



## HENDRICKS COUNTY SHERIFF'S OFFICE EMPLOYMENT APPLICATION

Date \_\_\_\_\_

Position applied for \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Date available to begin employment \_\_\_\_\_ Social Security \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

County of Residence \_\_\_\_\_ Telephone Number \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Language(s) Spoken \_\_\_\_\_  
Other than English

Driver's License Number \_\_\_\_\_ Type \_\_\_\_\_ State \_\_\_\_\_

Email \_\_\_\_\_

Have you ever been arrested, pled guilty to, or convicted of a crime? \_\_\_\_\_  
Yes No

If Yes, please provide dates and details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently certified, registered or licensed in any profession by the State of Indiana?  
If Yes, please attach a photo copy of any license(s)/certification(s) held. \_\_\_\_\_  
Yes No

### **Educational Background:**

High School \_\_\_\_\_  
Name and Location Years Completed Course of Study Degree/Diploma

College \_\_\_\_\_  
Name and Location Years Completed Course of Study  
Degree/Diploma

Vocational \_\_\_\_\_  
Name and Location Years Completed Course of Study  
Degree/Diploma

**Military Service:**

Branch of Service \_\_\_\_\_ Dates of Active Duty \_\_\_\_\_  
From \_\_\_\_\_ Until \_\_\_\_\_  
Rank at Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_  
Current Reserve Commitment \_\_\_\_\_ Yes No \_\_\_\_\_  
Dates of Commitment \_\_\_\_\_  
From \_\_\_\_\_ Until \_\_\_\_\_

**Employment History:**

Please provide the following information of your current and past employers, starting with the most recent. Also note and explain any periods of unemployment which were greater than (30) days.  
If additional space is needed, please attach a separate sheet of paper.

Employer #1 \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Describe Duties \_\_\_\_\_

Dates of Employment \_\_\_\_\_  
From \_\_\_\_\_ Until \_\_\_\_\_ Job Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Employer #2 \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Describe Duties \_\_\_\_\_

Dates of Employment \_\_\_\_\_  
From \_\_\_\_\_ Until \_\_\_\_\_ Job Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Employer #3 \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Describe Duties \_\_\_\_\_

Dates of Employment \_\_\_\_\_  
From \_\_\_\_\_ Until \_\_\_\_\_ Job Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Employer #4 \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip Code

Describe Duties \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Job Title \_\_\_\_\_

From

Until

Reason for Leaving \_\_\_\_\_ Rate of Pay \_\_\_\_\_

**Terms of this Application for Employment:**

I certify that the information provided on this application form and any accompanying documents is true and complete. I understand and agree that false statements, misrepresentations or significant omissions in any of these documents or during any phase of this process, form proper grounds denying me employment; or if discovered at a later date, for terminating my employment.

I authorize the Hendricks County Sheriff's Office to investigate fully all information in this employment application and any accompanying documents, and to investigate and compile any other information that may bear upon my suitability for employment.

I authorize my past and present employers to furnish the Hendricks Sheriff's Office with any information required; and I further release past and present employers, their officials, officers and agents from any and all liability or damages for compiling and providing this information.

I understand that prior to employment or from time to time during the course of my employment, I may be required, to the extent permitted by law, to take a drug or alcohol screen or similar test or examination as a condition of hiring or continued employment. I consent to any such screening and the release of the results to the Hendricks County Sheriff's Office.

\_\_\_\_\_  
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.

Applicant must attach a recent head and shoulders, wallet size photograph with this form in the area provided below.



**AFFIRMATIVE ACTION VOLUNTARY INFORMATION**

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, disability, veteran/ reserve/ national guard or any other similarly protected status.

**To be completed by applicant on voluntary basis. Not for interview purposes. To be filed separately from application.**

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations that may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse employment decision or action. Your cooperation is appreciated.

Please be advised that this survey is **not** part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position (s) applied for \_\_\_\_\_ Date \_\_\_\_\_

**REFERRAL SOURCE**

\_\_\_\_ Walk in      \_\_\_\_ Government Employee Agency      \_\_\_\_ School  
\_\_\_\_ Relative      \_\_\_\_ Employee      \_\_\_\_ Private Employment Agency  
\_\_\_\_ Advertisement – Source \_\_\_\_\_      \_\_\_\_ Other

Name of person who referred you (If Applicable) \_\_\_\_\_

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**APPLICANT INFORMATION**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
                    LAST                      FIRST                      MIDDLE  
Address \_\_\_\_\_  
                                    STREET                      CITY                      STATE                      ZIP-CODE

**Please check if any of the following are applicable**

\_\_\_\_ Vietnam Era Veteran      \_\_\_\_ Disabled Veteran      \_\_\_\_ Disabled Individual

**-OVER-**

**GENDER:**

(Please check one of the options below)

\_\_\_ Male

\_\_\_ Female

**RACE / ETHNICITY:**

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

\_\_\_ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

\_\_\_ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

\_\_\_ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

\_\_\_ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

\_\_\_ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

\_\_\_ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

\_\_\_ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

**REVISED 8/8/2007**