

**WASHINGTON COUNTY SHERIFF'S OFFICE**

LARRY R. MINCKS, SR., SHERIFF

205 PUTNAM STREET · MARIETTA, OH 45750



Chief Deputy Mark A. Warden  
 Major Brian Schuck – Administration  
 Major Troy Hawkins – Operations Commander  
 Major Greg Nohe – Jail Administrator  
 Captain Brian Rhodes – Criminal Division Commander



**Application for Employment**  
**WASHINGTON COUNTY SHERIFF'S OFFICE**

Revised 05092016

- **Duty to Disclose:** The landmark decision of *Brady v Maryland (1963)* places an affirmative constitutional duty on a prosecutor to disclose exculpatory evidence to a defendant. This duty has been extended to police agencies through case law, requiring law enforcement agencies to notify the prosecutor of any potential exculpatory information.
- **Exculpatory Evidence/Brady Material:** Evidence in the government's possession that is favorable to the accused and that is material to either guilt or punishment, including evidence that may impact the credibility of a witness.

For further information concerning Brady v Maryland go to <http://www.patc.com/weeklyarticles/bradymaryland.shtml>

**IMPORTANT INSTRUCTIONS**

THANK YOU FOR YOUR INTEREST IN BECOMING AN EMPLOYEE OF THE WASHINGTON COUNTY SHERIFF'S OFFICE. THE INFORMATION PRESENTED ON THIS FORM WILL DETERMINE THE INITIAL ACCEPTANCE OF YOUR APPLICATION AND IN PART, YOUR ADMISSION TO AN ORAL EXAMINATION. FOR THESE REASONS, IT IS EXTREMELY IMPORTANT THAT YOU **ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY**, RELATING YOUR BACKGROUND AS CLOSELY AND FULLY AS POSSIBLE TO THE DUTIES AND REQUIREMENTS DESCRIBED IN THE JOB DESCRIPTION AND ANNOUNCEMENT. IF A QUESTION DOES NOT APPLY TO YOU, MARK N/A. TYPE OR PRINT IN INK. **MAKE SURE TO READ AND SIGN THE FINAL PAGE OF THE APPLICATION.** PLEASE RETURN COMPLETED APPLICATION TO THE FOLLOWING ADDRESS:

WASHINGTON CO. SHERIFF'S OFFICE  
 CIVIL DIVISION  
 205 PUTNAM STREET, MARIETTA, OHIO 45750  
 Phone (740) 373-6623 – Fax (740)373-6827

|  |  |                   |  |                       |                |
|--|--|-------------------|--|-----------------------|----------------|
| LAST NAME  |  | FIRST NAME        |  | MIDDLE NAME           |                |
| PREVIOUS NAMES   |  |                   |  |                       |                |
| ADDRESS (Number, Street)   |  |                   | APT.   | CITY                  | STATE ZIP CODE |
| HOME PHONE NUMBER  |  | CELL PHONE NUMBER |  | BUSINESS PHONE NUMBER |                |
| PLACE OF BIRTH   |  | E-MAIL ADDRESS    |  |                       |                |
| ALIASES & OTHER DATES OF BIRTH ASSOCIATED WITH EACH ALIAS                                    |  |                   |  |                       |                |
| ARE YOU A UNITED STATES CITIZEN?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |                   | ARE YOU A CURRENT COUNTY EMPLOYEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                       |                |

**JOB TITLE FOR WHICH YOU ARE APPLYING:**

**AN AFFIRMATIVE ACTION EMPLOYER FOR EQUAL EMPLOYMENT OPPORTUNITY**

| FOR PERSONNEL OFFICE USE ONLY |       |      |                |  |                |
|-------------------------------|-------|------|----------------|--|----------------|
| ACCEPTED                      |       |      | NOT ACCEPTED   |  | NOTICE(S) SENT |
| VP                            | GRADE | RANK | RESULT(S) SENT |  | DEPT. STARTING |
|                               |       |      |                |  |                |

