

# Bartholomew County Sheriff's Office

543 2<sup>nd</sup> Street  
Columbus, IN 47201  
(812) 379-1740

An Equal Opportunity and a Drug/Smoke Free Workplace  
Qualified applicants are considered for employment and treated  
equally regardless of race, color, religion, gender, disability, marital,  
or veteran status (except if eligible for veterans' preference).

## Law Enforcement Employment Application

**NOTICE:** Please read and follow these instructions exactly. Your ability to complete this application as requested will be evaluated and used as one basis for selection decisions. This application when completed will be used by the Bartholomew County Sheriff's Office as an investigative aid. Retention of this personal data will remain with the Bartholomew County Sheriff's Office.

## SECTION I

### Instructions

1. Hand print clearly, in black ink, and in your **own** handwriting.
2. Answer every question. If a question does not apply to you, indicate N/A.
3. Any unanswered, incomplete or omitted questions may result in rejection of your application or dismissal.
4. If the space available is insufficient, use a separate sheet of 8 ½ x 11 paper and precede each answer with the question.
5. Do not misstate or omit any material fact since the statements made herein are subject to verification to determine your qualifications for selection.
6. Answer all questions accurately and completely. Do not make exaggerated, false or misleading statements as they may cause your rejection or dismissal.
7. Each and every question has a purpose. Do not fail to answer each question completely, even if you feel it is "not important".
8. **Provide a copy of birth certificate, GED or high school diploma, law enforcement academy training, dd214 (military) (if applicable), divorce decree (if applicable), driver's license, and social security card.**
9. **Provide official sealed transcripts documenting credit hours from involved universities or colleges to the Bartholomew County Sheriff's Office. The application will not be complete without sealed transcripts.**

I have read and understand all the above instructions. I also understand that I may be asked to take a polygraph examination to determine the accuracy of the information provided in this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

The following types of information are examples of what will be collected: employment and educational history; military, insurance, credit, and financial information; motor vehicle and police records; information about your abilities, family character, lifestyle, and organization memberships. Information will be obtained by letter, telephone and by personal interview with both primary and secondary sources. This information is used as one basis for selection decision.

## **SECTION 2**

Position(s) applied for: \_\_\_\_\_

Are you a certified police officer?  YES  NO If so, in what state? \_\_\_\_\_



## SECTION 4

### Education

Circle highest grade completed:

High School	9 10 11 12
College/University	1 2 3 4
Graduate School	1 2 3 4

School name	Address	Attendance Dates	Degree
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High School

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College/University

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Graduate

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Other/GED

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While in school, were you ever suspended or expelled?  YES  NO

If YES, explain date, school and incident. (use additional sheet of paper if necessary)

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If you have not yet obtained a degree, please indicate the total amount of college credits you have earned. \_\_\_\_\_

## SECTION 5

### Military Service

Have you ever served in the United States military or coast guard, including ROTC?  
 YES  NO (if YES, include a photocopy of DD-214)

Branch of service \_\_\_\_\_ Unit or Ship \_\_\_\_\_

What is your military service number and/or selective service number? \_\_\_\_\_

Highest rank held \_\_\_\_\_

How many periods of active military service have you had? (please list all periods of service)

\_\_\_\_\_

List all medals and decorations awarded to you as a member of the armed forces:

\_\_\_\_\_

What is the type of your discharge?

Honorable  Dishonorable  General  
 Honorable conditions  Other

If other than honorable, state the reason or circumstances:

\_\_\_\_\_

\_\_\_\_\_

Are you now or were you ever on active or inactive duty of any branch of the United States reserve forces?  YES  NO  active  inactive

Branch of service: \_\_\_\_\_ Rank \_\_\_\_\_

Are you now or were you ever a member of the National Guard?  YES  NO

State branch, unit and location of duty station \_\_\_\_\_

Rank earned \_\_\_\_\_

Were you ever court martialed or tried on charges? Were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action including an Article 15 while a member of the armed services?  YES  NO if YES, state the findings and the circumstances from which the action stemmed. Provide any documentation you may possess.

