

Fayette County Sheriff's Office

Employment Application Packet

Thank you for your interest in employment with the Fayette County Sheriff's Office. You will find in this packet an *Application for Employment, Consent for Background Investigation, and a Background Questionnaire*. Each of the included documents **MUST** be completed and returned to the Sheriff's Office. The Consent for Background Investigation form **MUST** be notarized.

In addition to the included documents you must also provide a copy of your High School Diploma or GED. If you have served in the United States Armed Forces you must also submit a copy of your DD-214 form.

You can return your application documents in person, by US Mail or email. If you are going to use US Mail to return your application use the following email:

Fayette County Sheriff's Office
Attn: Chief Deputy David A. Bivens
113 E. Market Street
Washington CH, OH 43160

If you would like to email your documents email them to Chief Deputy David A. Bivens at david.bivens@fayette-co-oh.com

If you are applying for a **Patrol Deputy** or **Corrections Deputy** position you must also register for, take, and pass testing with the **National Testing Network** along with completing the Personal History Questionnaire (PHQ). You start the testing process by going to www.nationaltestingnetwork.com

Once all required documents have been received your information will be forwarded to a Background Investigator who will conduct a background investigation.

If there are no automatic disqualifiers found during your background investigation you will be scheduled to take a Computerized Voice Stress Analysis (CVSA) exam. The CVSA examination is a truth verification examination, with the questions formulated from your submitted documents and background investigation.

Once you have successfully passed the CVSA examination your background file will be forwarded to the Chief Deputy for review. After your application has been reviewed you may be contacted for an interview at that time.

Also included in this packet is the list of automatic disqualifiers, which if discovered will disqualify you from employment with the Fayette County Sheriff's Office.

Fayette County Sheriff's Office

Automatic Disqualifiers of Employment

1. Not possessing the minimum qualifications for the position;
2. Failing to be punctual in taking prescribed tests or undergoing evaluation;
3. Making fraudulent statements during interview, or on any application;
4. Failing to properly complete the application in the manner prescribed;
5. Failing score on the general aptitude examination (if applicable);
6. Conviction of/admission to/discovery of any felony offense (expunged/sealed records included);
7. Conviction of/admission to/discovery of any violent misdemeanor offense (expunged/sealed records included);
8. Conviction of/admission to/discovery of any falsification or misrepresentation;
9. Conviction of/admission to/discovery of any theft offense as an adult, with the exception of passing bad checks which will be determined on a case by case basis taking into consideration the totality of the circumstances;
10. Any drug related convictions;
11. Not being insurable under Fayette County's vehicle insurance provider;
12. Any OVI/Physical Control convictions within three (3) years of the beginning of the hiring process, or more than one (1) OVI/Physical Control conviction during the applicant's lifetime;
13. Any Driving Under Suspension or Reckless Operation arrests within three (3) years of the beginning of the hiring process;
14. Multiple driving convictions creating a poor driving history;
15. Any use of Marijuana within two (2) years of the beginning of the hiring process;
16. Except Marijuana, illicit drug use within five (5) years of the beginning of the hiring process (any use of illicit drug use greater than five (5) years of the beginning of the hiring process will be evaluated on a case by case basis);
17. Demonstrated a pattern of behavior that has had a negative effect on the character or reputation of the applicant;
18. Demonstrated a pattern of lack of discretion in dealing with the public;
19. Difficulty obtaining and maintaining a positive employment record;
20. Job instability;
21. Work history reflects excessive tardiness and absenteeism, incomparability with co-workers and supervisors, carelessness, insubordination, inability to follow instructions;

Fayette County Sheriff's Office

Automatic Disqualifiers of Employment

22. Failed to conduct personal affairs in a mature and/or prudent manner;
23. Demonstrated a pattern of hostility, intimidation, aggression, coercion, or deception;
24. Demonstrated a pattern of behavior that is adverse of public opinion;
25. Failed to meet the obligations of Ohio Child Support Statutes or court orders relating to the same;
26. A history of poor financial responsibility;
27. A history of moral turpitude relating to sexual behavior;
28. A pattern of violation Ohio's Ethics Laws;
29. A pattern of behavior that would demonstrate excessive/illegal gambling;
30. A pattern of engaging in acts of discrimination against people based on their sex, race, religion, ethnic origin, age, and or handicap.

Ohio Civil Service Application for State and County Agencies

GEN-4268 (REVISED 3/16)

The State of Ohio Is an Equal Opportunity Employer and provider of ADA services.

POSITION:	AGENCY:	POSITION NUMBER:
-----------	---------	------------------

Please submit one application per position or examination to the address indicated on the job posting or examination announcement. Copies are acceptable. Applications lacking sufficient information will not be processed. Please ensure your application is received or postmarked by the closing date, as required by the hiring agency. Please be sure to complete the entire application. Also note that once submitted to a governmental agency, this completed form will be subject to all applicable public records laws.

PLEASE TYPE OR PRINT IN INK

NAME: (Last, First, Middle)		DATE OF BIRTH - Year Not Required Month Day
ADDRESS: (Street, City, State, ZIP Code)		
HOME PHONE:	ALTERNATE PHONE:	E-MAIL ADDRESS:
DRIVER'S LICENSE: (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No		LEGAL RIGHT TO WORK IN THE U.S.: <input type="checkbox"/> Yes <input type="checkbox"/> No

PREFERENCES

PREFERRED SALARY:	ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
WHAT TYPE OF JOB ARE YOU LOOKING FOR? <input type="checkbox"/> Regular <input type="checkbox"/> Temporary	TYPES OF WORK YOU WILL ACCEPT: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
SHIFTS YOU WILL ACCEPT: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends <input type="checkbox"/> On Call (as needed)	

EDUCATION

HIGH SCHOOL NAME:	LOCATION: (City, State)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CHECK YEAR COMPLETED: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		OBTAINED GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
SCHOOL NAME: (College/University)		LOCATION: (City, State)
CHECK YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR:
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
SCHOOL NAME: (College/University)		LOCATION: (City, State)
CHECK YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR:
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
SCHOOL NAME: (College/University)		LOCATION: (City, State)
CHECK YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR:
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:

EMPLOYMENT HISTORY

Please list your work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. **NOTE:** To be considered for employment, you must fill in the information below, accurately and completely. You may submit a resume **in addition** to completing this section. If applying for a civil service examination, only the information provided below will be considered. A resume may not be used. **If you need additional space, attach extra sheets to this application.**

DATES: From: _____ To: _____	EMPLOYER: _____	POSITION TITLE: _____
---------------------------------	-----------------	-----------------------

ADDRESS: (Street, City, ZIP Code) _____

COMPANY URL: _____	PHONE NUMBER: _____	SUPERVISOR: _____
--------------------	---------------------	-------------------

HOURS PER WEEK: _____	SALARY: _____	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------	---------------	---

DUTIES: _____

REASON FOR LEAVING: _____

DATES: From: _____ To: _____	EMPLOYER: _____	POSITION TITLE: _____
---------------------------------	-----------------	-----------------------

ADDRESS: (Street, City, ZIP Code) _____

COMPANY URL: _____	PHONE NUMBER: _____	SUPERVISOR: _____
--------------------	---------------------	-------------------

HOURS PER WEEK: _____	SALARY: _____	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------	---------------	---

DUTIES: _____

REASON FOR LEAVING: _____

DATES: From: _____ To: _____	EMPLOYER: _____	POSITION TITLE: _____
---------------------------------	-----------------	-----------------------

ADDRESS: (Street, City, ZIP Code) _____

COMPANY URL: _____	PHONE NUMBER: _____	SUPERVISOR: _____
--------------------	---------------------	-------------------

HOURS PER WEEK: _____	SALARY: _____	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------	---------------	---

DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYMENT HISTORY (Continued)

DATES: From: _____ To: _____	EMPLOYER: _____	POSITION TITLE: _____
ADDRESS: (Street, City, ZIP Code) _____		
COMPANY URL: _____	PHONE NUMBER: _____	SUPERVISOR: _____
HOURS PER WEEK: _____	SALARY: _____	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES: _____		
REASON FOR LEAVING: _____		

DATES: From: _____ To: _____	EMPLOYER: _____	POSITION TITLE: _____
ADDRESS: (Street, City, ZIP Code) _____		
COMPANY URL: _____	PHONE NUMBER: _____	SUPERVISOR: _____
HOURS PER WEEK: _____	SALARY: _____	MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES: _____		
REASON FOR LEAVING: _____		

CERTIFICATES AND LICENSES

TYPE: _____	
LICENSE NUMBER: _____	ISSUING AGENCY: _____
TYPE: _____	
LICENSE NUMBER: _____	ISSUING AGENCY: _____

SKILLS

OFFICE SKILLS:	
Typing Speed: _____	Data Entry Speed: _____
COMPUTER SKILLS: _____	
OTHER SKILLS: _____	
LANGUAGE(S): _____	

The purpose of questions 1-8 is to obtain information relevant to employment with the State of Ohio.
Responses to these questions are required.

