

Coshocton County Sheriff's Office

CHRISTOPHER WALTERS
SHERIFF
500 North Third Street, Suite B
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
College/School
Employment Agency

Employee (Name): _____
Walk-in or unsolicited resume
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** _____**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** _____**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** _____**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** _____

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 the 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 _____