\_\_\_\_\_

\_\_\_\_\_

List any disciplinary action taken against you in the National Guard or other reserve unit and the circumstances from which the action stemmed. Provide any documentation you may possess. (Attach additional sheets if necessary)

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## SECTION 6

### Marital information

Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Engaged \_\_\_\_\_ Separated \_\_\_\_\_ Divorced

Information concerning marriages (list all marriages):

Date married      Jurisdiction      Spouse's name      Spouse's date of birth

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Name, address & telephone of spouse(s) if divorced or separated:

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If ever separated, annulled or divorced, indicate the following information:

Separated, annulled or decree      Date of order      Where decreed by law (court & state)

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List all children by name and age born to you:

Child's name      Age      Other parent's name      Address

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Are you now supporting children born to you, either adopted by you or stepchildren? \_\_\_\_ YES \_\_\_\_ NO

If not, give details: \_\_\_\_\_

Are you currently engaged or regularly involved with or residing with another person in a domestic relationship (other than legal spouse)? \_\_\_\_\_YES \_\_\_\_\_NO If YES: please provide their name, date of birth, and social security number.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN# \_\_\_\_\_

Address, if different: \_\_\_\_\_

City, state, zip code: \_\_\_\_\_ Phone Number: \_\_\_\_\_



## SECTION 8

### Employment History

\*This section must be completed even if you attach a resume

Beginning with your current or most recent employer, list all full and part-time employment and account for all periods of unemployment which exceed three months. Use additional sheets if necessary. If you have been employed under other names, list with applicable employer.

The background investigation will not be completed without contacting your present employer

1. Name of employer: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_ Number: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Job duties & responsibilities: \_\_\_\_\_

Starting date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

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

2. Name of employer: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_ Number: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Job duties & responsibilities: \_\_\_\_\_

Starting date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

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

3. Name of employer: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_ Number: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Job duties & responsibilities: \_\_\_\_\_

Starting date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

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

4. Name of employer: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_ Number: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Job duties & responsibilities: \_\_\_\_\_

Starting date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

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

5. Name of employer: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_ Number: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Job duties & responsibilities: \_\_\_\_\_

Starting date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

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

Have you ever been asked, or given the opportunity to resign from any employment position?  
\_\_\_\_\_YES \_\_\_\_\_NO if YES, please give details on a separate paper

Have you been counseled, reprimanded, suspended, or terminated from any employment?  
\_\_\_\_\_YES \_\_\_\_\_NO if YES, please give details on a separate paper

**For past or present law enforcement officers:**

Have you ever been the subject of an internal investigation? List jurisdiction, allegation, dates and disposition \_\_\_\_\_YES \_\_\_\_\_NO if YES, please give details on a separate paper

## SECTION 9

### Criminal and Juvenile Record

Have you ever been a witness, suspect, or the subject of a police investigation? \_\_\_\_YES \_\_\_\_NO If YES, explain in detail as to what offense, jurisdiction, date, outcome or results of the investigation.

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Have you ever been arrested, indicted, convicted or pled no contest to any violation of the law, ordinance, or criminal traffic violations? \_\_\_\_YES \_\_\_\_NO

If YES provide all pertinent details including fines, convictions, probation, jail or prison sentences (including those while in the military):

Date	Offense/Charge	Name /Location Of Court	Disposition/Sentence
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**Note:** A criminal background check and driving record check will be conducted if you are considered for employment. Information concerning convictions may not necessarily disqualify an applicant. However, any applicant who falsifies the application by failing to provide required information on convictions will, if employed, be subject to dismissal or, if not employed, be subject to disqualification.

Have you ever been placed on probation for any offense (**sealed or expunged records included**) \_\_\_\_YES \_\_\_\_NO If YES, give details: (Use additional sheet if necessary.)

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Have you ever committed any criminal offense? \_\_\_\_YES \_\_\_\_NO If YES, give details: (use additional sheet if necessary)

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Have you been fingerprinted by a law enforcement agency? \_\_\_\_YES \_\_\_\_NO Give details below. Your answer will be checked with the FBI and other agencies.