1. Please indicate your county of residence.

2. Summary of Qualifications - In the area below, briefly describe the experience, education, training and other factors that qualify you for the position or examination for which you are applying. Refer to the Minimum Qualifications and any position-specific qualifications posted for this position or examination. If you need additional space, attach an extra sheet to this application.

3. Please list below the specific course work areas at the high school level or beyond relevant to the position or examination for which you are applying. Also indicate the number of courses you have successfully completed in each area. Note: A transcript may not be substituted for this section, although you may be required to submit a transcript.

4. Are you a current State of Ohio employee?

- Yes, I'm a permanent employee
- Yes, I'm an interim or intermittent employee
- Yes, I'm a temporary, seasonal or project employee
- Yes, I'm a fixed term or established term employee
- No, I'm not a State of Ohio employee

5. If you are a current State of Ohio employee, please provide your eight (8) digit, OAKS ID number. If you are not a current State of Ohio employee, please type N/A.

6. If you are not a current State of Ohio employee, have you ever been employed by the State of Ohio? (If you are a current State of Ohio employee, please select N/A.) Yes No N/A

7. If you were previously employed by the State of Ohio, please choose one of the following:

- Employment ended prior to 12-01-2004.
- Employment ended on or after 12-02-2004.
- N/A - Not previously employed by the State of Ohio or current state employee.

8. How did you learn about this employment opportunity?

- | | | |
|---|---|--|
| <input type="checkbox"/> careers.ohio.gov | <input type="checkbox"/> Facebook | <input type="checkbox"/> Trade Journal |
| <input type="checkbox"/> GovernmentJobs.com | <input type="checkbox"/> Twitter | <input type="checkbox"/> Career/Recruitment Fair |
| <input type="checkbox"/> Indeed.com | <input type="checkbox"/> LinkedIn | <input type="checkbox"/> State of Ohio Employee Referral |
| <input type="checkbox"/> Other Job Board | <input type="checkbox"/> Other Social Media | |

CERTIFICATION

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the Human Resources Division, Ohio Department of Administrative Services, and/or the agency that holds the vacancy for which I am applying and to appropriate officials for recruitment purposes. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

Signature of Applicant: _____

Date: _____

STATE OF OHIO
EQUAL EMPLOYMENT OPPORTUNITY

Responses to questions 9-14 are OPTIONAL. These questions are included to assist our equal employment opportunity efforts. Providing this information is VOLUNTARY and will in no way affect the processing of your application or your being considered for employment. Human Resources will process your responses to these confidential questions separately. Responses will be used for statistical purposes only.

Position Applied For:

Date:

Agency:

Position Number:

9. OPTIONAL: Gender

- Male Female

10. OPTIONAL: Please select your age group.

- Under 18
 18-25
 26-39
 40-54
 55-69
 70+

11. OPTIONAL: Race/Ethnicity

- WHITE: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- BLACK or AFRICAN AMERICAN: All persons having origins in any of the Black racial groups of Africa
- HISPANIC or LATINO: All person or Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.
- ASIAN: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (for example, China, India, Japan and Korea).
- NATIVE HAWAIIAN or PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Hawaiian Islands and Pacific Islands (for example, Hawaii, Philippine Islands and Samoa).
- AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- OTHER: Please self define.

12. OPTIONAL: Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?

- Yes No

13. Have you ever served in the U.S. military or uniformed services?

- Yes No

14. If you answered "yes" to the previous question, please indicate if one or more of the following apply:

- DISABLED VETERAN: A person who has a current service-connected disability as determined by the U.S. Department of Veterans Affairs.
- POST 9-11 ERA VETERAN: A person who served in the military or uniformed services for any period after September 11, 2001.
- GULF WAR ERA VETERAN: A person who served in the military or uniformed services for any period between August 2, 1990 and September 10, 2001.
- COLD WAR/PEACETIME ERA VETERAN: A person who served in the military or uniformed services for any period between May 8, 1975 and August 1, 1990.
- VIETNAM ERA VETERAN: A person who served in the military or uniformed services for any period between August 5, 1964 and May 7, 1975.



