

Date: _____

Position Desired: Deputy Sheriff

Application for Employment

For Law Enforcement 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, pension board, and state hiring and retention requirements.
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: _____
(if applicable) (Maiden Name)

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.

III. Military History and Status

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

If no, please explain: _____

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 of Discharge and Code	Dates of Service		Highest Rank Attained and Rank at Separation	Type Re enlistment
	From:	To:		

C. Are you eligible to reenlist? _____ If no, explain fully on a separate sheet.

D. List any citations and awards received: _____

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

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:

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

VII. References

(Please do not list relatives as reference)

Name: _____ Phone #: _____

Street: _____

City: _____ State and Zip: _____

Name: _____ Phone #: _____

Street: _____

City: _____ State and Zip: _____

Name: _____ Phone #: _____

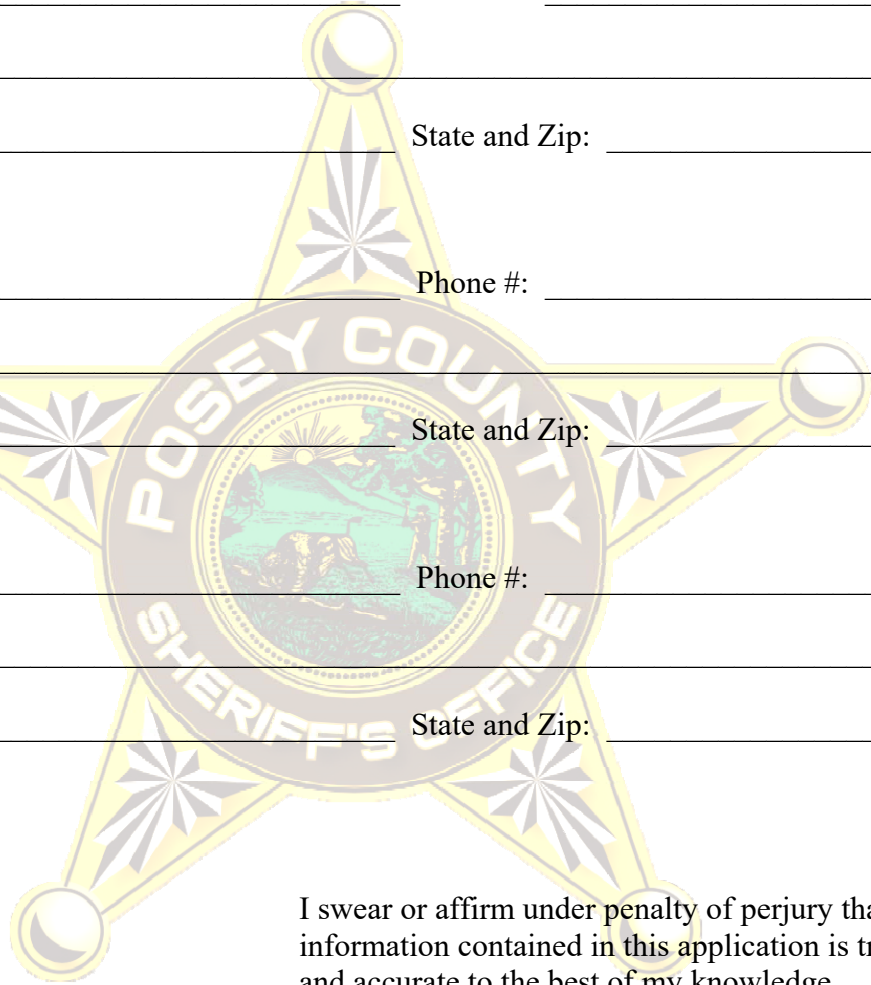
Street: _____

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.