

I. INITIAL REQUIREMENT DATA

- A. Are you a U.S. Citizen? _____ If no, explain on a separate sheet and attach documentation.
 Social Security Number _____
 (For background clearance and payroll information this number is required. The application will not be processed without it.)
- B. Your Age _____ Date of Birth _____ Sex _____
 (Attach Copy of Birth Certificate)
- Race _____ (Information requested for EEO compliance only)
- C. Are you willing to reside anywhere within Indiana? _____

II. FAMILY DATA

- A. Marital Status: Married _____ Single _____ Divorced _____ Separated _____
- B. Spouse's Name (if applicable) _____
- C. Dependents (if applicable)

NAME	AGE	RELATIONSHIP

- D. If divorced, are you legally required to make child support payments? _____
 Are you current on child support payments? If no, explain _____

III. EDUCATION DATA (ATTACH TRANSCRIPTS FOR ALL)

LIST ALL ACCREDITED COLLEGES/UNIVERSITIES YOU HAVE ATTENDED.

NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	NUMBER OF HOURS COMPLETED	GPA ON 4.0 SCALE	DID YOU GRADUATE	LIST DIPLOMA OR DEGREE

IV. EMPLOYMENT DATA

A. List chronologically (most recent employment first) all past and current employment including part time (Use additional sheets if necessary).

Name of Employer or Business _____

Your Title _____ Duties _____

Dates of Employment From _____ Month _____ Year _____ To _____ Month _____ Year _____

Reason for Leaving _____

Address of Business _____

City _____ State & Zip _____ Phone # _____

Name of Employer or Business _____

Your Title _____ Duties _____

Dates of Employment From _____ Month _____ Year _____ To _____ Month _____ Year _____

Reason for Leaving _____

Address of Business _____

City _____ State & Zip _____ Phone # _____

Name of Employer or Business _____

Your Title _____ Duties _____

Dates of Employment From _____ Month _____ Year _____ To _____ Month _____ Year _____

Reason for Leaving _____

Address of Business _____

City _____ State & Zip _____ Phone # _____

Name of Employer or Business _____

Your Title _____ Duties _____

Dates of Employment From _____ Month _____ Year _____ To _____ Month _____ Year _____

Reason for Leaving _____

Address of Business _____

City _____ State & Zip _____ Phone # _____

IV. EMPLOYMENT DATA (Continued)

Name of Employer or Business _____
Your Title _____ Duties _____

Dates of Employment From _____ To _____
Month Year Month Year
Reason for Leaving _____

Address of Business _____
City _____ State & Zip _____ Phone # _____

Name of Employer or Business _____
Your Title _____ Duties _____

Dates of Employment From _____ To _____
Month Year Month Year
Reason for Leaving _____

Address of Business _____
City _____ State & Zip _____ Phone # _____

Name of Employer or Business _____
Your Title _____ Duties _____

Dates of Employment From _____ To _____
Month Year Month Year
Reason for Leaving _____

Address of Business _____
City _____ State & Zip _____ Phone # _____

B. Have you ever been discharged or resigned to prevent being discharged from a position of employment?
_____ If yes, please explain fully on a separate sheet.

V. REFERENCES: (Please do not list relatives as references)

Name _____ Phone # _____
Street _____
City _____ State & Zip _____

V. REFERENCES: (Continued)

Name _____ Phone # _____

Street _____

City _____ State & Zip _____

Name _____ Phone # _____

Street _____

City _____ State & Zip _____

Residence Last Five Years Other than Present:

STREET	CITY	STATE	DATES	
			FROM	TO

V. MILITARY HISTORY AND STATUS

A. Have you ever served in the military on active duty? (Include initial active duty training with the National Guard and the Reserves.) _____ If yes, attach a copy of your DD214.

