

Are you employed now? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

On what date would you be available for work? _____

Give name, address, telephone number and email address of three (3) references who are not related to you and are not previous employers.

EDUCATION:

	Elementary	High	College/ University	Graduate/ Professional
School Name				
Check Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

Please list below any Professional or Technical Licenses, Permits, etc. you hold (Give State, County, or City in which registered):

EMPLOYMENT EXPERIENCE:

Begin with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				

Employer	Telephone	Dates Employed	Work Performed
		From To	
Address			
Job Title	Hourly Rate/Salary		
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		From To	
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Job Title	Hourly Rate/Salary		
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Reason for Leaving			
Employer	Telephone	Dates Employed	Work Performed
		From To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

MISCELLANEOUS:

The following information will be used only if it is directly related to the classification/position for which you are applying:

1. Are you willing and able to secure an Ohio Driver's License, if a license is required?
Yes _____ No _____

2. If necessary, can you supply your own transportation for work use?
Yes _____ No _____

3. Can you perform the job related requirements of the specific job for which you are applying?
Yes _____ No _____
(Do not answer this question unless you have been informed about the requirements of the position you are applying for.)

In case of emergency, notify:

Name: _____

Address: _____

Phone: _____

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I solemnly swear or affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief.

I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me or who may hereafter attend or examine me, high schools, colleges or universities which I have attended, or past employers, from disclosing any knowledge or information which they thereby acquired relevant to my employment, and I hereby consent that they may disclose such knowledge or information.

Signature of Applicant

Lake County Sheriff's Office
Sheriff Daniel A. Dunlap

AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Applicant: _____

Current Address: _____

Phone Number: _____

Date of Birth: _____

Social Security No: _____

To Whom It May Concern:

I am an applicant for a position with the Lake County Sheriff's Office. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Lake County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Lake County Sheriff's Office, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Lake County Sheriff's Office to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including your officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever

kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release

Such information upon request of the duly accredited representative of the Lake County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Lake County Sheriff's Office's acceptance and processing of my application for employment, I agree to hold the Lake County Sheriff's Office, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Lake County Sheriff's Office. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records and I waive those rights with the understanding that information furnished will be used by the Lake County Sheriff's Office in conjunction with employment procedures.

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

This waiver is valid for a period of one (1) year from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

Applicant's Signature

Lake County Sheriff's Office
Daniel A. Dunlap, Sheriff

104 East Erie Street, Painesville, OH 44077

The following may be used as a guideline in determining if an applicant is affected by the recently enacted Omnibus Appropriations Act of 1997, amending the Gun Control Act of 1968, making it unlawful for any person convicted of a "misdemeanor crime of domestic violence" to ship, transport, possess, or receive firearms or ammunition.

CHECKLIST

Each of the following must be answered "no" to apply.

- _____ Applicant has been convicted of an offense which was classified as a misdemeanor under State or Federal Law.
- _____ The offense includes at least one of the following elements (circle those that apply):
 - a. Use or attempted use of physical force;
 - b. Threatened use of deadly force.
- _____ The offending applicant's relationship to the victim was one of the following (circle):
 - a. Current or former spouse;
 - b. Parent or guardian;
 - c. Shares parentage of a child;
 - d. Co-habitates, or has formerly co-habitated, with the victim;
 - e. Is similarly situated to a spouse, parent or guardian of the victim.
- _____ The applicant was represented by counsel in the case or knowingly and intelligently waived the right to counsel.
- _____ If the applicant was entitled to a jury trial for the violation, then either the conviction was the result of a jury trial or the applicant knowingly and intelligently waived the right to a trial by jury by "Guilty" plea or otherwise.
- _____ The conviction has not been expunged or set aside.
- _____ The applicant has not been pardoned.
- _____ In jurisdictions that provide for the loss of civil rights for such offenses, the applicant's civil rights have not be restored.
- _____ If the applicant was pardoned or the conviction was expunged or set aide or his/her civil rights were restored, was the applicant still prohibited by State or local law from shipping, transporting, possessing, or receiving firearms or ammunition.

Name _____ Date _____

Email completed applications to: Sheriffwebmaster@lakecountyohio.gov