

HENDRICKS COUNTY SHERIFF'S OFFICE EMPLOYMENT APPLICATION

Date _____

Position applied for		Full-Time		Part-Time	
Date available to	begin employment	Social Securi	ty		
Name		I	Date of Birth		
Last Address	First	Middle			
S	treet	City Telephone Number	State	Zip Code	
Country of Citize	nship	Language(s) Spoken	1	er than English	
Driver's License Number		Type			
Email					
		licensed in any professio			
-	ach a photo copy of any I Background:	license(s)/certification(s)) held	Yes No	
High School	Name and Location	Years Completed	Course of Study	Degree/Diplom	
College					
Degree/Diploma	Name and Location	Years Completed	Course of Study		
Vocational					
Degree/Diploma	Name and Location	Years Completed	Course of Study		

Military Service:				
Branch of Service	Dates of Active Duty	'		
Rank at Discharge	Type of Discharge	From	Until	
Current Reserve CommitmentYe	Dates of Commitments No	nt From	Until	
Employment History:				
Please provide the following information most recent. Also note and explain and days. If additional space is needed, please a	ny periods of unemployment	t which were grea	_	
Employer #1	Telephone			
Address	C'.		7: 0.1	
Street Describe Duties	City	State	Zip Code	
Dates of EmploymentFrom	Jo	b Title		
Reason for Leaving				
Employer #2	Telephone			
Address			7: 0.1	
Street Describe Duties	City	State	Zip Code	
Dates of Employment	Jo	b Title		
Reason for Leaving	Until	Rate of Pay		
Employer #3	Telephone			
Address				
Street Describe Duties	City	State	Zip Code	
Dates of Employment		b Title		

Rate of Pay_____

Reason for Leaving_

Employer #4	Telepl	Telephone		
AddressStreet				
Street Describe Duties	City	State	Zip Code	
Dates of EmploymentFrom		Job Title		
		Rate of Pay		
Terms of this Application for Em	ployment:			
I certify that the information provid is true and complete. I understand a significant omissions in any of thes grounds denying me employment; of employment.	nd agree that false stater e documents or during a	ments, misrepresent ny phase of this pro	ations or cess, form proper	
I authorize the Hendricks County Stemployment application and any acother information that may bear upon I authorize my past and present empiriformation required; and I further agents from any and all liability or one of the stemployment.	companying documents, on my suitability for empoloyers to furnish the He release past and present of	and to investigate a ployment. Indricks Sheriff's Offemployers, their off	and compile any ffice with any icials, officers and	
I understand that prior to employme I may be required, to the extent per or examination as a condition of his screening and the release of the resu	mitted by law, to take a cring or continued employ	drug or alcohol screenment. I consent to	en or similar test any such	
Applicant's Signature		 Date		

An Equal Opportunity Employer

Your application will remain on file with the Sheriff's Department for one year, then (if not updated prior to expiration) all documents will be destroyed/shredded.						
	ant must attach a recent head and shoulders, wallet size photograph with this form by ovided below.	in the				