

CRAWFORD COUNTY SHERIFF'S OFFICE

APPLICATION INFORMATION

APPLICATIONS WILL ONLY BE ACCEPTED
FOR POSITIONS CURRENTLY POSTED AND AVAILABLE.

Please read the following information before completing the application.

1. Completing and submitting your employment application does not guarantee a job offer or a job interview. Your application will be reviewed and considered with others who have submitted applications, for the same job opportunity. Decisions about interviews will be based on those considerations.
2. The employment application must be completed in its entirety to be considered.
3. If the information provided on the application cannot be satisfactorily verified or is found to be untruthful, your application could be considered incomplete or unacceptable.
4. We do not accept or retain unsolicited applications. Applications are filed according to specific, posted job opportunities.
5. Due to the large number of applications received and the competitive nature of our employment process, we are not able to release specific reasons for employment decisions.
6. Depending on the position, applicants considered for employment may be subject to the following:
 - a. Employment reference checks from current and previous employers
 - b. Criminal background check (BCI and/or FBI)
 - c. Drug screen and alcohol screen
 - d. Motor Vehicle Record check
 - e. Check of personal references
 - f. Verification of post-secondary educational degrees

If you have questions regarding the application process or posted positions,
please contact The Crawford County Sheriff's Office
3613 Stetzer Road
Bucyrus, Ohio 44820

Crawford County is an Equal Opportunity Employer.

**CRAWFORD COUNTY SHERIFF'S OFFICE
APPLICATION FOR EMPLOYMENT**

Crawford County is an equal opportunity employer and employment decisions are made without regard to race, color, religion, sex, age, national origin, disability, military status, genetic testing, or other unlawful bias except when such a factor constitutes a bona fide occupational qualification.

Date: _____

Instructions:

- A. Application must be completed by Applicant
- B. Print Application, add additional pages if needed for addresses/work experience
- C. Application must be completed in ink (printed) or typewritten.
- D. All sections of the application must be completed.
- E. All questions must be answered complete and accurate.
- F. All information is subject to detailed background checks and verification.

SECTION I: Employment Desired

Full-Time Part- Time Temporary Intermittent

Division Desired

Clerical Communications Corrections Patrol Special Deputy

SECTION II: Personal Information

Last Name _____ First _____ Middle _____

Present Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone _____

Work Phone Number _____ Email _____

Driver's License Number _____ State of Issue _____

Social Security Number _____

Have you been known by any other name? Yes No

What Name (s)? _____

SECTION II (continued) Personal Information

1. Are you at least 18 years old? Yes No
2. Have you ever been employed by the County before? Yes No
 - a. If "Yes", give dates _____
3. Are you prevented from becoming lawfully employed in this County because of VISA or Immigration status? Yes No

(Proof of citizenship or immigration status is required by federal law upon employment)
4. The County has a no smoking policy and allows smoking only in designated areas. Do you feel you can comply with this policy? Yes No
5. Did you serve in any branch of the military? Yes No
6. If you served in the military, what was your Highest Rank? _____
7. Did you receive an honorable discharge? Yes No

(A dishonorable discharge is not an absolute bar to employment)
8. What dates were you in military service? _____
9. Do you drink alcohol? Yes No
10. Do you have any pending civil court actions where you are either the plaintiff or defendant? Yes No
11. Do you currently have a valid driver's license? Yes No
12. Has your driver's license been revoked or suspended? Yes No
13. Do you currently maintain liability insurance? Yes No
14. Do you object to wearing a uniform? Yes No
15. Do you object to working shift work? Yes No
16. Date you would be available to start if employed? _____

SECTION III

Residences

List all addresses for the last five (5) years. Begin with your present address first.

Present Address

From: Month _____ Year _____ To: Present

Address _____

City _____ State _____ Zip Code _____

Landlord _____ Telephone Number _____

Landlord's Address _____

Previous Address

From: Month _____ Year _____ To: Month _____ Year _____

Address _____

City _____ State _____ Zip Code _____

Landlord _____ Telephone Number _____

Landlord's Address _____

Previous Address

From: Month _____ Year _____ To: Month _____ Year _____

Address _____

City _____ State _____ Zip Code _____

Landlord _____ Telephone Number _____

Landlord's Address _____

Previous Address

From: Month _____ Year _____ To: Month _____ Year _____

Address _____

City _____ State _____ Zip Code _____

Landlord _____ Telephone Number _____

Landlord's Address _____

SECTION IV

Employment History

1. Are you employed now? Yes No
If yes, may we contact your current employer? Yes No
2. If we cannot inquire of your present employer, please explain why: _____

3. Are you on layoff and subject to recall? Yes No
4. Have you ever been dismissed or asked to leave a job? Yes No
If yes, please explain: _____

5. Were you ever reprimanded by any supervisor for being late or absent? Yes No
6. Were you ever reprimanded for any on-the-job misconduct? Yes No
If yes, please explain: _____

7. How many days of work or school did you miss during the past year? _____
8. Have you ever quit a job without notice? Yes No
9. If employed, does your employment require you to continue working for your current employer, or restrict your activities after leaving your current employment, for any period of time? Yes No
If yes, until what date? _____
10. Why did you leave your last job? _____

SECTION IV (continued)

Employment History

List all employment for the last five (5) years. Begin with your present employment first.