The Office of
FAYETTE COUNTY SHERIFF

Vernon P. Stanforth, Sheriff

113 E. Market St., Washington C.H., Ohio 43160 740-335-6170 FAX 740-333-3589

I, _____, DOB: _____, SSN: _____ hereby permit the Sheriff of Fayette County, Ohio or his designee to conduct a background investigation, including my criminal history, educational history, financial history, and work history, concerning matters related to my application for employment. As a result of this background investigation I understand that the Sheriff of Fayette County, Ohio or his designee will be seeking information from prior employers, other individuals, and other organizations/corporations, including various law enforcement agencies that I may or may not have disclosed. By signing this release, I hereby give my consent to all law enforcement agencies, educational institutions, current and former employers, and financial institutions (to include credit bureaus) to provide necessary information to the Sheriff of Fayette County, Ohio or his designee during the background investigations. I hereby release, hold harmless and agree not to sue or file any claim of any kind against any current or former employer, law enforcement agency, educational institution, and/or financial institutions and any officer or employee of the same, that in good-faith furnishes written or oral reference as requested by this employer to complete this background investigation.

A photocopy or facsimile of this form that shows my signature is as valid as an original.

Applicant Signature

This form signed in my presence this _____ day of _____, 20____.

Notary

My commission expires _____ day of _____, 20____.

Fayette County Sheriff's Office

BACKGROUND QUESTIONNAIRE

You may use the back page of the questionnaire to further explain your answers if necessary. If you have any questions concerning your background or truth verification testing, write them on the back of the last page.

(Note: This is your opportunity to fully explain your history. Please take full advantage of this and be as specific and detailed as possible. If you are not completely honest and up front with your answers, or you intend to be intentionally vague with your responses, the result will be termination from the employment process.)

UNDETECTED CRIMES

1) Have you ever committed an act that you were not caught doing, but if caught, you would have been arrested? Yes _____ No _____ (If yes, explain details)

2) Have you ever been involved in any of the following? (If yes to any, please include when, where and value on the back of this page.)

- | | | |
|--|-----------|----------|
| A. Switching price tags | Yes _____ | No _____ |
| B. Car theft | Yes _____ | No _____ |
| C. Theft of car parts | Yes _____ | No _____ |
| D. Robbery | Yes _____ | No _____ |
| E. Burglary (home/business) | Yes _____ | No _____ |
| F. Embezzlement | Yes _____ | No _____ |
| G. Concealed weapon | Yes _____ | No _____ |
| H. Fires you started | Yes _____ | No _____ |
| I. Con games | Yes _____ | No _____ |
| J. Leaving the scene of an accident | Yes _____ | No _____ |
| K. Counterfeiting | Yes _____ | No _____ |
| L. Fire bombing | Yes _____ | No _____ |
| M. Mugging | Yes _____ | No _____ |
| N. Assault | Yes _____ | No _____ |
| O. Buy, sell, or possess stolen property | Yes _____ | No _____ |
| P. Using stolen credit cards | Yes _____ | No _____ |
| Q. Illegally obtaining public assistance, workers compensation or unemployment by fraud. | Yes _____ | No _____ |

3) Have you ever filed an insurance claim that was not accurate (overestimating losses)?
Yes _____ No _____ (if yes, explain details)

4) Has a law enforcement agency ever been called because of something that you were involved in?
Yes _____ No _____ (if yes, explain details)

Fayette County Sheriff's Office

- 5) When did you last write a check that bounced or when you knew that there were no funds to cover the value of the check? _____
How many in lifetime? _____ Have you ever written a check using another person's name? Yes _____ No _____ (If yes, explain details)
- 6) Have you ever used a fraudulent document to obtain money?
Yes _____ No _____ (If yes, explain details)
- 7) Were you ever in a fight in which a weapon was used?
Yes _____ No _____ (If yes, explain details)
- 8) Have you ever injured or caused the death of another person?
Yes _____ No _____ (If yes, explain details)
- 9) Have you ever physically abused a spouse, girlfriend, boyfriend, or child?
Yes _____ No _____ (If yes, explain details)
- 10) Have you ever intentionally damaged property belonging to another person?
Yes _____ No _____ (If yes, explain details)
- 11) Have you ever filed a false police report? Yes _____ No _____ (If yes, explain details)
- 12) What is the most serious criminal act you have ever committed in your life, if any?
- 13) Have you ever participated in a riot or disturbance?
Yes _____ No _____ (if yes, explain details)
- 14) Since you have been an adult (18 years old), have you ever had any sexual involvement with someone under 18 years old? Yes _____ No _____ If yes, how old were they? _____ How old were you? _____ How long ago? _____ (Explain details)
- 15) Have you ever sexually assaulted anyone? Yes _____ No _____ (If yes, explain details)
- 16) Have you ever engaged in prostitution or used the services of a prostitute?
Yes _____ No _____ (If yes, explain details)

