



The Office of Fayette County Sheriff



Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should notify the Chief Deputy. We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran's status, or any other legally protected status.

Position applied for: _____

Date of Application: _____

How did you hear about this position?

Advertisement:___ Relative:___ Inquiry:___ Website:___ Friend:___ Social Media:___ Employment Agency:___

Other: _____

Name: _____
Last
First
Middle

Mailing Address: _____
Street
Apt.
City
State
Zip

Telephone#:(_____) _____ Mobile/Other (_____) _____

E-mail: _____ Best time to contact you at home is _____ am/pm

Have you ever submitted an application to the Fayette County Sheriff's Office? _____ If Yes, when? _____

Have you ever been employed by Fayette County, Ohio? _____ If Yes, when? _____

Are you legally eligible for employment in the United States? _____

If you are under 18, can you furnish a work permit? _____

Do you have a valid driver's license? _____ State/Number: _____

Are you able to meet all the attendance requirements of this position (multiple shifts/weekends/holidays)? _____

Are you available to work overtime if necessary? _____ Will you travel if the position requires it? _____

Do you have any friends / relatives currently employed by Fayette County Sheriff's Office? _____
 If Yes, who? _____

Type of employment desired: Full Time Part Time Special Deputy

Do you currently possess a certificate from the Ohio Peace Officer's Training Commission attesting to your satisfactory completion of an approved peace officer basic training program: Yes No

Employment History: Starting with your most recent employer, provide the following information. Include any relevant volunteer activities, but exclude any organizations that would reveal race, color, religion, sex, nation origin, citizenship, age mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

1. From/To _____ Employer/Organization _____
Telephone#: (____) _____ Address: _____
Job Title: _____ Supervisor: _____ May we contact? _____
Job Duties/Responsibilities _____
Reason for Leaving: _____ Final Rate of Pay: _____
2. From/To _____ Employer/Organization _____
Telephone#: (____) _____ Address: _____
Job Title: _____ Supervisor: _____ May we contact? _____
Job Duties/Responsibilities _____
Reason for Leaving: _____ Final Rate of Pay: _____
3. From/To _____ Employer/Organization _____
Telephone#: (____) _____ Address: _____
Job Title: _____ Supervisor: _____ May we contact? _____
Job Duties/Responsibilities _____
Reason for Leaving: _____ Final Rate of Pay: _____
4. From/To _____ Employer/Organization _____
Telephone#: (____) _____ Address: _____
Job Title: _____ Supervisor: _____ May we contact? _____
Job Duties/Responsibilities _____
Reason for Leaving: _____ Final Rate of Pay: _____
5. From/To _____ Employer/Organization _____
Telephone#: (____) _____ Address: _____
Job Title: _____ Supervisor: _____ May we contact? _____
Job Duties/Responsibilities _____
Reason for Leaving: _____ Final Rate of Pay: _____

Please Explain Any Gaps In Employment:

Have you ever been fired or asked to resign from a job? _____

If yes, explain: _____

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree Obtained
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Related Information: Please list any relevant professional or trade organizations of which you are a member. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Organization	Offices Held

Please discuss your interest in employment with the Fayette County Sheriff's Office and any qualification beyond what is reflected in your application. Use additional sheet if needed.

References: Please provide the names and telephone number of three professional references who are not related to you and are not previous supervisors. If professional references are not available, provide school or personal references who are not related to you.

Name: _____ Title: _____

Relationship: _____ Telephone: _____

E-mail: _____

Name: _____ Title: _____

Relationship: _____ Telephone: _____

E-mail: _____

Name: _____ Title: _____

Relationship: _____ Telephone: _____

E-mail: _____

Applicant Statement and Signature

I certify that all information I have provided in order to apply for and obtain employment with the Fayette County Sheriff's Office is true, complete, and correct. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with the Fayette County Sheriff's Office and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from County service, whenever it is discovered. I give Fayette County Sheriff's Office the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the Fayette County Sheriff's Office in providing relevant, job-related information that will assist in this process. I expressly authorize, without reservation, Fayette County Sheriff's Office, its representatives, members or agents to contact and obtain information from all reference (personal and professional). Employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding the Fayette County Sheriff's Office, its agents, members or representatives, for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information about me.

I understand that an offer of employment may be contingent upon the successful completion of a pre-employment background criminal investigation, physical, psychological, truth verification, and/or drug and alcohol screen. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States. If I am hired, I understand that unless otherwise defined by applicable law, any employment relationship with the Fayette County Sheriff's Office is of an "at will" nature, which means that I am free to resign at any time and the Fayette County Sheriff's Office reserves the same right to terminate my employment at any time. This application does not constitute an agreement or contract of employment for any specified period or definite duration. I understand that all conditions of employment including, but not limited to hours, benefits and salary are subject to change by the Fayette County Sheriff's Office at any time. I understand that no representative of the Fayette County Sheriff's Office is authorized to make any assurance to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the appropriate Appointing Authority.

DO NOT SIGN UNTIL YOU READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Applicant Signature: _____ Date: ____/____/____

NOTE: Computerized Application/Emailed
will be signed during interview process

Return to:

In Person/U.S. Mail: 113 E. Market Street, Washington Court House, Ohio 43160
E-mail: sheriff.records@fayette-co-oh.com

CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

I, _____, hereby permit the Sheriff of Fayette County, Ohio or his designee to conduct a background investigation, including my criminal 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 and other individuals, including various law enforcement agencies that I may or may not have disclosed. By signing this release, I hereby consent all prior employers, law enforcement agencies and educational institutions to provide necessary information to this employer during the background investigation. I hereby release, hold harmless and agree not to sue or file any claim or any kind against any current or former employer, law enforcement agency or educational institution, and any officer or employee of either, that in good-faith furnishes written or oral reference as requested by this employer to complete is background investigation.

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

Date this ____ day of _____, 20__

Witness

Applicant

NOTE: Computerized Application/Emailed will be signed during interview process