



Starke County Sheriff's Office

Employment Application Instructions

Thank you for your interest in employment with the Starke County Sheriff's Office.

An applicant must meet the following criteria in order to be eligible for employment:

1. Be 21 years of age,
2. Have a high school diploma or GED,
3. Possess a valid Indiana driver's license,
4. Have no felony or class A misdemeanor criminal convictions,
5. Have no class B misdemeanor or lower-class criminal convictions within the past five (5) years,
6. Successfully complete any and all pre-employment testing (Applicant may be required to pay for certain testing).
7. Must be a citizen of the United States of America.
8. Must possess, as a minimum, visual acuity that is correctable to 20/40 in both eyes.

Instructions:

This form must be completed in the applicant's hand writing using a black ink pen or filled out electronically if using a personal computer. Be certain that your writing is neat and legible.

Space is provided for twelve (12) previous employers. You are required to provide employment information for the past twenty (20) years. Use a separate sheet of white paper to list additional employers. Separate pages listing former employers must be completed using a computer printer or conventional typewriter.

This employment application must be completely filled out. Incomplete applications will not be considered for employment. The listed instructions must be followed. Failure to follow instructions will result in this application not being considered.

Provide the completed application to the Sheriff's Office. The following means may be used:

1. Mail or deliver to:

Starke County Sheriff's Office
5435 East State Road 8
Knox, IN 46534

2. They can be delivered 24 hours a day to the business desk at the Sheriff's Office

Do not call to check on the status of your application. You will be contacted if selected to proceed further in the hiring process.



Starke County Sheriff's Office

Starke County Sheriff's Office

5435 East State Road 8
Knox, IN 46534
Main: 574-772-3771
Fax: 574-772-7641

Employment Application

An Equal Opportunity Employer

PERSONAL DATA

Name:		Soc. Sec. No.:	
(LAST)	(FIRST)	(MIDDLE INITIAL)	
Address:			
(Number, Street, Apt., etc)	(City)	(State)	(Zip Code)
Home Telephone: ()		Business Telephone: ()	E-mail:
Will you accept:		Are you at least 18 years of age?	Are you legally eligible to be employed in the United States? (Proof of identity will be required upon employment)
Temporary Work	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date available to start:
Part-Time Work	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Shift Work	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, age _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Position(s) or Title you are applying:		Have you ever been employed with Starke County Government? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Expected Salary: \$ _____ per _____		If yes, date of employment & position held:	

EDUCATION AND TRAINING

Are you a high school graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		year: _____	If no, do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you do not have a High School Diploma or GED, highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12				
High School Name or GED Institution: _____				
Location (City/ State): _____				
SCHOOLS	NAME & LOCATIONS	COURSE/ MAJOR STUDIED	NUMBER OF YEARS COMP	Type of Degree
College/ University			① ② ③ ④	
Graduate/ Professional			① ② ③ ④	
Vocational/ Other			① ② ③ ④	
Other training you received (for example: special courses, work training programs, foreign languages, law enforcement, certifications):				

SKILLS

WORD PROCESSING: <input type="checkbox"/> Microsoft Word Other: _____	GRAPHICS: <input type="checkbox"/> PowerPoint <input type="checkbox"/> Adobe Other: _____
SPREADSHEET: <input type="checkbox"/> Excel Other: _____	DATABASE: <input type="checkbox"/> Microsoft Access Other: _____
ELECTRONIC MAIL: <input type="checkbox"/> Outlook Other: _____	<input type="checkbox"/> Fax Other: _____

Please list any other skills, training or information that may be helpful in considering your application.



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WORK HISTORY

(Attach Form DD214 or Certificate of Service if you have military experience)

EXPERIENCE- Start with your present or last job and work back. Include paid or unpaid, full or part-time, military, summer jobs,

Name of Employer		Address, City, State		
Telephone ()	Start Date	End Date	Start Salary	End Salary
Supervisor Name, title and phone number		Reason for leaving		
Job Title		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary		
Description of duties and responsibilities:				

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GENERAL INFORMATION

Have you ever been arrested or convicted of a crime against the law (other than a traffic violation), or paid a fine of more than \$150? ☐ YES ☐ NO

If yes, please list the following information for each offense: Conviction type (Felony/ Misdemeanor) _____ Date: _____

Location: _____ Offense: _____

NOTE- A conviction does not automatically mean you cannot be appointed. What you were convicted of, and how long ago, are important. Give all facts so that a decision can be made.