Fayette County Sheriff's Office

17) Have you ever been accused of any misconduct in which a police report was taken?
Yes _____ No _____ (If yes, explain details)

18) Have you ever been questioned by a law enforcement agency as a suspect in an investigation?
(Do not include situations in which you were a victim or witness to a crime.)
Yes _____ No _____ (If yes, explain details)

19) Other than what has already been covered, have you been involved in anything that you could
have been arrested for? Yes _____ No _____ (If yes, explain details)

20) Have you ever belonged to, or associated with anyone belonging to any organization, past or
present, that would place the integrity of the Fayette County Sheriff's Office in question (e.g. KKK,
Nazi organization, gang member, organized crime)?
Yes _____ No _____ (If yes, explain details)

21) Do you now or have you ever had regular associations with persons whom you knew, or should
have known, were under criminal investigation, or who had a reputation in the community or with law
enforcement agencies for involvement in criminal behavior? Yes _____ No _____ (If yes,
explain details)

22) Do you regularly associate with persons who use illegal drugs? Yes _____ No _____ (If
yes, explain details)

MILITARY

1) Have you ever served in any military organization of the United States?
Yes _____ No _____ If yes, what branch?

2) What type of discharge did you receive? Honorable _____ Dishonorable _____ Honorable
conditions _____ General _____ Other _____

3) Dates of active duty _____

Fayette County Sheriff's Office

4) Have you ever been court martialled, tried on charges, or were you the subject of a summary court, deck court, Captain's Mast, company punishment, or any other type of disciplinary action while a member of the armed forces?

Yes _____ No _____ (If yes, explain details for each incident)

5) Are there any incidents concerning your military career that could possibly affect this examination?

Yes _____ No _____ (If yes, explain details)

ARREST RECORD

1) Have you ever been arrested, charged, or detained by a law enforcement agency? (Include any arrests in which the charges were dropped, reduced, found not guilty, or in which the records were sealed or expunged. Failure to do so could result in termination of the application process. A summons or non-traffic citation is considered an arrest and must also be listed)

Yes _____ No _____ (If yes, explain details to include the charge, arresting agency, date and the final disposition of the case.)

2) Have you ever served probation, parole, community control, or community service?

Yes _____ No _____ (If yes, explain details)

3) What fines have you been required to pay, and were they paid on time? (Other than traffic)

4) Have you ever been fingerprinted by a law enforcement agency?

Yes _____ No _____ (If yes, provide agency, date and the reason why you were fingerprinted.)

DRUG USAGE

1) Have you used any of the following? (If yes, include total number of times and the date last used)

- A. _____ Speed
- B. _____ Barbiturates (downers)
- C. _____ Amphetamines (uppers)
- D. _____ LSD
- E. _____ Hash
- F. _____ Ice or methamphetamine
- G. _____ Mushrooms
- H. _____ Another person's prescription

Fayette County Sheriff's Office

- I. _____ Steroids
- J. _____ PCP (angel dust)
- K. _____ Crack
- L. _____ Cocaine
- M. _____ Heroin
- N. _____ Ecstasy
- O. _____ Amilnitrates
- P. _____ Designer drugs
- Q. _____ Marijuana
- R. _____ Bath salts

Any other illegal substance not listed _____

4) Have you ever used inhalants, or any other legal substance, to get high? (Paint thinner, aerosol, glue) Yes _____ No _____ (If yes, explain details and list the last time)

5) Have you ever been involved in the purchase of any illegal drug? (Any amount from a joint to a kilo) Yes _____ No _____ (If yes, include type of drug, the amount, the circumstances, and the last time)

