



**Derek Norman**  
Monroe Co Sheriff  
47129 Moore Ridge Rd.  
Woodsfield OH 43793  
Phone: (740) 472-1612  
Email: derek.norman@monroesheriff.com



## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? Yes / No If no, are you authorized to work in the U.S.? Yes / No

Have you ever worked for this company? Yes / No If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? Yes / No

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes / No Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes / No Diploma: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes / No Diploma: \_\_\_\_\_

### References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_



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### References Continued

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

### Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes / No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes / No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes / No



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**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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The check off questions below provide a means of quickly reviewing your qualifications. Please place a check mark on the Yes or No line provided beside the corresponding question, including those that may duplicate other questions on this application.

**Questions Used as Indicators for Applicants****Yes** **No**

- |  |       |       |
|--|-------|-------|
| 1. Are you a United State citizen?   | _____ | _____ |
| 2. Have you ever been convicted of a felony?   | _____ | _____ |
| 3. Do you have a valid driver's license?   | _____ | _____ |
| 4. Are you 18 years old or older?  | _____ | _____ |
| 5. Are you a high school graduate?   | _____ | _____ |
| 6. Do you have a GED or HSED?  | _____ | _____ |
| 7. Are you a graduate from a two-year college or technical school?   | _____ | _____ |
| 8. Are you a graduate of a four-year college?  | _____ | _____ |
| 9. Have you ever earned a Master's degree of Ph.D. or other advanced degree?                                 | _____ | _____ |
| 10. Circle the highest <u>semester credit hours</u> of education completed after high school:                |       |       |
| 30-60      61-90      91-120      121-150      over150   |       |       |
| 11. Do you have two years of work experience?  | _____ | _____ |
| 12. Do you have hearing in the normal range?   | _____ | _____ |
| 13. Are you willing to work weekends and holidays?   | _____ | _____ |
| 14. Are you certified by, or have you successfully completed an Ohio Peace Officer Training Academy (OPOTA)? | _____ | _____ |
| 15. Have you been certified by any other state as a Law Enforcement Officer?                                 | _____ | _____ |
| 16. Are you a certified OPOTA Jail Officer?  | _____ | _____ |
| 17. Have you been certified by any other state as a corrections/jail officer?                                | _____ | _____ |
| 18. Have you ever use or experimented with heroin?   | _____ | _____ |
| 19. Have you ever use or experimented with hashish?  | _____ | _____ |
| 20. Have you ever use or experimented with steroids?   | _____ | _____ |
| 21. Have you ever use or experimented with methamphetamines?   | _____ | _____ |
| 22. Have you ever use or experimented with ecstasy?  | _____ | _____ |
| 23. Have you ever use or experimented with marijuana?  | _____ | _____ |
| 24. Have you ever use or experimented with cocaine?  | _____ | _____ |



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25. Have you ever use or experimented with LSD or other hallucinogens? \_\_\_\_\_
26. Have you ever use or experimented with a prescription drug  
not prescribed to you? \_\_\_\_\_
27. Have you ever use or experimented with any other street drugs? \_\_\_\_\_
28. Have you ever been in the military, National Guard, or Reserves? \_\_\_\_\_
29. Have you ever had auto insurance withdrawn, cancelled, revoked,  
or refused? \_\_\_\_\_
30. Have you ever been refused a driver's license? \_\_\_\_\_
31. Has your driver's license ever been revoked, suspended or cancelled? \_\_\_\_\_
32. Circle the number of traffic violations for which you have been convicted in  
the past five years: (do not include parking violations)
- 0   1   2   3   4   5   6   7   8   9   10
33. Have you ever been convicted of any violation(s) of city ordinances, county  
ordinances, or municipal ordnances, state or federal laws (excluding traffic)? \_\_\_\_\_
34. Do you have any criminal action pending against you? \_\_\_\_\_
35. Have you ever been on court ordered probation? \_\_\_\_\_
36. Have you ever been discharged from a job? \_\_\_\_\_
37. Have you ever been suspended or expelled from any high school,  
college, university, graduate school, vocational, or business school? \_\_\_\_\_

**ALL APPLICANTS MUST SIGN THIS CERTIFICATE**

*I have read the job specifications and, in my opinion, I meet the minimum requirements. I have read and made a complete answer to each question. I certify that my answers in each instance are true and correct, containing no misrepresentations, omissions, or falsifications, and are complete. I agree that any misstatements or omissions of material fact may cause forfeiture on my part of all rights to any employment in the county service.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





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## PERSONAL RECORD RELEASE AND WAIVER

\_\_\_\_\_  
Print Your Full Name

\_\_\_\_\_  
Today's Date

Purpose of Inquiry:    Job Reference Request from Potential Employer  
                             Workers' Compensation Information  
                             Dates of employment  
                             Salary of last position  
                             Copies of performance evaluations  
                             Disciplinary actions  
                             Position held  
                             Contents of Personnel File  
                             Attendance Records

## Organization Requesting Information

**Name of Organization:** Monroe County Sheriff's Office

**Contact Person:** Derek Norman

**Phone Number:** (740)472-1612

**Fax Number:** (740)472-5132

## PERSON AUTHORIZING RELEASE OF INFORMATION

I, \_\_\_\_\_ (former employee) hereby authorize and request  
\_\_\_\_\_ (former employer) to provide information regarding my  
employment to the Monroe County Sheriff's Office. My signature indicates that I release  
\_\_\_\_\_ (former employer), its officers, and employees from any and all liability  
for providing the above information to the requesting party indicated on this form. This release is good for  
90 days following the date written below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Social Security Number