



***FRANKLIN COUNTY SHERIFF'S OFFICE***  
***Application for Employment***

**Read the following instructions carefully and follow them exactly.**

Fill in all blanks completely.

Attach a copy of your High School Diploma or GED, Birth Certificate, Social Security Card, Driver's License, Current POST Record. and DD214 (If military) to the back of this application.

Detach this sheet from you application prior to returning it to the Franklin County Sheriff's Office.

**Consent to pre-employment physical and pre-employment personal history must be filled out and signed, notarized or witnessed by an employee of the Franklin County Sheriff's Office**

Phone calls and appointments will not be accepted in reference to this application.

Date \_\_\_\_\_ Position applying for \_\_\_\_\_

Full Legal Name \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

*This application will remain on file for 6 months from the date of application. Once this application has been received by the Franklin County Sheriff's Office, questions regarding the status of the application will not be accepted by telephone. Personal interviews will be arranged at the request of the Sheriff's Office.*

*Franklin County Government and the Franklin County Sheriff's Office are Equal Opportunity Employers.*

*Please print all information legibly in ink or use a typewriter. Answer all questions accurately and completely. Any false statement will disqualify you from consideration for employment.*

### **BACKGROUND INFORMATION**

#### **Education**

Are you a High School Graduate or do you hold a GED certificate? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Attach copy of diploma or GED) **If no, then you are not eligible to be certified.**

High school attended, include city, state, and year you graduated.

\_\_\_\_\_

Business and/or trade school (name and address)

\_\_\_\_\_

Hours credit \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Graduation date \_\_\_\_\_ Degree \_\_\_\_\_

College (name and address)

\_\_\_\_\_

Hours credit \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Graduation date \_\_\_\_\_ Degree \_\_\_\_\_

Do you speak any foreign language fluently? \_\_\_\_\_ if so, list: \_\_\_\_\_

**Military Status**

Branch \_\_\_\_\_ Date of entry \_\_\_\_\_ Rank \_\_\_\_\_

Discharge Date \_\_\_\_\_ Type \_\_\_\_\_

*(Attach copy of DD2124)*

If you were discharged under any circumstances other than Honorable, explain:

\_\_\_\_\_  
*(Attach additional pages if necessary)*

**Driver's License Information**

Do you have a valid driver's license? \_\_\_\_\_ Number \_\_\_\_\_ State \_\_\_\_\_

**If no, you are not eligible for employment.**

If you have ever had a driver's license from another state, list state and number:

\_\_\_\_\_  
Have your driving privileges ever been denied, cancelled, revoked, or suspended? \_\_\_\_\_ if yes, explain, providing dates and complete reasons: \_\_\_\_\_

\_\_\_\_\_  
List all traffic violations within the last three (3) years for which you have been fined, imprisoned, or placed on probation; or for which you have been ordered to post bond or bail (*excluding parking violations*). For each violation, provide the date, nature of violation, name and location of the court, and penalty imposed, or other disposition. Use back, if necessary. *(Attach a certified copy of driver's history)*

\_\_\_\_\_  
List and describe circumstances of any motor vehicle accident in which you have been involved, stating if injuries resulted, providing location or city/state, and date of each accident. \_\_\_\_\_

**CRIMINAL HISTORY**

List all Criminal convictions other than traffic violations for which you have been fined, imprisoned or placed on probation; or any incident for which you have been arrested and ordered to post bond or bail. For each instance, provide the date, nature of violation, name and address of arresting agency and court jurisdiction, and penalty imposed, or other disposition. Use back, if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there currently any charges pending against you? \_\_\_\_\_ if yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever committed or participated in any of the following crimes? \_\_\_\_\_  
If yes, please circle the type of offense and provide dates of occurrence.

- Arson    Fish/Game Violations    Burglary    Criminal Damage to Property    Shoplifting
- Credit Card Fraud    Illegal Drugs    Child Molestation    Assault/Battery    Receiving Stolen Property
- Theft    Illegal Possession of Firearms    Gambling    Illegal Wiretap    Murder    Vandalism
- Carrying a Concealed Weapon    Computer "hacking"    Kidnapping    Terroristic Threats
- Escape    Public Intoxication    Rape    Armed Robbery    Forgery    Trespassing    Perjury
- Bribery    Incest    Stalking

**If you circled yes to any of the above, please attach a written statement, to explain the circumstances.**

Have you ever been arrested? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Are you currently or have previously been placed on probation? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Has anyone ever taken out a criminal arrest warrant for you? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been questioned by Law Enforcement Authorities concerning involvement in criminal activity? \_\_\_\_\_ if yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been fingerprinted? \_\_\_\_\_ if yes, explain \_\_\_\_\_

Have you ever used or are you currently using illegal drugs or abusing prescription medication? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Have you ever been disciplined or terminated for any employment? \_\_\_\_\_ if yes  
explain: \_\_\_\_\_

For each of the following drugs for which you have ever used or are currently using without a prescription, circle the appropriate drug type:

