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 ____________________________

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 employee, 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 ____________________________________________ 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 _____________________

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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

Revised; July 26, 2016