Agency\_\_\_\_\_ Date\_\_\_\_\_

Purpose\_\_\_\_\_ Status\_\_\_\_\_

Agency\_\_\_\_\_ Date\_\_\_\_\_

Purpose\_\_\_\_\_ Status\_\_\_\_\_

Have you ever applied for a position with any other police agency? \_\_\_\_\_YES \_\_\_\_\_NO  
(List all, with dates and status of application included. Use a separate sheet of paper if necessary)

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Have you ever been denied employment by another law enforcement agency? \_\_\_\_\_YES \_\_\_\_\_NO  
(please explain on a separate sheet of paper.)

Have you ever taken a polygraph? \_\_\_\_\_YES \_\_\_\_\_NO Where, when and reason:

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Have you ever been the victim of a crime? \_\_\_\_\_YES \_\_\_\_\_NO Where, when and provide details:  
(use additional sheet of paper if necessary)

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# SECTION 10

## Motor Vehicle Operator Record

Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_

Driver's license type: \_\_\_\_\_ Operator \_\_\_\_\_ CDL: A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_ E \_\_\_\_\_

Have your driving privileges ever been suspended or revoked? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, explain:

\_\_\_\_\_  
\_\_\_\_\_

Was your license ever restored? \_\_\_\_\_ YES \_\_\_\_\_ NO Date: \_\_\_\_\_

Did you ever possess a driver's license issued by any state other than Indiana? \_\_\_\_\_ YES  
\_\_\_\_\_ NO

Driver's license number: \_\_\_\_\_ State issued: \_\_\_\_\_ Date issued: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Have you ever been refused a driver's license by any state? \_\_\_\_\_ YES \_\_\_\_\_ NO If YES, give details

\_\_\_\_\_  
\_\_\_\_\_

Has your driver's license ever been restricted due to traffic offense convictions or placed on negligent operator's probation? \_\_\_\_\_ YES \_\_\_\_\_ NO if YES, give details

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been involved in a motor vehicle accident? \_\_\_\_\_ YES \_\_\_\_\_ NO If YES, give complete details for each accident:

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Cause of accident: \_\_\_\_\_

Who was charged with accident: \_\_\_\_\_

Was there a police investigation? \_\_\_\_\_ YES \_\_\_\_\_ NO

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Cause of accident: \_\_\_\_\_

Who was charged with accident: \_\_\_\_\_

Was there a police investigation? \_\_\_\_\_YES \_\_\_\_\_NO

List all traffic citations you have received. (use an additional sheet if necessary)

Location (Street, City, State)    Approx. Date    Nature of violation    Penalty or disposition

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Do you presently have automobile liability insurance? \_\_\_\_\_YES    \_\_\_\_\_NO    If YES, list dates of coverage from \_\_\_\_\_ to \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy Number \_\_\_\_\_

Type of policy: \_\_\_\_\_ If not, give details: \_\_\_\_\_

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## SECTION 11

### Controlled Substance Use

Have you ever illegally possessed, used, or sold drugs including marijuana?

\_\_\_\_\_YES    \_\_\_\_\_NO    If YES, give specific details and dates (use additional sheet of paper if necessary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you possessed, injected, inhaled, swallowed, or ingested by any other means, any illegal drugs without legal authorization? \_\_\_\_\_YES    \_\_\_\_\_NO

If YES, give details: (use additional sheet of paper if necessary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION 12

### Organizations

Past and/or present membership in organizations: use additional sheet if necessary.

Name, address, & phone	Type (fraternal, social, professional)	Membership dates	Office or position
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#### Subversive organizations:

1. Are you now or have you ever been a member of the Communist Party U.S.A or any communist organization anywhere?  YES  NO
2. Are you now or have you ever been a member of a fascist organization?  YES  NO
3. Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our government, or which has adopted the policy of advocating or approving the commission of acts of terror or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by violent or illegal means?  YES  NO
4. Are you now or have you ever been affiliated or associated with any organization of the type described above, as an agent, official or employee?  YES  NO
5. Have you ever been engaged in any of the following activities or organizations of the type described above: contributions to, or attendance of said organizations or of any projects sponsored by them; the sale, gift, or distribution of any written, printed, or other matter prepared, reproduced, or published by them or any of their agents or instrumentalities?  YES  NO

If you have answered "YES" to any of the questions above, describe the circumstances. Attach additional sheets for a full detailed statement. If associated with any of these organizations, specify nature and extent of association with each including office or position held. Also include dates, places and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organizations with which they were or are affiliated.

