



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? Yes No
- 2. Have you ever been convicted of a felony? Yes No
- 3. Do you have a valid driver's license? Yes No
- 4. Are you 18 years old or older? Yes No
- 5. Are you a high school graduate? Yes No
- 6. Do you have a GED or HSED? Yes No
- 7. Are you a graduate from a two-year college or technical school? Yes No
- 8. Are you a graduate of a four-year college? Yes No
- 9. Have you ever earned a Master's degree of Ph.D. or other advanced degree? Yes No
- 10. Circle the highest semester credit hours of education completed after high school:

30-60	61-90	91-120	121-150	over150
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- 11. Do you have two years of work experience? Yes No
- 12. Do you have hearing in the normal range? Yes No
- 13. Are you willing to work weekends and holidays? Yes No
- 14. Are you certified by, or have you successfully completed an Ohio Peace Officer Training Academy (OPOTA)? Yes No
- 15. Have you been certified by any other state as a Law Enforcement Officer? Yes No
- 16. Are you a certified OPOTA Jail Officer? Yes No
- 17. Have you been certified by any other state as a corrections/jail officer? Yes No
- 18. Have you ever use or experimented with heroin? Yes No
- 19. Have you ever use or experimented with hashish? Yes No
- 20. Have you ever use or experimented with steroids? Yes No
- 21. Have you ever use or experimented with methamphetamines? Yes No
- 22. Have you ever use or experimented with ecstasy? Yes No
- 23. Have you ever use or experimented with marijuana? Yes No
- 24. Have you ever use or experimented with cocaine? Yes No



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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