

**Office of the Sheriff**  
**Fairfield County**  
Dave Phalen, Sheriff  
221 E. Main St., Lancaster OH. 43130



**DO YOU QUALIFY TO BECOME A FAIRFIELD COUNTY  
SHERIFF'S DEPUTY?**

To qualify for the position of Deputy Sheriff, Regular or Special, you must complete the following steps in the application / selection process:

**Step 1:** Complete an application for the position of Deputy Sheriff or Special Deputy Sheriff If you meet the following requirements:

- Be at least 21 years of age at the time your application is submitted.
- Have a valid Ohio Drivers License.
- Have a high school diploma, GED or equivalent.
- Be able to read, write and speak the English language.
- Be a US citizen.
- **YOU MUST CURRENTLY BE OPOTA CERTIFIED.**

The application must be filled out in its **entirety**. Your resume, copies of letters, certificates, ect. may be attached to the application as supplements only. Copies of the following documents are required:

Birth Certificate	High School Diploma or GED	Drivers License
Social Security Card	OPOTA Certificate	Military DD-214 (if applicable)

**Step 2:** After completing your application, return it the Sheriff's Office Civil Building, 108 N. High St. Lancaster (at the corner of Main St. and High St.). You will be contacted at a later time to schedule an interview and complete fingerprints.

**Step3:** You will be scheduled for a mandatory polygraph examination. To rescheduled; 24 hour personal notice to the person who scheduled you for the polygraph is required. Failure to comply with this process will disqualify you for consideration for a position.

**Step 4:** If the initial interview and polygraph does no reveal anything that precludes you from being appointed to the position of Deputy Sheriff, you application is then assigned to an investigator for an extensive background investigation into your employment history, references, schooling, ect.

**Step 5:** If the investigation does not reveal anything that precludes you from being appointed to the position of Deputy Sheriff, you will be scheduled for a final interview. The interview will take approximately 1 hour and will cover any questions or concerns to your background investigation.

**Step 6:** Having successfully completed all of the above steps, you application will be forwarded to Sheriff Dave Phalen with a recommendation that you be appointed to the position of Deputy Sheriff or Special Deputy Sheriff. With approval, you will be given conditional offer of employment, subject to passing drug tests and medical examination. A member of the Sheriff's Office will notify you of the date and time to report for your appointment.

**TO SERVE AND PROTECT**



## Section 1– Personal & Family History

				Height	Weight	Hair Color	Eye Color	
Place of Birth		City	County	State			Birth Certificate Number	
Residence Address (Number, Street, Apartment, City, County, State, Zip-Code)								
By what other names have you been known (Maiden Name, Former Married Name, Aliases, Nicknames, ect.)						Residence Phone and Area Code		
Ohio Drivers License No.	Type	Expiration Date	Out of State Operators License No.	Type State or Territory			Expiration Date	
Present Marital Status		City, County, State - Present Marriage Performed			Date Present Marriage Performed			
Name of Current Spouse (First / Middle)			Maiden Name (Spouse, If Applicable)		Spouses Social Security Number			
Age (Spouse)	Height (Spouse)	Weight (Spouse)	Date of Birth (Spouse)	Birth Place of Spouse	Name & Address of Spouses Employer		Phone Number	
Father <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive		Last, First Middle Name & Date of Birth			Address (Number, Street, Apartment, City, County, State, Zip-Code)			
Mother <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive		Last, First Middle Name & Date of Birth			Address (Number, Street, Apartment, City, County, State, Zip-Code)			
List Any Identifying Scars, Birthmarks, Blemishes, Tattoos, ect. That You May Have								
<b>List Your Children</b>								
___ Son ___ Daughter	Last Name	First	Middle	Date of Birth	Place of Birth (City, State)			
Address - If Different From Yours (Number, Street, Apartment, City, County, State, Zip-Code)				Relationship To You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adopted		Relationship To Your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adopted		
___ Son ___ Daughter	Last Name	First	Middle	Date of Birth	Place of Birth (City, State)			
Address - If Different From Yours (Number, Street, Apartment, City, County, State, Zip-Code)				Relationship To You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adopted		Relationship To Your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adopted		
___ Son ___ Daughter	Last Name	First	Middle	Date of Birth	Place of Birth (City, State)			
Address - If Different From Yours (Number, Street, Apartment, City, County, State, Zip-Code)				Relationship To You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adopted		Relationship To Your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adopted		
___ Son ___ Daughter	Last Name	First	Middle	Date of Birth	Place of Birth (City, State)			
Address - If Different From Yours (Number, Street, Apartment, City, County, State, Zip-Code)				Relationship To You <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adopted		Relationship To Your Spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adopted		
<b>List your relatives in the following order:</b> 1. Brothers 2. Sisters 3. Step Brothers 4. Step Sisters 5. Father-in-Law 6. Mother-in-Law 7. Sisters-in-Law 8. Brothers-in-Law								
Relationship	Last Name	First	Middle	Address (Number, Street, Apartment, City, County, State, Zip-Code)			Age	

