

Shelby County Government/Shelby County Criminal Justice Center

107 W Taylor Street
Shelbyville, IN 46176

(4 Pages)



Last Name

First Name

Middle

Street Address

City

State

Telephone Number

Email Address

Is any additional information concerning change of name, use of an assumed name or nickname necessary, to enable a check on your work and education record? If yes, please explain:

The position you wish to be considered for is:

☐ **Full-Time – Jail/Correctional Officer**

When are you available to start work? _____

EMPLOYMENT HISTORY

Begin with current or most recent employer

#1 Company	Position
Address	Supervisor
City, State, Zip	Start Date End Date
Telephone	Reason for Leaving
#2 Company	Position
Address	Supervisor
City, State, Zip	Start Date End Date
Telephone	Reason for Leaving
#3 Company	Position
Address	Supervisor
City, State, Zip	Start Date End Date
Telephone	Reason for Leaving

Depending upon the position you are applying for: If an essential job function requires heavy lifting (50-75 pounds) is there anything that would prevent you from performing this function?

_____ Yes _____ No

If yes, please explain _____

PROFESSIONAL/WORKING REFERENCES – Must provide

Name	City, State, Zip
Address or email	Telephone

Name	City, State, Zip
Address or email	Telephone

PERSONAL REFERENCES – Must provide (Exclude Family Members)

Name	City, State, Zip
Address or email	Telephone

Name	City, State, Zip
Address or email	Telephone

Have you ever been employed by Shelby County before? If yes, please provide approximate dates and position(s).

Yes ☐ No ☐ _____

EDUCATIONAL BACKGROUND

School(s)	Years Attended/ Graduated (year)	Degree/Y or N

AGREEMENT

I certify that the information given in this application is true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) or any omission of information may result in discharge. I understand, also, that I am required to abide by all rules and handbook policies of Shelby County Government &/or the specific department.

I understand that a FULL employment application and a FULL background check will be needed in order to complete the hiring process. (Add'l information will be provided to you if you are selected to continue in the process. There is no need to call the department.)

Signature of Applicant

Date

In order to be considered for employment by the recipient(s) of the application, you must fully complete the following questionnaire and sign it.

1. Are you presently being investigated or under a procedure to consider for your discharge for misconduct by your present employer or have you offered a resignation to your previous employer?
_____Yes _____No

If yes, explain the circumstances on a separate sheet and attach it to this application.

2. Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position?
_____Yes _____No

If yes, explain the circumstances on a separate sheet and attach it to this application.

3. Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of your sexual contact with another person, of mishandling funds, or of criminal conduct resulting in a conviction or criminal penalty?
_____Yes _____No

If yes, explain the circumstances on a separate sheet and attach it to this application.

4. Do you have an arrest record that has not been expunged or sealed?
_____Yes _____No

If yes, explain, in detail, including the date of the charge, the court action, the offense in question, and the address of the court involved.

5. Are you currently required to register as a sex offender in this or any other jurisdiction?
_____Yes _____No

If yes, explain, in detail, including the date of the charge, the court action, the offense in question, and the address of the court involved.

Conviction of a crime is not an automatic bar to employment. The recipient(s) of this application will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying. Any false or misleading information in this application (or any omissions of information) shall be fully sufficient grounds to refuse to employ or, having been employed, shall be immediate cause for dismissal.

My signature below constitutes authorization to check my employment history, including without limitation, evaluations, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that the recipient(s) of this application contacts in connection with my employment application to fully provide the recipient(s) of this application any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the recipient(s) of this application, its agents and officials or against any provider of such information.

Signature of Applicant

Date

The information below will be used for background screening purposes only (secured facility) and will not be used as hiring criteria.

Other names used/Alias: _____

Last four digits of social security #: xxx-xx-_____

Driver's License #: _____

State of Driver's License: _____

Other Cities/States lived in the past 7 years: _____

****Return completed application to Lt. Shana Carrell at
scarrell@co.shelby.in.us or drop off at 107 W. Taylor St. at the Sheriff's
department.**