**EDUCATION & TRAINING**

|   |                                |  |                          |
|---|--------------------------------|--|--------------------------|
| GRAMMAR & HIGH SCHOOL<br>(Highest year completed) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | NAME & LOCATION OF HIGH SCHOOL | GRADUATED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | YEAR DIPLOMA WAS GRANTED |
|---|--------------------------------|--|--------------------------|

|  |   |
|--|---|
| TRAINING BEYOND HIGH SCHOOL<br>COLLEGE, UNIVERSITY, BUSINESS, VOCATIONAL OR OTHER SCHOOLS<br>INDICATE "Q" FOR QUARTERLY HOURS AND "S" SEMESTER HOURS | MARK THE NUMBER OF YEARS IN COLLEGE OR UNIVERSITY<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 |
|--|---|

| NAME & LOCATION OF INSTITUTION | DATES ATTENDED |    | CREDITS EARNED | MAJOR FIELD & REMARKS | DEGREES<br>Month & Year Received |
|--------------------------------|----------------|----|----------------|-----------------------|----------------------------------|
|                                | FROM           | TO |                |                       |                                  |
|                                |                |    |                |                       |                                  |
|                                |                |    |                |                       |                                  |
|                                |                |    |                |                       |                                  |
|                                |                |    |                |                       |                                  |
|                                |                |    |                |                       |                                  |
|                                |                |    |                |                       |                                  |
|                                |                |    |                |                       |                                  |

HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY HIGH SCHOOL PRO POST SECONDARY SCHOOL?  
 YES  NO IF YES PLEASE EXPLAIN (Include school, date and circumstances)

DESCRIBE ANY EDUCATION OR TRAINING YOU HAVE HAD WHICH IS NOT COVERED ABOVE, SUCH AS CORRESPONDENCE COURSES, SERVICE SCHOOLS, INSERVICE TRAINING OR INTERNSHIPS (GIVE DATES)

INDICATE ACADEMIC HONORS OR OTHER SCHOOL ACHIEVEMENTS WHICH MAY BE HELPFUL IN EVALUATING YOUR BACKGROUND.

|   |   |
|---|---|
| IF CURRENTLY LICENSED OR REGISTERED TO PRACTICE IN OHIO AS A MEMBER OF SOME PROFESSION OR TRADE, INDICATE TYPE OF LICENSE OR REGISTRATION INCLUDING CERTIFICATION BY THE OHIO PEACE OFFICER TRAINING ACADEMY. | LIST MEMBERSHIPS IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS. |
|---|---|

**WORK EXPERIENCE**

May we obtain references from the employers named below?  YES  NO If "NO" name and explain exceptions.

1. Have you ever received formal discipline (i.e. written reprimand or suspension) at any job?  YES  NO
2. Were you ever terminated from employment?  YES  NO
3. Have you resigned after being informed your employer intended to terminate or discipline you?  YES  NO  
If YES to any question, explain:

GIVE A **COMPLETE** RECORD OF ANY EMPLOYMENT, SELF-EMPLOYMENT, MILITARY SERVICE OR VOLUNTEER EXPERIENCE. START AT THE TOP WITH YOUR PRESENT OR MOST RECENT JOB, IT IS IMPORTANT TO INCLUDE THE PHONE NUMBERS OF YOUR EMPLOYERS, INDICATE ANY CHANGE IN JOB TITLE UNDER THE SAME EMPLOYER AS A SEPARATE POSITION.