- Marijuana Cocaine Crack Hashish Hash Oil Thai Stick Heroin Opium Codeine  
Morphine Percodan Speed Amphetamine Rush Valium PCP Dilaudid Barbiturates  
Preludin Methadone Peyote GHB Methaqualone Quaaludes Angel Dust Mescaline  
LSD MDA Nexus Ecstasy Geek Joint Ice Mushrooms Other: \_\_\_\_\_

Have you ever sniffed glue, paint, acetone, or any other inhalant? \_\_\_\_\_

When was the last time you used or abused any drug or narcotic? \_\_\_\_\_

Are you currently or have you previously been party to a lawsuit or other civil action? \_\_\_\_\_ if yes,  
explain: \_\_\_\_\_

Are you currently or have you previously been declared bankrupt? \_\_\_\_\_ Do you currently have a  
bankruptcy pending? \_\_\_\_\_

Have you ever been denied credit? \_\_\_\_\_ if yes, provide names, places, dates, and reasons:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever written a bad check for which you were ordered by a court to make restitution or had a bad  
check citation or warrant issued? \_\_\_\_\_ If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Please provide the name and addresses of four (4) references to contact in regard to your suitability for employment with the Franklin County Sheriff's Office. You may include former employers, teachers, friends, or others that might be in position by which they would be familiar with your qualifications for the position for which you are applying.

*Family members should not be used for purpose of references.*

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**EMPLOYMENT HISTORY**

*Most recent first, attach additional pages if necessary.*

Company name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_, Total years \_\_\_\_\_ Months \_\_\_\_\_

Your Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Your Specific Duties \_\_\_\_\_

Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_, Total years \_\_\_\_\_ Months \_\_\_\_\_

Your Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Your Specific Duties \_\_\_\_\_

Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_, Total years \_\_\_\_\_ Months \_\_\_\_\_

Your Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Your Specific Duties \_\_\_\_\_

Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_, Total years \_\_\_\_\_ Months \_\_\_\_\_

Your Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Your Specific duties \_\_\_\_\_

Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Willingness Statement**

I understand that the Franklin County Sheriff’s Office is a public safety organization and as such it is a twenty-four (24) hour - seven (7) day a week operation. Its members are subject to working shifts any time of the day and days off and granting of authorized leave is based on a combination of mission needs

and seniority. Furthermore, members of the Department work in hazardous and potentially life threatening situations and I will be required to work under those conditions. Members of the Franklin County Sheriff’s Office agree to comply with written and verbal policies, direction and rules as may be promulgated for the efficient operation of the Department. Prospective members of the Franklin County Sheriff’s Office must agree to submit to and successfully complete a written pre-employment aptitude examination, background examination, physical examination and attitude questionnaire as a condition of employment. I understand that by signing this application, I am willing to accept and abide by these general conditions. I am also aware that all employees of the Franklin County Sheriff’s Office are *at will* employees and are hired, retained, and released from duty at the *pleasure of the Sheriff*.

***Certification***

I certify that the 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 with the Franklin County Sheriff’s Office as may be necessary in arriving at an employment decision. I certify that I have read, understand, and accept the general conditions outlined in the above titled “Willingness Statement”. In the event of employment, I understand that false or misleading information given in my application for employment or interview(s), or the withholding of information, may result in termination of my employment.

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**SIGNATURE OF APPLICANT**

**DATE**

***Request for consent to pre-employment physical for Franklin County***

Patient Name \_\_\_\_\_

I understand that I will receive the following:

- Review of present and past medical history
- Physical exam (review of all symptoms)
- Pap smear, if indicated and applicable
- Multi – 24 – CBC and urinalysis
- Drug screen today, or called back at a future date

I understand that I will be notified of any abnormal results and I will be responsible for all follow-up care. I also understand that these are only screening procedures and that these procedures do not replace recommended periodic physical examinations.

I have read the above and have been given the opportunity to ask questions. I sign this document stating that all information given is correct to the best of my knowledge.

I also release Franklin County and any of its employees from any and all liability for any adverse results that may occur from the examination or any medical history given by me.

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Title \_\_\_\_\_

***Personal and Criminal History Release***

I hereby authorize a review and full disclosure of all records concerning myself to the duly authorized agent of the Franklin County Sheriff's Office.

I understand that any information obtained by a personal and criminal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in compiling any report for the Franklin County Sheriff's Office. I certify that any person (s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person (s) from any liability which may be incurred as a result of furnishing such information.

A photocopy of this release will be as valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

I understand that information may be obtained through the use of this waiver at any time during which it is maintained with the Franklin County Sheriff's Office.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Notary Certification:  
This \_\_\_\_\_ Day of \_\_\_\_\_  
\_\_\_\_\_  
(Notary Public)  
My Commission Expires \_\_\_\_\_

\*\*\*\*\*  
***Attach a legible photocopy of your driver's license, social security card, and high school diploma (or GED) to this application.***  
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