6) Have you ever been involved in the sale of illegal drugs, either directly or indirectly? Yes _____ No _____ (If yes, include type of drug, the amount, the circumstances, and the last time)

7) Have you ever benefited from the sale of illegal drugs, to include money, free drugs or sexual favors? (Note, if you received any money from a friend or family member involved in drug sales indirectly, list here and give details.) Yes _____ No _____ (If yes, explain details)

8) Have you ever set up a drug deal? Yes _____ No _____ (If yes, explain details)

9) Have you ever been in the company of people using illegal drugs? Yes _____ No _____ (If yes, explain details and the last time)

10) Have you ever stolen money or drugs from another drug dealer? Yes _____ No _____ (If yes, explain details)

11) Have you ever driven a motor vehicle under the influence of illegal drugs? Yes _____ No _____ (If yes, explain details)

Fayette County Sheriff's Office

12) Have you ever used medication from another person's prescription to get high?
Yes _____ No _____ (If yes, explain details)

13) Have you ever tried to grow or cultivate any illegal drugs? (Include any amount from one seed and up) Yes _____ No _____ (If yes, explain details)

14) Explain, in detail, any other information relating to illegal drug use or involvement which has not been covered, to include transportation, manufacturing, etc,

THEFT OF MERCHANDISE

1) Estimate the total amount of merchandise, tools and equipment that you have taken:

___ \$50,000	___ \$5,000	___ \$500	___ \$75
___ \$40,000	___ \$4,000	___ \$400	___ \$50
___ \$30,000	___ \$3,000	___ \$300	___ \$25
___ \$20,000	___ \$2,000	___ \$200	___ \$10
___ \$10,000	___ \$1,000	___ \$100	___ \$5

2) Name the single most expensive item that you have ever taken?

Item _____ amount _____ date _____

3) Have you ever taken anything or shoplifted anything from a business? (Include personal and employee theft) Yes _____ No _____ (If yes, explain details)

4) Have you ever been with anyone who was stealing merchandise or equipment?

Yes _____ No _____ (If yes, explain details)

5) Have you ever taken anything from a current or former employer?

Yes _____ No _____ (If yes, explain details)

6) Estimate the amount of cash that you have stolen in your entire life and explain each incident. (Include personal cash thefts from family or friends and cash thefts from employers, along with any other incidents.)

7) Have you ever purchased, pawned or sold an item in which you knew or should have known it to have been stolen? Yes _____ No _____ (If yes, explain details)

Fayette County Sheriff's Office

EMPLOYMENT HISTORY

1) Have you ever been terminated or asked to resign from a job?

Yes _____ No _____ (If yes, explain details)

2) Have you ever been disciplined by your current or previous employers? (If discipline was by a law enforcement agency, refer to law enforcement experience questions.)

Yes _____ No _____ (If yes, explain details)

3) Have you ever resigned or been given the opportunity to resign from a job in which you were under investigation for policy violation or misconduct?

Yes _____ No _____ (If yes, explain details)

4) Did you list ALL of you jobs for the past ten years on your employment application, to include part-time and temporary jobs? Yes _____ No _____ (If no, explain details)

DRIVING HISTORY

1) Has your driver's license ever been suspended or revoked?

Yes _____ No _____ (If yes, explain details)

2) What states, other than Ohio have you had a driver's license in? (List all states and include temporary and learning permits)

3) Have you intentionally left any traffic citations off of your employment application?

Yes _____ No _____ (If no, explain details)

4) Have you been involved in a traffic accident that was your fault?

Yes _____ No _____ (If yes, explain details)

5) Has your auto insurance ever been canceled?

Yes _____ No _____ (If yes, explain details)

6) How many times have you driven a vehicle while under the influence of alcohol, where if stopped, you could have been arrested? _____ When was the last time? _____

7) Have you been involved in any other acts, involving alcohol, that could be considered criminal?

Yes _____ No _____ (If yes, explain details)

Fayette County Sheriff's Office

FINANCIAL HISTORY

1) Have you ever filed for bankruptcy?

Yes _____ No _____ (If yes, explain details)

2) Have you ever had anything repossessed?

Yes _____ No _____ (If yes, explain details)

3) Have you ever been involved in any civil actions (past or present)?

Yes _____ No _____ (If yes, explain details)

4) Are you currently more than three months behind on any bills?

Yes _____ No _____ (If yes, explain details)

5) Are any creditors pursuing you for outstanding debts?

