

Fairfield County Sheriff's Office

Alex Lape, Sheriff
345 Lincoln Avenue
Lancaster, Ohio 43130



DO YOU QUALIFY TO BECOME AN EMPLOYEE OF THE FAIRFIELD COUNTY SHERIFF'S OFFICE?

To qualify for the position of Deputy Sheriff, full-time or auxiliary, you must 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.**

To qualify for the position of Corrections Officer, you must meet the following requirements:

- Be at least 18 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.

To qualify for the position of Dispatcher or Civilian employee, you must meet the following requirements:

- Be at least 18 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.

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. After completing your application, return it to the Fairfield County Sheriff's Office, 345 Lincoln Avenue, Lancaster and bring your social security card and driver's license, as you will be fingerprinted for BCI and FBI checks. You will need to submit your application only during normal business hours, 8am – 4pm, Monday – Friday.

Copies of the following documents are required:

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

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To: All Applicants

From: Chief Deputy Marc Churchill

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

We hire as positions become vacant. This means you may not hear from us immediately. When we contact you the hiring process takes approximately 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 to run BCI and FBI checks. You will need to submit your application during normal business hours 8am-4pm, Monday-Friday.

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.

If you want an auxiliary commission, you must complete the same steps as our regular deputies. However, we prioritize the hiring of our full-time deputies.

The Personal History Questionnaire (PHQ) you fill 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 physical exam. We will also check your driving record and check your OPOTA certification records for the position of deputy. You must pass all these steps to be hired.

Additional information: If your application is rejected, expect to wait 12 months to reapply; if hired you will have a one-year probationary period; the current hiring rate varies depending on the hired position with good benefits.

You may call 740-652-7249 with questions, if you need to update your PHQ, or if you decide to withdraw from the process.

Thanks for your interest.

Fairfield County Sheriff's Office

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Background Removal Standards

- A. Honesty/Falsification - Applicants will be removed from the eligibility list for any of the following reasons:
1. At any stage of the background investigation process, the applicant fails to disclose or acknowledge the use or purchase of any illegal drug(s), and at a subsequent stage in the process, the applicant admits to the use of an illegal drug, as an adult.
 2. At any stage of the background investigation process, the applicant provides substantially inconsistent responses regarding illegal drug(s) or alcohol used or purchased by the applicant, as an adult.
 3. At any stage of the background investigation process, the applicant fails to disclose or acknowledge any disqualifying behavior or activity on the part of the applicant, as an adult, relative to, and governed by, any of the Background Removal Standards.
 4. Failure or refusal to answer or respond to oral or written questions during any phase of the selection process.
 5. Any attempt to distort the polygraph examination results.
 6. Use or attempted use of political influence to secure employment.
 7. At any stage of the background investigation process, the applicant is found to be untruthful and/or dishonest, the applicant will be disqualified and will be ineligible to reapply with the Fairfield County Sheriff's Office.
- B. Family History - Applicants will be removed from the eligibility list for any of the following reasons:
1. A conviction of a misdemeanor crime of domestic violence involving use of force or threatened use of a deadly weapon is a permanent disqualifier under Federal laws.
 2. Non-compliance with a court order or legal contract to provide child support, alimony or other financial responsibility as determined by the appropriate support enforcement bureau or a court of law within the preceding five (5) years.
 3. Intentional violation of any protective or temporary restraining order as determined by a court of law within seven (7) years.
 4. Verified or admitted sexual abuse as adult of one's spouse, ex-spouse, child, stepchild, parent or other relative or person with whom one lived or has an intimate relationship.
 5. Verified or admitted physical abuse as an adult within the last ten (10) years of one's spouse, ex-spouse, child, stepchild, parent or other relative or person with whom one lived or has an intimate relationship.
 6. Currently have a Protection Order filed against you.
- C. Employment – Applicants* will be removed from the eligibility list for any of the following reasons:
1. Three (3) or more involuntary terminations and/or discharges from employment within the last five (5) years. This shall not include terminations resulting from a business ceasing operations or resulting from being laid off from a position of employment.
 2. Post-probationary termination or resignation in lieu of discipline from any criminal justice occupation.
- D. Military History - Applicants will be removed from the eligibility list for any of the following reasons:
1. Dishonorable discharge from military service.
 2. Conviction of any article of the Uniform Code of Military Justice that would be equivalent to a felony under the Ohio Revised Code (ORC).
- E. Traffic – Applicants* will be removed from the eligibility list for any of the following reasons:
1. Any conviction of vehicular homicide shall permanently eliminate an applicant from consideration.
 2. Driving under the influence of alcohol or drugs:
 - a) Conviction within the past five (5) years, or
 - b) More than one (1) OVI conviction as an adult; or
 - c) More than two (2) OVI convictions, if one of the convictions was as a juvenile.
 3. Four (4) moving violations in the past three (3) years as an adult.
 4. At the time of the interview or polygraph, the applicant does not possess a valid driver's license and auto insurance as required by the residence state and if the applicant owns a car.

