

# Employment Application



Date:

Name:

Address:

State/Province:

Zip/Postal Code:

Home Phone:

Cell Phone:

## MORROW COUNTY SHERIFF'S OFFICE

101 HOME ROAD  
MOUNT GILEAD, OHIO 43338

Phone: 419-946-4444  
Fax: 419-946-2406

**An Equal Opportunity Employer**

Positions Applied for:

When available to begin work?

## Education

Type of School	Name of School and Address	Did you graduate?	Major or Degree
High School			
College Bus. or Trade School			
Graduate School			
Other			

Do you have any commitments (e.g., second job, school, etc.) which might interfere with or adversely affect your employment should we select you for a position?  yes  no

If yes, please explain

Do you possess a valid drivers license?  yes  no

If no, can you obtain one prior to employment?  yes  no

Are you eligible to work in the United States?  yes  no

Are you a resident of Ohio?  yes  no

If no, are you willing to become a resident upon employment?  yes  no

# Previous Employment (list up to 5)

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:  To:

Salary:

From:  To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer:  yes  no

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:  To:

Salary:

From:  To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer:  yes  no

**3.**

Name of Employer:

Name of last supervisor:

Dates of employment:

From:  To:

Salary:

From:  To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer:  yes  no

**4.**

Name of Employer:

Name of last supervisor:

Dates of employment:

From:  To:

Salary:

From:  To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer:  yes  no

5.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer:  yes  no

### Current Skills In:

Typing:

Computer:

PC

Mac

Both

Applications (list all that apply):

Other Skills:

Please list 3 references other than relatives and previous employers

Name			
Position			
Company			
Telephone			
Relationship			

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

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 selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with or without reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials:

2. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening or night shifts including weekends, be on call and/or work mandatory overtime hours.

Initials:

3. 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:

4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials:

5. I hereby authorize the employers, schools and personal references named in the application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.

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 ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE OR ALCOHOL ABUSE.

**READ CAREFULLY BEFORE SIGNING:**

I agree that any claim or lawsuit relating to my service with the Morrow County Sheriff's Office must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Applicant's Signature

Date

# Attachment A

## Driving Certification

TO BE INCLUDED IN THE APPLICATION FOR ALL PROSPECTIVE NEW EMPLOYEES WHO MAY, ON OCCASION, DRIVE A COUNTY VEHICLE OR ANY OTHER VEHICLE ON BEHALF OF THE COUNTY.

First Name:  Middle Name:  Last Name:

Address:

Ohio Drivers License Number:

Social Security Number:

Position Applied For:

I understand that as a condition of employment, I must have a current and valid Ohio drivers license and an acceptable driving record which meets the standards of the county's auto liability insurer.

I further understand that I must provide, with my application, proof of personal auto liability insurance that meets the requirements of the State of Ohio and existing county minimum requirements.

I further understand that I must provide, with my application, a copy of the bureau of motor vehicles report showing my driving record for all states that I have resided in during the past thirty-six month (3 year) period.

**Questionnaire:** Please provide all details including date and location for any question that was answered by "YES"

During the previous thirty-six months, have you been involved in any of the following:

1. Automobile Insurance deemed rejected, cancelled or high risk.

2. Automobile accidents.

3. Traffic violations other than overtime parking.

I understand that by giving incorrect information or by omitting information, I am falsifying my application and therefore subject to dismissal if hired. I further agree that the county, as my employer, may check my driving record at any time. I further agree to report to my supervisor any accidents, arrests, violations or cancellation of personal insurance as soon as possible after they occur and prior to my driving any vehicle on behalf of the county.

Prior to driving on behalf of the county: I am familiar with the county resolution requiring suspensions for a poor driving record. I understand all of the above and agree to all requirements. I further attest that all statements made by me in this report are true to the best of my knowledge.

Applicant's Signature

Date

## Attachment B

# ENACTMENT OMNIBUS CONSOLIDATED APPROPRIATIONS ACT OF 1997

The purpose of this letter is to provide information to all State and Local Law Enforcement Agencies regarding one specific aspect of the recently enacted Omnibus Consolidated Appropriations Act of 1997 (The Act). One part of The Act amended the Gun Control Act of 1968 (GCA) to make it unlawful for any person convicted of a "misdemeanor crime of Domestic Violence" to ship, transport, possess or receive firearms or ammunition. It also makes it unlawful for any person to sell or otherwise dispose of a firearm or ammunition to any person knowing or having reasonable cause to believe that the recipient has been convicted of such a misdemeanor. This new prohibition does apply to all law enforcement officers.

### ACT ADDS NEW FIREARMS DISABILITY

As defined in the GCA, a "misdemeanor of Domestic Violence" means an offense that:

1. is a misdemeanor under Federal and State law and,
2. has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, parent or guardian or by a person similarly situation to a spouse, parent or guardian of the victim.

This definition includes all misdemeanors that involve the use or attempted use of physical force (e.g. simple assault, assault and battery) if the offense is committed by one of the defined parties. This is true whether or not the state statute or local ordinance specifically defines the offense as a Domestic Violence misdemeanor. For example, a person convicted of misdemeanor assault against his or her spouse would be prohibited from receiving or possessing firearms or ammunition. Moreover, the prohibition applies to persons convicted of such misdemeanors at any time, even if the conviction occurred prior to the new law's effective date, September 30, 1996. As of the effective date of the new law, such a person may no longer possess a firearm or ammunition.

However, with respect to all persons, a conviction would not be disabling if it has been expunged, set aside, pardoned or the person has had his or her Civil Rights restored (if the law of the applicable jurisdiction provides for the loss of Civil Rights under such an offense and the person is not otherwise prohibited from possessing firearms or ammunition). In addition, The Act amended the GCA so that employees of Government Agencies convicted of qualifying misdemeanors would not be exempt from this new disability with respect to their receipt or possession of firearms or ammunition.

# Attachment B Continued ENACTMENT CERTIFICATION

I hereby certify that I have read the Enactment Omnibus Consolidated Appropriations Act of 1997.

One part of this act amended the Gun Control Act of 1968 to make it unlawful for any person convicted of a "misdemeanor crime of Domestic Violence" to ship, transport, possess or receive firearms or ammunition.

It also makes it unlawful for anyone to sell or otherwise dispose of a firearm or ammunition to any person, knowing or having reasonable cause to believe that the recipient has been convicted of such a misdemeanor.

**THIS PROHIBITION DOES APPLY TO ALL LAW ENFORCEMENT OFFICERS.**

By signing this notice, I hereby certify that I have not been convicted of a misdemeanor crime of Domestic Violence and therefore, I am qualified to carry a firearm as a Law Enforcement Officer if the position I am applying for with the Morrow County Sheriff's Office requires that I carry a firearm as part of my duties.

Applicant's Signature

Date



**Attachment C**  
**MORROW COUNTY SHERIFF'S OFFICE**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Morrow County Sheriff's Office. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that relevant information concerning my personal history be disclosed to the above department.

I hereby authorize any representative of the Morrow County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Morrow County Sheriff's Office, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Morrow County Sheriff's Office to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others, from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Morrow County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Morrow County Sheriff's Office acceptance and processing of my application for employment, I agree to hold the Morrow County Sheriff's Office, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Morrow County Sheriff's 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 understand my rights under "Title 6, 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 information furnished will be used by the Morrow County Sheriff's Office in conjunction with the employment procedures.

A photocopy or facsimile copy of this release form will be valid as an original thereof, even though the said photocopy or facsimile copy does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Sworn to and subscribed in my presence by \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Notary Public