attach transcripts for all)

List information for high school and all accredited colleges/universities you have attended

Name & Address of School	Course of Study	# of Hours Completed	GPA on 4.0 Scale	Did you Graduate?	List Diploma or Degree

EMPLOYMENT DATA

- A. Have you ever been discharged or resigned to prevent being discharged from a position of employment? _____ If yes, please explain on a separate sheet.

- B. List chronologically (most recent employment FIRST) all past and current employment including part-time. (Use additional sheets if necessary):

Name of Employer or Business: _____		
Your Title: _____	Duties: _____	
Dates of Employment: _____	From: _____	To: _____
Reason for Leaving: _____		
Address of Business: _____		
City: _____	State & Zip: _____	Phone#: _____

Name of Employer or Business: _____		
Your Title: _____	Duties: _____	
Dates of Employment: _____	From: _____	To: _____
Reason for Leaving: _____		
Address of Business: _____		
City: _____	State & Zip: _____	Phone#: _____

Name of Employer or Business: _____		
Your Title: _____	Duties: _____	
Dates of Employment: _____	From: _____	To: _____
Reason for Leaving: _____		
Address of Business: _____		
City: _____	State & Zip: _____	Phone#: _____

EMPLOYMENT DATA (continued)

Name of Employer or Business: _____		
Your Title: _____	Duties: _____	
Dates of Employment: _____	From: _____	To: _____
Reason for Leaving: _____		
Address of Business: _____		
City: _____	State & Zip: _____	Phone#: _____

Name of Employer or Business: _____		
Your Title: _____	Duties: _____	
Dates of Employment: _____	From: _____	To: _____
Reason for Leaving: _____		
Address of Business: _____		
City: _____	State & Zip: _____	Phone#: _____

Name of Employer or Business: _____		
Your Title: _____	Duties: _____	
Dates of Employment: _____	From: _____	To: _____
Reason for Leaving: _____		
Address of Business: _____		
City: _____	State & Zip: _____	Phone#: _____

Name of Employer or Business: _____		
Your Title: _____	Duties: _____	
Dates of Employment: _____	From: _____	To: _____
Reason for Leaving: _____		
Address of Business: _____		
City: _____	State & Zip: _____	Phone#: _____

LAW ENFORCEMENT EXPERIENCE

Have you ever been employed by a police department? _____

Where did you complete your basic law enforcement certification program? _____

Date law enforcement training was completed: _____

Did you receive a certification upon completion of training? Yes _____ No _____

Length of basic training: Total training hours _____ Weeks of training _____

AGENCY	FROM	TO	RANK	REASON FOR LEAVING

Are you eligible for rehire? _____ If no, explain fully on a separate sheet.

List any specialty training you have received:

Were you ever disciplined? _____ If yes, explain fully on a separate sheet.

VOLUNTEER EXPERIENCE

Have you ever volunteered for a police department? _____

Where did you complete your certification program? _____

Date training was completed? _____

Did you receive a certification upon completion of training? Yes _____ No _____

Length of training: Total hours _____ Weeks of training _____

Organization	Dates		Title	Reason for Leaving
	From	To		

Are you eligible for re-hire? _____ If no, explain fully on a separate sheet.

List any specialty training you have received: _____

Were you ever disciplined? _____ If yes, explain fully on a separate sheet.

MILITARY HISTORY AND STATUS

Have you ever served in the military on active duty? _____ If yes, include a copy of your DD214.

MILITARY BRANCH	FROM	TO	HIGHEST RANK ATTAINED AND RANK AT SEPARATION	TYPE OF DISCHARGE AND REENLISTMENT CODE

Are you eligible to reenlist? _____ If no, explain fully on a separate paper

List any citation and awards received: _____

Were you ever disciplined (Court Martial, Article 15, Captain’s Mast Etc.) while on duty _____
If yes, explain fully on a separate paper.

ARREST RECORD

Have you ever been arrested for a criminal offense? _____ If yes, describe below:

Date	Location	Charge	Fine or Sentence

Have you ever been convicted of a felony? _____ (If yes, explain on a separate sheet of paper)

Have you ever been arrested for an act that would have been a crime had it been committed by an adult?
_____ If yes, describe below:

Date	Location	Charge	Fine or Sentence

Have you ever been or are you currently involved as a plaintiff, defendant, petitioner or respondent in any civil court action? _____ If yes, explain fully on a separate sheet.

VEHICLE CRASH AND DRIVING RECORD

Do you currently possess a valid driver's license? _____ Expiration Date: _____
Operator's License Number _____ State: _____
Has your driver's license ever been suspended? _____ If yes, explain _____

List vehicle crashes in which you have been involved as a driver:

DATE	LOCATION	WHAT HAPPENED

Have you ever received a ticket for a traffic offense? _____ If yes, describe below:

DATE	LOCATION	CHARGE	FINE OR SENTENCE

MISCELLANEOUS

Do you own your own home? _____ If yes, how much is the current mortgage indebtedness _____

What is the total amount of your indebtedness other than home? _____

Annual Income: Applicant _____ Spouse _____

Are you a proprietor or part owner of any business or firm: _____ If yes, describe nature of business:

Are there any licenses for this/these business(es) in your name, i.e. liquor license?

Have you ever applied for a permit to carry a handgun? _____ If yes, license # and status:



Photograph to be front view, head and shoulders, 2 ½ square and taken within the past six months.

Other Photographs are not acceptable.

I certify that:

1. All required items are included with this application
 - a. Birth Certificate (copy only)
 - b. High School and College Transcripts (Grade Reports are not accepted)
 - c. Military – DD214 (if veteran), DD217 (if active duty)
 - i. If active military, letter of endorsement from military commander
 - ii. Any supporting letters of commendation from military personnel file
 - iii. Copies of specialized training certificates and awards
 - d. Previous Law Enforcement Documentation
 - i. Copy of Law Enforcement Academy certificate
 - ii. Letter of endorsement from supervisor
 - iii. Copies of commendation and awards and last 3 performance appraisals
 - e. Photograph – 2 ½ x 2 ½ head and shoulders
2. I have personally completed this application.

CHECK APPLICATION CAREFULLY. BE CERTAIN ALL ITEMS ARE COMPLETE BEFORE MAILING

I swear or affirm under the penalty of perjury that all information contained in this application is true and accurate to the best of my knowledge.

Signature

Date

THIS APPLICATION WILL NOT BE CONSIDERED IF ALL INFORMATION IS NOT COMPLETED AND ALL REQUIRED DOCUMENTS ARE NOT ATTACHED

**Mail to:
MIAMI COUNTY SHERIFF'S OFFICE
1104 W 200N
PERU, IN 46970-9133**

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize any person, agency, partnership or corporation having any information concerning my CREDIT RECORD, EDUCATION RECORD, MEDICAL RECORD, EMPLOYMENT RECORD, MILITARY RECORD OR SELECTIVE SERVICE RECORD, to release such information the MIAMI COUNTY SHERIFF'S OFFICE. This information is to be used for possible employment with the Miami County Sheriff's Office and will not be available for public inspection.

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

Signature

Date

Witness