

PARKE COUNTY SHERIFF'S OFFICE



Sheriff, D. Michael Eslinger EMPLOYMENT APPLICATION

TITLE POSITION APPLYING FOR:

Deputy
 Reserve Deputy
 Dispatcher
 Jailer
 Administrative Asst.
 Cook
 Maintenance

MARK TYPE(S) OF EMPLOYMENT ACCEPTABLE TO YOU

Full-time
 Part-time
 Temporary

**PRIVACY
NOTICE**

The County is requesting your Social Security number under authority of IC 4-1-8 to accomplish statutory purposes. Disclosure is mandatory and this form cannot be processed without it.

Social Security number

Name of Applicant (*last, first, middle*)

Mailing address (*number and street, city or town, state, ZIP code*)

Area code and telephone number

Date of Birth (if under 18 years)

County of Residence

Home ()

Other ()

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
 COMPLYING WITH ALL PROVISIONS OF
 THE AMERICANS WITH DISABILITIES ACT.

BASIC ELIGIBILITY REQUIREMENTS

1. Must be a United States Citizen
2. Must be at least 21, when appointed as a police employee.
3. Eye requirement: Correctable to 20/50.
4. Must possess a valid driver's license.
5. Must be willing, if appointed to reside and serve in Parke County

INSTRUCTIONS

No exceptions will be made for anyone not meeting all requirements. Any application for police employment received in this office after competitive examinations begin shall be held until selections begin for the applicable Training Course.

The application must be filled out by the applicant. It may be typed or printed in ink.

Answer all questions. If the question does not apply, state: None or Does Not Apply.

Please DO NOT include certificates and commendations, etc. Also, DO NOT enclose original birth certificates.

It is important that you clearly and correctly indicate your mailing address and telephone number(s). In the event you change address or phone number(s) after filing your application, mail notification of said change to us immediately.

Applications will not be considered until complete in every respect. Incomplete applications will be returned to the applicant. Any misrepresentation of facts on the application will disqualify the applicant.

Please do not make inquiry regarding the status of your application, as you will receive appropriate information concerning your application routinely and in due time.

Complete applications will be kept one full year from the date the selection process ends. After that time, they will be considered inactive and be destroyed.

Do not submit a photocopy of this application. Only originals will be accepted.

I. INITIAL REQUIREMENT DATA

A. Are you a U.S. Citizen?_____ If no, explain on a separate sheet and attach documentation.

Social Security Number

(For background clearance and payroll information this number is required. The application will not be processed without it.)

B. Your Age _____ Date of Birth _____ Sex _____
 (Attach Copy of Birth Certificate)

Race _____ (Information requested for EEO compliance only)

C. Are you willing to reside in Parke County, Indiana? _____

II. FAMILY DATA

A. Marital Status: Married _____ Single _____ Divorced _____ Separated _____

B. Spouse's Name (if applicable) _____

C. Dependents (if applicable)

NAME	AGE	RELATIONSHIP

D. If divorced, are you legally required to make child support payments? _____
 Are you current on child support payments? If no, explain _____

**III. EDUCATIONAL DATA (ATTACH TRANSCRIPTS FOR ALL)
 LIST ALL ACCREDITED COLLEGES/UNIVERSITIES YOU HAVE ATTENDED.**

NAME/ ADDRESS OF SCHOOL	COURSE OF STUDY	HOURS COMPLETED	GPA ON 4.0 SCALE	DID YOU GRADUATE	LIST DIPLOMA OR DEGREE

IV. EMPLOYMENT DATA

A. List chronologically (most recent employment first) all past and current employment including part time
(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 & 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 & 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 & 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 & Zip _____ Phone # _____

IV. EMPLOYMENT DATA (Continued)

A. List chronologically (most recent employment first) all past and current employment including part time
(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 & 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 & 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 & Zip _____ Phone # _____

B. Have you ever been discharged or resigned to prevent being discharged from a position of employment?

_____ If yes, please explain fully on a separate sheet.

V. REFERENCES: (Please do not list relatives as references)

Name _____ Phone # _____

Street _____

City _____ State & Zip _____

V. REFERENCES: (Continued)

Name _____ Phone # _____

Street _____

City _____ State & Zip _____

Name _____ Phone # _____

Street _____

City _____ State & Zip _____

Residence Last Five Years Other than Present

STREET	CITY	STATE	DATES	
			FROM	TO

VI. MILITARY HISTORY AND STATUS

A. Have you ever served in the military inactive duty? (Include initial active duty training with the National Guard and the Reserves.) _____ If yes, attach a copy of your DD214.

