



MORGAN COUNTY SHERIFFS OFFICE

EMPLOYMENT APPLICATION

Morgan County is an Equal Opportunity Employer

POSITION: DEPUTY DISPATCH SPECIAL DEPUTY OTHER

PLEASE TYPE OR PRINT IN INK

NAME: (Last, First, Middle)		DATE OF BIRTH:
		/ /
ADDRESS: (Street, City, State, ZIP Code)		
HOME PHONE:	ALTERNATE PHONE:	E-MAIL ADDRESS:
DRIVER'S LICENSE: <input type="checkbox"/> Yes <input type="checkbox"/> No STATE:		LEGAL RIGHT TO WORK IN THE US:
CLASS:		<input type="checkbox"/> Yes <input type="checkbox"/> No

PREFERENCES

PREFERRED SALARY:	ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
WHAT TYPE OF JOB ARE YOU LOOKING FOR? <input type="checkbox"/> Regular <input type="checkbox"/> Temporary	TYPES OF WORK YOU WILL ACCEPT: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
SHIFTS YOU WILL ACCEPT:	
<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends <input type="checkbox"/> On Call (as needed)	

EDUCATION

HIGH SCHOOL NAME:	LOCATION: (City, State)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CHECK YEAR COMPLETED: <input type="checkbox"/> 12 <input type="checkbox"/> 11 <input type="checkbox"/> 10 <input type="checkbox"/> 9		OBTAINED GED? <input type="checkbox"/> Yes No <input type="checkbox"/>
SCHOOL NAME: (College / University)		LOCATION: (City, State)
CHECK YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR:
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
SCHOOL NAME: (College / University)		LOCATION: (City, State)
CHECK YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR:
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
SCHOOL NAME: (College/University)		LOCATION: (City, State)
CHECK YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR:
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:

EMPLOYMENT HISTORY

Please list your work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. NOTE: To be considered for employment, you must fill in the information below, accurately and completely. You may submit a resume in addition to completing this section, if applying for a civil service examination, only the information provided below will be considered. A resume may not be used. If you need additional space, attach extra sheets to this application.

DATES: From: To:	EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, ZIP Code)		
COMPANY URL:	PHONE NUMBER:	SUPERVISOR:
HOURS PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES:		
REASON FOR LEAVING:		
DATES: From: To:	EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, ZIP Code)		
COMPANY URL:	PHONE NUMBER:	SUPERVISOR:
HOURS PER WEEK:	SALARY;	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES:		
REASON FOR LEAVING:		
DATES: From: To:	EMPLOYER:	POSITION TITLE
ADDRESS: (Street, City, ZIP Code)		
COMPANY URL:	PHONE NUMBER:	SUPERVISOR:
HOURS PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES:		
REASON FOR LEAVING:		

1			EMPLOYMENT HISTORY (Continued)		
DATES: From: To:		[EMPLOYER:		POSITION TITLE:	
ADDRESS: (Street, City, ZIP Code)					
COMPANY URL:		PHONE NUMBER:		SUPERVISOR:	
HOURS PER WEEK:		SALARY:		MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No	
DUTIES:					
REASON FOR LEAVING:					
DATES: From: To:		EMPLOYER:		POSITION TITLE:	
ADDRESS: (Street, City, ZIP Code)					
COMPANY URL:		PHONE NUMBER:		SUPERVISOR:	
HOURS PER WEEK:		SALARY:		MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No	
DUTIES:					
REASON FOR LEAVING:					
<u>CERTIFICATES AND LICENSES</u>					
TYPE:					
LICENSE NUMBER:			ISSUING AGENCY:		
TYPE:					
LICENSE NUMBER:			ISSUING AGENCY:		
<u>SKILLS</u>					
OFFICE SKILLS: Typing Speed.		Data Entry Speed:			
COMPUTER SKILLS:					
OTHER SKILLS:					
LANGUAGES:					

EQUAL EMPLOYMENT OPPORTUNITY

Responses to questions 10-15 are OPTIONAL. These questions are included to assist our equal employment opportunity efforts. Providing this information is VOLUNTARY and will in no way affect the processing of your application or your being considered for employment. Human Resources will process your responses to these confidential questions separately. Responses will be used for statistical purposes only.