- F. Gambling - The term "gambling offense" shall include any activity defined as gambling by a federal, state, local statute or ordinance in the jurisdiction where the activity occurred. Applicants will be removed from the eligibility list for any of the following reasons:
1. Conviction of a gambling offense, within the last five (5) years.
 2. Admission to gambling that has resulted in an unstable financial or credit history within the last seven (7) years.
 3. Conviction of or admission to engaging in the promotion of illegal gambling activity wherein the applicant gains a financial benefit.
- G. Criminal Activity - Applicants will be removed from the eligibility list for any of the following reasons:
1. Any pattern of theft offenses, within the last five (5) years, which cumulatively exceeds \$1,000.00.
 2. Any theft offense within the last five (5) years, which singularly is equal to a felony.
 - a) This standard includes theft of cable TV service(s), if the theft occurred in the last two (2) years.
 3. Any fraudulent insurance claims or fraudulent applications for welfare, workers compensation, unemployment compensation or other public assistance programs.
 4. Any admission or conviction of an offense, as an adult, defined as a felony by the federal, state or local law of the jurisdiction where the offense occurred. An admission of a felony offense would be disqualifying unless otherwise addressed by these standards.
 5. Any admission or conviction of an offense, as a juvenile of one (1) violent felony as defined by the federal, state or local law of the jurisdiction where the offense occurred.
 6. Any conviction of a M-1 or M-2 misdemeanor as defined by the federal, state or local law in the jurisdiction where the offense occurred, as an adult in the last five (5) years or more than one M-1 or M-2 conviction as an adult.
 7. Any conviction of more than one (1) M-1 or M-2 misdemeanor as a juvenile, as defined by the federal, state or local law in the jurisdiction where the offense occurred. (Does not include traffic or minor misdemeanors.)
 8. Any admission of an offense for carrying a concealed weapon within the last five (5) years if it is defined as a felony by the federal, state or local law where the offense occurred.
 9. Any pattern of theft offenses from an employer or during the course of employment as an adult.
 10. Currently under criminal investigation, charges or indictment.
- H. Illegal Substances— Applicants will be removed from the eligibility list for any of the following reasons:
1. Any use or purchase of drugs of abuse (except marijuana) within three (3) years before application. Drugs of abuse include chemical agents/solvent-based substances and prescription drugs taken for reasons other than intended use, in more than one incident and without a prescription, especially Schedule I, II and III drugs.
 2. Any use, purchase, or cultivation of marijuana within one (1) year before application or any time during the selection process.
 3. Any illegal manufacture or sale of drugs of abuse, marijuana or prescriptive drugs. If the substance was sold without profit to the applicant, the amount sold was de minimis, and the sales occurred when the applicant was a juvenile or more than five (5) years ago, then the above Rule shall be negated.
- I. Applicant non-responsiveness – an applicant shall be removed from the process for any of the following reasons:
1. Failure to appear for pre-interview/interview.
 2. Failure to appear for polygraph examination.
 3. Failure to appear for medical/stress test.
 4. Failure to appear for psychological exam.
 5. Failure to return Personal History Questionnaire or Supplemental Questionnaire, or to respond to phone calls or correspondence from Background personnel.
 6. Unable to locate at address/phone number on file.
 7. Applicant is no longer interested in employment with the Division.
 8. Failure to appear for oral board.

