

Name (print or type): _____

Position Applied For: _____ Date Received
by MCSO: _____

MONROE COUNTY SHERIFF'S OFFICE APPLICANT INFORMATION SUMMARY

INTEGRITY

RESPECT



SERVICE

DIVERSITY

HONOR

STATEMENT OF EQUAL EMPLOYMENT OPPORTUNITY POLICY

The Monroe County Sheriff's Office is an equal employment opportunity employer and will accept applications, hire qualified applicants, administer all terms and conditions of employment, and make available all benefits and compensations of employment without regard to race, sex, color, ancestry, national origin, religion, handicap (as defined by law), age, marital status, sexual orientation, or number of dependents except when such constitutes a bona fide occupational qualification necessary for proper and efficient administration.

All applicants and employees are protected from discrimination because of political affiliation and from coercion for partisan political purposes.

No questions on this report are intended to secure information to be used for unlawful discrimination.

Standards for Appointment for Merit Deputy

Applicant must:

- Be at least 21 years of age at time of appointment.
- Minimum of high school (or equivalent) graduation.
- Have 24/7 telephone service.
- Possess a valid Indiana Driver's License.

When requested:

- Submit to written testing, physical fitness testing (ILEA graduation standards), background investigation, truth verification exam, drug screen, medical exam, and interviews.

INSTRUCTIONS

1. Read each item carefully.
2. This form must be typed or printed neatly in black ink.
3. All items must be completed and necessary documentation attached.
4. If additional space is needed, use the supplemental page at the end of the form, referencing the section and question being answered each time.
5. The completed form must be returned to the Monroe County Sheriff's Office, 301 N. College Avenue, Bloomington, Indiana 47404.

POLICY REGARDING THE APPLICANT INFORMATION SUMMARY

1. Failure to comply with instructions and policy regarding the applicant screening process will result in the rejection of the application and applicant.
2. Failure to accurately and truthfully complete this form will result in the rejection of the application and the applicant.
3. Failure to return this form by the specified date will result in the rejection of the application and applicant.
4. Applicants who are rejected during the applicant screening process may not reapply for a period of one year from the date of rejection.
5. Applications will not be accepted without complete addresses, phone numbers and **zip codes**.

If you need assistance in completing this form, please contact the Monroe County Sheriff's Office at (812) 349-2780.

USE ZIP CODES WITH ALL ADDRESSES

APPLICANT CHECK LIST

Please use the following list as a guide in completing your application.

- Full names and address of family members (mother, father, step-parents, foster-parents, guardians, brothers, sisters, spouse, children, in-laws, ex-spouses)
- Addresses and dates pertaining to all prior residences in the last ten years
- Information pertaining to all present and former employers. Include dates, names, addresses, and phone numbers of companies.
- Selective Service Number, Dates of Active Duty, Serial Number and Reserve Obligation
- Savings and checking information. Name of institution(s) holding the account(s).
- Credit obligations (name of institutions, type of accounts)
- Type, expiration date, number and restrictions relating to driver's license
- Dates, locations, descriptions of any you have received in the last three years.
- The date, place, charge and the disposition of any arrest (adult/juvenile).
- Information relating to five personal references (name, addresses, telephone number during the day, occupation, length of time known and zip codes). References shall not include relatives or former/current employers.
- Zip Codes
- Must have a valid email address for communication about this process.

Copies of the following documents should be attached to this completed application:

- Birth Certificate – certified copy
- Marriage Certificate if applicable
- Divorce Decree if applicable
- High School/GED and college degrees
- DD214 Form if applicable
- Driver's License
- Law Enforcement Certification if applicable

