



Trumbull County Sheriff's Office

Sheriff Paul S. Monroe

150 High Street

Warren, OH 44481

(330) 675-2508

Application for Employment

The Trumbull County Sheriff's Office is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion, or any other legally protected status.

NOTICE:

The following additional documents must be attached to this application:

1. A copy of your social security card
2. A copy of OPOTA Peace Officer Certificate (if applying for sworn position)
3. A copy of Corrections Certificate (if applying for Corrections & if completed)
4. College transcripts and/or copies of certification of other advanced training
5. Military DD-214

POSITION APPLIED FOR: (Number in order of preference)

- | | |
|---|--|
| <input type="checkbox"/> Full Time Sworn Officer (Deputy) | <input type="checkbox"/> Corrections Officer |
| <input type="checkbox"/> Clerk/Typist | <input type="checkbox"/> Reserve Officer |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Mounted Officer |
| <input type="checkbox"/> Maintenance | |

Today's Date: _____

<p><i>Instructions</i></p>

This application must be printed legibly in ink. Do not Type. All questions must be answered.

Applications which are not complete, or completed improperly, will not be considered.

If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

**Personal
Information**

Name: _____

Social Security Number: _____ - _____ - _____

Driver's License # : _____ State: _____

Applicant's Current Address:

Street Name Apt. Number

City County State Zip Code

Mailing Address if different from above

Telephone Number: (_____) _____

Spouse's Name and Address (if different):

Name Social Security Number

Address

City County State Zip Code

Children’s Name and Age: (Voluntary)

Name	Age	Address (if Different)

Former Spouse(s) Name and Address:

Name

Address

City

County

State

Zip Code

Other: List all other names you have used, including the circumstances and time periods you used them. (For example: maiden name, former name(s), alias (es), or nickname(s).

Name	Circumstances	Dates From Mo./Yr.	Dates To Mo./Yr.

Have you ever taken a polygraph test ? () Yes () No

Year Taken _____

Where was it taken?

Reason taken?

What were results of polygraph test?

Have you ever been arrested ? () Yes () No

If yes, give details and location:

Have you ever been sued in Civil Court ? () Yes () No

Case Number _____

Education/ Training

High School Name/Address	Did You Graduate?

*College/University	From	To	CreditHours Earned	Did You Graduate?	Type of Degree

*Attach diploma or official transcript from last institution of higher
education attended.

Major _____ Minor _____

Other Schools (Trade, Vocational, Business, or Military):

Name/Address	From	To	Credit Hours Earned	Area of Study	Did You Graduate?	Type of Certificate

Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school:

Indicate any foreign language you can

Speak _____

Read _____

Write _____

Are you currently under consideration for employment with any law enforcement agency? If so, list below:

Indicate any law enforcement education/training: _____

Did you receive a certificate for this training? () Yes () No

Certificate Number _____

Name of Academy or School _____

Address of Academy or School _____

Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license)

Indicate any special skills you possess and equipment you can use which may related to law enforcement work. (example; two way radio communications, breathalyzer, speed detection equipment, firearms):

Typing Speed _____ Shorthand Speed _____

Have you used computers or computer terminals in your prior or current position?

() Yes

() No

If yes, list programs, software used:

Are you willing to work Nights? () Yes () No

 Evenings? () Yes () No

 Weekends? () Yes () No

Can you perform the essential functions of the job duties set forth in the job description for which you applied, either with or without reasonable accommodation ?

() Yes () No

For job descriptions which include testing or examination, can you take the test examination either with or without a reasonable accommodation ?

() Yes () No

Do you now, or have you possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature ?

() Yes () No

If yes, please complete the following:

- a. Drug : __
- b. Circumstances : _____
- c. Number of times possessed/supplied/sold : ____
- d. First time possessed/supplied/sold : ____
- e. Last time possessed/supplied/sold : ____

Do you currently use any narcotic or controlled substance, such as those listed above or have you used such a narcotic or controlled substance within the last year?

() Yes () No

Employment History

List chronologically all employment **beginning with present employment**, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name and address of employer	From	To	Salary	Job Responsibilities	Reason for Leaving
Name					
Address					
City, State, Zip					
Area Code & Phone No.					
Name					
Address					
City, State, Zip					
Area Code & Phone NO.					
Name					
Address					
City, State, Zip					
Area Code & Phone NO.					
Name					
Address					
City, State, Zip					
Area Code & Phone NO.					

Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held?

() Yes () No

Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? () Yes () No

If yes, please provide name of agency and date of application or service

Do you own a business, or are you a partner or corporate officer in a business or organization not listed previously as a current or former employer?

() Yes () No

If yes, Please provide name and address of business, corporation, or organization and describe your relationship or position.

Residences

Actual places of residence for past 10 years – list chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street addresses, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

From	To	Street Address	City	County	State	Zip Code

Personal References & Acquaintances

Personal References

Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you for the past five (5) years. If retired, give former occupation.