|  |                       |  |   |                   |
|--|-----------------------|--|---|-------------------|
| PRESENT OR MOST RECENT EMPLOYER              |                       | YOUR TITLE                                 | KIND OF BUSINESS  |                   |
| ADDRESS OF BUSINESS (Street, City, Zip Code) |                       | REASONS FOR LEAVING OR CONSIDERING LEAVING | NAME, TITLE, & PHONE NO. OF SUPERVISOR                                |                   |
| YOUR DUTIES                                  | LIST THREE CO-WORKERS |  | FROM (Month & Year)   | TO (Month & Year) |
|  |                       |  | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |                   |
|  |                       |  | ( _____ hours per _____ )   |                   |
|  |                       |  | BEGINNING PAY   | ENDING PAY        |
|  |                       |  | \$ _____ per  | \$ _____ per      |
| EMPLOYER                                     |                       | YOUR TITLE                                 | KIND OF BUSINESS  |                   |
| ADDRESS OF BUSINESS (Street, City, Zip Code) |                       | REASONS FOR LEAVING OR CONSIDERING LEAVING | NAME, TITLE, & PHONE NO. OF SUPERVISOR                                |                   |
| YOUR DUTIES                                  | LIST THREE CO-WORKERS |  | FROM (Month & Year)   | TO (Month & Year) |
|  |                       |  | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |                   |
|  |                       |  | ( _____ hours per _____ )   |                   |
|  |                       |  | BEGINNING PAY   | ENDING PAY        |
|  |                       |  | \$ _____ per  | \$ _____ per      |
| EMPLOYER                                     |                       | YOUR TITLE                                 | KIND OF BUSINESS  |                   |
| ADDRESS OF BUSINESS (Street, City, Zip Code) |                       | REASONS FOR LEAVING OR CONSIDERING LEAVING | NAME, TITLE, & PHONE NO. OF SUPERVISOR                                |                   |
| YOUR DUTIES                                  | LIST THREE CO-WORKERS |  | FROM (Month & Year)   | TO (Month & Year) |
|  |                       |  | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |                   |
|  |                       |  | ( _____ hours per _____ )   |                   |
|  |                       |  | BEGINNING PAY   | ENDING PAY        |
|  |                       |  | \$ _____ per  | \$ _____ per      |
| EMPLOYER                                     |                       | YOUR TITLE                                 | KIND OF BUSINESS  |                   |
| ADDRESS OF BUSINESS (Street, City, Zip Code) |                       | REASONS FOR LEAVING OR CONSIDERING LEAVING | NAME, TITLE, & PHONE NO. OF SUPERVISOR                                |                   |
| YOUR DUTIES                                  | LIST THREE CO-WORKERS |  | FROM (Month & Year)   | TO (Month & Year) |
|  |                       |  | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |                   |
|  |                       |  | ( _____ hours per _____ )   |                   |
|  |                       |  | BEGINNING PAY   | ENDING PAY        |
|  |                       |  | \$ _____ per  | \$ _____ per      |
| EMPLOYER                                     |                       | YOUR TITLE                                 | KIND OF BUSINESS  |                   |
| ADDRESS OF BUSINESS (Street, City, Zip Code) |                       | REASONS FOR LEAVING OR CONSIDERING LEAVING | NAME, TITLE, & PHONE NO. OF SUPERVISOR                                |                   |
| YOUR DUTIES                                  | LIST THREE CO-WORKERS |  | FROM (Month & Year)   | TO (Month & Year) |
|  |                       |  | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |                   |
|  |                       |  | ( _____ hours per _____ )   |                   |
|  |                       |  | BEGINNING PAY   | ENDING PAY        |
|  |                       |  | \$ _____ per  | \$ _____ per      |

**EMPLOYMENT/EDUCATION GAPS**

**PLEASE ACCOUNT FOR PERIODS OF TIME WHICH ARE NOT COVERED BY YOUR EMPLOYMENT AND/OR EDUCATION HISTORY:**

|      |    |        |
|------|----|--------|
| FROM | TO | REASON |
| FROM | TO | REASON |
| FROM | TO | REASON |
| FROM | TO | REASON |
| FROM | TO | REASON |

|  |   |
|--|---|
| IS YOUR VISION CORRECTABLE TO 20/20?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | CAN YOU RECOGNIZE COLORS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|---|

**MILITARY SERVICE**

|  |                   |                |
|--|-------------------|----------------|
| HAVE YOU SERVED IN THE ARMED FORCES, NATIONAL GUARD OR MILITARY RESERVES? <input type="checkbox"/> YES <input type="checkbox"/> NO                       | BRANCH OF SERVICE | OCCUPATION     |
| HIGHEST RANK ATTAINED  | RANK DISCHARGED   | SERVICE NUMBER |
| DATES OF SERVICE   | TYPE OF DISCHARGE |                |
| ARE YOU CURRENTLY PARTICIPATING IN ANY MILITARY RESERVE OR NATIONAL GUARD PROGRAM?<br><input type="checkbox"/> YES <input type="checkbox"/> NO    WHERE? |                   |                |

