



# OFFICE OF SPENCER COUNTY SHERIFF

120 North Second Street  
Rockport, Indiana 47635  
Phone: 812-649-2286  
FAX: 812-649-2209

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
*Last First M.I. MM/DD/YYYY*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this department? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_



Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Vehicle Accident and Arrest Record**

Do you currently possess a valid automobile driver's license? \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Is your license restricted? \_\_\_\_\_ If yes, for what reason? \_\_\_\_\_

List vehicle accidents in which you have been involved as a driver?

Date	Location	What Happened?

Have you ever been arrested or received a ticket for a traffic offense? \_\_\_\_\_ If yes, describe below:

Date	Location	Charge	Fine or Sentence

Have you ever been arrested for a criminal offense? \_\_\_\_\_ If yes, describe below:

Date	Location	Charge	Fine or Sentence

**Miscellaneous**

List past or present membership in all clubs and/or organizations: (Political, fraternal, social, etc.)

\_\_\_\_\_

Are you a proprietor or part owner of any business? \_\_\_\_\_

If yes, describe nature of business: \_\_\_\_\_

\_\_\_\_\_

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER