

Application For Employment

**Wabash County Sheriff's
Department**



LEROY STRIKER

Sheriff

79 West Main Street

Wabash, Indiana 46992-3162

(260) 563-8891

APPLICATION - POSITION WITH WABASH COUNTY SHERIFF'S DEPARTMENT

A person submitting an application to the Wabash County Sheriff's Department, for consideration for the position of _____ shall meet the following requirements:

1. Be a citizen of the United States of America.
2. Reside within the boundaries of Wabash County, Indiana or be willing to establish this residence upon appointment, as set forth under IC: 36-8-4-2 (1981).
3. Be a graduate of an accredited high school and possess a diploma.
4. Be not less than twenty-one (21) years of age prior to appointment date.
5. Date of birth shall be supported by a certificate or an affidavit properly sworn and subscribed and recorded in the office of the Clerk of the Circuit Court in the county of birth.
6. Be able to perform the essential functions and requirements set forth in the Position Description.
7. Complete in satisfactory manner, a thorough physical and mental examination which will be conducted by a physician or therapist recommended by the Wabash County Sheriff's Department.
8. Possess a valid Indiana Driver's License.
9. Not have been found guilty of any violations of the law except a minor traffic offense.
10. Be of good character, appearance, and personality.
11. Possess a good prior work-attendance record; a check will be made with previous employer.
12. Possess an Honorable discharge from any former military service.
13. Sign waivers and agree to background checks, polygraph examination, credit checks, as well as a drug screening test.
14. Provide copies of birth certificate, high school transcript. (Most high schools insist on mailing transcripts directly to prospective employers and this is acceptable).
15. Provide transcripts showing courses of study and grades obtained from any college or university that the applicant has attended.
16. Provide copy of military discharge documents, if applicable. (DD-214).

****Omission of any one of these requirements may be sufficient cause to disqualify the applicant.**

Beginning Salary: _____ Per: _____

Ending Salary: _____ Per: _____

Describe your duties, responsibilities, equipment operated, promotions, ect.: _____

Why did you (or do you want to) leave?: _____

Previous Employer: _____

Address: _____ Phone: _____

Dates employed: From: _____ To: _____

Job Title: _____

Supervisor's name: _____

Beginning salary: _____ Per: _____

Ending salary: _____ Per: _____

Describe your duties, responsibilities, equipment operated, promotions, etc.: _____

Why did you leave?: _____

Previous Employer: _____

Address: _____ Phone: _____

Dates employed: From: _____ To: _____

Job Title: _____

Supervisor's name: _____

Beginning salary: _____ Per: _____

Ending salary: _____ Per: _____

Describe your duties, responsibilities, equipment operated, promotions, etc.:

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Dates employed: From: _____ To: _____

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Supervisor's name: _____

Beginning salary: _____ Per: _____

Ending salary: _____ Per: _____

Describe your duties, responsibilities, equipment operated, promotions, etc.:

Why did you leave?: _____

Previous Employer: _____

Address: _____ Phone: _____

Dates employed: From: _____ To: _____

Job Title: _____

Supervisor's name: _____

Beginning salary: _____ Per: _____

Ending salary: _____ Per: _____

Describe your duties, responsibilities, equipment operated, promotions, etc.:

Why did you leave?: _____

IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS, PLEASE USE A BLANK SHEET OF PAPER TO DO SO.

EDUCATION AND TRAINING

This section is intended to give the employer information about the education and training that you have completed, and to demonstrate your skills, knowledge and abilities to perform the job duties of the position.

High school attended: _____

Address: _____

Did you graduate: _____ High school equivalent: _____

Activities, awards, sports, etc.: _____

College or trade school attended: _____

Address: _____

Date of attendance: _____ To: _____

Did you graduate? _____ Degree: _____

Please list below any seminars or special training which you believe would be relevant to the type of work you are seeking:

Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application.

PERSONAL INFORMATION

Do you have any commitments (I.E., second job, school, etc.) which might interfere with, or adversely effect, your employment should we select you for a position? Yes No

If yes, please explain: _____

Have you ever been convicted of a felony? Yes: _____ No: _____

If yes, please explain: _____

PLEASE LIST FOUR REFERENCES WHO ARE NOT RELATED TO YOU:

Name: _____
Phone: _____ Address: _____

Name: _____
Phone: _____ Address: _____

Name: _____
Phone: _____ Address: _____

Name: _____
Phone: _____ Address: _____

AVAILABILITY INFORMATION: (Please mark an "X" for each question)

Are you interested in:	Yes	No
Full-time permanent work:	_____	_____
Part-time work:	_____	_____
Temporary work:	_____	_____

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

- 1 I understand and accept that, if I am hired, I may be hired conditional upon passing any medical and/or psychological examinations that the employer deems to be necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: _____

- 2 I understand that it may be necessary for me to approve and sign any waivers necessary in order for that employer to obtain information from my current and former employers.

Initials: _____

- 3 I understand that the employer provides a seven day per week and twenty four hour per day service, and therefore, if employed, I may be required to work evening shifts or night shifts, including weekends.

Initials: _____

- 4 I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MY MISREPRESENTATIONS OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT.

BY THE SUBMISSION OF THIS DOCUMENT, I HEREBY AGREE THAT I SHALL EXECUTE THE EMPLOYER'S CONDITIONAL AND POST-EMPLOYMENT MEDICAL EXAMINATION AND DRUG TESTING CONSENT FORMS. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

(Applicant's Signature)

(Date)