*The Employment and Traffic Standards do not apply to Corrections Officers, Dispatchers or Civilian employees. All standards are cause for removal for time frames listed and any time during the selection process. Unless otherwise noted, standards that reference a time frame will be calculated from the date the eligible list was established.

For purposes of Background Removal Standard "H", the "use" of drugs occurs when an applicant smokes, puffs, ingests, tastes, injects, inhales, or otherwise tries, any illegal drug, including but not limited to, marijuana, cocaine, anabolic steroids, or chemical inhalants. The "purchase" of marijuana or other illegal drugs include those purchases made by pooling of resources or money by the applicant and others for substances for their own use.

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Personal History Questionnaire

Personal History of: _____

Last Name

First

Middle

Date of Birth

Social Security Number

Position Desired: Deputy Sheriff

Corrections Officer

Dispatcher

Full Time Deputy

Civilian

Other _____

Special Deputy

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 attached "Authorization for Release of Information" form can be notarized when you drop off this packet for review.

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. If the space available is insufficient for you to respond, use the continuation sheets. If a question does not apply to your circumstances, insert "DNA" in that blank/section. When answering questions that require dates, insert the full date, partial month-year responses are unacceptable. You must provide complete address information including zip code when requested, partial address responses are unacceptable.

I certify that the statements contained in this questionnaire and any pages I have attached, are true and correct 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.

Signature

Date

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Section 1 – Personal & Family History

Email Address		Height	Weight	Hair Color	Eye Color
Place of Birth	City	County	State	Birth Certificate Number	
Current Address (Number, Street, Apartment, City, County, State, Zip Code)				Residential Phone Number	
List any other names by who you have been known (Maiden Name, Married Name, Alias, Nickname, etc...)				Cellular Phone Number	
Ohio Driver's License Number	Type	Expiration Date	Other driver's license (List number(s), type(s), state(s), and expiration date(s))		
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a permanent resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the date and port of entry to the U.S.				
Marital Status	City, County, State where Married			Date Married	
Name of Current Spouse or Significant Other		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 oldest to youngest.

<input type="checkbox"/> Son	Last, First Middle Name	Date of Birth	Place of Birth (City, County, State)
<input type="checkbox"/> Daughter	Address (If different from yours)		
		Relationship to you <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive	Relationship to your spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive
<input type="checkbox"/> Son	Last, First Middle Name	Date of Birth	Place of Birth (City, County, State)
<input type="checkbox"/> Daughter	Address (If different from yours)		
		Relationship to you <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive	Relationship to your spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive
<input type="checkbox"/> Son	Last, First Middle Name	Date of Birth	Place of Birth (City, County, State)
<input type="checkbox"/> Daughter	Address (If different from yours)		
		Relationship to you <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive	Relationship to your spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive
<input type="checkbox"/> Son	Last, First Middle Name	Date of Birth	Place of Birth (City, County, State)
<input type="checkbox"/> Daughter	Address (If different from yours)		
		Relationship to you <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive	Relationship to your spouse <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive

List your relatives in the following order: Brothers, Sisters, Stepbrothers, Stepsisters, Father-in-law, mother-in-law, Brothers-in-law, Sisters-in-law.

Relationship	Last, First Middle Name	Address (Number, Street, Apartment, City, County, State, Zip Code)	Age

List any previous marriages in the order of most recent to oldest.

