

Coshocton County Sheriff's Office

TIMOTHY L. ROGERS
SHERIFF
328 Chestnut Street
Coshocton, Ohio 43812



(740) 622-2411
FAX: (740) 622-4487
EMERGENCY 9-1-1

APPLICATION FOR EMPLOYMENT

DATE: _____

APPLICANT: _____

POSITION PREFERENCE: _____

RESUME ATTACHED: YES NO

An Equal Opportunity Employer

The Coshocton County Sheriff's Office is an equal opportunity employer and does not discriminate because of age, race, sex, religion, military status, national origin, marital status, or disability. Please notify the appropriate Human Resource Representative of any needed accommodation(s) to complete the application process. No question on this application is intended to obtain information to be used in a discriminatory manner.

Summary of Qualifications

In the area below, describe briefly the experience, education, training and other factors that qualify you for the position for which you are applying.

PLEASE PRINT IN INK

PERSONAL INFORMATION

Name _____ Social Security No. _____
First Middle Last
 Place of Birth _____ / _____ / _____
City County State Country
 Street Address _____
City State Zip Code
 Home Phone __ (____) _____ Business Phone __ (____) _____
 Prior Address, if less than five years _____
 Please indicate any other formal name by which you've been known (e.g. maiden name) _____
 How did you learn of us? Ad in paper Employee (Name): _____
 (Circle one) College/School Walk-in or unsolicited resume
 Employment Agency Other _____

GENERAL INFORMATION

Have you ever been involuntarily terminated by an employer? YES NO
 If yes, explain _____
 Have you ever been employed with Coshocton County? YES NO
 If yes, explain _____

 *CCSO conducts full criminal background checks on all applicants. A prior record of offense(s) may or may not disqualify an applicant from consideration for employment. The date, nature and seriousness of the offense and any rehabilitation will be considered in light of the duties of the position for which the person has applied.

PERTAINING TO COMPANY CAR

Do you have a valid driving license? YES NO
 If yes, _____
State Driver's License Number Expiration Date
 Any moving violations in the past three years? YES NO
 If yes, please explain _____

EDUCATION

Level	Name, City and State of School	Major/Minor	Recognition of Completion	Grade Point Average (only if known)	Degree Description
High School			Diploma? G.E.D. Y N Y N		
Vocational or Technical School			Certificate? Y N		
College			Some College Undergrad Degree Currently Pursuing		
Graduate School			Some College Undergrad Degree Currently Pursuing		

EMPLOYMENT HISTORY (please list most recent first)

Employer _____ Telephone __ (____) _____
Street Address _____
City State Zip Code
Date Started (M/Y) _____ Date Ended (M/Y) _____ Title/Position _____
Name of Supervisor _____ Salary (Per Hr. Wk. or Mo.) _____
Reason for leaving _____
May we contact for a reference at this time? Yes No If no, explain _____
If yes, state the name under which you were employed if different from now _____
Brief description of your responsibilities _____

Employer _____ Telephone __ (____) _____
Street Address _____
City State Zip Code
Date Started (M/Y) _____ Date Ended (M/Y) _____ Title/Position _____
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Reason for leaving _____
May we contact for a reference at this time? Yes No If no, explain _____
If yes, state the name under which you were employed if different from now _____
Brief description of your responsibilities _____

ADDITIONAL REFERENCES (business or school references only)

Name _____	Position _____
Relationship to you _____	Telephone ____ (____) _____
Name _____	Position _____
Relationship to you _____	Telephone ____ (____) _____

PRIOR SERVICE CREDIT

If you have ever been employed with State of Ohio or any of, its political subdivisions please list below:

Agency	From (Month/Day/Year)	To (Month/Day/Year)

Please provide verification on the employment and accrued leave balance to the Human Resources Dept.

APPLICANT SIGNATURE

The information provided by me on this application is true and complete. I have not knowingly falsified or withheld any facts. I understand that any such falsification or withholding, no matter when discovered, will disqualify me from further consideration as a candidate for employment with Coshocton County Sheriff's Office or be grounds for termination if I am employed.

I have, by signing the attached document, authorized Coshocton Co. Sheriff's Office to investigate my background in order to evaluate my qualifications and to verify information contained in my application and resume. I agree that Coshocton Co. Sheriff's Office may request information from previous employers, educational institutions, credit bureaus, local, state and federal law enforcement agencies and any entities or individuals who may have information relating to my character, general reputation, personal characteristics, or qualifications. I understand that any such information pertaining to me may be used by Coshocton Co. Sheriff's Office for employment purposes and I hereby release Coshocton Co. Sheriff's Office, its employees, agents and independent contractors from any liability in connection with investigations relating to my application for employment, or continued employment, and I further release from liability all individuals or entities who provide information to Coshocton Co. Sheriff's Office in connection with its investigation and evaluation of my application.

If I become employed by Coshocton Co. Sheriff's Office, I understand that I will be bound by Coshocton Co. Sheriff's Office's Code of Ethics and all of its policies and procedures.

I understand that any job offer is subject to Coshocton Co. Sheriff's Office obtaining favorable references from prior employers and my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986.

I have read, understand and agree to the above conditions of employment. I acknowledge that no promises regarding employment have been made to me and I understand that no such promise would be binding upon Coshocton Co. Sheriff's Office unless made in writing by a duly authorized officer of Coshocton Co. Sheriff's Office.

Signature of Applicant _____ **Date** _____