MILITARY BRANCH	DATES OF SERVICE		HIGHEST RANK ATTAINED AND RANK AT SEPARATION	TYPE OF DISCHARGE AND REENLISTMENT CODE
	FROM	TO		

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

C. List any citations and awards received. _____

D. Were you ever disciplined (court martial, article 15, captain's mast, etc.) while on active duty? _____
 If yes explain fully on a separate sheet.

VII. VEHICLE ACCIDENT AND ARREST RECORDS

A. Do you currently possess a valid automobile driver's license? _____ Expiration Date _____

License Number _____ State _____

Has your driver's license ever been suspended? _____ If yes, explain _____

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

DATE	LOCATION	WHAT HAPPENED

C. Have you ever received a ticket for a traffic offense? _____ If yes, describe below:

DATE	LOCATION	CHARGE	FINE OR SENTENCE

D. Have you ever been arrested for a criminal offense? _____ If yes, describe below:

DATE	LOCATION	CHARGE	FINE OR SENTENCE

VII. VEHICLE ACCIDENT AND ARREST RECORD (Continued)

E. Have you ever been arrested for an act that would have been a crime had it been committed by an adult?

_____ If yes, describe below.

DATE	LOCATION	CHARGE	FINE OR SENTENCE

F. Have you ever been or are you currently involved as a plaintiff, defendant, petitioner or respondent in any

Civil court action? _____ If yes, explain fully on a separate sheet.

VIII. MISCELLANEOUS

A. Do you own your home? _____ If yes, how much is current mortgage indebtedness _____

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

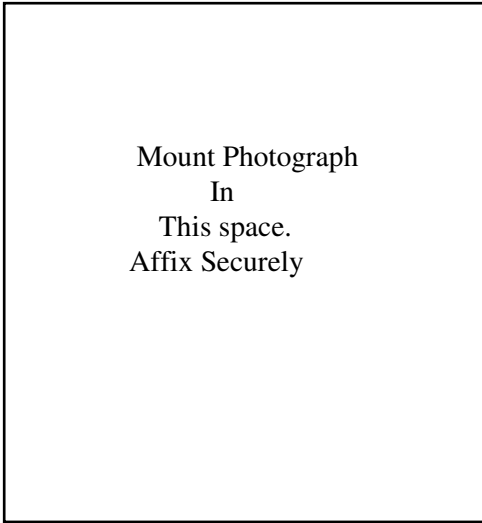
C. Annual Income - Applicant _____ Spouse _____

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(as) in your name, I.E. liquor license?

E. Have you ever applied for a permit to carry a handgun? _____ . Reason _____
_____ Status _____

F. What special skills have you developed through hobbies, education, occupation, or other special interests?



Mount Photograph
In
This space.
Affix Securely

Photograph to be front view, head and shoulders,
2 ½” square, and taken within the past six months.
Other photographs are not acceptable.

I certify that:

1. All required items are included with this application.
 - A. Birth Certificate (copy only)
 - B. Military DD214 if veteran
 - C. Photograph - 2 ½” X 2 ½ head and shoulders
2. I have personally completed this application.

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 _____

CHECK APPLICATION CAREFULLY, BE CERTAIN ALL ITEMS ARE COMPLETE BEFORE MAILING.

THIS APPLICATION WILL BE RETURNED TO YOU IF ALL INFORMATION IS NOT COMPLETED AND ALL REQUIRED DOCUMENTS ARE NOT ATTACHED.

**MAIL OR DELIVER TO:
PARKE COUNTY SHERIFF’S OFFICE
458 W. Strawberry Road
Rockville, Indiana 47872**

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER -
Complying with all provisions of the Americans with Disabilities Act.