

GREENE COUNTY SHERIFF'S DEPARTMENT



APPLICATION

NAME _____
LAST FIRST MIDDLE MAIDEN
(if applicable)

PERMANENT ADDRESS _____
STREET OR RURAL ROUTE APT. NO.

CITY COUNTY STATE ZIP

TELEPHONE (HOME) - () _____ (BUSINESS) - () _____
Area Code Area Code Ext.

**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
COMPLYING WITH ALL PROVISIONS OF
THE AMERICANS WITH DISABILITIES ACT.**

BASIC ELIGIBILITY REQUIREMENTS

1. Must be a United States Citizen.
2. Must be at least 21 years of age.
3. Eye requirement: Correctable to 20/50. (Police Employee)
4. Must possess a valid driver's license.
5. A minimum of High School Diploma or G.E.D. is required.

INSTRUCTIONS

No exceptions will be made for anyone not meeting all requirements.

The application must be filled out by the applicant. It may be typed or printed.

Answer all questions. If the question does not apply, state: None or Does Not Apply.

Please DO NOT include certificates and commendations, etc. Also, DO NOT enclose original birth certificates.

It is important that you clearly and correctly indicate your mailing address and telephone number(s). In the event you change address or phone numbers(s) after filing your application; mail notification of said change to us immediately.

Applications will not be considered until complete in every respect. Incomplete applications will be returned to the applicant. And misrepresentation of facts on the application will disqualify the applicant.

Please do not make inquiry regarding the status of your application. It will be received and processed in a timely manner.

Complete applications will be kept one full year from the date the selection process ends. After that time, they will be considered inactive and be destroyed.

Do not submit a photocopy of this application. Only originals will be accepted.

I. INITIAL REQUIREMENT DATA

A. Are you an U.S. Citizen? _____
 If no, explain on a separate sheet and attach documentation.

Social Security Number _____
 (For background clearance and payroll information this number is required.
 The application will not be processed without it.)

B. Your Age _____ Date of Birth _____ Sex _____
 (Attach Copy of Birth Certificate)
 Race _____ (Information requested for EEO compliance only)

II. FAMILY DATA

A. Marital Status: Married _____ Single _____ Divorced _____ Separated _____
 B. Spouse's Name (if applicable) _____
 C. Dependents (if applicable)

Name	Age	Relationship

D. If divorced, are you legally required to make child support payments? _____
 Are you current on child support payments? _____ If no, explain _____

III. EDUCATIONAL DATA (ATTACH TRANSCRIPTS FOR ALL)
LIST ALL ACCREDITED COLLEGES/UNIVERSITIES YOU HAVE ATTENDED.

Name and Address of School	Course Study	Number of Completed Hours	GPA on 4.0Scale	Graduate Yes/No	List Diploma

IV. EMPLOYMENT DATA

A. List chronologically (most recent employment first) all past and current employment including part time. (Use additional sheets if necessary)

Name of Employer of Business		
Your Title	Duties	
Dates of Employment	From	To
Reason for Leaving		
Address of Business		
City	State & Zip	Phone #

Name of Employer of Business		
Your Title	Duties	
Dates of Employment	From	To
Reason for Leaving		
Address of Business		
City	State & Zip	Phone #

Name of Employer of Business		
Your Title	Duties	
Dates of Employment	From	To
Reason for Leaving		
Address of Business		
City	State & Zip	Phone #

Name of Employer of Business		
Your Title	Duties	
Dates of Employment	From	To
Reason for Leaving		
Address of Business		
City	State & Zip	Phone #

- B. Have you ever been discharged or resigned to prevent being discharged from a position of employment? _____
If yes, please explain fully on a separate sheet.

V. References: (Please **do not** list relatives as references)

Name	Phone #
Street	
City	State & Zip

Name	Phone #
Street	
City	State & Zip

Name	Phone #
Street	
City	State & Zip

Residence Last Five Years Other than Present:

Street	City	State	From	To

VI. Military History and Status

- A. Have you ever served in military on active duty? _____
(Include initial active duty training with the National Guard and the Reserves.)
If yes, attach a copy of your DD214.

Military Branch	From	To	Highest Rank Attained and Rank at Separation	Type of Discharge and Reenlistment Code

- B. Are you eligible to reenlist?
_____ If no, explain fully on a separate sheet.
- C. List any citations and awards received. _____

- D. Were you ever disciplined (court martial, article 15, captain's mast, etc.) while on active duty?
_____ If yes, explain fully on a separate sheet.

VII. VEHICLE ACCIDENT and ARREST RECORDS

A. Do you currently possess a valid automobile driver's license? _____
 Expiration Date _____
 License Number _____ State _____
 Has your driver's license ever been suspended? _____ If yes, explain _____

B. List vehicle accidents in which you have been involved as a driver: Give dates(s) and location(s).

Date	Location	What Happened

C. Have you ever received a ticket for a traffic offense? _____ If yes, describe below:

Date	Location	Charge	Fine or Sentence

D. Have you ever been arrested for a criminal offense? _____ If yes, describe below:

Date	Location	Charge	Fine or Sentence

E. Have you ever been arrested for an act that would have been a crime had it been committed by an adult?

_____ If yes, describe below:

Date	Location	Charge/Offense	Disposition of Case

F. Have you ever been or are you currently involved as a plaintiff, defendant, petitioner or respondent in any civil court action? _____ If yes, explain fully on a separate sheet.

VIII. MISCELLANEOUS

A. Have you ever applied for a permit to carry a handgun? _____
Reason _____
_____ Status _____

B. What special skills have you developed through hobbies, education, occupation, or other specific interests?

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize any person, agency, partnership, or corporation having any information concerning my CREDIT RECORD, EDUCATIONAL RECORD, MEDICAL RECORD, EMPLOYMENT RECORD, MILITARY RECORD or SELECTIVE SERVICE RECORD, to release such information to the Greene County Sheriff's Department. This information is to be used for possible employment with the Greene County Sheriff's Department.

I hereby release such person, agency, partnership, or corporation from any liability, which may be incurred in releasing this information to the Greene County Sheriff's Department, including liability under State and Federal Law.

(Signature)

(Date)

(Witness)

Photo Here

Photograph to be front view, head and shoulders,
and taken within the past six months.

I certify that:

1. All required items are included with this application.
 - a. Birth Certificate (copy only)
 - b. High School Diploma or G.E.D. certificate (copy only)
 - c. Military – DD214 if veteran
 - d. Photograph – 2 ½' x 2 ½" head and shoulders
2. I have personally completed this application.

I swear or affirm under penalty of perjury that all information
contained in this application is true and accurate to the best of
my knowledge.

Signature _____

Date _____

CHECK APPLICATION CAREFULLY.

BE CERTAIN ALL ITEMS ARE COMPLETE BEFORE MAILING.

<p>THIS APPLICATION WILL BE RETURNED TO YOU IF ALL INFORMATION IS NOT COMPLETED AND ALL REQUIRED DOCUMENTS ARE NOT ATTACHED.</p>

MAIL TO:

Greene County Sheriff Department

P.O. Box 267

Bloomfield, Indiana 47424

-AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER –

Complying with all provisions of the Americans with Disabilities Act.