**PLEASE LIST YOUR PAST MILITARY SUPERIORS WHO COULD PROVIDE INFORMATION PERTAINING TO YOUR SERVICE BACKGROUND.**

| NAME | ADDRESS | PHONE NUMBER |
|------|---------|--------------|
|      |         |              |
|      |         |              |
|      |         |              |
|      |         |              |

WERE YOU EVER DISCIPLINED WHILE IN MILITARY SERVICE?  YES     NO  
(Include court martial, captain's masts, article 15, or other non-judicial)

| CHARGE | UNIT | DATE | AGE AT TIME | DISPOSITION |
|--------|------|------|-------------|-------------|
|        |      |      |             |             |
|        |      |      |             |             |
|        |      |      |             |             |
|        |      |      |             |             |

**DRIVER'S LICENSE INFORMATION**

DO YOU HAVE A CURRENT DRIVER'S LICENSE?

YES, Driver's License # \_\_\_\_\_ What State? \_\_\_\_\_  NO

LIST ANY OTHER STATE(S) WHERE YOU HAVE EVER HELD A DRIVER'S LICENSE?

Driver's License # \_\_\_\_\_, What State? \_\_\_\_\_ Driver's License # \_\_\_\_\_ What State? \_\_\_\_\_

HOW MANY MILES DO YOU DRIVE IN A YEAR?

HAVE YOU EVER HAD AUTOMOBILE INSURANCE WITHDRAWN, CANCELLED, REVOKED OR REFUSED?  YES  NO If yes, explain:

HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE?  YES  NO If, yes explain:

HAS YOUR LICENSE EVER BEEN SUSPENDED, REVOKED OR CANCELLED?  YES  NO If yes, explain:

**HAVE YOU EVER BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT AS THE DRIVER?  YES  NO**

| INCIDENT | DATE | INVESTIGATING AGENCY | LOCATION |
|----------|------|----------------------|----------|
|          |      |                      |          |
|          |      |                      |          |
|          |      |                      |          |
|          |      |                      |          |

**RECORD OF LAW ENFORCEMENT CONTACTS**

**HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF CITY ORDINANCES, COUNTY ORDINANCES, STATE OR FEDERAL LAW? (Include traffic violations. Attach separate sheet for additional information)**

| DATE | LIST ISSUING AGENCY | LAW VIOLATED | (DISPOSITION: Bail Forfeited, Fined, Etc.) |
|------|---------------------|--------------|--|
|      |                     |              |  |
|      |                     |              |  |
|      |                     |              |  |
|      |                     |              |  |
|      |                     |              |  |

ARE THERE ANY CHARGES (VIOLATIONS) PENDING AGAINST YOU?  YES  NO (If yes, please explain)

WERE YOU EVER CONVICTED BEFORE A JUVENILE COURT FOR ANY ACT WHICH WOULD HAVE BEEN A CRIME IF COMMITTED BY AN ADULT?  YES  NO (If yes, please explain)

HAVE YOU EVER BEEN INVOLVED IN A CIVIL ACTION? (i.e. divorce, bankruptcy, small claims, etc.)  YES  NO (If yes, please explain when, where, name and location of court and circumstances)

HAVE YOU EVER BEEN PLACED ON COURT PROBATION/PAROLE AS AN ADULT?  YES  NO (If yes, give details, including dates, where, why)

CAN YOU LEGALLY OWN AND POSSESS A FIREARM?  YES  NO  
If NO, explain

PLEASE NOTE THAT IT IS NOT THE INTENT OF THE WASHINGTON COUNTY SHERIFF'S OFFICE TO UTILIZE ANY INFORMATION SOLICITED IN THIS SECTION FOR CRIMINAL PROSECUTION. HOWEVER, SELF-DISCLOSURE IS OF THE UTMOST IMPORTANCE.

