



Today's Date: _____
MM/DD/YYYY

Disclaimer	<p>The Warren County Sheriff's Office is an Equal Opportunity Employer.</p> <p>The Warren County Sheriff's Office considers all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other legally protected status.</p>
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IMPORTANT INFORMATION-DO NOT PROCEED UNTIL YOU HAVE READ THE BOX BELOW	
Instructions	<p>Thank you for your interest in the Warren County Sheriff's Office. Consider this application the first test of your ability to work with us. It must be completed in your own handwriting. It will be judged for completeness, ability to follow directions, and legibility. If a category requests information, it must be complete. For example: an address consists of number, street name, city, state, and zip code, or a phone number consists of an area code and the seven-digit number.</p> <p>Please initial that you have read the instructions above: _____</p>

You may check more than one box.											
Position Applied For	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Deputy Sheriff</td> <td><input type="checkbox"/> Special Deputy</td> </tr> <tr> <td><input type="checkbox"/> Corrections Officer</td> <td><input type="checkbox"/> Cadet Deputy</td> </tr> <tr> <td><input type="checkbox"/> Clerical Specialist</td> <td><input type="checkbox"/> Intern</td> </tr> <tr> <td><input type="checkbox"/> Computer Technician</td> <td><input type="checkbox"/> Other _____ <i>Please describe</i></td> </tr> <tr> <td><input type="checkbox"/> Custodian</td> <td></td> </tr> </table>	<input type="checkbox"/> Deputy Sheriff	<input type="checkbox"/> Special Deputy	<input type="checkbox"/> Corrections Officer	<input type="checkbox"/> Cadet Deputy	<input type="checkbox"/> Clerical Specialist	<input type="checkbox"/> Intern	<input type="checkbox"/> Computer Technician	<input type="checkbox"/> Other _____ <i>Please describe</i>	<input type="checkbox"/> Custodian	
<input type="checkbox"/> Deputy Sheriff	<input type="checkbox"/> Special Deputy										
<input type="checkbox"/> Corrections Officer	<input type="checkbox"/> Cadet Deputy										
<input type="checkbox"/> Clerical Specialist	<input type="checkbox"/> Intern										
<input type="checkbox"/> Computer Technician	<input type="checkbox"/> Other _____ <i>Please describe</i>										
<input type="checkbox"/> Custodian											

Personal Data	Name (Last)	First	Middle
	Home Address	City	State and Zip
	Home Phone	Work Phone	Cell Phone or Other
	Driver's License Number	State	Social Security Number (Optional)



Starting with your present address, list all addresses where you have resided since the age of 16. Include your addresses in the military service. Use additional paper if necessary.

Address History	To	From	Street Address	City	County	State and Zip	



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There are very few *automatic bases* for rejection, however due to the nature of the job applied for there are some automatic disqualifiers (see below). Even issues of prior misconduct, such as prior misdemeanor drug use, including marijuana or drug paraphernalia are not themselves, automatic disqualifiers. However, deliberate misstatements or omissions can and will disqualify your application and your application will be rejected; regardless of the reasons for the misstatements or omissions. The number one reason applicants fail backgrounds is due to the applicant's deliberate withholding or misrepresenting job-relevant information.

Disqualifiers for position of Deputy Sheriff and Corrections Officer include:

Felony Convictions

Use, possession or purchase of marijuana in the past 5 years

Any illegal sales of drugs, including marijuana, and prescription drugs

Any pattern of illegal drug use or current and untreated abuse of alcohol, chemical agents, solvent based substances or prescription drugs

Conviction for OVI or equivalent criminal conviction for operating a motor vehicle while intoxicated in the past 5 years

Conviction of Vehicular Homicide

One revocation or suspension of driver's license, as an adult, in effect during the last 5 years due to point violation, Financial Responsibility Act and/or court order

Verified, admitted or conviction for Domestic Violence or a reduced charge where the original offense was Domestic Violence

Intentional violation of any protection order and/or temporary restraining order

Non-compliance with court ordered child support, alimony or other financial responsibility within the preceding 5 years

Carrying concealed weapon violations

Military discharges of less than honorable or conviction of any article of the Uniformed Code of Military Justice that would be equivalent to a felony under Ohio Revised Code.

Juvenile felony or domestic violence adjudication

The Warren County Sheriff's Office has a policy that prohibits tattoos and/or branding that would be exposed wearing a standard uniform. This includes tattoos and/or brandings that are on the head, neck, arm and hand area. Tattoos may be removed prior to any offer of employment, but would be at the expense of the applicant.