Date Married, City, County, State	Date Dissolved, City, County, State	Name of Ex-Spouse Include current and maiden names.
Current Address (Number, Street, Apartment, City, County, State, Zip Code)		Current Phone Number
Date Married, City, County, State	Date Dissolved, City, County, State	Name of Ex-Spouse Include current and maiden names.
Current Address (Number, Street, Apartment, City, County, State, Zip Code)		Current Phone Number
Date Married, City, County, State	Date Dissolved, City, County, State	Name of Ex-Spouse Include current and maiden names.
Current Address (Number, Street, Apartment, City, County, State, Zip Code)		Current Phone Number

1. Why did you choose a career in Law Enforcement?

2. Can you leave the job at work? Yes No (If no, explain details) _____

3. Do you have issues being assigned to the Jail Division? Yes No (If yes, explain details) _____

4. Do you have issues with seniority? Yes No (If yes, explain details) _____

5. Do you have issues working second or third shift? Yes No (if yes, explain details) _____

6. Do you have issue being mandated or working holidays? Yes No (if yes, explain details) _____

7. Do any of your family members or close friends have a felony record? Yes No (if yes, explain details) _____

8. Please list all Social Media accounts you currently have or have used in the past.

Facebook Profile: _____

Snap Chat Profile: _____

Instagram Profile: _____

Any other Social Media Accounts? Yes No Social Media Name: _____

Profile: _____

9. What is your greatest quality and why? _____

10. What is your greatest flaw and why? _____

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11. Are you paying child support or alimony? Yes No \$ _____ amount per month, if applicable. if no, explain details) _____
12. Is the amount you pay in child support/alimony in compliance with the court order or an order from a support enforcement agency? Yes No (if no, explain details) _____
13. Are you now supporting all dependents you are required to support? Yes No (if no, explain details) _____
14. Have you ever been sued for child support or alimony? Yes No (if yes, explain details and list the Court, Case Number and Date of Disposition.) _____
15. Have you ever been convicted of 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? Yes No (If yes, explain details) _____
16. Have you ever had a Protection Order filed against you? Yes No (If yes, explain details) _____
17. Have you ever been convicted of or accused of or engaged in violating a protection or temporary restraining order? Yes No (If yes, explain details) _____

Section 2 – Previous Residences

List last nine (9) addresses, excluding current address. List from most recent to oldest. 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, Street, Apartment, City, County, State, Zip Code)	With whom did you live and your relationship to them?

Section 3 – Employment History

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 hours worked per week. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
To Date	Address (Number, Street, Apartment, City, County, State, Zip Code)	Description of Duties	Reason for Leaving.
Total Time Employed	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone Number of Business
Salary / Wage per hour \$	Full Name of Co-Worker	Address of Co-Worker	Telephone Number of Co-Worker

From Date	Name of Employer	Job Title	Average hours worked per week. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
To Date	Address (Number, Street, Apartment, City, County, State, Zip Code)	Description of Duties	Reason for Leaving.
Total Time Employed	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone Number of Business
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From Date	Name of Employer	Job Title	Average hours worked per week. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
To Date	Address (Number, Street, Apartment, City, County, State, Zip Code)	Description of Duties	Reason for Leaving.
Total Time Employed	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone Number of Business
Salary / Wage per hour \$	Full Name of Co-Worker	Address of Co-Worker	Telephone Number of Co-Worker

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From Date	Name of Employer	Job Title	Average hours worked per week. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
To Date	Address (Number, Street, Apartment, City, County, State, Zip Code)	Description of Duties	Reason for Leaving.
Total Time Employed	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone Number of Business
Salary / Wage per hour \$	Full Name of Co-Worker	Address of Co-Worker	Telephone Number of Co-Worker

1. Have you ever been discharged or asked to resign from any job? If yes, make sure job is listed above. Yes No (If yes, explain details) _____

2. Have you ever resigned or been given the opportunity to resign from a job in which you were under investigation for policy violation or misconduct? If yes, make sure job is listed above. Yes No (If yes, explain details) _____

3. Have you ever been discharged or asked to resign from a Criminal Justice occupation? If yes, make sure job is listed above. Yes No (If yes, explain details) _____

4. Have you ever been disciplined by your current or previous employers? If yes, make sure job is listed above. Yes No (If Yes, explain details) _____

5. Did you list ALL your jobs for the past ten years on your employment application, to include part -time and temporary jobs? Yes No (If no, explain details) _____

6. May we contact your current employer? If no, explain why on continuation page and be prepared to bring in copies of performance evaluations or other documentation. If presently unemployed, indicate so in first box Yes No (If no, explain details) _____

7. Have you ever applied for a position with any other Law Enforcement Agency or other Government Agency? Yes No (If Yes, list the agency or agencies below. Including a contact (if interviewed), address and phone number.)