## SECTION 13

### Foreign Languages

List any and all foreign languages you know, and your level of competency with the language

Language: \_\_\_\_\_ Circle your fluency below:

<b>Speaking</b>	Excellent	Good	Fair
<b>Reading</b>	Excellent	Good	Fair
<b>Writing</b>	Excellent	Good	Fair
<b>Understanding</b>	Excellent	Good	Fair

Language: \_\_\_\_\_ Circle your fluency below:

<b>Speaking</b>	Excellent	Good	Fair
<b>Reading</b>	Excellent	Good	Fair
<b>Writing</b>	Excellent	Good	Fair
<b>Understanding</b>	Excellent	Good	Fair

Language: \_\_\_\_\_ Circle your fluency below:

<b>Speaking</b>	Excellent	Good	Fair
<b>Reading</b>	Excellent	Good	Fair
<b>Writing</b>	Excellent	Good	Fair
<b>Understanding</b>	Excellent	Good	Fair

**SECTION 14**

**Additional Information**

Are you related to anyone presently employed by Bartholomew County? \_\_\_\_\_YES \_\_\_\_\_NO

If YES, give name and relationship: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been employed by Bartholomew County? \_\_\_\_\_YES \_\_\_\_\_NO

If YES, complete the following:

Dates previously employed: \_\_\_\_\_

Position: \_\_\_\_\_

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

List any licenses, certificates, or additional skills you have that may be helpful in doing this job:

\_\_\_\_\_  
\_\_\_\_\_

Describe any special equipment or machinery you can operate:

\_\_\_\_\_  
\_\_\_\_\_

List any professional, technical, or trade association in which you are a member:

\_\_\_\_\_  
\_\_\_\_\_

Are there any incidents in your life or facts not mentioned herein which may reflect positively or negatively upon your suitability for employment? (Use an additional sheet of paper if necessary)

\_\_\_\_\_  
\_\_\_\_\_

Remarks or any comments you think are important: (use additional sheet of paper if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 15

### Emergency Contacts

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Business telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Business telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Business telephone: \_\_\_\_\_

## SECTION 16

### References

List three (3) personal or professional references (NO relatives or employers).

Name	Address	Telephone	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The Bartholomew County Sheriff's Office is an equal opportunity employer and a smoke/drug free workplace.

## Certification

**The following is to be executed prior to submission. This section must be signed and notarized. Please read carefully.**

I certify that there are NO misrepresentations, omissions or falsifications in the statements and answers on this application and that all the foregoing entries made by me are true, complete and correct to the best of my knowledge and belief.

I hereby authorize the Bartholomew County Sheriff's Office to verify all information contained herein including credit and financial information, and I release all past employers and all references from any and all liability for the release of information to the Bartholomew County Sheriff's Office.

I understand that all job offers from the Bartholomew County Sheriff's Office are conditioned on successful completion of a health questionnaire and medical examination by a county appointed physician/facility and psychological evaluation to determine my ability to perform any job offered. The examination shall include an alcohol/drug screen for which I give consent and agree to give specimen of my blood and/or urine to any medical facility designated by the Bartholomew County Sheriff's Office for this purpose.

I also understand that in accordance with Indiana statutes, employment with the Bartholomew County Sheriff's Office is "at-will" and as such, may be terminated without cause and without notice by either party at any time.

**I further understand and agree in advance that I may be summarily discharged or any employment offer may be withdrawn if any of the information provided by me contains any misrepresentations or falsifications or if any material information has been omitted regardless of when this information becomes known to the Bartholomew County Sheriff's Office.**

I hereby swear or affirm that there are NO misrepresentations or omissions in or falsifications of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentation, falsifications or omissions, my application will be rejected and I will be disqualified from present processing, or if after my acceptance for employment, subsequent investigation should disclose misrepresentations, falsifications or omissions, it will be just cause for immediate dismissal from employment with the Bartholomew County Sheriff's Office.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

**Affidavit**

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_, who is personally known to me or produced the

following identification: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

\_\_\_\_\_  
Signature of notary public

\_\_\_\_\_  
Printed name of notary public

Notary public seal of office:



