

# JOHNSON COUNTY SHERIFF'S OFFICE

## EMPLOYMENT APPLICATION

### Instructions:

1. The application must be filled out by the applicant by typing (preferred) or hand-writing in black ink.
2. Answer all questions and leave no areas blank. If a question does not apply, please state N/A or None.
3. Applications will not be considered unless complete. Incomplete applications will not be retained.
4. In the event that any of your contact information changes, it is your responsibility to keep the Sheriff's Office updated of those changes.
5. If you need more room for any section, attach additional sheets with the information.
6. Attach copies of all required items listed on the checklist on this application.
7. Do NOT make inquiries regarding the status of your application. You will be contacted as needed.

### Basic Eligibility Requirements:

1. Must be a United States Citizen.
2. Must be at least 21 years old.
3. Vision must be correctable to 20/50.
4. Must possess a valid driver's license.
5. Must be a graduate of an accredited High School or possess a GED.
6. For Merit Deputy positions, must be willing to reside within Johnson County, Indiana.

**The Johnson County Sheriff's Office is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or genetic information.**

### POSITION APPLYING FOR

Merit Deputy     Reserve Deputy     Correctional Officer     Courthouse Security     Civilian Position

### PERSONAL DATA

#### NAME

LAST

FIRST & SUFFIX

MIDDLE

#### ADDRESS

STREET ADDRESS

CITY

STATE

ZIP

COUNTY

TELEPHONE

TEXT CAPABLE

EMAIL

DRIVER'S LICENSE NUMBER

STATE

EXPIRATION

DATE OF BIRTH

SEX  Male  Female  Unspecified

RACE

*The above information is required for background checks and will not be used for consideration of employment.*

**EDUCATION & MILITARY**

**NAME & LOCATION OF HIGH SCHOOL(S) ATTENDED:** \_\_\_\_\_

*Attach all transcripts and diplomas to this application.*

**NAME & LOCATION OF COLLEGES/UNIVERSITIES ATTENDED:** \_\_\_\_\_

*Attach all transcripts and diplomas to this application.*

**MILITARY SERVICE**

BRANCH FROM TO

RANK AT DISCHARGE TYPE OF DISCHARGE

*Attach a copy of your DD214 to this application.*

**PERSONAL HISTORY**

**LIST ALL PREVIOUS ADDRESSES FOR THE LAST 5 YEARS**

STREET ADDRESS

CITY STATE ZIP COUNTY

STREET ADDRESS

CITY STATE ZIP COUNTY

STREET ADDRESS

CITY STATE ZIP COUNTY

STREET ADDRESS

CITY STATE ZIP COUNTY

**LIST ALL ARRESTS AND/OR CRIMES YOU HAVE BEEN CONVICTED OF, THAT HAVE NOT BEEN EXPUNGED BY A COURT**

Date	Location	Charge	Disposition

Date	Location	Charge	Disposition

Date	Location	Charge	Disposition

Date	Location	Charge	Disposition

**LIST ALL TICKETS AND TRAFFIC OFFENSES OF WHICH YOU HAVE BEEN CONVICTED**

Date	Location	Charge	Disposition

Date	Location	Charge	Disposition

Date	Location	Charge	Disposition

Date	Location	Charge	Disposition

**LIST ALL TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED AS A DRIVER**

Date	Location	Charge	Disposition

Date	Location	Charge	Disposition

Date	Location	Charge	Disposition

Date	Location	Charge	Disposition

PERSONAL CHARACTER REFERENCES

NAME

LAST

FIRST & SUFFIX

MIDDLE

ADDRESS

STREET ADDRESS

CITY

STATE

ZIP

COUNTY

TELEPHONE

TEXT CAPABLE

EMAIL

NAME

LAST

FIRST & SUFFIX

MIDDLE

ADDRESS

STREET ADDRESS

CITY

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LAST

FIRST & SUFFIX

MIDDLE

ADDRESS

STREET ADDRESS

CITY

STATE

ZIP

COUNTY

TELEPHONE

TEXT CAPABLE

EMAIL

## EMPLOYMENT HISTORY

List chronologically, most recent employer first, ALL past employment (including part-time or volunteer).

COMPANY NAME	POSITION HELD		
STREET ADDRESS	TELEPHONE		
CITY	STATE	ZIP	COUNTY
EMPLOYMENT DATES	SUPERVISOR		

COMPANY NAME	POSITION HELD		
STREET ADDRESS	TELEPHONE		
CITY	STATE	ZIP	COUNTY
EMPLOYMENT DATES	SUPERVISOR		

COMPANY NAME	POSITION HELD		
STREET ADDRESS	TELEPHONE		
CITY	STATE	ZIP	COUNTY
EMPLOYMENT DATES	SUPERVISOR		

COMPANY NAME	POSITION HELD		
STREET ADDRESS	TELEPHONE		
CITY	STATE	ZIP	COUNTY
EMPLOYMENT DATES	SUPERVISOR		

COMPANY NAME		POSITION HELD	
STREET ADDRESS		TELEPHONE	
CITY	STATE	ZIP	COUNTY
EMPLOYMENT DATES _____		SUPERVISOR _____	

COMPANY NAME		POSITION HELD	
STREET ADDRESS		TELEPHONE	
CITY	STATE	ZIP	COUNTY
EMPLOYMENT DATES _____		SUPERVISOR _____	

APPLICATION CHECKLIST	
<b>Please ensure that copies of the following items are attached to this application, if applicable. Incomplete applications will not be considered.</b>	
<input type="checkbox"/> High School diploma or GED and transcripts	<input type="checkbox"/> Recent color photograph
<input type="checkbox"/> Post-secondary education diplomas and transcripts	<input type="checkbox"/> Birth certificate or US citizenship
<input type="checkbox"/> Law enforcement academy diploma and transcript	<input type="checkbox"/> Driver's license
<input type="checkbox"/> DD214 for military veterans	<input type="checkbox"/> Waiver to Release Information form (next page)

**I swear or affirm under penalty of perjury that I have personally completed this application and that all information contained is true and accurate to the best of my knowledge. I hereby give my full permission for any and all information in this application to be investigated as part of the consideration for employment. I am aware that any misrepresentation, intentional omission, or falsehood will result in my application being rejected or may cause dismissal if I am hired before such misrepresentation is discovered.**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**SUBMIT ALL APPLICATIONS TO:  
JOHNSON COUNTY SHERIFF'S OFFICE  
1091 HOSPITAL RD  
FRANKLIN, IN 46131**

**Johnson County Sheriff's Office  
P.O. Box 609, Franklin, IN 46131**

**Applicant's Request / Waiver  
To Release Information**

I hereby authorize and request all persons to whom this request (original or reproduction) is presented, having information relating to or concerning me, to furnish such information to a duly appointed Deputy Sheriff of the Johnson County Sheriff's Office.

I am aware that this information may be of personal nature and may otherwise be protected from disclosure by my constitutional, statutory, or common law privileges. I hereby expressly waive all privileges, which may attach to such communication or disclosure and release all persons, firms and corporations from all claims of any nature as a result of said communications or disclosure. Information to be disclosed:

- Medical Records
- Mental Records
- Financial Records
- Past / Present Employment Records
- Organizational Memberships
- Criminal History Check
- Educational Check
- Any background material / information relevant to reputation and/or moral character

These records will be retained on file at the Johnson County Sheriff's Office.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Notary Public**

State of Indiana        )  
                                  )        SS:  
County of Johnson     )

Subscribed and sworn to before me, a notary public, in and for the County of \_\_\_\_\_ and the

State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed