

**MIAMI COUNTY SHERIFF'S OFFICE  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**AN EQUAL OPPORTUNITY EMPLOYER APPLICATION  
FOR EMPLOYMENT**

**MCSO-38 ADMIN  
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\*\*\*\*\*  
PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS  
CONTAINED ON THE ENTIRE APPLICATION FORM  
\*\*\*\*\*

POSITION SOUGHT: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle Initial

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ARE YOU AN ADULT? YES  NO

\*\*\*\*\*  
**EMPLOYMENT HISTORY AND WORK EXPERIENCE**  
IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN  
DATE ORDER. BEGIN WITH YOUR CURRENT EMPLOYER. USE ADDITIONAL  
PAPER IF NECESSARY. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE  
GROUNDS FOR DISQUALIFICATION.  
\*\*\*\*\*

CURRENT EMPLOYER: \_\_\_\_\_  
(Enter "None" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?  
YES  NO

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

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BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_ CURRENT SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,  
PROMOTIONS, ETC.: \_\_\_\_\_

WHY DO YOU WANT TO LEAVE? \_\_\_\_\_

\*\*\*\*\*

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_ CURRENT SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,  
PROMOTIONS, ETC.: \_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

\*\*\*\*\*

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

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SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ CURRENT SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,  
PROMOTIONS, ETC.: \_\_\_\_\_

\_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

\*\*\*\*\*

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ CURRENT SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,  
PROMOTIONS, ETC.: \_\_\_\_\_

\_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

\*\*\*\*\*

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ TO: \_\_\_\_\_

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JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ CURRENT SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,  
PROMOTIONS, ETC.: \_\_\_\_\_  
\_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

\*\*\*\*\*  
IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS OR ANY OTHER  
INFORMATION RELATED TO PREVIOUS EMPLOYERS, PLEASE USE A BLANK  
SHEET OF PAPER TO DO SO.  
\*\*\*\*\*

**EDUCATION AND TRAINING**

THIS SECTION IS INTENDED TO GIVE THE EMPLOYER INFORMATION ABOUT THE  
EDUCATION AND TRAINING THAT THE APPLICANT HAS COMPLETED, AND TO  
DEMONSTRATE THE SKILLS, KNOWLEDGE, AND ABILITIES OF THE APPLICANT TO  
PERFORM THE JOB DUTIES OF THE POSITION.  
\*\*\*\*\*

HIGH SCHOOL ATTENDED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DID YOU GRADUATE? \_\_\_\_\_ HIGH SCHOOL EQUIVALENT? \_\_\_\_\_

COURSES PERTAINING TO JOB APPLIED FOR: \_\_\_\_\_  
\_\_\_\_\_

ACTIVITIES, AWARDS, SPORTS, ETC.: \_\_\_\_\_  
\_\_\_\_\_

COLLEGE OR TRADE SCHOOL ATTENDED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_



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**PERSONAL INFORMATION**

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DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL, ETC.) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION? YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

DO YOU POSSESS A VALID DRIVERS LICENSE? YES  NO

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT? YES  NO

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES  NO

ARE YOU A RESIDENT OF OHIO? YES  NO

IF NOT, ARE YOU WILLING TO BECOME A RESIDENT UPON EMPLOYMENT?  
YES  NO

ARE YOU RELATED TO ANYONE THAT IS CURRENTLY EMPLOYED BY MIAMI COUNTY? YES  NO

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PLEASE LIST THREE (3) REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN AT LEAST ONE (1) YEAR:

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\*\*\*\*\*  
PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.  
\*\*\*\*\*

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: \_\_\_\_\_

2. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

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3. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials:\_\_\_\_\_

4. I hereby authorize the employers, schools and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.

Initials:\_\_\_\_\_

5. If you are hired, this application will become part of your official employment record.

Initials:\_\_\_\_\_

6. I understand and accept that if I am hired it will be my responsibility to read and understand all written policies, directives, and SOPs; and that I will be disciplined for violating them.

Initials:\_\_\_\_\_

7. I understand that discriminatory and sexual harassment are prohibited by law, and I understand and accept that I will be fired if I engage in prohibited harassing behavior.

Initials:\_\_\_\_\_

8. I understand that, as a law enforcement officer, I must maintain my credibility at all costs. As such, I understand and agree that I should, and will, be terminated if I falsify a report or tell a lie during any investigation.

Initials:\_\_\_\_\_

9. I understand that my job may be safety-sensitive and that I may be sent for a drug or alcohol test at any time.

Initials:\_\_\_\_\_

10. I understand that all information that comes into my possession is to be regarded as confidential, and that I may not copy any record for my own use without written permission, on pain of termination.

Initials:\_\_\_\_\_

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**\*\*READ CAREFULLY BEFORE SIGNING\*\***

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT.

I ALSO RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

FINALLY, I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH MIAMI COUNTY MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT TO THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Notarized by)

\_\_\_\_\_  
(Date)

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ATTACHED**

**REFERENCES:** [List three (3) personal references, not related to you that you have known for at least three (3) years. Include name, address, and phone number.]

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\*\*\*\*\*

I certify that the facts contained in this application are true and complete to the best of my knowledge, and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I understand and agree that, if hired, my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

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

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

\*\*\*\*\*