NOTE: include all military service, all part-time, or temporary employment.

Present Employment

From: Month _____ Year: _____ To: Present

Name of Employer _____ Telephone Number _____

Address _____

City _____ State _____ Zip Code _____

Title or Position _____ Beginning Salary _____ Current Salary _____

Your Duties are: _____

Previous Employment

From: Month _____ Year: _____ To: Month _____ Year _____

Name of Employer _____ Telephone Number _____

Address _____

City _____ State _____ Zip Code _____

Title or Position _____ Beginning Salary _____ Ending Salary _____

Your Duties are: _____

Reason for leaving _____

SECTION IV (continued)

Employment History

Previous Employment

From: Month _____ Year: _____ To: Month _____ Year _____

Name of Employer _____ Telephone Number _____

Address _____

City _____ State _____ Zip Code _____

Title or Position _____ Beginning Salary _____ Ending Salary _____

Your Duties are: _____

Reason for leaving _____

Previous Employment

From: Month _____ Year: _____ To: Month _____ Year _____

Name of Employer _____ Telephone Number _____

Address _____

City _____ State _____ Zip Code _____

Title or Position _____ Beginning Salary _____ Ending Salary _____

Your Duties are: _____

Reason for leaving _____

SECTION V

Education and Training

Complete the following information about schools you have attended.

High School

Name of school _____ Telephone Number _____

Address _____

City _____ State _____ Zip Code _____

Did you graduate? Yes No

Trade or Career Center School

Name of school _____ Telephone Number _____

Address _____

City _____ State _____ Zip Code _____

Major subject area for graduate study or degree _____

Did you graduate? Yes No

College or University

Name of school _____ Telephone Number _____

Address _____

City _____ State _____ Zip Code _____

Major subject area for graduate study or degree _____

Did you graduate? Yes No

Do you have an OPOTA Peace Officer Certificate? Yes No

SECTION V (continued) Education and Training

If you have received Training in an area which you feel is relevant to the position(s) for which you are applying, please submit the following information (do not include training gained as a part of your education as described above).

Training

Type of Training _____

Length of Training _____ Location of Training _____

Type of Training _____

Length of Training _____ Location of Training _____

Type of Training _____

Length of Training _____ Location of Training _____

Type of Training _____

Length of Training _____ Location of Training _____

Type of Training _____

Length of Training _____ Location of Training _____

Type of Training _____

Length of Training _____ Location of Training _____

Type of Training _____

Length of Training _____ Location of Training _____

Type of Training _____

Length of Training _____ Location of Training _____

SECTION VI

References

List names and addresses of three (3) individuals, (no relatives), who may be contacted for a professional recommendation. References must have known you for at least five (5) years.

First Reference

Name _____ Occupation _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Alternate Number _____

Work Telephone Number _____

Email: _____ Years of acquaintance _____

Second Reference

Name _____ Occupation _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Alternate Number _____

Work Telephone Number _____

Email: _____ Years of acquaintance _____

Third Reference

Name _____ Occupation _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Alternate Number _____

Work Telephone Number _____

Email: _____ Years of acquaintance _____

SECTION VII

Applicant’s Certification and Agreement

I Authorize investigation of all information I have disclosed herein so that you may be provided with relevant information about my background. I understand this investigation may include personal interviews with business associates, sources, or others with whom I am acquainted. I release all parties from any liability for any damage that may result from furnishing this information to you. This release extends to all pertinent information, personal or otherwise.

I authorize investigation of my criminal and employment history as required by the Sheriff’s Office as a condition of my continued employment. I release all persons or companies conducting any lawful investigation from any liability.

I further agree to take any lawful medical or honesty examination required by the Sheriff’s Office as a condition of my being hired, or after I might be hired, as a condition of my continued employment. I agree that my refusal to take any such lawful examination may be cause for termination of my employment. I understand that the Sheriff’s Office will not hire any applicant who tested positive or refuses to consent to pre-employment drug testing. I further understand that if I am employed by the Sheriff’s Office that drug/alcohol testing may be conducted upon reasonable suspicion and if I refuse to consent to drug/alcohol testing or test positive I may be subject to termination.

I release all person or companies conducting any lawful medical or honesty examination from any liability.

I certify that the facts contained in this Application are true and complete to the best of my knowledge and understand that, if I become employed, any false information I may have provided on this Application shall be grounds for my dismissal. I also understand that I am required to abide by all rules and regulations of the Sheriff’s Office.

Applicants Signature _____ Date _____

Mail to or drop off at:
Crawford County Sheriff’s Office
3613 Stetzer Road
Bucyrus, Ohio 44820