HAVE YOU EVER USED ANY MARIJUANA, COCAINE, LSD, SPEED, PCP, HEROIN, HASHISH, STEROIDS, METHAMPHETAMINE, ECSTACY OR ANY OTHER STREET DRUGS OR TAKEN PRESCRIPTION DRUGS NOT PRESCRIBED FOR YOU?  YES  NO (If yes, please explain)

| NAME OF DRUG | TOTAL ESTIMATED USE | DATE FIRST USED | DATE LAST USED |
|--------------|---------------------|-----------------|----------------|
|              |                     |                 |                |
|              |                     |                 |                |
|              |                     |                 |                |
|              |                     |                 |                |

LIST ALL CITIES AND STATES IN WHICH YOU LIVED

PLEASE LIST ALL OF YOUR RESIDENCES FOR THE PAST TEN YEARS. BEGIN WITH YOUR MOST CURRENT RESIDENCE. (If needed use separate paper, using this format)

ADDRESS

|                           |     |                    |
|---------------------------|-----|--------------------|
| DATES (Month, Year) FROM: | TO: | REASON FOR LEAVING |
|---------------------------|-----|--------------------|

NAME, ADDRESS, PHONE NO. OF LANDLORD OR MORTGAGE HOLDER

WITH WHOM DID YOU LIVE? WHAT IS THEIR PRESENT NAME, ADDRESS & PHONE NO?

ADDRESS

|                           |     |                    |
|---------------------------|-----|--------------------|
| DATES (Month, Year) FROM: | TO: | REASON FOR LEAVING |
|---------------------------|-----|--------------------|

NAME, ADDRESS, PHONE NO. OF LANDLORD OR MORTGAGE HOLDER

WITH WHOM DID YOU LIVE? WHAT IS THEIR PRESENT NAME, ADDRESS & PHONE NO?

ADDRESS

|                           |     |                    |
|---------------------------|-----|--------------------|
| DATES (Month, Year) FROM: | TO: | REASON FOR LEAVING |
|---------------------------|-----|--------------------|

NAME, ADDRESS, PHONE NO. OF LANDLORD OR MORTGAGE HOLDER

WITH WHOM DID YOU LIVE? WHAT IS THEIR PRESENT NAME, ADDRESS & PHONE NO?

ADDRESS

|                           |     |                    |
|---------------------------|-----|--------------------|
| DATES (Month, Year) FROM: | TO: | REASON FOR LEAVING |
|---------------------------|-----|--------------------|

NAME, ADDRESS, PHONE NO. OF LANDLORD OR MORTGAGE HOLDER

WITH WHOM DID YOU LIVE? WHAT IS THEIR PRESENT NAME, ADDRESS & PHONE NO?

ADDRESS

|                           |     |                    |
|---------------------------|-----|--------------------|
| DATES (Month, Year) FROM: | TO: | REASON FOR LEAVING |
|---------------------------|-----|--------------------|

NAME, ADDRESS, PHONE NO. OF LANDLORD OR MORTGAGE HOLDER

WITH WHOM DID YOU LIVE? WHAT IS THEIR PRESENT NAME, ADDRESS & PHONE NO?

HAS YOUR APPLICATION EVER BEEN REJECTED OR WITHDRAWN FROM A HIRING PROCESS?  YES  NO (If yes, please explain)

**LAW ENFORCEMENT EMPLOYMENT APPLICATION INFORMATION**

**IF YOU HAVE APPLIED FOR EMPLOYMENT WITH OTHER PUBLIC SAFETY AGENCIES (Fire, Police, EMS) LIST THE NAME(S) OF THOSE AGENCIES AND THE YEAR APPLIED (If needed, use separate paper)**