MILITARY BRANCH	DATES OF SERVICE		HIGHEST RANK ATTAINED AND RANK AT SEPARATION	TYPE OF DISCHARGE AND REENLISTMENT CODE
	FROM	TO		

- B. Are you eligible to reenlist? _____ If no, explain fully on a separate sheet.
- C. List any citations and awards received. _____

- D. Were you ever disciplined (court martial, article 15, captain's mast, etc.) while on active duty? _____
 If yes, explain fully on a separate sheet.

VII. VEHICLE ACCIDENT AND ARREST RECORDS

A. Do you currently possess a valid automobile drivers license? _____ Expiration Date _____
 License Number _____ State _____
 Has your drivers license ever been suspended? _____ If yes, explain _____

B. List vehicle accidents in which you have been involved as a driver: Give date(s) and location(s).

DATE	LOCATION	WHAT HAPPENED

C. Have you ever received a ticket for a traffic offense? _____ If yes, describe below:

DATE	LOCATION	CHARGE	FINE OR SENTENCE

D. Have you ever been arrested for a criminal offense? _____ If yes, describe below:

DATE	LOCATION	CHARGE	FINE OR SENTENCE

VII. VEHICLE ACCIDENT AND ARREST RECORDS (Continued)

E. Have you ever been arrested for an act that would have been a crime had it been committed by an adult?
 _____ If yes, describe below.

DATE	LOCATION	CHARGE	FINE OR SENTENCE

F. Have you ever been or are you currently involved as a plaintiff, defendant, petitioner or respondent in any civil court action? _____ If yes, explain full on a separate sheet.

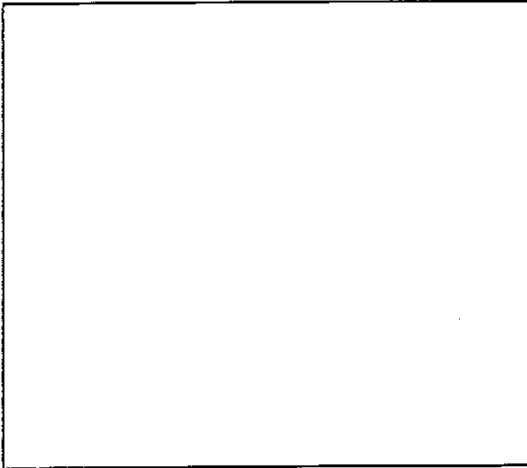
VIII. MISCELLANEOUS

- A. Do you own your own home? _____ If yes, how much is current mortgage indebtedness _____
- B. What is the amount of your indebtedness, other than home? _____
- C. Annual Income - Applicant _____ Spouse _____
- D. Are you a proprietor or part owner of any business or firm? _____ If yes, describe nature of business:

Are there any licenses for this/these business(es) in your name, ie. Liquor license?

E. Have you ever applied for a permit to carry a handgun? _____ Reason _____
 _____ Status _____

F. What special skills have you developed through hobbies, education, occupation, or other special interests?



Photograph to be front view, head and shoulders,
2 1/2" square, and taken within the past six months.
Other photographs are not acceptable.

I certify that:

1. All required items are included with this application.
 - A. Birth Certificate (copy only)
 - B. College Transcripts (Grade Reports not accepted)
 - C. Military - DD214 if veteran
 - D. Photograph - 2 1/2 X 2 1/2 head and shoulders
2. I have personally completed this application.

I swear or affirm under penalty of perjury that all information contained in this application is true and accurate to the best of my knowledge.

Signature _____

Date _____

CHECK APPLICATION CAREFULLY, BE CERTAIN ALL ITEMS ARE COMPLETE BEFORE MAILING.

**THIS APPLICATION WILL BE RETURNED TO YOU IF ALL INFORMATION IS NOT COMPLETED
AND ALL REQUIRED DOCUMENTS ARE NOT ATTACHED.**

MAIL TO:
SHERIFF TOBE H. LEAZENBY
CARROLL COUNTY SHERIFF'S DEPARTMENT
310 WEST MAIN
DELPHI, INDIANA 46923

- AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER -
Complying with all provisions of the Americans with Disabilities Act.