8. Are you currently O.P.O.T.A. Certified? Yes No If yes, attach your certificate.

Section 4 – Military History

1. Have you registered for the selective service? Yes No
2. Have you ever served in any military organization of the United States? Yes No If yes, what branch? _____
Active Reserves
3. Are you currently in the reserves? Yes No
If yes, Name and Address of Guard/Reserve Unit. _____

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4. What type of discharge did you receive? Honorable Dishonorable Honorable conditions General Other: _____
 Explain if discharge was other than Honorable: _____
5. Dates of active duty: ____/____/____ to ____/____/____
6. Have you ever been court martialled, tried on charges, or were you the subject of a summary court, deck court, Captain's Mast, company punishment, or any other type of disciplinary action while a member of the armed forces? Yes No (If yes, explain details) _____

7. Are there any incidents concerning your military career that could possibly affect this application process? Yes No (If yes, explain details) _____

Section 5 – Educational Record

1. Have you graduated from high school or obtained your General Educational Development (GED) certificate?
 Yes No Graduated GED
2. What was the highest grade level completed? _____
3. Have you attended any post high school educational institutions? Yes No Where? _____
4. Have you graduated from college? Yes No
5. List any computer skills or knowledge you have that would be beneficial to your employment. _____

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

Name of School, Location (City, State)	Dates Attended	Graduated/Degree
		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 <input type="checkbox"/>

Section 6 – Traffic Record

1. Have you ever been convicted of an OVI as an adult or a juvenile? Yes No (If yes, explain details) _____

2. Have you ever driven a motor vehicle under the influence of illegal drugs as an adult or a juvenile? Yes No (If yes, explain details) _____

3. Do you have automobile insurance? Yes No (If no, explain details) _____

- Name, address, and phone number of current Insurance Agent: _____

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4. Has your Driver's License ever been revoked or suspended as an adult or a juvenile? Yes No (If yes, explain details) _____

5. Have you ever been convicted of driving under suspension as an adult or a juvenile? Yes No (If yes, explain details) _____

6. Have you ever been convicted of vehicular assault? Yes No (If yes, explain details) _____

7. Have you ever been convicted of vehicular homicide? Yes No (If yes, explain details) _____

8. List all moving violation you have received. (Date, Offense, Location or citing agency and age at time of offense.)

9. List all traffic accidents you have been involved in as a driver. (Date, Offense, Location or citing agency and age at time of offense.)

Section 7 – Criminal Record

1. Have you ever stolen anything from your employer? Yes No (If yes, explain details) _____

2. Other than from your employer, have you ever stolen anything? Yes No (If yes, explain details) _____

3. Have you ever received Welfare, Workers Compensation, Unemployment Compensation, or other public assistance illegally or above the amount you were entitled? Yes No (If yes, explain details) _____

4. Have you ever used/tried or purchased marijuana? Yes No (If yes, explain details) _____

5. Have you ever used/tried or purchased illegal drugs other than marijuana? Yes No (If yes, explain details) _____

6. Have you ever sold illegal drugs, prescription drugs or marijuana? Yes No (If yes, explain details) _____

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

8. As an adult or a juvenile, other than traffic violations, have you ever committed or been convicted of a criminal offense?

