

BASIC REQUIREMENTS TO BE A GIBSON COUNTY RESERVE DEPUTY SHERIFF

Upon employment, you MUST:

1. Be a United States Citizen
2. Be willing to reside within the jurisdiction of Gibson County
3. Possess a valid driver's license from the State of Indiana
4. Have eyesight 20/100 correctable to 20/20
5. Be at least 21 years of age and live in Gibson County, Indiana.
6. Pass a pre-basic course held at the Gibson County Sheriff's Department or other location as required
7. Have graduated high school or have obtained a G.E.D. Preference will be given to applications that have completed at least 60 semester or 90 quarter hours of credit from an accredited college or university and have at least a 2.00 grade point average based on a 4.00 scale. Preference may be given for course work in the criminal justice-related field.
8. Volunteer to the Sheriff's Department 12 hours per month to keep an active status with the Sheriff's Reserves.
9. Submit to and pass drug screen.
10. Attend monthly reserve training meeting.
11. Keep in-service hours up to date. Yearly requirement is 16 hours plus Haz Mat and Domestic Violence. This is a department minimum. Failure to meet minimum in-service hours will result in termination of employment.
12. Failure to comply with any requirement and application will be disallowed.
13. Return this document and application to **Gibson County Sheriff's Department – Human Resources, attn: Chief Deputy George Ballard.**

All pages requiring notarization must be notarized before returning this application.

My signature is affixed stating that I meet all the requirements or will meet all the requirements before employment is offered.

Applicant's Signature: _____ Date: _____

Signed and sworn before me this _____ day of _____, 20____.

Notary Public

City _____ County _____

My commission expires _____

Revised 10/5/2005

RELEASE OF LIABILITY #1

I hereby forever release and discharge the Gibson County Sheriff's Department, its officers, employees, or any person acting on its behalf, from any claims, liability, action for damages, compensation or otherwise known, on account of or arising out of the investigation and disclosure of the requested information.

I further release and discharge all liability from all companies, agencies, officers, and persons providing in good faith pertinent information and/or records as requested to successfully complete a background investigation for application of employment.

Applicant's Signature: _____ Date: _____

Signed and sworn before me this _____ day of _____, 20____.

Notary Public

City _____ County _____

My commission expires _____

RELEASE OF LIABILITY #2

I, _____, do hereby agree to hold harmless Sheriff R. Allen Harmon, the Gibson County Sheriff's Department and members thereof for any and all liabilities which may or may not occur while testing for the position of Reserve Deputy Sheriff.

I, _____, further agree to hold harmless the North Gibson School Corporation and its entities for any and all liabilities which may or may not occur while completing the testing process.

Applicant's Signature: _____ Date: _____

Signed and sworn before me this _____ day of _____, 20____.

Notary Public

City _____ County _____

My commission expires _____



PRELIMINARY APPLICATION FOR EMPLOYMENT

READ CAREFULLY

The following instructions are furnished as a guide to assist you in filling out the personal history form. This form must be completed and detailed in all respects. It is the basis for your background investigation, which will be conducted to determine your suitability for employment with the Gibson County Sheriff's Department.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND ACCURATELY.

If a question does not apply, enter N/A in the space provided. Falsification or failure to include information directed will be considered just grounds for non-acceptance or termination if already employed. Avoid errors by reading the directions on the form. Make sure your information is correct and in proper sequence before you begin.

YOU ARE RESPONSIBLE FOR OBTAINING CORRECT ADDRESSES:

If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of a local telephone directory.

Whenever a report of an incident is required, be sure that you give all facts pertaining to it. Present the information in such a manner that any person unfamiliar with the situation will be provided with all the details and facts in the order in which they occur. Include the approximate date or times the events took place, and the names of persons or organizations involved.

If there is not sufficient space on the form for you to include all the information required, it should be placed on the back of the sheet on which the question appears.

Remember every item will be checked and must be verified. A careful, accurate, and complete form will help expedite your examination. All answers are to be legible and printed in ink. **DO NOT TYPE YOUR ANSWERS.**

8. Are you: Single _____ Married _____ Separated _____
Divorced _____ Widowed _____

If married, in what city and state was it performed? _____

Date _____

Name of present spouse _____ Age _____

If separated, divorced, or annulled, provide the necessary information below. List all prior marriages in order of occurrences:

Name of former spouse: _____

First

Middle

Last

City and state in which former marriage was performed: _____

Date _____

Address of former spouse: _____

Phone of former spouse: _____

Title of court issuing: _____

Date filed: _____ Date granted: _____

REFERENCES

List five persons who know you well enough to provide current and past information about you. Do **NOT** list relatives or former employers.

