

Date: \_\_\_\_\_

Position Desired: Civilian (Clerical / Kitchen Staff

# Application for Employment For Civilian Personnel



*Sheriff Thomas E. Latham, Jr.*  
**Posey County Sheriff's Office**  
1201 O' Donnell Road, Mt. Vernon, Indiana 47620



### **An Equal Opportunity Employer**

Posey County does not discriminate on the basis of race, color, sex, national origin, religion, age, or disability in employment or the provision of services.

Please type or print responses to all of the questions contained on the entire application form. Any application not completed in its entirety will be disqualified.

### **Basic Eligibility Requirements**

1. Must be a United States Citizen.
2. Must be at least 21 years of age at the time of application.
3. Vision requirement: Correctable to 20/50
4. Must possess a valid driver's license.
5. Must meet all office standards.
6. Submit a photo taken within the last three months.

Name: \_\_\_\_\_  
Last First Middle Maiden (if applicable)

Home Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Are you 21 years of age or older? \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
(Maiden Name if applicable)

Have you ever applied for employment with any other law enforcement agencies?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, give agency name (s) and date (s) of application? \_\_\_\_\_

\_\_\_\_\_

## II. Education and Training

This section is intended to give the employer information about the education and training that you have completed, and to demonstrate your skills, knowledge, and abilities to perform the job duties of the position.

High School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Attendance: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ High School Equivalent? \_\_\_\_\_

Activities, Awards, Sports, ect. (you may be excluded any which indicated race, color, religion, sex, age, national origin, or disability):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

College or Trade School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Attendance: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Activities, Awards, Sport, ect. (you may exclude any which indicate race, color, religion, sex, age, national origin, or disability):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Graduate School(s) Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Attendance: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Please list below any seminars or special training, which you believe would be relevant to law enforcement.

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### III. Military History and Status

A. Are you registered with the draft? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no, please explain: \_\_\_\_\_

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B. Have you ever served in the military on active duty? (include initial active duty training with the National Guard and the Reserves.) \_\_\_\_\_ If yes, attach a copy of your DD-214.

Military Branch	Dates of Service From: To:	Highest Rank Attained and Rank at Separation	Type of Discharge and Re enlistment Code
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C. Are you eligible to reenlist? \_\_\_\_\_ If no, explain fully on a separate sheet.

D. List any citations and awards received: \_\_\_\_\_

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E. Were you ever disciplined (court martial, article 15, captain's mast, ect.) while on active duty?

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If yes, explain fully on a separate sheet.

## IV. Employment Data

- A. List chronologically (most recent employment first) all past and current employment including part time employment (use additional sheets if necessary)

Name of Employer or Business: \_\_\_\_\_

Your Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Year Month Year

Reason for Leaving: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State and Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Employer or Business: \_\_\_\_\_

Your Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Year Month Year

Reason for Leaving: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State and Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Employer or Business: \_\_\_\_\_

Your Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Year Month Year

Reason for Leaving: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State and Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**V. Employment Data (Continued)**

Name of Employer or Business: \_\_\_\_\_

Your Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Year Month Year

Reason for Leaving: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State and Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Employer or Business: \_\_\_\_\_

Your Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Year Month Year

Reason for Leaving: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State and Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Employer or Business: \_\_\_\_\_

Your Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Year Month Year

Reason for Leaving: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State and Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**VI. Vehicle Accident and Arrest Records**

Do you currently possess a valid automobile drivers license? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

Has your driver's license ever been suspended? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

List vehicle accidents in which you have been involved as a driver: Give date(s) and location(s).

Date	Location	What Happened?

Have you ever received a ticket for a traffic offense? \_\_\_\_\_ if yes, describe below:

Date	Location	Charge	Final Disposition (e.g. Fine or Sentence)

Are there currently any criminal charges pending against you? (Including traffic arrests/tickets)

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever been arrested for a criminal offense? \_\_\_\_\_ If yes, describe below:  
Final Disposition



Date Sentence)	Location	Charge	(e.g. Acquainted, Fine,
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been or are you currently involved as a plaintiff, petitioner, or respondent in any civil court action? \_\_\_\_\_ If yes, explain fully on a separate sheet.