I. PERSONAL HISTORY

- A. Full Name (last, first, middle) _____
- B. Social Security Number _____
- C. List all other names you have used including nicknames. If female, furnish maiden name. If you have ever used any last name other than your true name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place, and court. (This information is being collected to assist the department in conducting a thorough background investigation, i.e., felony conviction check.)
- D. Birth Date (month, day, year) _____
Birth Place (city, state) _____
- Attach a copy of your Birth Certificate.** This will be used to verify your age for statutory requirements and pension purposes.
- E. Are you a U.S. Citizen? Yes No
(All applicants will be required to provide proof of eligibility to work in the U.S. before beginning employment.)
- F. Email Address: _____

II. RESIDENCES

- A. Current residence (number, street, city, county, state, zip code, telephone; if apartment, include name and location of complex):

Address

City	State	Zip	Telephone #
_____	_____	_____	(____) _____

- B. List chronologically (most current first) all of your residences in the past ten years. Include addresses while attending school if away from home and ALL military addresses; including off base locations. Also, towns or cities that are located in the immediate vicinity of military complexes. If apartment, include name and location of complex.

Date

From/To

Number Street

City

State/Zip Code

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. EDUCATION

List all schools attended at the high school level and above. **Include copies of all diplomas/degrees and certifications.**

High Schools	Years Attended From/To	Address	Degree Diploma
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Colleges/Universities

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Graduate Schools

_____	_____	_____	_____
_____	_____	_____	_____

Other: Vocational, Technical

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Law Enforcement Certification

_____	_____	_____	_____
_____	_____	_____	_____

PSID Number _____

IV. EMPLOYMENT RECORD

List chronologically (most current first) **all** employers. Include full-time, part-time, and temporary/seasonal work, and all periods of unemployment. Present employers will be contacted prior to any appointment. Make sure all phone numbers are correct including extension numbers.

1. Employment dates: from _____ to _____
Employer _____
Address _____ Zip Code _____
Phone number and extension _____
Position held _____
Name of supervisor _____
Salary _____
Reason for leaving _____

2. Employment dates: from _____ to _____
Employer _____
Address _____ Zip Code _____
Phone number and extension _____
Position held _____
Name of supervisor _____
Salary _____
Reason for leaving _____

3. Employment dates: from _____ to _____
Employer _____
Address _____ Zip Code _____
Phone number and extension _____
Position held _____
Name of supervisor _____
Salary _____
Reason for leaving _____

4. Employment dates: from _____ to _____
Employer _____
Address _____ Zip Code _____
Phone number and extension _____
Position held _____
Name of supervisor _____
Salary _____
Reason for leaving _____

5. Employment dates: from _____ to _____
Employer _____
Address _____ Zip Code _____
Phone number and extension _____
Position held _____
Name of supervisor _____
Salary _____
Reason for leaving _____

6. Employment dates: from _____ to _____
Employer _____
Address _____ Zip Code _____
Phone number and extension _____
Position held _____
Name of supervisor _____
Salary _____
Reason for leaving _____

7. Employment dates: from _____ to _____
Employer _____
Address _____ Zip Code _____
Phone number and extension _____
Position held _____
Name of supervisor _____
Salary _____
Reason for leaving _____

8. Employment dates: from _____ to _____
Employer _____
Address _____ Zip Code _____
Phone number and extension _____
Position held _____
Name of supervisor _____
Salary _____
Reason for leaving _____

9. Employment dates: from _____ to _____
Employer _____
Address _____ Zip Code _____
Phone number and extension _____
Position held _____
Name of supervisor _____
Salary _____
Reason for leaving _____

V. **MILITARY SERVICE**

- A. Are you registered for Selective Service? Yes No

Selective Service Number: _____

This number can be obtained by visiting www.sss.gov/regver/wfverification.aspx

- B. Have you ever served on active duty in the armed forces of the United States?

Yes No

Branch of Service: _____

Date of Active Duty (month, day, year): _____

Serial Number: _____

Type of Discharge (other than Medical*): _____

****No applicant will be automatically rejected because of a less than honorable discharge (except a dishonorable one). But the discharge may be considered in connection with other information. If your discharge is less than honorable, explain on the supplemental page.***

- C. Are you currently or have you ever been a member of any United States Armed Forces Reserve or National/State Guard Unit? Yes No

- D. While in military service, were you ever convicted by any courts martial?