Yes No (If yes, explain details) _____

9. Have you ever used/tried or purchased illegal drugs other than marijuana? Yes No (If yes, explain details) _____

10. Have you ever bought, sold, or received stolen property? Yes No (If yes, explain details) _____

11. Have you ever been convicted of an illegal gambling offense? Yes No (If yes, explain details) _____

12. In the last 7 years, have you had an unstable financial or credit history because of gambling? Yes No (If yes, explain details)

13. Have you ever been convicted or, engaged in, the promotion of illegal gambling where you gained a financial benefit?

Yes No (If yes, explain details) _____

14. Have you ever been placed on or served in a criminal diversion type program or applied for and had any charges or convictions sealed or expunged? Yes No (If yes, explain details) _____

15. Have you ever been in prison or jail due to a felony or misdemeanor conviction? Yes No (If yes, explain details) _____

16. Are you presently under indictment or a defendant in any pending criminal, traffic, or civil actions? Yes No (If yes, explain details)

17. Have you ever committed a felony for which you were never arrested for? Yes No (If yes, explain details) _____

18. Have you ever engaged in any illegal sexual activities? Yes No (If yes, explain details) _____

19. Have you ever accessed and/or possessed child pornography (publication or internet)? Yes No (If yes, explain details)

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20. 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/>*)

Yes No (If yes, explain details) _____

Section 8 – Financial Record

1. Have you ever been garnished, filed for bankruptcy, or been declared bankrupt? Yes No (If yes, explain details) _____

2. Have you ever had anything repossessed? Yes No (If yes, explain details) _____

3. Have you ever been involved in any civil actions? Yes No (If yes, explain details) _____

4. Do your current monthly bills exceed your take home pay? Yes No (If yes, explain details) _____

5. Are you currently more than three months behind on any bill? Yes No (If yes, explain details) _____

6. Are any creditors pursuing you for outstanding debts? Yes No (If yes, explain details) _____

7. Are there any financial obligations or bills that you have refused to pay or feel that you are not responsible for? Yes No (If yes, explain details) _____

8. Estimate the amount of debt you owe, not including house or car payments: \$ _____

List your current debts. Including yours, your spouses, or ex-spouses, to which you are liable. Vehicles are listed separately below.

To Whom Owed	Address	Date Incurred	Original Amount	Remaining Amount	Monthly Payment
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

List your current vehicles.

Year, Make, Model, License Plate			Date Purchased	Name of Legal Owner	
To Whom Owed	Address	Date Incurred	Original Amount \$	Remaining Amount \$	Monthly Payment \$

Year, Make, Model, License Plate			Date Purchased	Name of Legal Owner	
To Whom Owed	Address	Date Incurred	Original Amount \$	Remaining Amount \$	Monthly Payment \$

Year, Make, Model, License Plate			Date Purchased	Name of Legal Owner	
To Whom Owed	Address	Date Incurred	Original Amount \$	Remaining Amount \$	Monthly Payment \$

Section 9 – References

List the names of three adults, not related to you & not a former employer, who have known you for a period of preferably more than 3 years.

Name	Home Address	Home Phone Number
Years Known	How Known	Cellular Phone Number

Name	Home Address	Home Phone Number
Years Known	How Known	Cellular Phone Number

Name	Home Address	Home Phone Number
Years Known	How Known	Cellular Phone Number

Section 10 – Continuation Sheet

Utilize this section to further explain answers to the questions contained in the Personal History Questionnaire. Make sure to reference the section number and question number in the columns provided below. Your answers must be clear in meaning, explain all facts of the question.

Section Number	Question Number	Continuation

Fairfield County Sheriff's Office

Alex Lape, Sheriff
345 Lincoln Avenue
Lancaster, Ohio 43130



Authorization for Release of Information

I hereby give 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 employment with the Fairfield County Sheriff's Office.

I give 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 resources of information as confidential and its right to withhold from me or my agent the names of such confidential sources and information obtained therefrom.

Applicant's Signature: _____

Applicant's Printed Name: _____

Sworn to and subscribed before me by the above-named applicant this ____ day of _____, _____

Notary Public

My Commission Expires: _____

TO SERVE AND PROTECT
PHONE: 740-652-7900 - 1-800-808-5223

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