



**SECTION II - EXPERIENCE**

In the areas below, please list your past work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. **NOTE:** In order to be considered for employment, you must fill in the information below, accurately and completely. **You may submit a resume in addition to completing this section.**

**PRESENT OR MOST RECENT JOB:**

Employer's name and address \_\_\_\_\_

Length of employment FROM: mo. \_\_\_ day \_\_\_ yr. \_\_\_ TO: mo. \_\_\_ day \_\_\_ yr. \_\_\_ Phone ( ) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Position (job title and classification) \_\_\_\_\_ salary: beginning \_\_\_\_\_ ending \_\_\_\_\_

Duties Performed \_\_\_\_\_

**NEXT MOST RECENT JOB:**

Employer's name and address \_\_\_\_\_

Length of employment FROM: mo. \_\_\_ day \_\_\_ yr. \_\_\_ TO: mo. \_\_\_ day \_\_\_ yr. \_\_\_ Phone ( ) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Position (job title and classification) \_\_\_\_\_ salary: beginning \_\_\_\_\_ ending \_\_\_\_\_

Duties Performed \_\_\_\_\_

Employer's name and address \_\_\_\_\_

Length of employment FROM: mo. \_\_\_ day \_\_\_ yr. \_\_\_ TO: mo. \_\_\_ day \_\_\_ yr. \_\_\_ Phone ( ) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Position (job title and classification) \_\_\_\_\_ salary: beginning \_\_\_\_\_ ending \_\_\_\_\_

Duties Performed \_\_\_\_\_

Employer's name and address \_\_\_\_\_

Length of employment FROM: mo. \_\_\_ day \_\_\_ yr. \_\_\_ TO: mo. \_\_\_ day \_\_\_ yr. \_\_\_ Phone ( ) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Position (job title and classification) \_\_\_\_\_ salary: beginning \_\_\_\_\_ ending \_\_\_\_\_

Duties Performed \_\_\_\_\_

Employer's name and address \_\_\_\_\_

Length of employment FROM: mo. \_\_\_ day \_\_\_ yr. \_\_\_ TO: mo. \_\_\_ day \_\_\_ yr. \_\_\_ Phone ( ) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Position (job title and classification) \_\_\_\_\_ salary: beginning \_\_\_\_\_ ending \_\_\_\_\_

Duties Performed \_\_\_\_\_

**SECTION III - EDUCATION AND TRAINING**

High School Graduate? NO  YES

Name and Location of High School (city and state) \_\_\_\_\_

GED Certificate Number \_\_\_\_\_ GED Issued by \_\_\_\_\_

Are you currently attending school (for College Intern and Student Help positions)?

NO  YES  Level: \_\_\_\_\_

**POST HIGH SCHOOL EDUCATION**

INCLUDING TECHNICAL SCHOOL, BUSINESS SCHOOL, PROFESSIONAL SCHOOL, COLLEGE AND UNIVERSITY

SCHOOL NAME AND LOCATION	MAJOR AREA(S) OF STUDY	TYPE OF DEGREE OR CERTIFICATION	DEGREE ATTAINED (MONTH/YEAR)

Please list below the specific course work areas at the high school level or beyond relevant to the position or examination for which you are applying. Also indicate the number of courses you have successfully completed in each area. **NOTE:** A transcript may **not** be substituted for this section, although you may be required to submit a transcript.

COURSE WORK AREA	NO. OF COURSES	COURSE WORK AREA	NO. OF COURSES

**TRAINING AND OTHER QUALIFICATIONS**

(Do not include coursework already described above)

SUBJECT OR TITLE OF TRAINING	ORGANIZATION	LENGTH OF TRAINING

List special equipment or machines you can operate: \_\_\_\_\_

List computer software in which you have skill, including word processing, spreadsheet, and database programs.