Yes No

When? _____

Explain: _____

- E. **Attach a copy of your DD214 (Military Service Record).**

VI. FINANCIAL REPORT

A. Credit References

List all current accounts (checking, savings) with financial institutions.

Name/Address of company	Type of Account
_____	_____
_____	_____
_____	_____

B. Credit Obligations:

Name/Address	Type of Account
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

C. Have you ever filed bankruptcy? Yes No

If yes, date filed and where _____

VII. DRIVER'S RECORD

A. List all vehicle operator's licenses you now hold or have held (**Attach copies**):

Type (Driver's/ Chauffeur's, CDL)	State of Issuance	License Number	Expiration Date	Restrictions
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B. List all traffic citations you have received in the past three years:

Date	Location	Charge
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C. Has your driver's license ever been suspended or revoked? Yes No

If yes, explain: _____

VIII. ARREST/FELONY CONVICTION RECORD

A. Have you ever been arrested, detained or summoned to appear in court by a law enforcement agency?*

Yes No

If yes, provide date(s), place(s), and disposition(s) on supplemental page.

B. Have you ever been convicted of a felony? Yes No

If yes, explain on supplemental page.

****NO APPLICANT WILL BE AUTOMATICALLY REJECTED BECAUSE OF AN ARREST RECORD. THIS INFORMATION IS BEING OBTAINED ONLY TO ASSIST IN COMPLETION OF A BACKGROUND INVESTIGATION.***

IX. ORGANIZATION MEMBERSHIP

A. List all organizations, clubs, unions and associations of which you are or have been associated, including positions held:

B. List all hobbies, special skills and abilities, including any foreign languages you speak:

X. FAMILY HISTORY

A. Give the name of your father, mother, step-parents, foster parents, guardians, sisters, brothers, spouse, children, in-laws and ex-spouses who are still living:

Name	Relation	Address	Occupation	Phone
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B. Are you related by blood or marriage to any current employee of the Monroe County Sheriff’s Office?
If yes, complete the following

Name	Relationship	Position with M.C.S.O.
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XI. GENERAL INFORMATION

- A. Do you object to wearing a uniform? Yes No
- B. Do you object to working nights, weekends, or holiday? Yes No
- C. Do you object to working any shift or changing shifts whenever deemed necessary by the Sheriff's Office? Yes No
- D. Do you object to working mandatory overtime? Yes No

XII. REFERENCES

List five current references (other than relatives and former or current employers):

1. Name _____
Occupation _____
Address and Zip Code _____
Phone number during day _____ Years known _____
2. Name _____
Occupation _____
Address and Zip Code _____
Phone number during day _____ Years known _____
3. Name _____
Occupation _____
Address and Zip Code _____
Phone number during day _____ Years known _____
4. Name _____
Occupation _____
Address and Zip Code _____
Phone number during day _____ Years known _____
5. Name _____
Occupation _____
Address and Zip Code _____
Phone number during day _____ Years known _____

XV. CRIMINAL RECORDS AND BACKGROUND CHECK

I, _____, understand that my employment and/or continuation of employment by the Monroe County Sheriff's Office is contingent upon, but not limited to, the following:

1. An acceptable security clearance from both the Federal Bureau of Investigation and the Indiana State Police. A security clearance is necessary to complete computer training involving access to confidential information.
2. An acceptable background check which includes, but is not limited to, investigation of my character, personal history, credit history, financial condition and information contained in this application.
3. An unlimited criminal history data check which may include information with respect to any arrest, indictment, information, or other formal criminal charge, even if no disposition thereof has been entered. It may also include juvenile court records or juvenile records of a law enforcement agency.

