



**PUTNAM COUNTY SHERIFF'S OFFICE**  
Greencastle, Indiana 46135

AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER  
COMPLYING WITH ALL PROVISIONS OF THE AMERICANS WITH  
DISABILITIES ACT 12/2014

# Application for Employment

Last Name, First, Middle:

Date of Birth:

### REQUIREMENTS FOR OFFICERS:

- Must be a United States citizen.
- Must be at least 21 years of age on or before the date of appointment.
- Must meet a minimum vision standard (corrected or uncorrected) of 20/50 acuity in each eye and 20/50 binocular acuity in both eyes.
- Must not have a recorded felony conviction.
- Must possess a valid driver's license.
- Applicant must have earned a high school diploma or GED.
- Must be willing to meet Putnam County Sheriff's Office residency requirement within six (6) months of appointment.

### REQUIREMENTS FOR JAIL/ADMIN STAFF:

- Must be a United States citizen.
- Must be at least 18 years of age on or before the date of appointment.
- Must not have a recorded felony conviction.
- Must possess a valid driver's license.
- Applicant must have earned a high school diploma or GED.

Position you are applying for:

Do you meet the basic eligibility requirements?

**YES**

**NO**

### INSTRUCTIONS:

- Unless otherwise requested, enter dates in the following format: MM/DD/YY.
- Telephone numbers shall be entered in the following format: XXX-XXX-XXXX.
- Standard two-character State abbreviation shall be used (i.e. IN for Indiana).
- Incomplete applications will not be considered.
- Any misrepresentation of facts on this application will disqualify the applicant.

***Do not make inquiries regarding the status of the application; you may receive appropriate information concerning the application periodically via e-mail. It is important to monitor your e-mail on a regular basis in order to receive time-sensitive information regarding the selection process.***

**BACKGROUND INFORMATION:**

**To determine your eligibility for employment with the Putnam County Sheriff's Office, please answer the following questions:**  
*As a candidate for employment, I understand that all information provided will be verified by a background investigation, and may include a polygraph examination. Any false information provided may cause me to be removed from further consideration for this selection process.*

Have you used an illegal drug (other than marijuana), or abused a legal drug within the past five (5) years?	<b>YES</b>	<b>NO</b>
Have you ever knowingly or intentionally sold or manufactured any illegal drug for profit?	<b>YES</b>	<b>NO</b>
Do you currently abuse alcohol?	<b>YES</b>	<b>NO</b>
Have you received any of the following Military Discharges: Bad Conduct Discharge (BCD), Dishonorable Discharge (DD), or Administrative Discharge of Other Than Honorable (OTH)?	<b>YES</b>	<b>NO</b>

**REFERENCES:**

Name:	Address:	Phone Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**GENERAL INFORMATION:**

LAST NAME:	<input type="text"/>	SUFFIX (Sr, Jr, I, II, etc.):	<input type="text"/>
FIRST NAME:	<input type="text"/>	MIDDLE NAME:	<input type="text"/>
MAIDEN NAME:	<input type="text"/>		
STREET ADDRESS:	<input type="text"/>	APT #:	<input type="text"/>
CITY:	<input type="text"/>	STATE:	<input type="text"/>
ZIP CODE:	<input type="text"/>	COUNTY:	<input type="text"/>

**TELEPHONE NUMBERS:** *i.e. xxx-xxx-xxxx*

HOME TELEPHONE:

BUSINESS TELEPHONE:

MOBILE TELEPHONE:

**E-MAIL ADDRESS:**

E-MAIL ADDRESS:

Re-enter your e-mail address for verification:

**INITIAL REQUIREMENT DATA:**

Date of Birth:

Your Age:

Race:

Sex:

Are you a U.S. citizen?

**YES**

**NO**

**DRIVER'S LICENSE INFORMATION:**

Do you currently possess a valid driver's license?

**YES**

**NO**

List issued driver's license information below:

Drivers License Number

State of Issue

Expiration Date  
MM/YY

Has your driver's license ever been suspended or revoked?

**YES**

**NO**

If "Yes", what state(s)?

Have you previously applied to the Putnam County Sheriff's Office?

**YES**

**NO**

Are you currently an employee of Putnam County?

**YES**

**NO**

If "Yes", which County Department:

**RELATIVE DISCLOSURE INFORMATION:**

In an effort to avoid nepotism during the interview process, it is necessary that you notify us of all relatives who have or currently work for the Putnam County Sheriff's Office in the spaces provided below. For purposes of this procedure, "relative" means father, mother, brother, sister, uncle, aunt, husband, wife, son, daughter, son-in-law, daughter-in-law, niece or nephew.

Do you currently have or ever had relatives employed by the Putnam County Sheriff Office?

**YES**

**NO**

If "Yes", enter their information below:

Their Name:

Position they held:

Your Relationship to Them:

**EDUCATION:**

Highest grade of high school completed?  High school diploma or GED?

Highest level of college completed:

Degrees Obtained:

Name of School (Include City and State)	# of Hours Completed:	GPA on 4.0 Scale	Did you Graduate?	Degree or Diploma
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PRIOR LAW ENFORCEMENT:**

Do you have full-time paid law enforcement experience as a police officer? **YES** **NO**

If "Yes", complete the following information:

Did you complete a state accredited law enforcement academy? **YES** **NO**

If "Yes", what academy/facility did you attend?