Name: _____ Address: _____

Home Phone: _____ Business Phone: _____

Business Address: _____

Years Known _____

Name: _____ Address: _____

Home Phone: _____ Business Phone: _____

Business Address: _____

Years Known _____

Name: _____ Address: _____

Home Phone: _____ Business Phone: _____

Business Address: _____

Years Known _____

Name: _____ Address: _____

Home Phone: _____ Business Phone: _____

Business Address: _____

Years Known _____

Name: _____ Address: _____

Home Phone: _____ Business Phone: _____

Business Address: _____

Years Known _____

Begin with your present or most recent job and list your last two jobs. List dates in proper sequence. When listing military service, give name and rank of last immediate supervisor.

From _____ to _____

Employer's name: _____

Address _____

Phone Number _____

Duties _____

Supervisor's name _____

Reason for leaving _____

From _____ to _____

Employer's name: _____

Address _____

Phone Number _____

Duties _____

Supervisor's name _____
Reason for leaving _____

Have you ever been discharged or asked to resign from any position of employment? _____
If yes, explain in detail giving name of employer. _____

What, if any, disciplinary action (formal or informal) has been instituted or administered to you as an employee of any of the above?

RESIDENCE HISTORY

List all addresses where you have lived during the past ten (10) years. Account for all the time, starting with the most recent address. Do not list your present address. During military, list all addresses off base rather than military quarters. List date by month and year. Use the back of this page if necessary.

From _____ to _____
Address: _____
With whom did you reside? _____
If rental, give name and address of landlord. _____

From _____ to _____
Address: _____

With whom did you reside? _____
If rental, give name and address of landlord. _____

MILITARY HISTORY

Have you ever served in the military or naval organization of the United States? _____

List all periods of active service in the armed forces of the United States.

Date of Service: From _____ to _____
Branch of Service _____ Unit Designation _____
Military Service No. _____ Highest Rank Held _____
Type of discharge _____

If you received a discharge other than honorable, give details. _____

Military Service Status: Active _____ Inactive _____
Branch of Service _____ Unit _____
Address of Unit _____
Commitment date: From _____ to _____
Are you required to attend a period of active duty annually? _____
If yes, how many days? _____
Have you ever asked for or received deferment from military service? _____
If yes, give draft board number and location, dates, and full details. _____

Address of present draft board: _____
Draft board number: _____
Selective Service number: _____ Classification: _____

EDUCATION

List all high schools, colleges, universities, trade and business schools attended. Begin with the most recent and continue in sequence.

School	Address	Dates Attended	Graduated?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you attended college, number of credits completed? _____
What was your major? _____ What was your minor? _____
Degree? _____
Were you ever suspended or expelled from any school? _____
If yes, explain. _____

List any courses or training that you feel have a bearing on your qualifications for the position.

ORGANIZATION MEMBERSHIP

Are you now or have you ever been a member of any organization, movement, or group of advocates or approves of acts of force to deny other persons their rights under the constitution of the United States or the State of Indiana by lawful or unconstitutional means? _____

If yes, explain. _____

List all organizations you now or have belonged to: _____

ARREST INFORMATION

Have you ever been arrested, detained by police or summoned into court? _____
If yes, complete the following (include juvenile as well as adult occurrences).

Crime Charged	Police Agency (city/state)	Date	Disposition of Case
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Were you ever disciplined while in the military service (include court martials, captains masts, company punishment or other)? _____
If yes, complete the following:

Charge	Agency	Date	Age	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRAFFIC HISTORY

Do you possess a valid driver's license? _____ From what state? _____

License number: _____ Date: _____

Type (operator, chauffeur, etc.): _____

Was your license ever suspended or revoked? _____

If yes, give date, location and reasons: _____

Describe in brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations.

LIQUOR AND NARCOTICS

Describe in your own words your use of intoxicating liquors. _____

Have you ever used or tried marijuana, cocaine, or other controlled substances? _____

If yes, what were the circumstances? _____

POSITION

What position are you applying for? _____

What is your main area of interest? _____

Law Enforcement _____

Corrections _____

Communications _____

Food Services _____

Clerical _____

Reserve Deputy _____

Why is this area of interest to you? _____

Are you looking to obtain a civilian or sworn position? _____

Are you looking for a full-time or part-time position? _____

Salary requested? _____ Date you can start: _____

What training or experience do you have that qualifies you for this position? _____

VERIFICATION

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that such misrepresentation, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

Signature of Applicant

Date