Waiver

I hereby waive all restrictions on access to or release of the foregoing information to which I might otherwise be entitled. This waiver specifically includes all court records or law enforcement agency records relating to me when I was a juvenile. I understand that information gathered as a result of this waiver will be kept confidential, and will be used solely to determine my fitness as an applicant or employee. I make this waiver knowingly and voluntarily, with full knowledge of its meaning and content.

Signature

Date

Witness

Date

XVI. SIGNATURE

Read the following statement carefully. If you have any questions, please contact the Sheriff's Office before signing the form.

I hereby authorize and give my consent to the release of any and all background information and/or records about me, by any person, business, agency or other entity in possession of the same, to the Monroe County Sheriff's Office, for the purpose of conducting a background check. I authorize the Monroe County Sheriff's Office to make photocopies of this document, and such copies shall suffice in place of the original to notify persons or other entities in possession of information about me that I have freely and voluntarily agreed and consented to the matters herein.

I certify that the information contained in this form is true, complete, and accurate. I realize that misrepresentation of facts is cause for rejection of my application or dismissal after appointment. I understand that final employment is contingent in part upon satisfactory completion of all phases of the applicant screening process.

I hereby waive, release, and surrender any and all rights to claims which I may have against the County, or any of its officers, employees, or agents as a result of the release of such records.

Signature of Applicant

Date of Signature

RELEASE AND HOLD HARMLESS AGREEMENT

I have submitted my application for the position of police officer with the Sheriff's Office. I wish to take the physical agility test which each applicant is required to pass in order to have his or her application considered for said position. I understand that current physical agility testing for Sheriff's Deputies includes muscular strength, muscular endurance, cardiovascular endurance and musculoskeletal flexibility.

In consideration for being permitted to take this physical fitness test, I hereby release, discharge and agree to hold harmless the Monroe County Sheriff's Office and its officers, agents and employees from any and all liability for personal injury or property damage which I may sustain in any way as a result of my taking this test, whether such injury or damage occurs before, during or after the test, and whether or not such injury or damage occurs in, on or about the premises where the test is conducted. I will assume full responsibility for any such injury or damage and I do hereby fully and forever release and discharge the Monroe County Sheriff's Office and its officers, agents and employees from any and all claims, demands, damages, rights of action or causes of action present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of my taking this physical agility test.

In the event that my taking this test should result in injuries or damages to person or property and a claim is asserted against the Monroe County Sheriff's Office, I will hold harmless, defend and indemnify the Sheriff's Office against any claim, demand, damage, right of action or cause of action present or future, whether the same be known, anticipated or unanticipated, resulting from my taking this test.

I further state that I voluntarily take this physical agility test, and that I recognize and voluntarily assume the risks inherent in taking the test, and that I have to my knowledge no medical condition or risk factor that would prevent my taking this test.

This Release and Hold Harmless Agreement shall be binding upon my heirs, assigns, executors and administrators.

Date

Printed Name

Signature

NOTES

NOTES

MISSION STATEMENT

The Monroe County Sheriff's Office and its employees are dedicated to fulfilling the constitutional mandates of the Office on behalf of the citizens, community, and courts of Monroe County, Indiana and to providing quality law enforcement and correctional services to its constituents.

OUR COMMITMENTS

A civilized society expects its courts to function in a safe and secure environment; that inmates are expeditiously transported to and from judicial proceedings and correctional institutions; that criminal records are maintained to insure the positive identification of defendants; that fugitives from justice are apprehended and brought before the court; and, that civil processes, writs and other documents are executed in a timely manner.

The Monroe County Sheriff's Office recognizes its responsibility to the citizens and visitors to the area. In so doing, and to insure that citizens receive the highest quality law enforcement and public safety services commensurate with budgetary constraints, this Office shares its broad scope of specialized, quality resources with all municipal, state, and federal law enforcement and public safety agencies and with select community groups.

The Sheriff's Office collaborates with community, mental health, educational, and volunteer groups to provide appropriate services for inmates. This Office will also work closely with other components of the criminal justice system in an attempt to improve effectiveness and increase efficiency in operational and administrative endeavors.

