

Putnam County Sheriff's Department

13 Keightly Rd
Greencastle, IN 46135
Phone: (765) 653-3211 Fax: (765) 655-2131

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GENERAL INFORMATION	NAME: LAST FIRST MI			SOCIAL SECURITY NO.
	HOME ADDRESS		CITY STATE	ZIP CODE
	HOME PHONE ()	BUSINESS PHONE ()	HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN BELOW.....	
	ARE YOU OVER THE AGE OF 21? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU EVER BEEN EMPLOYED BY THE PUTNAM COUNTY SHERIFF'S DEPARTMENT? IF YES, INDICATE: POSITION _____ FROM _____ TO _____	
I AM APPLYING FOR A POSITION IN: _____		THE POSITION YOU HAVE APPLIED FOR REQUIRES WORK ON ALL THREE SHIFTS. ARE YOU <input type="checkbox"/> YES <input type="checkbox"/> NO ABLE TO WORK ALL THREE SHIFTS?		

EDUCATION	<u>GRADE SCHOOL</u> <u>HIGH SCHOOL</u> <u>COLLEGE</u> <u>GRADUATE SCHOOL</u>			
	CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4			
	NAME AND ADDRESS OF SCHOOL			MAJOR SUBJECT OR DEGREE
	HIGH SCHOOL:			
	COLLEGE:			
	GRADUATE SCHOOL:			
	TECHNICAL TRAINING:			
	PLEASE LIST ANY LAW ENFORCEMENT CLASSES TAKEN OR CERTIFICATIONS HELD: _____			
	HAVE YOU HAD MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT BRANCH? _____			

EMPLOYMENT HISTORY

FROM	TO	EMPLOYER:	POSITION HELD:
MO / YR.	MO / YR	ADDRESS:	DESCRIPTION OF DUTIES:
		TELEPHONE: ()	
		SUPERVISOR:	REASON FOR LEAVING:
		BASE RATE OF PAY: \$ PER	
FROM	TO	EMPLOYER:	POSITION HELD:
MO / YR	MO / YR	ADDRESS:	DESCRIPTION OF DUTIES:
		TELEPHONE: ()	
		SUPERVISOR:	REASON FOR LEAVING:
		BASE RATE OF PAY: \$ PER	
FROM	TO	EMPLOYER:	POSITION HELD:
MO / YR	MO / YR	ADDRESS:	DESCRIPTION OF POSITION:
		TELEPHONE: ()	
		SUPERVISOR:	REASON FOR LEAVING:
		BASE RATE OF PAY: \$ PER	

NOTE: IF SPACE IS NEEDED FOR ADDITIONAL EMPLOYMENT HISTORY, PLEASE CHECK THE BOX AT RIGHT AND PLACE INFORMATION, TYPED, ON A PLAIN, WHITE SHEET OF 8 1/2 x 11 PAPER

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST THREE YEARS

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

DRIVERS LICENSE

DO YOU CURRENTLY POSSESS A VALID DRIVERS LICENSE YES NO STATE: _____

LICENSE NUMBER: _____ IS YOUR LICENSE RESTRICTED? YES NO

IF SUSPENDED, ADVISE REASON FOR SUSPENSION HERE AND BELOW: _____

PUTNAM COUNTY SHERIFF'S DEPARTMENT
CONDITIONS OF EMPLOYMENT

The following describes some of the employment requirements and conditions that you should be aware of prior to completing your **Application for Employment**.

1. References on your Application to prior employment and educational background may be contacted for further information.
2. If hired, you will be required to take a standard medical and eye examination and your continued employment will be subject to your ability to satisfactorily perform the duties and responsibilities of your position. After successful completion of your medical exams you will be required to take and satisfactorily pass a Voice Stress Analysis (VSA) test to be conducted by a Certified VSA operator. (See page 5)
3. If hired, you will be required to satisfactorily complete a screening drug test, upon demand, at department expense.
4. If hired, you will be placed on Probationary Status to determine whether you can satisfactorily perform the duties of your position. You will, at all times during non-merit employment, be an employee at will and your employment may be terminated at any time without cause, without notice or further obligation on the part of the Putnam County Sheriff's Office.
5. If hired, you will be eligible for employee benefits in accordance with Putnam County Government benefit policies and procedures, which may change from time to time.
6. If hired, you will be required to comply with the Putnam County Sheriff's Office established policies, rules and regulation and general orders pertaining to the conduct of employees.
7. By signing your Application, you verify that the information contained in your Application is correct to the best of your knowledge. False information may be grounds for rejection of your Application or termination of your employment.

I have read the foregoing Conditions of Employment and I agree with the terms and conditions therein.

