

OFFICE OF THE SHERIFF
FAIRFIELD COUNTY

Dave Phalen, Sheriff



December 14, 2017

To: Applicants

From: Chief Deputy Lape

Thank you for applying for a position with the Fairfield County Sheriff's Office. The following information should help you understand our hiring process:

1. We hire as positions become vacant. This means you may not hear from us immediately. When we contact you the hiring process takes 6-8 weeks. When submitting your application, have your photo I.D. and social security card. You will need to have the release of information form signed and notarized. You also will have your fingerprints taken at this time. You will need to submit your application during normal business hours 8-4pm, Monday-Friday.
2. Once we call, you must provide a reliable way to contact you and return our call. Cell phone and e-mail are best. If you are unavailable by phone or e-mail we must move on to someone else.
3. If you want an auxiliary commission you must complete the same steps as our regular deputies. We prioritize the hiring of our full-time deputies.
4. The Personal History Questionnaire (PHQ) you filled out is the first step. It must be accurate and you must submit the required documents. A background investigation is the second step and the polygraph is the third step. After each of these steps your qualifications are compared to our hiring standards. The background investigator will do a home interview. If your qualifications meet our standards, you will be scheduled for a psychological exam and medical exam. We will also check your driving record, take your fingerprints to run BCI and FBI checks and check your OPOTA certification records. You must pass all these steps to be hired.

Additional information includes: if rejected, expect to wait 12 months to reapply; if hired you will have a one-year probationary period; the current hiring rate is \$18.21 per hour with good benefits; you will most likely work in our jail for the first few years; you will be assigned to second or third shift with weekdays off; you will give your current employer two weeks' notice.

You may call 740-652-7905 with questions, if you need to update your PHQ, or if you decide to withdraw from the process.

Thanks for your interest.

TO SERVE AND PROTECT

345 Lincoln Avenue -Lancaster, Ohio 43130 - 740-652-7900- 1-800-808-5223- Fax 740-654-8115

Office of the Sheriff
Fairfield County
Dave Phalen, Sheriff



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 Driver's License.
- Have a high school diploma, GED or equivalent.
- Be able to read, write and speak the English language.
- Be a U.S. citizen.
- **YOU MUST CURRENTLY BE OPOTA CERTIFIED.**

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

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

Step 2: After completing your application, return it to the Sheriff's Office, 345 Lincoln Ave., Lancaster. You will be contacted at a later time to schedule an interview and complete fingerprints.

Step 3: You will be scheduled for a mandatory polygraph examination. To reschedule, 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 not reveal anything that precludes you from being appointed to the position of Deputy Sheriff, your application is then assigned to an investigator for an extensive background investigation into your employment history, references, schooling, etc.

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: Psychological Exam. Upon successful completion of the background investigation, you will be scheduled for a psychological exam. This exam takes approximately 4 hours.

Step 7: Physical Exam. Upon passing the psychological exam you will be scheduled for a physical exam.

Step 8: Having successfully completed all of the above steps, your application will be forwarded to Sheriff Dave with a recommendation that you be appointed to the position of Deputy Sheriff or Special Deputy Sheriff. With Approval, you will be given a conditional offer of employment, subject to passing drug tests and a 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

Fairfield County Sheriff's Office

Fairfield County is an Equal Opportunity Employer

PERSONAL HISTORY QUESTIONNAIRE

PERSONAL HISTORY OF: _____
Last Name First Middle

Date of Birth Social Security Number

Position Desired: Deputy Sheriff
 Other Classification—specify: _____

The Fairfield County Sheriff's Office no longer hires Corrections Officers.

DATE OF THIS WRITTEN EXAMINATION: _____

DATE THIS QUESTIONNAIRE COMPLETED: _____

NAME OF APPLICANT

DATE OF BIRTH

SOCIAL SECURITY NUMBER

This Personal History Questionnaire is intended for the use of the Fairfield County Sheriff's Office. **Failure to provide truthful information will result in rejection for appointment. Use or attempted use of political influence to change the employment standards will result in rejection of appointment or discharge after employment.** All information contained herein will be subject to verification, i.e., source documentation, polygraph and screening procedures.

The answers to questions contained in this questionnaire must be printed, in *your own hand*, legibly in black ink only. Each individual question must be answered, there can be no blanks. Unless otherwise indicated explain all YES responses on the continuation sheets. If the space available is insufficient for you to respond, use the continuation sheets. If a question does not apply to your particular circumstances, insert "DNA" in that blank/section. When answering questions that require dates, insert full date, partial month-year responses are unacceptable. You must provide complete address information including zip code when requested, partial address responses are unacceptable.

Section 1– Personal & Family History

Email Address				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)						Residence Phone and Area Code	
By what other names have you been known (Maiden Name, Former Married Name, Aliases, Nicknames, etc.)						Cellular 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 or significant other (First / Middle)			Maiden Name (Spouse, If Applicable)		Age (Spouse)	Date of Birth (Spouse)	
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, etc. That You May Have							
List Your Children							
___ 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 ___ Natural ___ Step ___ Foster ___ Adopted		Relationship To Your Spouse ___ Natural ___ Step ___ Foster ___ 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 ___ Natural ___ Step ___ Foster ___ Adopted		Relationship To Your Spouse ___ Natural ___ Step ___ Foster ___ 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 ___ Natural ___ Step ___ Foster ___ Adopted		Relationship To Your Spouse ___ Natural ___ Step ___ Foster ___ 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 ___ Natural ___ Step ___ Foster ___ Adopted		Relationship To Your Spouse ___ Natural ___ Step ___ Foster ___ Adopted	
List your relatives in the following order: 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)	Date Finalized
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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)	Date Finalized
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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
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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

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 Driver's 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.

	State	Dates	Valid	Citations / Violations
A.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	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	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
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 illegally carried or 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.

	Date	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?

Yes No 22. Have you ever accessed and/or possessed child pornography (publication or internet)?

Yes No 23. Have you ever been a member or had association with any subversive group as outlined in the "Declaration Regarding Material Assistance/Non-assistance to a Terrorist Organization (DMA)" list provided by the United States Government?
(the Terrorist Exclusion List may be found on the Ohio Homeland Security Website at <http://www.homelandsecurity.ohio.gov/>)

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:					<input type="checkbox"/> Savings Account <input type="checkbox"/> 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 Signature
Date

**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

_____, 20____

Notary Public

My Commission Expires: _____