
The Marion County Sheriff's Office



Application

Position:

(Circle all that apply)

Deputy Sheriff

Dispatcher

Auxiliary Deputy

Other _____

Part Time

Full Time

MARION COUNTY SHERIFF'S OFFICE

EMPLOYMENT OR AUXILIARY STAFF APPLICATION FORM

Please mail completed application to:

100 Executive Drive
Marion, Ohio 43302

Or fax application to:

740-387-1067

PLEASE COMPLETE PAGES 1-7. DATE _____

Name _____

Last First Middle Maiden

Other Names Used _____

Present Address _____

Number Street City State Zip

How long at current address? _____ Social Security No. _____ - _____ - _____

Telephone (_____) _____ Email Address _____

Are you currently authorized to work in the United States? _____ YES _____ NO. (Proof of eligibility will be required if hired.)

Position Applied for (1) _____ Days/hours available to work
 & Wage Desired (2) _____ No Preference _____ Thur _____
 (Be Specific) (3) _____ Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____

Employment desired ___ FULL – TIME ONLY ___ PART – TIME ONLY ___ FULL – OR PART – TIME

When are you available to start work? _____

Do you possess a current Ohio Peace Officer Training Certificate? _____ Yes _____ No

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Mailing Address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or Trade School				
Professional School				

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT or AUXILIARY STAFF

HAVE YOU EVER BEEN IN THE ARMED FORCES?	MILITARY ___ Yes ___ No	Branch _____
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	___ Yes ___ No	
Specialty _____	Date Entered _____	Discharge Date _____

Work Experience Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give company name. **Attach additional sheets if necessary.**

Name of Employer _____	Name of Last Supervisor _____
Address _____	Employment Dates: From _____ To _____
City, State, Zip Code _____	Pay or Salary: Start _____ Final _____
Phone Number _____	Your Last Job Title _____
Reason for Leaving (Be Specific)	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	

Name of Employer _____	Name of Last Supervisor _____
Address _____	Employment Dates: From _____ To _____
City, State, Zip Code _____	Pay or Salary: Start _____ Final _____
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APPLICATION FOR EMPLOYMENT or AUXILIARY STAFF

Work Please list your work experience for the **past seven years** beginning with your most recent job held.
Experience If you were self-employed, give company name. **Attach additional sheets if necessary.**

Name of Employer _____
Address _____
City, State, Zip Code _____
Phone Number _____

Name of Last Supervisor _____
Employment Dates: From _____ To _____
Pay or Salary: Start _____ Final _____
Your Last Job Title _____

Reason for Leaving (Be Specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer _____
Address _____
City, State, Zip Code _____
Phone Number _____

Name of Last Supervisor _____
Employment Dates: From _____ To _____
Pay or Salary: Start _____ Final _____
Your Last Job Title _____

Reason for Leaving (Be Specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? _____ Yes _____ No

Did you complete this application yourself _____ Yes _____ No (If not, who did?) _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

As indication that you have read and understood each sentence, please write your initials in the spaces provided below.

I authorize The Marion County Sheriff's Office, or their designated representative, to investigate all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time. I hereby give the Marion County Sheriff's Office permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Marion County Sheriff's Office from any liability as a result of such contact.

Initials _____

I understand that if I am considered for employment with the Marion County Sheriff's Office I will undergo a physical examination, drug screen, polygraph examination, a criminal history examination, and an in-depth interview.

Initials _____

I understand that in connection with the routine processing of my employment application, the Marion County Sheriff's Office may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me the Marion County Sheriff's Office will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

Initials _____

I understand that my employment with the Marion County Sheriff's Office shall be probationary for a period of One (1) year and that at any time during the probationary period, my employment relationship with the Marion County Sheriff's Office is terminable without cause by either party.

Initials _____

Signature of applicant _____ Date: _____

Witness _____ Date: _____

The Marion County Sheriff's Office is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with The Marion County Sheriff's Office depends solely on your qualifications.

Thank you for completing this application and for your interest in

The Marion County Sheriff's Office.

Sheriff Matt Bayles