## Personal & Family History - *Continued*

- Yes    No   1. Are you now supporting all dependents that you are required to support? If no, please explain in detail on continuation sheets.
- Yes    No   2. Are you paying child support or alimony? \$ \_\_\_\_\_ amount per month if applicable.
- Yes    No   3. Is the amount you pay in child support/alimony in compliance with the court order or an order from a support enforcement agency? If no, explain in detail on continuation sheets.
- Yes    No   4. Have you ever been sued for alimony payments, child support, nonpayment of debt, or fraud? If yes, explain in detail below.

	<u>Court</u>	<u>Case Number</u>	<u>Date of Disposition</u>
A.	_____		
B.	_____		
C.	_____		

- Yes    No   5. Have you ever been convicted or accused of, or engaged in, physical, emotional, or sexual abuse of a spouse, ex-spouse, child, step-child, parent or any other relative or person? If yes, explain in detail on continuation sheets.
- Yes    No   6. Have you ever violated a protection or temporary restraining order? If yes, explain in detail on continuation sheets.

**Previous Marriages: If previously married, provide the following.**

Date Married	Where Married (City County, State)	Name of Ex-Spouse (Maiden Name)	If Dissolved or Divorced (City, County, State)
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Address (If Known) \_\_\_\_\_

Date Married	Where Married (City County, State)	Name of Ex-Spouse (Maiden Name)	If Dissolved or Divorced (City, County, State)
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Address (If Known) \_\_\_\_\_

Are you a U.S. Citizen?    Yes    No

Are you a permanent resident alien? If yes, give port of entry to U.S.A. & Date    Yes    No

## Section 2 - Previous Residences Record

List last 9 addresses, excluding current address. List most recent ect. Include all military addresses, listing the nearest city in proximity to the base if you resided on base. If renting or leasing include the agent or management company to whom you pay rent.

From (Month-Year)	To (Month-Year)	Address (Number, Specify N.S.E.W. St. Pl. Dr., City State Zip-Code)	With whom did you live	Relationship

## Section 3 - Employment History

- Yes  No 1. May we contact your current employer? If no, explain why on continuation page be prepared to bring in copies of performance evaluations or other documentation. If presently unemployed, indicate so in first box.
- Yes  No 2. Have you ever been discharged or asked to resign from any job? If yes, make sure job is listed below.
- Yes  No 3. Have you ever been discharged or asked to resign from a Criminal Justice occupation?

Begin with you most recent job and list your complete work history in chronological order. **Include in sequence all part time jobs, periods** of unemployment and military service. When listing military service substitute for the name and address of immediate supervisor, the name, address and rank of the last commissioned officer who was your immediate commissioned superior, and substitute for the name and address of co-worker, then name and address of a non-commissioned officer with whom you served. When listing periods of unemployment, indicate dates in space provided. In the box designated as "Name of Employer" write in unemployed. In the block designated as "Reason for Leaving" indicate from what source you received income during that period of unemployment. Address information must be complete - Street, apartment or suite, City, State and zip code. If more than eleven places of employment, add additional to continuation sheet.

From Date	Name of Employer	Job Title	Average No. hours Worked Part Time ____ Full Time ____
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone No. of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone No. of Co-Worker

From Date	Name of Employer	Job Title	Average No. hours Worked Part Time ____ Full Time ____
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone No. of Business
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Total Time Emp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone No. of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone No. of Co-Worker

## Employment History - *Continued*

From Date	Name of Employer	Job Title	Average No. hours Worked Part Time ____ Full Time ____
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone No. of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone No. of Co-Worker

From Date	Name of Employer	Job Title	Average No. hours Worked Part Time ____ Full Time ____
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone No. of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone No. of Co-Worker

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To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone No. of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone No. of Co-Worker

From Date	Name of Employer	Job Title	Average No. hours Worked Part Time ____ Full Time ____
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone No. of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone No. of Co-Worker

From Date	Name of Employer	Job Title	Average No. hours Worked Part Time ____ Full Time ____
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone No. of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone No. of Co-Worker

From Date	Name of Employer	Job Title	Average No. hours Worked Part Time ____ Full Time ____
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone No. of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone No. of Co-Worker

## Employment History - *Continued*

Yes  No 4. Have you ever applied for a position with any Law Enforcement or other Governmental agency?

Name of Department or Agency, Complete Address	Position Applied For	Date Applied	Accepted
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 4 - Military and Educational Record

Yes  No Are you currently O.P.O.T.A. Certified? **If yes, Attach a copy of your certificate.**

### **Military Record**

Yes  No 1. Have you registered with Selective Service?

Yes  No 2. Have you ever been in the Military?

Act.  Res. 3. Active (Act.) or Reserve (Res.)?

Branch of Service (Army, Navy, ect.)		Unit (Tank Corps., Engineers, Medic, ect.)	Selective Service Number
Active Duty Dates (Do Not Include Short Reserve Tours Of 90 Days Or Less) From _____ To _____		Highest Military Rank Or Rate Held	Military Serial Number
Total Months of Over Seas Duty: _____		Name & Address of Guard / Reserve Unit:	
Type Of Separation			

Yes  No 4. Have you ever asked for or received deferment from military service? If yes, give board number, dates & full details on continuation page.

Yes  No 5. Have you ever received a dishonorable discharge? If yes, explain on continuation sheets.

Yes  No 6. Have you ever been convicted of any article of the uniform code of military justice? If yes, explain on continuation sheets.

### **Educational Record**

Yes  No 1. Have you graduated from high school?

\_\_\_\_\_ 2. What was the highest grade level completed?

Yes  No 3. Do you have a General Educational Development "GED" certificate?

Yes  No 4. Have you graduated from college?

Yes  No 5. Have you attended any post high school educational institutions?

List each high school, trade, part time, night school, business college, and university that you have attended. Start with the most recent school.

Name of School	Location of school (city & State)	From date - To date / Graduation degrees or No. of units	
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 5 - Traffic Record

Yes  No 1. Have you ever been convicted of an OMVI, as an adult or a juvenile? If yes, explain on continuation sheet

2. List all the moving violations you have received.

Date	Offense	Convicted (Yes or No)	Location or citing agency	Age at time of violation
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____
F.	_____	_____	_____	_____
G.	_____	_____	_____	_____

3. List all traffic accidents you have been involved in.

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

F. \_\_\_\_\_

Yes  No 4. Do you have automobile insurance? If no, explain on continuation sheet.

Insurance Agency	Name of Agent	Phone Number
A.	_____	_____

Yes  No 5. Has your Drivers License ever been revoked or suspended? If yes, explain on continuation sheet.

Yes  No 6. List all out of state drivers licenses you have held and whether they are currently valid.

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

Yes  No 7. Have you ever been convicted of vehicular homicide? If yes, explain on continuation sheet.

## Section 6 - General Information Inquiry

Yes  No 1. Other than from your employer, have you ever stolen anything? If yes, list items in detail below.

	Date	Item	Value	From whom	age at time
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____
F.	_____	_____	_____	_____	_____

Yes  No 2. Have you ever stolen anything from you employer? If yes, list items in detail below.

	Date	Item	Value	From whom	age at time
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____
F.	_____	_____	_____	_____	_____

Yes  No 3. Have you ever received Welfare, Workers Compensation, Unemployment Compensation or other public assistance illegally or above the amount you were entitled?

	Type of Benefit	Date Received	Amount Received
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____
F.	_____	_____	_____

Yes  No 4. Have you ever used/tried or purchased marijuana? If yes, describe below.

	Date Used	No. of Times Used/Tried	Date Purchased
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____
F.	_____	_____	_____

## Section 6 - General Information Inquiry - Continued

Yes  No 5. Have you ever used/tried or purchased illegal drugs other than marijuana? If yes, describe below.

Drug	Date used/tried	No. of Times used	Date purchased	No. of times purchased
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____
F.	_____	_____	_____	_____

Yes  No 6. Have you ever sold illegal drugs, prescription drugs or marijuana? If yes, describe below.

Drug	Date of Sale	Quantity	No. of Times Sold
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____
F.	_____	_____	_____

Yes  No 7. Have you ever abused alcohol, chemical agents/solvents or prescription drugs (including Steroids)? If yes, describe below.