In addition, I authorize investigation of all statements contained in my employment application. I understand that my employment is contingent upon satisfactory completion of a physical and eye examination, Voice Stress Analysis test and drug screening test. Any statements made by me that are proven false may be considered cause for dismissal. I hereby authorize former employers and educational institutions, their officers, agents or employees to furnish the Putnam County Sheriff's Office information concerning my previous employment record, job performance and hereby release them from liability for reason thereof.

SIGNATURE

DATE

DO NOT WRITE ON THIS PAGE FOR INTERVIEWERS USE ONLY

INTERVIEWED BY:	LOCATION:	DATE:
COMMENTS:		

INTERVIEWED BY:	LOCATION:	DATE:
COMMENTS:		

INTERVIEWED BY:	LOCATION:	DATE:
COMMENTS:		

HIRED FOR DEPARTMENT:		FOR POSITION:	
STARTING SALARY / WAGES		STARTING DATE:	
APPROVED 1	INITIAL INTERVIEW	DATE	
APPROVED 2	DEPARTMENT HEAD	DATE	
APPROVED 3	SHERIFF	DATE	
ADDITIONAL COMMENTS OR INFORMATION:			

Pre-Employment Truth Verification Examinations

The **Sheriff of Rwpco County** requires all applicants utilized by his Department, in any capacity, be screened according to the guidelines he has established.

This pertains to, but, is not limited to, all individuals applying for paid employment with this Department, for volunteer and reserve positions, for positions utilized by vendors in fulfilling their contracts with this Department, and for employees of other County Departments having job duties that require them to access Sheriff's Department facilities, documents, databases, equipment, etc..

The following guideline areas will be covered during the pre-employment interview and truth verification examination, utilizing a ***Computer Voice Stress Analyzer***:

- Application Information**: These questions address each applicant's truthfulness, in regard to the information he or she has supplied during the application process, including the background information.
- Narcotics Usage**: These questions delve into the applicant's pattern of usage of illegal drugs or narcotics, including a detailed inventory of the types of illegal drugs used, the frequency of usage, method of use and last contact with illegal drugs.
- Criminal Activity and Associations**: Past criminal acts, associations with criminal elements, prior arrests or detentions by law enforcement agencies and the applicant's driving record are discussed. (A computer records inquiry, to local and nationwide law enforcement databases, shall be conducted)
- Employment**: The applicant's work history is discussed. Thefts from employer issues are also discussed.
- Security Matters**: The applicant is questioned as to whether he or she has ever associated with any subversive groups. There will be questions as to whether the applicant has been directed to apply for this position by any foreign government or any special interest group.
- Military Service**: The applicant's history of military service, if any, is discussed.
- Marital Status**: The applicant's marital status, prior marriages, number of dependants, related to how the applicant handles those responsibilities, will be discussed.
- Domestic Violence**: The applicant is questioned as to his or her involvement, if any, in physical violence (or the threat or fear of physical violence) towards any past or present significant other.
- Gambling**: The applicant's gambling activities, if any, are discussed.
- Indebtedness**: The applicant's handling of financial responsibilities and potentially compromising financial situations are discussed.

(Continued)

- **Sexual Activities:** Applicants are questioned about whether they have a history of participation in sexual behaviors which would directly conflict with criminal statues and/or conflict with the duties of an employee or contractor of the Sheriff's Department.

- **TheJob:** Questions regarding essential job functions and the willingness to comply with rules and regulations.

All Computerized Voice Stress Examiners are Deputies, trained by certified instructors, in accordance with the requirements of the professional associations. Tests are conducted professionally and within a confidential environment. The requesting parties shall be given only an indication of Apass@ or Afail@ without revealing any of the details outlined above.

Children under the age of eighteen (18) must have parental or legal guardian consent prior to testing. The consent must be in writing and in the possession of the examiner prior to the beginning of the examination.

Any further questions can be directed to Detective Sergeant Pat McFadden

Work Phone: (765) 653-3211
Fax: (765) 655-2131
E-mail: pmcfadden@putnam-sheriff.org

References: -Polygraph Protection Act of 1998 (EPPA) Final Rules

Putnam County Sheriff's F g r c t v o g p v

Sheriff
Steve Fenwick

Chief Deputy
Doug Nally

13 Keightly Rd
Greencastle, IN 46135
Phone: (765) 653-3211

Fax: (765) 655-2131
Jail: (765) 653-1810

ACKNOWLEDGMENT AND AUTHORIZATION TO RELEASE INFORMATION

I, _____ certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and authorize any person who may have information relative to this investigation to disclose same. I also release any person from any form of liability for such disclosure.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of my employer. As part of the procedure for processing your employment application, a background investigation will be conducted and your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the US, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms.

I understand and agree to the information shown above:

Signature: _____ Date: _____

Social Security Number _____ Date of Birth _____

Sex: Male Female Race: _____ City/State of Birth _____

Maiden Name _____