

Pulaski Co. Sheriff's Office

110 East Meridian Street Winamac, Indiana 46996

Employment Application

What Position Are You Applying For:						
	Communications Officer		Deputy			
	Jail Officer		Other (Specify)			

APPLICANT INFORMATION:

Name					
	Last		First	Middle	Maiden
Permanent Address	dress		_		
•	S	Street or Rural Route		Apt. No.	
	City	Co	unty	State	Zip
Telephone (home) - (Area Code)		(business) - () Area Code	
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Basic Qualification's For a Pulaski Co. Sheriff's Office Employee

- 1. Must be a United States Citizen residing in Pulaski County or a surrounding county (Cass, Jasper, White, Starke, Fulton)
 2. Must be a minimum of 21 years of age.
- 3. Must have a high school diploma or it's equivalent. (Attach Copy)
- 4. Birth Certificate and or citizenship papers. (Attach Copy)
- 5. Posses a valid driver's license. (Attach Copy)
- 6. Not have been convicted of a felony/charged w/Domestic Battery.
- 7. Honorable discharge from military service, if applicable. (Attach Copy)
- 8. Attach copies of all certificates, diplomas or credentials pertaining to your application.
- The above requirements are needed to make you a candidate for this position.
- Credit history report

Instructions For Filling Out The Application.

There will be no exception for anyone not meeting all of the basic requirements. Any application for employment received at the Sheriff's Office after the cut off date, will not be accepted. Applications will be kept on file for one year then destroyed.

Applications must be completed by the applicant. It may be typed or printed in ink.

Answer all questions. If a question does not apply state: None or N/A. Attach additional pages to the application for any information you may wish to add.

Copies of documents should be submitted. Do not submit originals. Your Mailing address and telephone number must be current and correct. If it changes, you must notify the Sheriff's Office immediately.

Applications will not be accepted unless complete in every

	n all cases where all else is equal a current Pulaski County resident will be preferred.	DO NOT INQUIRE REGARDING STATUS OF YOUR APPLICATION.			
I.	INITIAL REQUIREMENT DATA				
A.	Are you a U. S. Citizen? If no, ex	explain on a separate sheet and attach documentation.			
	Social Security Number	is required. This application will not be processed without it.)			
В.	Your Age Date of Birth	SexSex			
	Race(Information requested	for EEO compliance only)			
II.	FAMILY DATA				
Α.	Marital Status: MarriedSingle	Divorced Separated			
В.	Spouse's Name (if applicable)				
C.	Dependent's (if applicable)				
	NAME	AGE RELATIONSHIP			
D.	If divorced, are you legally required to make child so	support payments?			
	Are You Current on child support payments? If no,	explain			
	.,				

111	I EDUCATION DATA (Attach transcripts for all) List Accredited High Schools/Colleges/Universities you have attended.						ou have
	NAME AND ADDRESS	OF SCHOOL	COURSE OF STUDY	NUMBER OF HOURS COMPLETED	GPA ON 4.0 SCALE	DID YOU GRADUATE	LIST DIPLOMA OR DEGREE
						<u> </u>	
IV.	A. List chronologically (M (Use Additional sheets if Name of Employer or Bu	necessary)				part time	
	Your Title		Dutie	es			
	Dates of Employment F	From	Year	To			
	Manage (== 1 == 1				onth		Year
	Reason for Leaving						*******
	Address Of Business						
	City				Phone	 ∋ #	
	Name of Employer or Bu	ısiness					
	Your Title		Dutie	28			
	Dates of Employment F	From Month	Year	To	onth		Year
	Reason for Leaving						
	Address Of Business						
	City		State & Zip		Phone	e#	
		Ininana					
	Name of Employer or Bu		D. di	ne.			
:	Your Title		Dutle	<i></i>			****
	Dates of Employment	From		To			
	Dates of Employment F	Month	Year		onth		Year
	Reason for Leaving						
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	Address Of Business						
	City		State & Zip		Phone	e#	
	Name of Employer or Bu	usiness					
	Your Title		Dutie	9S			
	Dates of Employment I	From		To			
	Reason for Leaving		***************************************		-		
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IV.	EMPLOYMENT DATA (Continued								
	Name of Employer or Business								
	Your Title	Duties _	Duties						
	Dates of Employment From	Year	To_	Month	Year				
	Reason for Leaving				,				
	Address Of Business								
	CityState & Zip			Phone #					
	Name of Employer or Business								
	Your Title	Duties_							
									
	Dates of Employment From Month	Year	To _	Month	Year				
	Reason for Leaving								
					l l				
	Address Of Business								
	CityState & Zip			Phone #					
	Name of Employer or Business								
	Your Title	Duties_							
	Dates of Employment From Month	Year	То_	Month	Year				
	Reason for Leaving								
<u> </u>									
	Address Of Business								
	CityState & Zip			Phone #					
	B. Have you ever been discharged or resigned to prevent being discharged from a position of employment?								
	If yes, please explain fully on a separate sheet.								
V.	REFERENCES: (Please do not list relatives as refere	ences)							
	Name	-	Phone #						
	Street								
	City								
·	Name								
	Street								
	City		_ Otate & Zip						
	Name		_Phone #						
	Street								
	City		_State & Zip						
	Name								
	Street								
	City								
1	Annual Control								

