P-2SOR Revised 07-02-2001

NAME:

INSTRUCTIONS

PRINT IN BLACK INK OR TYPE. Answer each item completely and accurately. Incomplete answers may disqualify you for tests or may cause delays. False answers may lead to dismissal.

Employment Application SWITZERLAND COUNTY Sheriff's Department

Sheriff's Department 305 Liberty St Vevay In 47043 812-427-3636 Fax 812-427-3244



			_				Home	e Phone No.			Today's	s Date		
Soci	ial Secu	ırity N	ty No.			Wor	k Phone No		s		Required			
1.		Ŋr.		Ms.										
2.	Addre	ss:				Last Name		Fir	st Name		Middle Nam	e C	Other Name (if an	y)
3.	Street,		R.F.D. or Box No.			City	4. Are you a U. S.	State Zip Coo citizen? Yes		le County				
5.	Yes		No	Month		Year urrently emplo	— oyed by Switzerland C		Ar	e you a legal	permanent resid		□ No □	
-	Yes		No		Have you	ve you ever been employed by Switzerland County Government? If yes,								
6.	Yes		No		when? Do you ha	ve a valid dri	ver's licens	se?				License#		
7.	Yes		No		•	ve a valid co			se (CDL)?					
					If yes, who					Vhat endorse	ement?			
8.	Yes		No											
9.	9. Yes No Have you ever been convicted of violating any law (omit minor traffic violations)? If yes, please list conviction(s), date(s), and place(s). All Applicants for this Department will have a criminal background check conducted. NOTE: Conviction of a crime is not an automatic rejection of the application. The specific situation will be reviewed.													
10.	Date a	availa	ble fo	r work					Shift av	ailability: Da	ıy 🗌 Ever	ning 🗌 Nigh	t 🗌 Rotatin	g 🗆
11.	Туре	of wo	rk de	sired:		Full-Tim	е 🗆	F	art-Time	☐ Inter	rim* 🗌 Sı	ummer*		
	*NOT	E : If y	you a	re seel	king Part Ti	me work it is	"at will" w	e cannot gu	arantee a c	ertain numbe	r of hours.			
12.	EDU	CATI	ON A	AND TE	RAINING:	For your ber	nefit, pleas	se complete	thoroughly	and accurate	ely and then prov	ride originals of t	ne following, if re	quired:
	(1) G	GED c	ertific	cate; (2								ollege transcript w		
	se indic	ate ed	ducat	ion cor	npleted.	_		ade School		High School	Co	ollege	Graduate School	ol
	you pa		a GE Ye			☐ No☐ If ves	indicate v	words per m	inute.					
	chool			Name	_	Da	ates ended	Date of Gradua-		of Hours	Fields	of Study	Degree, Diploma, o	
00	211001		Ad		of School	From	То	tion	Earned	Now Carrying	Major	Minor	Certificate Earned	
	High chool							mo/yr		Carrying			Diploma: Yes No	
Gra Coll	nder aduate ege or versity					mo/yr	mo/yr	mo/yr	**	**			Degree:	
Graduate College or University						mo/yr	mo/yr	mo/yr	**	**			Degree:	
Bus	ational, siness, chnical					mo/yr	mo/yr	mo/yr	***	***			Certificate:	
Appren- ticeship			pe:			mo/yr	mo/yr	Length:			′es □ No		provide certificat	e
Please indicate if college hours are semester or quarter OR *indicate number of vocational/technical school clock hours.														

DATE:

SSN: _

your application reflects incomplete or conflicting information (including employment dates and average hours) you will receive partial or no credit for that job. NOTE: You must complete this application form as resumes are not considered official, but may be submitted if signed and dated. YES NO May we contact your present employer? If no, explain Mo. Job Duties: **Employed From** То 1. Gr. Title of Position Starting Salary 2. Average hours worked per week Last Salary 3. Reason for leaving Name of Employer Address 4. Type of Business 5. Name & title of your supervisor Phone: 6. 7. From Number Supervised I was a supervisor 8. Job Duties: **Employed From** To 1. Title of Position Gr. 2. Starting Salary Average hours worked per week Last Salary Reason for leaving 3. Name of Employer Address 4. Type of Business 5. Name & title of your supervisor Phone: 6. 7. From То Number Supervised I was a supervisor 8. C. Day Yr. Mo. Day Yr. Job Duties: **Employed From** To 1. Title of Position Gr. Starting Salary 2. Average hours worked per week Last Salary 3. Reason for leaving Name of Employer Address 4. Type of Business 5. Name & title of your supervisor Phone: 6. То 7. From Number Mo. Supervised I was a supervisor