|  |   |  |
|--|---|--|
| NAME OF AGENCY   |   | DATE (Month, Year)   |
| ADDRESS, ZIP CODE, PHONE   |   |  |
| SUBMITTED APPLICATION ONLY<br><input type="checkbox"/> YES <input type="checkbox"/> NO | BACKGROUND CONDUCTED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | MEDICAL?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| STATUS AND/OR RESULTS:   |   |  |
| NAME OF AGENCY   |   | DATE (Month, Year)   |
| ADDRESS, ZIP CODE, PHONE   |   |  |
| SUBMITTED APPLICATION ONLY<br><input type="checkbox"/> YES <input type="checkbox"/> NO | BACKGROUND CONDUCTED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | MEDICAL?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| STATUS AND/OR RESULTS:   |   |  |
| NAME OF AGENCY   |   | DATE (Month, Year)   |
| ADDRESS, ZIP CODE, PHONE   |   |  |
| SUBMITTED APPLICATION ONLY<br><input type="checkbox"/> YES <input type="checkbox"/> NO | BACKGROUND CONDUCTED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | MEDICAL?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| STATUS AND/OR RESULTS:   |   |  |
| NAME OF AGENCY   |   | DATE (Month, Year)   |
| ADDRESS, ZIP CODE, PHONE   |   |  |
| SUBMITTED APPLICATION ONLY<br><input type="checkbox"/> YES <input type="checkbox"/> NO | BACKGROUND CONDUCTED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | MEDICAL?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| STATUS AND/OR RESULTS:   |   |  |
| NAME OF AGENCY   |   | DATE (Month, Year)   |
| ADDRESS, ZIP CODE, PHONE   |   |  |
| SUBMITTED APPLICATION ONLY<br><input type="checkbox"/> YES <input type="checkbox"/> NO | BACKGROUND CONDUCTED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | MEDICAL?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| STATUS AND/OR RESULTS:   |   |  |
| NAME OF AGENCY   |   | DATE (Month, Year)   |
| ADDRESS, ZIP CODE, PHONE   |   |  |
| SUBMITTED APPLICATION ONLY<br><input type="checkbox"/> YES <input type="checkbox"/> NO | BACKGROUND CONDUCTED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | MEDICAL?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| STATUS AND/OR RESULTS:   |   |  |
| NAME OF AGENCY   |   | DATE (Month, Year)   |
| ADDRESS, ZIP CODE, PHONE   |   |  |
| SUBMITTED APPLICATION ONLY<br><input type="checkbox"/> YES <input type="checkbox"/> NO | BACKGROUND CONDUCTED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | MEDICAL?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| STATUS AND/OR RESULTS:   |   |  |

**CHARACTER REFERENCES****LIST NAMES OF FOUR PEOPLE WHO HAVE KNOWLEDGE OF YOU AND YOUR QUALIFICATIONS (Exclude relatives, former employers or co-workers)**

NAME

ADDRESS (City, State, Zip Code)

PROFESSION/TITLE

HOME PHONE

CELL PHONE

BUSINESS PHONE

NAME

ADDRESS (City, State, Zip Code)

PROFESSION/TITLE

HOME PHONE

CELL PHONE

BUSINESS PHONE

NAME

ADDRESS (City, State, Zip Code)

PROFESSION/TITLE

HOME PHONE

CELL PHONE

BUSINESS PHONE

NAME

ADDRESS (City, State, Zip Code)

PROFESSION/TITLE

HOME PHONE

CELL PHONE

BUSINESS PHONE

NAME

ADDRESS (City, State, Zip Code)

PROFESSION/TITLE

HOME PHONE

CELL PHONE

BUSINESS PHONE

NAME

ADDRESS (City, State, Zip Code)

PROFESSION/TITLE

HOME PHONE

CELL PHONE

BUSINESS PHONE

UPON REQUEST, PLEASE BE PREPARED TO PRESENT THE FOLLOWING:

1. Birth Certificate
2. High School (HSED or GED) Diploma or Equivalency
3. Military Discharge Paper (if applicable)
4. College or Technical School Transcripts and Copy of Diplomas



**QUALIFICATIONS STATEMENT**

Please prepare a statement describing any relevant training, work and life experiences which have prepared you to perform the role of the position for which you are applying. Limit your statement to one page. You may either print neatly or type your response.