		F601 1140	Years Other	Than Presen	t:					
	STREET					СІТҮ		STATE	DA1 FROM	ES TO
/I. N	VILITARY	HISTORY	AND STATU	JS						
A.	Have y	ou ever sei	ved in the mil	itary on active	duty? (In	clude initial active	duty train	ing with the	e National	
	Guard	and the Re	serves)			If yes, attach a co	opy of you	ır DD214.		
М	ILITARY BR	NCH	DATE OF FROM	SERVICE TO		HEST RANK ATTAINED RANK AT SEPARATIO			OF DISCHARGE NLISTMENT CO	
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	=	=				ully on a separate				
C.	. List an	y citations a	anu awaros re	ceived.						
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D.). Vvere y If ves.	ou ever dis explain on	sciplined (cour fully on a sepa	ת martial, Artic arate sheet.	36 15, Ca	otain's Mast, etc.) v	wniie on a	active duty	ſ	
			-						 	
/II. \			IT AND ACC							
A.	-					ense?E				
	Licens	e Number_			CONTRACTOR OF THE PARTY OF THE		State		***************************************	
	Has yo	ur driver's	license ever b	een suspende	License NumberStateState Has your driver's license ever been suspended? If yes, explain					
						If yes, explain				
B. List vehicle accidents in which you have been involved as a driver: Give date(s) and location(s).										
В.	. List ve	nicle accide	ents in which y							
	List ve	nicle accide	ents in which y	ou have beer			o date(s) a		n(s).	
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DA C	PATE	ou ever rec	LOCAT	/ou have beer	n involved	as a driver: Give	o date(s) a	HAPPENED	n(s).	
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DA C	ATE	ou ever rec	LOCAT	/ou have beer	ffense?	as a driver: Give	o date(s) a	HAPPENED	n(s).	
DA C	ATE	ou ever rec	LOCAT	/ou have beer	ffense?	as a driver: Give	o date(s) a	HAPPENED	n(s).	
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DA C	ATE	ou ever rec	LOCAT	/ou have beer	ffense?	as a driver: Give	o date(s) a	HAPPENED	n(s).	

		ACCIDENT AND ARREST ou ever been arrested for a continuous control of the control	•	s, describe below:
DATE		LOCATION	CHARGE	FINE OR SENTENCE
	······································			
E. 1		ou ever been arrested for an fyes, describe below.	act that would have been a crime	had it been committed by an adult
DATE		LOCATION	CHARGE / OFFENSE	DISPOSITION OF CASE
VIII. MIS A.	civil cou SCELLA Do yo	rt action? If yes NEOUS u own your own home?	ntly involved as a plaintiff, defend s, explain fully on a separate shee If yes, how much is current mo edness, other than home?	ortgage indebtedness
C.	Annua	al income - Applicant	Spouse	•
				yes, describe nature of business
	Are th	ere any licenses for this / the	ese business(es) in your name, i.e	e. liquor license?
	·			
				
E.	Have	YOU ever applied for a permit	to corn, a bandaun?	
tur-r	TILLYO .	you over applied for a permit		ason
5 00				Status
F.	What s	pecial skills have you discov	ered through hobbies, education,	occupation, or other special interests?
	W-1			
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Mount Photograph in this space

Affix Securely

Photograph to be front view, head and shoulders, 2 1/2" square, and taken within the past six months. Other photographs are not acceptable.

I certify that:

- A. Birth Certificate (copy only)
- B. School Transcripts (Grade Reports not accepted)
- C. Military DD214 if veteran
- D. Photograph 2 1/2" x 2 1/2"
- 2. I have personally completed this application

I swear or affirm under penalty of perjury that all information contained in this application is true and accurate to the best of my knowledge.

Signature	 	
D		

CHECK APPLICATION CAREFULLY, BE CERTAIN ALL ITEMS ARE COMPLETE BEFORE MAILING.

THIS APPLICATION WILL BE RETURNED TO YOU IF ALL INFORMATION IS NOT COMPLETED AND ALL REQUIRED DOCUMENTS ARE NOT ATTACHED.

MAIL OR DELIVER TO

PULASKI COUNTY SHERIFF'S OFFICE

110 EAST MERIDIAN STREET WINAMAC, INDIANA 46996

CERTIFICATION

I hereby authorize the release of any employment data relevant to my employment with Pulaski County, Indiana, for the purpose of an employment investigation. I authorize a thorough investigation of my past employment, activities, and background and agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information. This investigation may also include a determination regarding whether I have a criminal record.

Should I be permitted to drive county vehicles, I hereby authorize the investigation of any driving records prior to hiring and on an annual basis thereafter.

I agree to submit to any lawful drug, alcohol, or other testing that may be required as a condition of employment or continued employment and understand that refusal to promptly submit and cooperate with such testing prior to or during the course of my employment will result in disqualification from consideration for employment or, if hired, termination.

I fully understand that if employed, any misrepresentation or omission on this Application or any other Pulaski County record will result in dismissal, regardless of the date of discovery. I acknowledge that employment is also subject to a satisfactory review of my references.

Neither this Application nor any statement made to me during the hiring process or thereafter shall be considered a contract of employment of any kind. Where such a contract is intended, I understand that it will be separately entered into and signed by representatives of the County. Absent such a contract, I understand that, if hired, my employment will terminable-at-will, with or without cause or notice, that I am not being employed for any specified or definite period of time, and that this application is not and is not intended to be a contract, offer, statement or confirmation of or for continued employment. I understand that any employee handbook or manual does not represent an employment contract if I am hired. Pulaski County may alter, modify, amend, or terminate any of its policies and benefits, both as to active and retired employees.

Date	Signature