Please indicate the name of the specific software: \_\_\_\_\_

List special clerical skills, including typing and shorthand: \_\_\_\_\_

\_\_\_\_\_ Typing Speed \_\_\_\_\_

List any additional relevant skills you have: \_\_\_\_\_

**SECTION IV - MISCELLANEOUS**

THE FOLLOWING INFORMATION WILL BE USED ONLY IF IT IS DIRECTLY RELATED TO THE POSITION OR EXAMINATION FOR WHICH YOU ARE APPLYING:

- |                                                                                           | YES                      | NO                       |
|-------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Are you willing and able to secure an Ohio Driver's License, if a license is required? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If the position requires travel, can you supply your own transportation?               | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been employed in the state or county service of Ohio?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been convicted of any felony?                                            | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered "YES" to questions 3 or 4, please explain fully below, indicating by number to which question you are responding.

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**EMERGENCY INFORMATION**

List the name and address of ONE PERSON WHO WILL ALWAYS KNOW YOUR WHEREABOUTS.

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE
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**REFERENCES**

Please list the names and addresses of three individuals, other than relatives, whom we may contact for a PROFESSIONAL RECOMMENDATION.

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE
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**PREVIOUS ADDRESSES**

Please list TWO MOST RECENT PREVIOUS HOME ADDRESSES with the date of residence for each previous address.

ADDRESS	CITY	STATE	ZIP CODE	DATES OF RESIDENCE
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**CERTIFICATION**

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment, and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing and information which they acquired relevant to my employment. I consent that they may disclose such information to the Sheriff's Office. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# ZACH SCOTT

FRANKLIN COUNTY SHERIFF  
www.sheriff.franklin.oh.us  
HUMAN RESOURCES



James A. Karnes Building • 410 South High Street, 2nd Floor • Columbus, Ohio 43215 • (614)525-3397

## “AUTHORIZATION WAIVER FOR RELEASE OF CRIMINAL AND TRAFFIC RECORD”

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

I, hereby, give my permission for authorized agents of the Franklin County Sheriff's Office to conduct an investigation of my background, including education, employment, credit, reputation, military records, and any other factors which such agents may deem proper and necessary subjects of investigations, in order to properly assess my character and background in connection with my application for the position of:

\_\_\_\_\_ with the Franklin County Sheriff's Office.

I give my permission for any persons, business, or institution contacted in the course of such investigation to release any and all information properly requested and photostats of same, if requested, and do hereby release such person, business, or institution from all liability for providing correct information.

I recognize the right of the Franklin County Sheriff's Office to treat, at its discretion, certain sources as confidential sources, and information obtained therefrom.

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

\_\_\_\_\_  
Print/type name of applicant

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Investigating Officer

FRANKLIN COUNTY SHERIFF'S OFFICE

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION SHEET

Directions: Sheriff Karnes requests that you supply the information below in order to assist in our efforts in regard to equal employment opportunity. This information is strictly voluntary and will in no way affect the processing of your application. This information sheet will be processed separately and will be used for statistical purposes only (EXCLUDING THE TEST ACCOMMODATION INFORMATION). Thank you for your cooperation.

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

SEX:

RACE:

Male \_\_\_\_\_ (M)

White \_\_\_\_\_ (A) Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Female \_\_\_\_\_ (F)

Black \_\_\_\_\_ (B) Persons having origins in any of the black racial group.

Hispanic \_\_\_\_\_ (C) Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

American Indian;

Alaskan Native \_\_\_\_\_ (D) Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Asian/Pacific

Islanders \_\_\_\_\_ (E) Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islanders.

DISABILITY:

Yes \_\_\_\_\_ (Y) Individual with a physical condition that limits his/her ability to attain employment.

No \_\_\_\_\_ (N)

Important Note: If you have a disability which will require special accommodation in testing, please check the "Yes box below, and use the back of this sheet to describe the type of accommodation required, such as closed circuit TV., Optacons, readers, large type, braille, or sign language interpreter, if known.

I HAVE A DISABILITY WHICH REQUIRES ACCOMMODATION IN TESTING? \_\_\_\_\_ YES

Date of Birth: \_\_\_\_\_