Substance	Date Used	No. of Times Used
A.	_____	_____
B.	_____	_____
C.	_____	_____
D.	_____	_____
E.	_____	_____
F.	_____	_____

Yes  No 8. As an adult or a juvenile, other than traffic violations, have you ever committed or been convicted of a criminal offense? If yes, list items in detail below.

Date	Offense	Location
A.	_____	_____
B.	_____	_____
C.	_____	_____
D.	_____	_____
E.	_____	_____
F.	_____	_____

## Section 6 - General Information Inquiry - *Continued*

Yes  No 9. Have you ever been convicted of carrying a concealed weapon? If yes, describe below.

	Date	Location	Reason
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____
F.	_____	_____	_____

Yes  No 10. Have you ever bought, sold or received stolen property? If yes, describe below.

	Bought, Sold or Received	Type of Property	Value
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____
F.	_____	_____	_____

Yes  No 11. Have you ever been convicted of a gambling offense?

Yes  No 12. In the last 7 years, have you had an unstable financial or credit history as a result of gambling?

Yes  No 13. Have you ever been convicted or, engaged in, the promotion of illegal gambling where you gained a financial benefit?

Yes  No 14. If it became necessary in the course of your law enforcement duties to take a human life, would you be reluctant to do so? Only Deputy Sheriff Applicants need to answer this question.

Yes  No 15. Have you ever been placed on or served in a criminal diversion type program or applied for and had any charges/convictions sealed?

Yes  No 16. Have you ever been in prison/jail due to a felony or misdemeanor conviction?

Yes  No 17. Are you presently under indictment or a defendant in any pending criminal, traffic or civil actions?

Yes  No 18. Have you ever committed a felony for which you were never arrested for?

Yes  No 19. Do you have any hatreds or prejudices towards others because of race, sex, national origin, color, religion or disability that would be detrimental to your functioning as a police officer?

Yes  No 20. Have you ever engaged in any grossly unnatural sex acts?

Yes  No 21. Have you ever engaged in any illegal sexual activities?

**Explain all Yes answers on the continuation sheets!**

## Section 7 - Financial Records

- Yes  No 1. Are you now delinquent in any financial obligation?
- Yes  No 2. Do your monthly bills exceed your take home pay?
- Yes  No 3. Do you, your spouse or ex-spouse have any immediate civil action pending against you?
- Yes  No 4. If employed by the Sheriff's Office, do you anticipate any income other than you salary?
- Yes  No 5. Have you ever been garnished, filed for bankruptcy, or been declared bankrupt?

6. Indebtedness: Involving you, your spouse or ex-spouse for which you are liable.					
To Whom Owed	Address	Date Incurred	Original Amount	Amount Due	Mo. Payment

Name & location of you bank:  Savings Account  
 Checking Account

Year, Make, Body type and License Number of your present vehicles:	Date Purchased	Name of Legal Owner

**References:** Fill in the names of three adult not related to you & not former employer, who have known you for a period of preferably more than 3 years.

Name	Complete Home Address Including Zip Code	Home Phone (Area Code Number)
Years Known Business Occupation or Profession	Complete Business Address Including Zip Code	Business Phone (Area Code Number)
Name	Complete Home Address Including Zip Code	Home Phone (Area Code Number)
Years Known Business Occupation or Profession	Complete Business Address Including Zip Code	Business Phone (Area Code Number)
Name	Complete Home Address Including Zip Code	Home Phone (Area Code Number)
Years Known Business Occupation or Profession	Complete Business Address Including Zip Code	Business Phone (Area Code Number)

**All applicants must sign the following certificate:** I certify that the statements contained in this questionnaire and any pages I have attached, are true to the best of my knowledge. I understand that any false statements made in this questionnaire may be cause for disapproval of my appointment, or for discharge after appointment.

\_\_\_\_\_

Applicant SignatureDate















**Office of the Sheriff  
Fairfield County**

Dave Phalen, Sheriff



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

I hereby give my permission for authorized agents of the Fairfield County Sheriff's Office to conduct an investigation of my background, including but not limited to education, employment, health, credit, reputation, military records and any factors which such agents may deem proper and necessary, in order to properly assess my character and background in connection with my application for the position of Deputy Sheriff with the Fairfield County Sheriff's Office.

I give my permission for any person, business or institution to release any and all information properly requested, and copies of the same if requested, and do hereby release such person, business or institution from all liability for providing correct information.

I recognize the right of the Fairfield County Sheriff's Office to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent(s) the names of such confidential sources, and information obtained therefrom.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed or Typed Name

Sworn to and subscribed before me by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_