Name	Mailing Address	State	Zip Code	Years Known	Phone

Social Acquaintances:

Give three (3) social acquaintances who have known you well for the past five (5) years.

Name	Mailing Address	State	Zip Code	Years Known	Phone

Are you acquainted with any members of the Trumbull County Sheriff's Office?

If so, list name (s) and your relationship to each

Name	Relationship

Driving History

Are you a licensed Ohio automobile operator? () Yes () No

Do you have a Commercial Driver's license? () Yes () No

Do you hold or have you ever held an automobile operator's license or commercial Driver's License (CDL) in another state? () Yes () No

If yes, please provide state(s), name used, and approximate dates license(s) was/were held:

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? () Yes () No

If yes list from what State and reason

Military History

Have you ever served on active duty in the Armed Forces of the United States?

Yes No

Branch of Service: _____

Highest Rank: _____ Serial Number: _____

Duty Dates: From: _____ To: _____ From: _____ To: _____

From: _____ to: _____ From: _____ To: _____

Date of Discharge: _____

Form of Discharge: _____

Are you now or have you ever been a member of a reserve unit or the National Guard?

Yes No

If yes, state branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

Was any type of disciplinary action taken against you in the service?

() Yes

() No

If yes, please provide: Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

Business Interests & Licenses

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages?

Yes No

2. Are you now issued or have you ever been issued a license to engage in a business or profession?

Yes No

3. Was license ever cancelled, suspended, or revoked?

Yes No

If yes to question #1, #2, or #3, please provide details:

Organization Membership

List all clubs of which you are or have been a member. Please exclude the Name of any club or organization which may reveal your membership in a protected group including race, color, religion, sex, national origin, handicap, age, or ancestry.

Name	Mailing Address	State	Zip Code	List position held & describe activity

Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means ? () Yes () No

Have you ever made a financial or other material contribution to any organization of the type described in question # 2 above? () Yes () No

At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? () Yes () No

Did you intend to promote any unlawful aims of the organization?

() Yes () No

If yes to question above, explain, including the name of the organization and its location.

Applicant's Certification

I understand that my appointment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true and complete, to the best of my knowledge. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Trumbull County Sheriff's Office and that it and the information received in response to the background examination are public records. I also understand that I may be required to furnish the Sheriff's Office with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment. I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test. I understand that the use of drugs or alcohol is not permitted during work time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees. I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to perform satisfactorily the duties of my position or assignment with the Trumbull County Sheriff's Office. I understand the following types of information will be collected: employment and educational histories; medical, military, insurance, credit and financial information, motor vehicle and police records; information about your abilities, family, character, lifestyle, and organization memberships, and information about any current drug use via drug testing. Information will be obtained by letter, by telephone, and by personal interview with both primary and secondary sources. This information is used as one element for appointment decisions. I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise regarding my ability and fitness for employment or appointment with the Sheriff's Office and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office. I agree to conform to the rules, regulations, and orders of the Sheriff's Office and acknowledge that these rules, regulations, and orders may be changed, interpreted, withdrawn, or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me.

_____ Signature of Applicant

Subscribed and sworn to me according to the law by the above named applicant on this _____ day of _____, 20____.

Notary Public

AGREEMENT

ATTENTION: PLEASE READ THE FOLLOWING STATEMENT CAREFULLY
BEFORE SIGNING THIS DOCUMENT

As an applicant for employment with the Trumbull County Sheriff's Office, I understand and agree that the Sheriff's Office may make a thorough investigation of my past employment and activities. (This may include, but not be limited to, a motor vehicle operator, police record and credit record investigation.) I hereby release you, your organization or others from any liability or damages which may result from the exchange of the information requested.

I hereby attest that the information provided on this employment application (and accompanying resume, if any) is true, accurate and complete to the best of my knowledge. I understand that any misrepresentation, falsification or significant omissions of information may disqualify me from further consideration for employment, and may be considered as grounds for dismissal if discovered following employment.

Signature

Date

AUTHORIZATION AND RELEASE

As an applicant for employment with the Trumbull County Sheriff's Office, I understand and agree that the Sheriff's Office may make a thorough Investigation of my credit and criminal records, and past employment and activities. I hereby release the Trumbull County Sheriff's Office, its employees, agents, and representatives, and all others from any liability or damages which may result from the exchange of the information requested.

Print Name

Maiden Name

Social Security Number

Current Address

Signature

Date

All applicants are subject to a medical examination as well as drug screening. Only applicants that pass the above listed testing will be considered for employment.

Notice

If you need a question further answered or further information on completing this application, contact:

Trumbull County Sheriff's Office

Personnel Director – Paula Maas

150 High Street

Warren, Ohio 44481

(330) 675-2508

