

**BACKGROUND INVESTIGATION FORM
SHERIFF'S DEPARTMENT**

**COUNTY OF CARROLL, INDIANA
an Equal Opportunity Employer**

TO BE COMPLETED BY APPLICANT – NOT FOR INTERVIEW PURPOSES – TO BE FILED SEPERATELY FROM APPLICATION

This is to inform you that as part of our procedure for processing your employment application or in making application for employment, an investigation will be made whereby information will be obtained through a computer criminal records check from the National Crime Information Center (NCIC) and the Indiana Data Communications System (IDACS), Child Abuse Registry, court records, credential verification, and reference verifications through personal interviews with neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to the existence of a criminal record, your character, general reputation, personal characteristics, and mode of living. Criminal convictions other than felonies are not an absolute bar to employment, and will only be considered with respect to the specific requirements of the job for which you are applying.

The nature of services provided by the Carroll County Sheriff's Department requires that such information obtained through this background investigation be handled in a private, confidential manner. Therefore, this form will be maintained separate from your application form and will be handled only by a qualified recipient. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

Understood and Agreed:

_____ (Applicant's Signature) _____ (Date)

The following questions are necessary to obtain accurate information and verification of your identity on the NCIC/IDACS computer systems, and will not be used for any other purpose.

Please Print

1. **Legal Name:** _____
(Last) (First) (Middle)

2. **Maiden Name:** _____

3. **Previous Married Name(s) or Alias:** _____

4. **Social Security #:** _____ 5. **Sex:** ___ Male ___ Female

6. **Date of Birth:** _____ (Attach a copy of birth certificate.)

7. **Birth Place:** (City, State) _____

8. **Ethnic Group:** ___ Caucasian ___ African American ___ Asian ___ Hispanic or Latino
___ American Indian or Alaskan Native ___ Native Hawaiian or other Pacific Islander
___ Other (Please specify) _____

9. **Driver's License Number:** _____ **State:** _____

10. **Current Address:** _____

APPLICATION FOR EMPLOYMENT

County of Carroll, Indiana

An Equal Opportunity Employer

The County of Carroll, Indiana, does not discriminate on the basis of race, color, gender, national origin, age, religion, or disability, in employment or the provision of services.

Please type or print responses to all questions on the application form. *Any application not completed in its entirety will be disqualified.*

Position sought: _____

Last name: _____ First name: _____

Middle initial: _____ Former name(s): _____

Address: _____ City/state/zip: _____

Phone: _____ Are you at least 18 years of age? Yes: _____ No: _____

Applicants for Sheriff Department: Are you at least 21 years of age? Yes: _____ No: _____

Are you related to an individual currently employed by the County? Yes: _____ No: _____

If yes, please state individual's name: _____

Are you interested in: Full-time work? Yes: _____ No: _____

Part-time work? Yes: _____ No: _____

Temporary work? Yes: _____ No: _____

Date available to start work: _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

List all employment history and work experience during the previous five years, beginning with your current employer. *Failure to include all past employment may be grounds for disqualification.*

If currently unemployed, check here _____ and skip to **Previous employer** below.

● Current employer: _____

Address: _____ City/state/zip: _____

Phone: _____ Hire date: _____ Job title: _____

Beginning salary: _____ per: _____ Current salary: _____ per: _____

Supervisor: _____ Title: _____

Work phone: _____

Briefly describe the work you do, such as duties, responsibilities, equipment you operate, promotions: _____

Why do you want to leave?

May we contact your current employer? Yes: _____ No: _____ If no, please explain why:

● Previous employer: _____

Phone: _____

Address: _____

City/state/zip: _____

Dates employed: _____ - _____ Job title: _____

Beginning salary: _____ per: _____ Ending salary: _____ per: _____

Supervisor: _____ Title: _____

Work phone: _____

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving:

May we contact this employer? Yes: _____ No: _____ If no, please explain why:

● Previous employer: _____

Phone: _____

Address: _____

City/state/zip: _____

Dates employed: _____ - _____ Job title: _____

Beginning salary: _____ per: _____ Ending salary: _____ per: _____

Supervisor: _____ Title: _____

Work phone: _____

Briefly describe the work you did, such as duties; responsibilities, equipment you operate, promotions:

Reason for leaving:

May we contact this employer? Yes: _____ No: _____ If no, please explain why:

● Previous employer: _____

Phone: _____

Address: _____

City/state/zip: _____

Dates employed: _____ - _____ Job title: _____

Beginning salary: _____ per: _____ Ending salary: _____ per: _____

Supervisor: _____ Title: _____

Work phone: _____

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving:

May we contact this employer? Yes: _____ No: _____ If no, please explain why:

➤ *If you had additional employers within the last five years, attach additional pages as needed.*

List and explain periods of unemployment in the past five years:

From: _____ to: _____ Reason: _____

From: _____ to: _____ Reason: _____

MILITARY HISTORY AND STATUS

If you have never served in the military on active duty, check here _____ and skip to the next section.

Military Branch Dates of Service Highest Rank Attained Rank at Separation

Type of Discharge _____ Citations/awards received _____

PROFESSIONAL OR SPECIALIZED TRAINING

Specialized training _____

Professional/special license(s) or certificate(s):

State Issued By Date Issued Expiration Type License #

Have you had any license suspended, revoked or terminated? Yes: _____ No: _____ If yes, explain:

PROFESSIONAL AFFILIATIONS

List current or previous affiliations/organizations and related offices/positions.

Organization Name Address Phone Offices/Positions

● Use the following space to describe other training, education, skills, abilities, hobbies, volunteer work or other information that may be helpful in evaluating your application. (You may exclude any which indicate race, color, religion, gender, age, national origin or disability.)

PERSONAL INFORMATION

● Do you have any commitments which might interfere with or adversely affect your employment with us, such as a second job or school? Yes: _____ No: _____ If yes, please explain:

● Have you ever been convicted of a felony that has not been expunged or sealed?

Yes _____ No _____ If yes, please explain:

● Do you have an arrest record that has not been expunged or sealed? Yes _____ No _____

If yes, please explain: _____

● Are you currently required to register as a sex offender in this or any other jurisdiction?

Yes _____ No _____ If yes, please explain (including jurisdiction of registry): _____

List three references who are not related to you and are not former employers or supervisors:

○ Name: _____ Phone: _____

Address: _____ City/state/zip: _____

Number of years known: _____

○ Name: _____ Phone: _____

Address: _____ City/state/zip: _____

Number of years known: _____

○ Name: _____ Phone: _____

Address: _____ City/state/zip: _____

Number of years known: _____

APPLICANT CERTIFICATION

Read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing.

● I understand and accept that, if I am hired, I may be hired conditional on passing any medical and/or psychological examinations that the employer deems necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: _____

● I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.

Initials: _____

● I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

● I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

Initials: _____

By submitting this document, I hereby agree that I shall execute the employer's conditional and post-employment medical examination and drug testing consent requirements. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

Applicant's signature

Date

The following sections to be completed by Sheriff Department applicants only:

● I understand that the employer provides sheriff service on a seven day per week and twenty-four hour per day service, and therefore, if employed by the Sheriff Department, I may be required to work evening shifts or night shifts, including weekends.

Initials: _____

● I understand that if I am hired as a sworn officer on the Sheriff Department, that I must successfully complete required training and courses specified and be certified by the State of Indiana Police Academy.

Initials: _____