[Empty box for writing the qualifications statement]

The check off questions below provides a means of quickly reviewing your qualifications. Please check the “YES” or “NO” box for each question, including those questions that may duplicate, in whole or in part, other questions on this application.

| QUESTIONS USED AS INDICATORS FOR APPLICANTS  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Are you a United States citizen?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted of a felony?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a valid driver’s license?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you 18 years old or older?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you a high school graduate?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have a GED or HSED?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you a graduate from a two-year college or technical school?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you a graduate of a four-year college?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you earned a Master’s degree or Ph.D. or other advanced degree?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Check the highest <u>semester credit hours</u> of education completed after high school:   |                          |                          |
| <input type="checkbox"/> 30-60 <input type="checkbox"/> 61-90 <input type="checkbox"/> 91-120 <input type="checkbox"/> 121-150 <input type="checkbox"/> over 150 |                          |                          |
| 11. Do you have two years of work experience?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you have hearing in the normal range?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you willing to work weekends and holidays?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you certified by, or have you successfully completed an Ohio Peace Officer Training Academy (OPOTA)?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you been certified by any other state as a Law Enforcement Officer?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are you a certified OPOTA Jail Officer?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you been certified by any other state as a corrections/jail officer?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever used or experimented with heroin?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you ever used or experimented with hashish?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever used or experimented with steroids?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you ever used or experimented with methamphetamine?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever used or experimented with ecstasy?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Have you ever used or experimented with marijuana?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have you ever used or experimented with cocaine?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Have you ever used or experimented with LSD or other hallucinogens?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you ever used or experimented with a prescription drug not prescribed to you?.....  | <input type="checkbox"/> | <input type="checkbox"/> |

(CONTINUED)

**QUESTIONS USED AS INDICATORS FOR APPLICANTS**

|   | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| 27. Have you ever used or experimented with any other street drugs?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Have you ever been in the military, National Guard or Reserves?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Have you ever had auto insurance withdrawn, cancelled, revoked or refused?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Have you ever been refused a driver's license?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Has your driver's license ever been revoked, suspended or cancelled?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Circle the number of traffic violations for which you have been convicted in the past<br>Five years: (do not include parking violations)  |                          |                          |
| <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 |                          |                          |
| 33. Have you ever been convicted of any violation(s) of city ordinances, county<br>ordinances, or municipal ordinances, state or federal laws (excluding traffic)?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Do you have any criminal action pending against you?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Have you ever been on court ordered probation?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Have you ever been discharged from a job?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Have you ever been suspended or expelled from any high school, college, university,<br>graduate school, vocational or business school?.....   | <input type="checkbox"/> | <input type="checkbox"/> |

**ALL APPLICANTS MUST SIGN THIS CERTIFICATE:**

**I have read the job specifications and, in my opinion, I meet the minimum requirements. I have read and made a complete answer to each question. I certify that my answers in each instance are true and correct, containing no misrepresentations, omissions or falsifications, and are complete. I agree that any misstatements or omissions of material fact may cause forfeiture on my part of all rights to any employment in the county service.**

SIGNATURE

DATE

**WASHINGTON COUNTY DEPUTY SHERIFF APPLICANTS RELEASE**

Part of the review process includes a records check (i.e. motor vehicle traffic violation record, prior law enforcement convictions). In order for the Sheriff's Office to access accurate information about me, I understand that the Sheriff's Office will need access to my social security number and date of birth.

In the event that my application advances to the application review committee, I authorize the Washington County Sheriff's Office to release my Social Security Number and date of birth to authorized personnel in the Sheriff's Office to complete an initial records check to be utilized for the application review committee. The social security number and date of birth will be kept separate from your application form and will not be released beyond what is stated in the release. Refusal to sign the releases will result in not being able to further process your application.

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

If you have any questions about this, please feel free to contact the Washington County Sheriff's Office  
(740) 374-7677 for additional information.

**ATTENTION: This page will be retained in the Washington County Sheriff's Office**

The following information is required in order to process your application. Your Social Security Number and date of birth will remain confidential and will not be copied or released but are required for applicant tracking purposes, will help ensure the accuracy of your application and will be used for administrative purposes only.

|                          |             |           |                        |       |          |
|--------------------------|-------------|-----------|------------------------|-------|----------|
|                          |             |           |                        |       |          |
| First Name               | Middle Name | Last Name | Social Security Number |       |          |
| Address (Number, Street) |             | Apt       | City                   | State | Zip Code |

WARNING – This page must be attached, even if you decline to furnish the requested information, in order for your application to be considered.

Return To:

Washington County Sheriff's Office  
205 Putnam Street  
Marietta, Ohio 45750