Franklin County Sheriff's Office

EQUAL OPPORTUNITY EMPLOYER

Application for Employment

SECTION I - PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

COUNTY _____ PHONE: AREA CODE _____ HOME NUMBER _____

SOCIAL SECURITY NO. ☐☐☐ - ☐☐ - ☐☐☐☐ AREA CODE _____ WORK NUMBER _____

SOCIAL SECURITY NUMBER NOTICE

Social Security Numbers (SSNs) are used to match individuals with their application/examination file. Disclosure of your SSN is voluntary; however, a nine-digit number is necessary to process your application. Upon appointment and pursuant to Section 5101.312 of the Revised Code and certain other laws and regulations, a request for a SSN is mandatory. Your SSN may be used for purposes including but not limited to the following: Identification of obligors under child support orders, detection of welfare fraud, processing background checks and tax information or general employee identification.

ARE YOU INTERESTED IN:

	YES	NO
FULL-TIME PERMANENT work?	☐	☐
PART-TIME work?	☐	☐
TEMPORARY work?	☐	☐
INTERMITTENT work?	☐	☐
SUMMER work only?	☐	☐

If applying for a **VACANT POSITION,** fill in the information in the area below:

Job Title _____

Date _____

SUMMARY OF QUALIFICATIONS

In the area below, describe briefly the experience, education, training and other factors that qualify you for the position or examination for which you are applying. Refer to the **Minimum Qualifications** and any **position-specific qualifications** for this position or examination. ***Be sure to provide details of your background on the other side of this application.***

_____

_____

_____

_____

_____

_____

_____

_____

_____

Return this application to:

Franklin County Sheriff's Human Resources Office
410 South High Street
Columbus, Ohio 43215

Notify the Human Resources Office at (614) 525-3397 of any changes of your address or phone number so that we may update your application and be able to contact you.

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?	☐	☐
2. If the position requires travel, can you supply your own transportation?	☐	☐
3. Have you ever been employed in the state or county service of Ohio?	☐	☐
4. Have you ever been convicted of any felony?	☐	☐

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

_____

_____

_____

EMERGENCY INFORMATION

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

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE

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

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

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:

Male_____ (M)

Female_____ (F)

RACE:

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

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: _____