Please initial that you have read the above: _____



General History Questions	Have you possessed or used drugs? This includes marijuana and prescription drugs that were sold or used inconsistent with the prescription.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<i>If yes, please explain</i>		
	<hr/>		
	<hr/>		

General History Questions	If it became necessary in the course of your police duties to take a human life, do you think you would be able to? Only answer if applying for Deputy Sheriff.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<i>If no, please explain</i>		
	<hr/>		
	<hr/>		

Applicant's Statement	IMPORTANT INFORMATION-DO NOT PROCEED UNTIL YOU HAVE READ THE BOX BELOW
	<p>I certify that the above information is true to the best of my knowledge. I understand that due to the nature of the job applied for, a background investigation will take place, and I authorize investigation of all statements contained in this application for employment. I understand that this investigation is necessary for the Warren County Sheriff's Office to arrive at an employment decision.</p> <p>In the event of employment, I understand that false or misleading information given at my application or interview(s) may result in termination of my employment with the Warren County Sheriff's Office.</p> <p>Signature: _____ Date _____</p>



Education	<i>Do you have one or more? You may check more than one box.</i>	
	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> OPOTA Certificate
	<input type="checkbox"/> College Degree	<input type="checkbox"/> Other _____ <i>Please describe</i>
	<input type="checkbox"/> Master's/ Graduate Degree	
	<input type="checkbox"/> GED	

Please list all school information. Start with your high school, college, post degree/ graduate school, professional school and Ohio Peace Officer Training Academy.					
School/College Address History	Number of Years Attended	Name of School and Street Address	City	State	Zip

Can you read, speak, or write any other language than English?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, please explain</i>		



Many jobs at the Warren County Sheriff's Office require a working knowledge of computers, computer programs, or special skills. Do you have a working knowledge of any of these? Or a special skill that would be a benefit for the job you have applied for?

If you **DO** please describe

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal race, color, religion, gender, national origin, age, disability, veteran status, or any other legally protected status.



IMPORTANT INFORMATION-DO NOT PROCEED UNTIL YOU HAVE READ THE BOX BELOW	
Instructions	Please complete the employment history as accurately as possible. Start with your most current job first. Include any military service and volunteer activity. Make sure all employer addresses and phone numbers are current.
	Use extra paper if necessary.

Employment History	Employer Name			
	Address		City	State and Zip
	Phone	Supervisor Name	Beginning Salary	Final Salary
	Start Date	Leaving Date	Job Title	
Reason for Leaving				

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	Address		City	State and Zip
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<i>Phone</i>		<i>Supervisor Name</i>	<i>Beginning Salary</i>	<i>Final Salary</i>
Start Date	Leaving Date	Job Title		
Reason for Leaving				

IMPORTANT INFORMATION-DO NOT PROCEED UNTIL YOU HAVE READ THE BOX BELOW	
Applicant's Statement	<p>I hereby give my permission to contact the employers I have listed concerning my present and prior work experience.</p> <p>If there is a particular employer(s) you do not wish us to contact, please indicate which one(s) and explain.</p> <p>I certify that the above information is true and accurate to the best of my knowledge.</p>
	<p>Signature: _____ Date _____</p>



Instructions	IMPORTANT INFORMATION-DO NOT PROCEED UNTIL YOU HAVE READ THE BOX BELOW		
	List three (3) references (not relatives or former employers) who are responsible adults and who have known you well during the past 5 years.		

References	Name (Last)		First		Middle
	Home Address			City	State and Zip
Home Phone			Work Phone		Cell Phone or Other
Years Known					

References	Name (Last)		First		Middle
	Home Address			City	State and Zip
Home Phone			Work Phone		Cell Phone or Other
Years Known					

References	Name (Last)		First		Middle
	Home Address			City	State and Zip
Home Phone			Work Phone		Cell Phone or Other
Years Known					



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Post-job offer medical examination and drug screen release

The APPLICANT understands and acknowledges that the WARREN COUNTY SHERIFF (Employer) reserves the right to require the applicant to submit to any requested medical examination after a job offer has been made and prior to applicant's first day of employment. Such examination will be performed by a licensed physician or medical practitioner of the Employer's choosing. Furthermore, the applicant may be subjected to pre-employment testing relating to drug, alcohol or substance use or abuse. If such use or abuse is identified or there is other information found that would render the applicant physically incapable of performing the offered job, the application process will be terminated and the job offer will be withdrawn, and the applicant will NOT be hired.

By signing this document, the applicant consents to submit to the aforementioned test and procedures if required, and agrees that he or she has no cause of action against the Employer arising from these issues. If the applicant refuses to consent to any of said tests and procedures, the Employer shall not accept or further process his or her application for employment.

Signature: _____ Date _____

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant notes on this application form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the Warren County Sheriff and /or his designee to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release and hold harmless any said persons, schools, companies and law enforcement authorities from liability for any damage whatsoever for issuing this information.

Signature: _____ Date _____

Post-Job Offer Medical Examination, Drug Screen Release