



Lake County Sheriff's Office

Sheriff Frank Leonbruno

104 East Erie St. Painesville, Ohio 44077 (440)350-5517

email: sheriffwebmaster@lakecountyohio.org

APPLICATION for EMPLOYMENT

Date: _____

Position Applied for: _____

Part-Time () Full-Time () Part-Time and Full-Time ()

Social Security No: _____

Full Name: _____
Last First Middle Maiden

Address: _____
Number Street Apt. No.

City State Zip

Telephone Numbers Cell: _____
Home: _____

Email Address: _____

Have you ever applied here before? Yes _____ No _____

Have you ever been employed here before? Yes _____ No _____

If yes, give date. _____ Office/Department _____

In what position? _____

Will any assigned shift be acceptable? Yes _____ No _____

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Are you employed now? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

On what date would you be available for work? _____

Please list any and all **SOCIAL MEDIA** accounts and usernames:

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 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 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 _____

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 Frank Leonbruno

104 East Erie St. Painesville, Ohio 44077 (440)350-5517

Email: sheriffwebmaster@lakecountyohio.org

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

Date

VOLUNTARY SELF-IDENTIFICATION FORM

RACE/ETHNICITY, DISABILITY, AND VETERAN STATUS

DISCLOSURE

Completion of this data is voluntary and will not affect your terms or conditions of employment. This form will be used for reporting data to the Equal Employment Opportunity Commission. All data collected will be used for statistical reporting purposes and may be subject to disclosure under federal and state law or rule.

PLEASE PRINT

YOUR NAME

DATE

EMPLOYEE ID # (HR or Payroll can provide this number)

GENDER

____ FEMALE

____ MALE

ANTI-DISCRIMINATION NOTICE

It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise discriminate against an individual with respect to the individual's terms and conditions of employment, because of an individual's race, color, religion, sex, national origin, disability, or veteran status.

SECTION I. Race / Ethnicity*

Your employer is required to record and report certain non-discrimination and affirmative action statistics. The LCSO invites employees to voluntarily self-identify their race/ethnicity. This information will be used according to the provisions of applicable federal laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights purposes. All race/ethnicity information is collected and reported in seven EEO-4 categories established by the federal government: (A) Asian; (B) Black; (H) Hispanic; (I) American Indian or Alaska Native; (P) Native Hawaiian or Other Pacific Islander; (T) Two or More Races; or (W) White.

If you choose to voluntarily self-identify, please mark the one box describing the race/ethnicity with which you identify:

- _____ **American Indian or Alaska Native (I)** (Non-Hispanic or Latino): A person having origins in any of the original peoples of North and South American (including central America), and who maintain a tribal affiliation or community attachment.
- _____ **Asian (A)** (Non-Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- _____ **Black or African American (B)** (Non-Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- _____ **Hispanic or Latino (H)**: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin regardless of race.
- _____ **Native Hawaiian or Other Pacific Islander (P)** (Non-Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- _____ **White (W)** (Non-Hispanic or Latino): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- _____ **Two or more races (T)** (Non-Hispanic or Latino): Persons who identify with two or more racial categories name above.

* If you choose to not self-identify your race/ethnicity, the federal government requires the employer to determine this information by visual survey and/or other available information.

SECTION II. Disability (Providing this information is voluntary.)

The Equal Employment Opportunity Commission (EEOC) defines a covered disability under the Americans with Disabilities Act (ADA) as a physical or mental impairment that substantially limits one or more major life activities, a history of having such an impairment, or being regarded as having such an impairment.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. It can also include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Under this definition, are you a person with a disability? _____ Yes _____ No

Any requests for accommodation for current or future disabilities must go through your supervisor and human resources.

SECTION III. Veteran Status (Providing this information is voluntary.)

Have you served in the United States Military Armed Forces? _____ Yes _____ No

Declaring you are a veteran on this form does not satisfy your obligation to declare veteran status in future employment applications. If you wish to receive veteran's preference points you must submit the necessary paperwork.

FOR AGENCY HR USE ONLY (VISUAL ASSESSMENT)

_____ AV (Asian)

_____ IV (American Indian or Alaska)

_____ BV (Black)

_____ PV (Hawaiian or Other Pacific Islander)

_____ HV (Hispanic)

_____ WV (White)