**VII. Miscellaneous**

A. Do you own your own home? \_\_\_\_\_ If yes, how much is current mortgage  
Indebtedness? \_\_\_\_\_

B. What is the amount of your indebtedness, other than home? \_\_\_\_\_

C. Annual Income: Applicant: \_\_\_\_\_ Spouse: \_\_\_\_\_

D. Are you a proprietor or part owner of any business or firm? \_\_\_\_\_ If yes,

Describe nature of business: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there any licenses for this/these business(es) in your name, (i.e. liquor license)?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E. Have you ever applied for a permit to carry a handgun? \_\_\_\_\_ If yes,  
 please give reason: \_\_\_\_\_  
 \_\_\_\_\_

Status: \_\_\_\_\_

**VI. Miscellaneous (Continued)**





Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State and Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State and Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

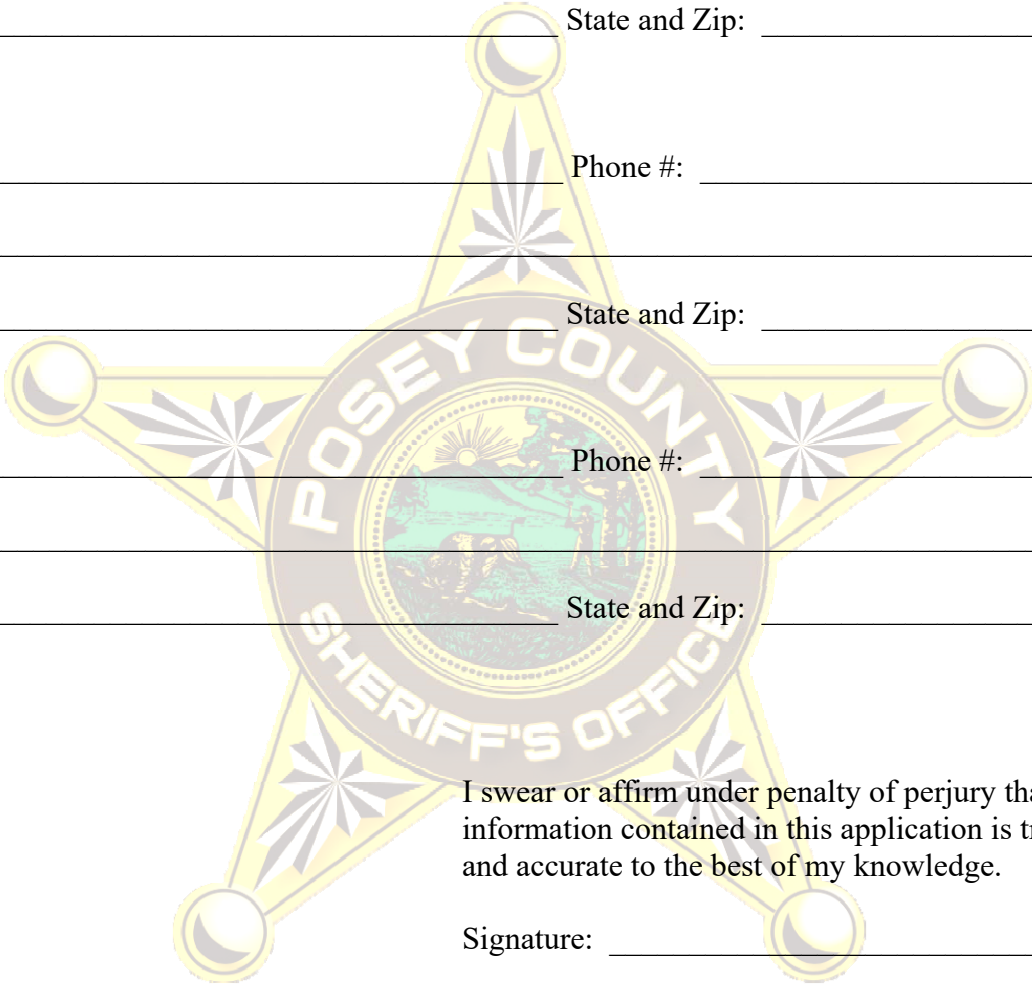
Street: \_\_\_\_\_

City: \_\_\_\_\_ State and Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State and Zip: \_\_\_\_\_



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: \_\_\_\_\_

Date: \_\_\_\_\_

**Applications will be kept on file for 6 months.**