Did you receive a certificate upon completion of this training? **YES** **NO**

What month and year was this training completed? MM/YY

Below, list ALL Law Enforcement experience, Beginning with most recent:

Agency Name (include City & State)	Start Date MM/YY	End Date MM/YY	Status	Had you been Disciplined?	Reason For leaving?	Eligible for Re-Hire?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**MILITARY HISTORY AND STATUS:**

*Include active duty service with the National Guard and Reserve Components.*

Have you ever served in the United States military on active duty (including basic training)?	<b>YES</b>	<b>NO</b>
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If "Yes", how many total years on active duty?

If "Yes", complete the information on the page below for each branch of service, beginning with the most recent:

Military Branch	Start Date MM/YY	ETS Date MM/YY	Rank at Separation	Current Status	Had you been Disciplined?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**EMPLOYMENT HISTORY:**

List current employment, beginning with most recent (include part-time):

Name of employer #1:

Address:

Telephone number:

Position or Professional Title for Employer #1	Start Date MM/YY	End Date MM/YY	Had you been Disciplined?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of employer #2:

Address:

Telephone number:

Position or Professional Title for Employer #2	Start Date MM/YY	End Date MM/YY	Had you been Disciplined?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of employer #3:

Address:

Telephone number:

Position or Professional Title for Employer #3	Start Date MM/YY	End Date MM/YY	Had you been Disciplined?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**CRIMINAL ARREST INFORMATION:**

Have you ever been arrested or ticketed for a misdemeanor that has not been expunged by a court, even if charges were later dropped or dismissed?

**YES**

**NO**

If "Yes", complete the information requested on the page below for each offense, beginning with the most recent:

Date MM/YY	Arresting Agency	Charge/Offense	Disposition of Case
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been arrested or charged with a felony that has not been expunged by a court, even if charges were later dropped or dismissed?

**YES**

**NO**

If "Yes", what offense were you convicted of?

Have you ever been, or are you currently involved as a plaintiff, defendant, petitioner or respondent in any civil court case?

**YES**

**NO**

**VEHICLE CRASH AND TRAFFIC TICKET INFORMATION:**

Have you ever received a ticket for a traffic offense?

**YES**

**NO**

If "Yes", what is the number of tickets you have received?

•The Putnam County Sheriff's Office will **also require** the following documentation. **Please submit the Following Documents along with your application. Please attach them with this application when submitted.**

- Birth Certificate
- High School transcripts (Copy)
- Official College/University transcripts (if applicable)
- Military DD214 (if applicable)
  - If active duty, a letter of endorsement from a military commander is required. Copies of specialized training certificates and awards.
- Previous law enforcement documentation **if applicable:**
  - Copy of State accredited law enforcement academy certificate and curriculum.
  - Copies of commendations and awards.



By placing my name in the box below, I swear or affirm under the penalty of perjury, all information contained in this application is true, accurate and complete to the best of my knowledge. I understand any false information provided may cause me to be removed from further consideration for this selection process.

Applicant's full name:

Date completed:

## How to submit your Application

When your application is completed and ready for submission, follow the steps below:

- 1) Proofread your application thoroughly, ensuring all fields are completed.
- 2) Save a copy of your completed application using the following format (required for submission):

Last Name, First Name, Middle Initial, Date of Birth

(Example) "Doe, John, A. 03-05-1980"

- 3) Once you have saved a copy of your completed application to your computer, send the application and other required documentation, as attachments, in an e-mail message using the following criteria to finish submitting your application to the Putnam County Sheriff's Office.

To: [tom.sutherlin@co.putnam.in.us](mailto:tom.sutherlin@co.putnam.in.us)

Subject: Application for Putnam County Sheriff's Office

Message/Narrative Section: Include your Full Name (Last Name, First Name, Middle Initial) and Date of Birth (MM-DD-YY)

**ATTACH your Application and documents:** When you have completed the information above attach your application and documents utilizing your e-mail programs file attachment protocols.

Send: Confirm all information above is accurate and that you have entered the correct email address for the Putnam County Sheriff's Office: [tom.sutherlin@co.putnam.in.us](mailto:tom.sutherlin@co.putnam.in.us)

as an attachment in and e-mail message using the following criteria to finish submitting your application to the Putnam County Sheriff's Office.



**PUTNAM COUNTY SHERIFF'S OFFICE**

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_ (**Print clearly**), hereby authorize any person, agency, partnership or corporation having any information concerning my background including the following,

**Criminal History**  
**Driving History**  
**Tax Records**  
**Educational History**

**Reference Checks**  
**Military History**  
**Neighborhood Interviews**  
**Present and Past Employment**

to release such information to the Putnam County Sheriff's Office. This information is to be used for possible employment with the County of Putnam and will not be available for public inspection. I authorize the Putnam County Sheriff's Office to release information as necessary to complete an investigation of my character and background for employment purposes.

I hereby release such person, agency, partnership or corporation from any liability which may be incurred in releasing this information to the Putnam County Sheriff's Office including liability under Federal Law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date