13. **EMPLOYMENT HISTORY**: Begin with your most recent job and provide as much detail as possible. Be sure to complete each blank in this section thoroughly and accurately as any changes you wish to make after submitting this application must be verified by the employer. If you changed positions within the same organization and your duties changed, describe **each** job in a separate block. When listing job duties, list those that took most of your time **first**. If

NAME:	SSN:		DATE:		
		1			
D. Mo. Day Yr. Employed From	Mo. Day	Yr. Job Duties: 1.			
Title of Position	Gr. Starting Salary	2.			
Average hours worked per week	Last Salary				
Reason for leaving		3.			
A alaba a a		_{4.}			
Type of Business Name & title of your supervisor		5			
	Phone:	6.			
From	To Numb	ber 7.			
Mo. Yr.	Mo. Yr. Superv	vised			
I was a supervisor		8.			
		_			
E. Mo. Day Yr. Employed From	Mo. Day	Yr. Job Duties: 1.			
Title of Position	Gr.				
Average hours worked per week	Starting Salary Last Salary	2			
Reason for leaving		3.			
Name of Employer Address		_{4.}			
Type of Business Name & title of your supervisor		5			
	Phone:	6.			
From	To Numb				
Mo. Yr.	Mo. Yr. Superv	/ised			
I was a supervisor		8			
F. Mo. Day Yr. Employed From	Mo. Day	Yr. Job Duties: 1.			
Title of Position	Gr.				
Average hours worked per week	Starting Salary Last Salary	2			
Reason for leaving	Last Galary	3.			
Name of Employer Address					
Address		4			
Type of Business Name & title of your supervisor		5.			
Name & title or your supervisor	Phone:	6.			
	To Numb	ber 7.			
From Mo. Yr.	Mo. Yr. Superv				
I was a supervisor		8.			
NOTE: Additional employment history sheets available upon request.					
14. LICENSES OR CERTIFICATES: Plea	ase indicate if you have a lice	ense, certificate, or other authoriza	ation to practice a trade or profession. Teachers must		
show subject area and certification rank. Name of Trade or Profession	ou must provide a copy or veriginal Lic. Issue Date	erification of the license/certificate Current Lic. Expiration Date	e. Name and Address of Licensing Agency		
License:	ga 10000 Date	25.75.1. 2.5. Expiration Batto			
License:					

NAM	E:	\$8	SN:	DATE:			
15.	PROFESSIONAL ORGA ORGANIZAT		embership in professional organiz TITLE		DATE MEMBERSHIP EXPIRES		
16.	CHARACTER REFEREN	NCES: Other than relatives, form	er employers, or supervisors. ADDRESS	PH	PHONE NUMBER		
17.	Yes No	Please indicate if you desire you or request applications from Sta	ur application referred to other em te Government.	nployers (such as Local Govern	ment, etc.) who list vacancies		
18.	18. DIRECTIONS FOR VETERAN'S PREFERENCE: Honorably discharged Veterans (including honorably discharged, former and current members of IN Nat. Guard and U.S. Military Reserve) are eligible for Veteran's Preference. Disabled veterans, spouses of disabled veterans, unremarried spouses of deceased veterans, and parents of deceased or disabled veterans may be eligible for Veteran's Preference. Check the proper box below and submit with your application the required documents unless such proof has been previously submitted. You will not receive proper credit until the proper documents are received.						
	Former and Current	☐ Disabled Veteran	☐ Spouse of Disabled	☐ Unremarried Spouse	☐ Parent of Deceased		
	Members of IN National Guard (18A.150)	Copy of Honorable Discharge or DD214 that reflects	Veteran 1. Copy of Honorable Discharge or DD214	of Deceased Veteran 1. Copy of Honorable Discharge or DD214	or Disabled Veteran 1. Copy of Honorable Discharge or DD214		
1.	Copy of Honorable Discharge papers (NGB 22)	honorable discharge. 2. Current statement from	that reflects honorable discharge.	that reflects honorable discharge.	that reflects honorable discharge.		
2.	Letter from Unit Administrator that reflects honorable status in IN National Guard.	VA Benefit Rating Board showing that disability is service-connected	Current statement from VA Benefit Rating Board showing that spouse's present disability is service-connected.	Proof of spouse's death. Notarized statement that spouse has not remarried.	Proof of veteran's death while on active duty or proof that veteran's permanent and total disability is service-		
	Veteran (including former		Notarized statement		connected. 3. Notarized statement		
	honorably discharged US Military Reservists)		that veteran's disability disqualifies him for positions		that the parent was totally or partially dependent on the		
1.	Copy of Honorable Discharge or DD214 that reflects honorable discharge.		along the general lines of his usual occupation.		veteran.		
Type	Type of Discharge: Honorable Other (Specify) Date of Discharge						
COMPLETION OF SECTION 21 IS VOLUNTARY							
19.							
N	Male	□ 0 White □ 1 Black	2 Hispanic [3 Asian American [4 American Indian or Ala 5 Other	skan Native		
20.	- IMPORTANT - THIS SECTION MUST BE COMPLETED - 20. SIGNATURE - Please read and sign the following statement: I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show any falsification, I will not be considered for employment or, if employed, I will be dismissed and disqualified from future merit examinations. I hereby authorize Switzerland County and any agency to which my name is certified/referred to make all necessary investigations concerning me, my work habits, character, or my action in any transaction. I authorize the Switzerland County Sheriff's Office to receive and make available to any other government agencies my academic records or other material pertinent to my qualifications, and further authorize and request each former employer, person given as a reference, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with the application. I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of employment. I also understand that state government is a drug free workplace and that substance abuse testing is required for certain classifications. Date Signature X						
Switzerland County Sheriff's Office does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in the admission or access to, or participation or employment in, its programs or services. Reasonable accommodation will be provided upon request. Indiana prohibits political influence in employment in the classified service. Information concerning the provisions of the Americans with Disabilities Act is available from you local employment office.							