REFERENCES - List 3 persons who are not related to you and who would have knowledge of your qualifications for the position(s) for which you are applying, such as former co-workers, teachers, etc. Do not repeat names of supervisors listed under experience

NAME	ADDRESS	TELEPHONE	OCCUPATION
NAME	ADDRESS	TELEPHONE	OCCUPATION
NAME	ADDRESS	TELEPHONE	OCCUPATION

How did you hear about this job opening?

☐ Walk-In ☐ Word of Mouth ☐ Referral ☐ Newspaper ☐ Starke County Website ☐ Other: _____

DO YOU CURRENTLY POSSESS A VALID DRIVERS LICENSE? ☐ YES ☐ NO STATE: _____

LICENSE NUMBER: _____

IS YOUR LICENSE RESTRICTED? ☐ YES ☐ NO

IF SUSPENDED, ADVISE REASON HERE
AND BELOW: _____

APPLICANT STATEMENT

I certify that all information stated in this application is correct, accurate and complete to the best of my knowledge. I do hereby authorize that any false information will result in declination of my application, or termination of my employment. I also understand if I am hired, I will be required to provide proof of identity to legally work in the United States. I have read and accepted all terms of this application statement.

Signature of Applicant _____

Date _____

Nothing on this application is intended to create or imply the nature of a contract. If hired, the employee understands that employment is "at will", that it is not for any specific duration of time and can be terminated with or without reason at any time.



Starke County Sheriff's Office

AUTHORIZATION TO RELEASE INFORMATION FOR BACKGROUND INVESTIGATION

I, _____, do hereby authorize the Starke County Government and its
(Print name)

designated representatives to conduct an appropriate background investigation including, but not limited to personal interviews for determination of my eligibility to occupy a position of trust and security, drug screening, criminal background record, BMV records, social media accounts and history, and educational records. I authorize any person who may have information relative to this investigation to disclose same to the Starke County Government or its representatives. I also release any person from any form of liability for such disclosure.

INFORMATION REQUEST FOR BACKGROUND INVESTIGATION MAY BE TO:

Any person, any past or present employer, or credit reporting agency, banks, financial institutions, credit unions, or any credit extending organization.

Any department of City, State, County, or Federal Government, or its agencies.

Any Doctor, Hospital, or Medical Clinic.

Any Principal, Dean/Counselor, or person authorized to release information at a High School, College, University, or other institution of learning.

DATE: _____

SIGNATURE: _____

MAIDEN NAME: _____

RACE: _____

SEX: _____

DATE OF BIRTH: _____

CITY/STATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____



Starke County Sheriff's Office

Emergency Contact

Name: _____

Address: _____

Relationship: _____

Alternate Phone #: _____

Phone #: _____

Employee Signature _____



Starke County Sheriff's Office

CONDITIONS OF EMPLOYMENT

The following describes some of the employment requirements and conditions that you should be aware of prior to completing your **Application for Employment**.

1. If hired, you will be required to take a standard medical and eye examination and your continued employment will be subject to your ability to satisfactorily perform the duties and responsibilities of your position. After successful completion of your medical exams you will be required to take and satisfactorily pass a Voice Stress Analysis (VSA) test to be conducted by a Certified VSA operator. (Sheriff's Office Employment Only)
2. If hired, you will be required to satisfactorily complete a screening drug test, upon demand, at department expense.
3. If hired, you will be required to comply with the Starke County Sheriff Office established policies, rules, regulation and general orders pertaining to the conduct of employees, as well as the established *general* policies of the Starke County Government.

I have read the foregoing Conditions of Employment and I agree with the terms and conditions therein.

In addition, I authorize investigation of all statements contained in my employment application. I understand that my employment is contingent upon satisfactory completion of a physical and eye examination, Voice Stress Analysis test and drug screening test. (Sheriff Office Only) Any Statements made by me that are proven false may be considered cause for dismissal. I hereby authorize former employers and educational institutions, their officers, agents or employees to furnish the Starke County Government any information concerning my previous employment record, job performance and character and hereby release them from liability for reason thereof.

SIGNATURE

DATE