Position Applied For: _____ Date: _____

Agency: _____ Position Number: _____

10. OPTIONAL: Sex

- ☐ Male ☐ Female

11. OPTIONAL: Please select your age group.

- ☐ Under 18
☐ 18-25
☐ 26-39
☐ 40-54
☐ 55-69
☐ 70+

12. OPTIONAL: Race/Ethnicity

- ☐ **WHITE:** All persons having origins in any or the original peoples of Europe, North Africa or the Middle East
- ☐ **BLACK or AFRICAN AMERICAN:** All persons having origins in any of the Black racial groups of Africa
- ☐ **HISPANIC or LATINO:** All person or Mexican. Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.
- ☐ **ASIAN:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (for example, China, India, Japan and Korea).
- ☐ **NATIVE HAWAIIAN or PACIFIC ISLANDER:** All persons having origins in any of the original peoples of the Hawaiian Islands and Pacific Islands (for example, Hawaii, Philippine Islands and Samoa).
- ☐ **AMERICAN INDIAN or ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ **OTHER:** Please self-define. _____

13. OPTIONAL: Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?

- ☐ Yes ☐ No

14. OPTIONAL: Are you a veteran?

- ☐ Yes ☐ No

15. OPTIONAL: If you answered Yes to the previous question, please indicate if you or more of the following apply.

- ☐ **MILITARY STATUS:** The performance of duty in a uniformed service, to include active duty, active duty for training, initial active duty for ¹⁻¹ training, inactive duty for training; full-time National Guard duty.
- ☐ **DISABLED VETERAN:** A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
- ☐ **DESERT STORM/SHIELD VETERAN:** A person whose active duty was performed after August 2, 1990, in the Persian Gulf Conflict.
- ☐ **VIETNAM ERA VETERAN:** A person served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975.

CERTIFICATION

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the Human Resources Division, Ohio Department of Administrative Services, and/or the agency that holds the vacancy for which I am applying and to appropriate officials for recruitment purposes. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act,

Signature of Applicant: _____ Date: _____



Morgan County Sheriff's Office

James R. Fisher, Sheriff

37 E. Main St.

McConnelsville, Oh. 43756

Phone 740-962-4044 Fax 740-962-4035

Sheriff.Fisher@morgancounty-oh.gov

AUTHORIZATION FOR FULL DISCLOSURE

I _____, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Morgan County Sheriffs Office, whether the said records are public, private or confidential in nature.

The intent of this authorization is to give my full consent for full and complete disclosure of the records of education institutions; financial or credit institutions and the records of commercial or retail credit agencies (including credit reports and/or ratings); employment and pre-employment records, including background reports, polygraph examinations, efficiency ratings, performance evaluations, attendance records, military service records/investigator files, disciplinary records, complaints filed against me, salary records, data contained with the application of employment; real and personal property tax records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of polygraph examinations; records of complaint of a civil nature made by or against me, other counsel, whether representing me or another person in any case in which I presently have, or have had an interest including any files which are deemed to be confidential, expunged or sealed pursuant to 2953.33 of the Ohio Revised Code.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing background investigation which may provide pertinent data for the Morgan County Sheriffs Office to consider in determining my suitability for employment. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon the release authorization will be considered in determining my suitability for employment by the Morgan County Sheriffs Office and will not be returned to me.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the Morgan County Sheriffs Office in conjunction with employment procedures.

For and in consideration of, the Morgan County Sheriffs Office acceptance and processing of my application for employment, I agree to hold the Morgan County Sheriffs Office, its agents and

employees harmless from any and all claims and liability associated with the application for employment or in any way connected with the decision whether or not to employ me with the Morgan County Sheriffs Office. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

A photocopy, facsimile or other electronic reproduction of this form will be valid as an original thereof, even though the said photocopy, facsimile or other electronic reproduction does not contain an original writing of my signature or witness there.

The waiver is valid for a period of **two** years from the date of my signature.

Date: _____ **Signature:** _____

Last Name: _____ First Name: _____ Middle: _____

Current Address: _____

Telephone Number: _____ Date of Birth: _____

Social Security Number: _____

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Sworn to before me and Subscribed in my presence this _____ day of _____, 20____

My Commission Expires: _____

Notary Public

References:

Full Name: _____

Job Title/Position: _____

Company/Organization: _____

Relationship to You: _____

Phone Number: _____

Email Address: _____

Full Name: _____

Job Title/Position: _____

Company/Organization: _____

Relationship to You: _____

Phone Number: _____

Email Address: _____

Full Name: _____

Job Title/Position: _____

Company/Organization: _____

Relationship to You: _____

Phone Number: _____

Email Address: _____

Full Name: _____

Job Title/Position: _____

Company/Organization: _____

Relationship to You: _____

Phone Number: _____

Email Address: _____

MAY WE CONTACT YOUR REFENCES, YES _____ OR NO _____ (PLEASE CHECK ONE)