(CONTINUATION OF EMPLOYMENT HISTORY)

DIRECTIONS FOR EMPLOYMENT HISTORY: Be sure to complete each blank in this section thoroughly and accurately as any changes you wish to make after submitting this application must be verified by the employer. If you changed positions within the same organization and your duties changed, describe each job in a separate block. When listing job duties, list those that took most of your time first. If your application reflects incomplete or conflicting information (including employment dates and average hours) you will receive partial or no credit for that job. NOTE: You must complete this application form as resumes are not considered official, but may be submitted if signed and dated.

G. Mo. Day Yr. Mo. Day Yr. Employed From To	Job Duties: 1.
Title of Position Gr.	
Starting Salary Average hours worked per week Last Salary	2
Reason for leaving	3.
Name of Employer	
Address	4
Type of Business	5.
Name & title of your supervisor	
Phone:	6
From To Number	7.
Mo. Yr. Mo. Yr. Supervised	
I was a supervisor	8
H. Mo. Day Yr. Mo. Day Yr.	Job Duties:
Employed From To Gr.	1
Starting Salary	2.
Average hours worked per week Last Salary	
Reason for leaving Name of Employer	3
Address	4.
Type of Business Name & title of your supervisor	5
Phone:	6.
From To Number Mo. Yr. Mo. Yr. Supervised	7.
I was a supervisor	8.
I. Mo. Day Yr. Mo. Day Yr.	Job Duties:
Employed From To	1.
Title of Position Gr	
Starting Salary Average hours worked per week Last Salary	2
Reason for leaving	3.
Name of Employer Address	4.
Address	4.
Type of Business	5.
Name & title of your supervisor Phone:	6.
FIIONE.	0.
From To Number	7.
Mo. Yr. Mo. Yr. Supervised I was a supervisor	8.
1 Was a supervisor	0.
Date: Signature:	
Social Security Number:	

(CONTINUATION OF EMPLOYMENT HISTORY)

DIRECTIONS FOR EMPLOYMENT HISTORY: Be sure to complete each blank in this section thoroughly and accurately as any changes you wish to make after submitting this application must be verified by the employer. If you changed positions within the same organization and your duties changed, describe each job in a separate block. When listing job duties, list those that took most of your time first. If your application reflects incomplete or conflicting information (including employment dates and average hours) you will receive partial or no credit for that job. NOTE: You must complete this application form as resumes are not considered official, but may be submitted if signed and dated.

Employed From To To	Job Duties:				
Title of Position Gr	· · ·				
Starting Salary	2.				
Average hours worked per week Last Salary					
Reason for leaving Name of Employer	3.				
Address	4.				
Type of Business	5.				
Name & title of your supervisor Phone:	6.				
	· -				
From To Number	7.				
Mo. Yr. Mo. Yr. Supervised					
i was a supervisor	8				
K. Mo. Day Yr. Mo. Day Yr.	Job Duties:				
Employed From To Gr.	1				
Title of Position Gr. Starting Salary	2.				
Average hours worked per week Last Salary					
Reason for leaving	3.				
Name of Employer Address	4.				
Address	4				
Type of Business	5.				
Name & title of your supervisor					
Phone:	6				
From To Number	7.				
Mo. Yr. Mo. Yr. Supervised					
I was a supervisor	8				
L. Mo. Day Yr. Mo. Day Yr.	Job Duties:				
Employed From To	1				
Title of Position Gr. Starting Salary	2.				
Average hours worked per week Last Salary	Z				
Reason for leaving	3.				
Name of Employer					
Address	4				
Type of Business	5.				
Name & title of your supervisor					
Phone:	6				
From To Number	7.				
Mo. Yr. Mo. Yr. Supervised	· ·				
I was a supervisor	8.				
Date: Signature:					
Social Security Number:					