Yes _____ No _____ (If yes, explain details)

6) Are there any financial obligations or bills that you have refused to pay or feel that you are not responsible for?

Yes _____ No _____ (If yes, explain details)

7) Have you ever been or are you currently responsible for any child support payments?

Yes _____ No _____ (If yes, explain details)

8) Estimate the amount of debt you owe, not including house or car payments: _____

ALIASES

1) List ALL NAMES that you have ever used, to include maiden, nick names, married, and legal name changes.

I CERTIFY THAT THE ABOVE INFORMATION PROVIDED IS TRUE AND CORRECT. I HAVE BEEN COMPLETELY TRUTHFUL IN MY ANSWERS TO THESE QUESTIONS.

SIGNATURE

Fayette County Sheriff's Office

QUESTIONS FOR CURRENT OR FORMER LAW ENFORCEMENT OFFICERS

If you answer yes to any of the following questions, please explain and provide details to include where you were employed at the time and the date of the occurrence. Use additional paper or the back of this questionnaire if necessary.

- 1) Have you ever accepted a cash bribe or gratuity?
- 2) Have you ever taken (stolen) anything from an investigative site?
- 3) Have you ever stolen from a prisoner or detainee?
- 4) Have you ever been investigated or accused of using excessive force?
- 5) Have you ever used more force than was necessary to subdue another person?
- 6) Have you ever struck a handcuffed or restrained prisoner?
- 7) Have you ever handled evidence in an illegal manner?
- 8) Have you ever intentionally falsified any type of official report?
- 9) Have you ever used your position as a law enforcement officer for personal gain?
- 10) Have you ever been the subject of an internal investigation?
If yes, list in chronological order, short synopsis and outcome to include disciplined received.
PLEASE BE SPECIFIC!
- 11) Do you have any active or pending internal investigations or discipline?
- 12) As a law enforcement officer, have you ever been disciplined? Please include oral and written reprimands, suspensions, and anything that would have been purged from your personnel file in the last 5 years.
- 13) Have you ever taken anything from a place that had already been burglarized? Please give dollar amount and list items.
- 14) Have you ever taken cash, property, or valuables from a dead body?

Fayette County Sheriff's Office

- 15) Have you ever taken property, cash, or valuable from an arrested person and kept it?
- 16) Have you ever lied to a police supervisor?
- 17) Have you ever told a friend, acquaintance, or relative about an investigation involving them?
- 18) Have you ever provided or been paid to provide confidential information to an unauthorized person?
- 19) Have you ever removed, destroyed, or altered police records or files?
- 20) Have you ever disclosed the identity of a confidential informant to an unauthorized person?
- 21) Have you ever disclosed the identity of an undercover law enforcement officer to an unauthorized person?
- 22) Have you ever intentionally lied under oath? Explain circumstances.
- 23) Since becoming a law enforcement officer, have you ever committed a felony crime?
- 24) Have you ever used your position as a law enforcement officer to take sexual advantage of anyone?
- 25) Have you ever been involved in any shooting incident?
- 26) Have you ever been the subject of a grand jury investigation?
- 27) Have you ever been the subject of any civil lawsuits, prior or pending?
- 28) Have you ever been involved in any on duty motor vehicle accident in the last 2 years? Please list each one and include who was at fault.
- 29) Since becoming a law enforcement officer, have you used any illegal drugs?

Fayette County Sheriff's Office

30) Have you ever used alcohol or illegal drugs on duty? (Other than sanctioned law enforcement operations)

31) Explain any circumstances or incidents in which you have been involved in as a law enforcement officer that could have a negative impact on your employment with the Fayette County Sheriff's Office.

ADDITIONAL QUESTIONS FOR OFFICERS WITH CORRECTIONS EXPERIENCE

If you answer yes to any of the following questions, please explain and provide details to include where you were employed at the time and the date of the occurrence. Use additional paper or the back of this questionnaire if necessary.

- 1) Have you ever introduced contraband into a correctional facility for an inmate or another officer?

- 2) Since becoming a correctional officer, have you had sexual involvement with an inmate or another officer on duty?

- 3) Have you ever accepted a bribe from an inmate?

- 4) Have you ever had or maintained a friendship or relationship with an inmate after they were released?

- 5) Have you ever kept, used, or given away an inmates property?

I certify that the above information provided is true and correct. I have been completely truthful in my answers to these questions.

Signature _____