



HAMILTON COUNTY SHERIFF'S OFFICE SPECIAL DEPUTY APPLICATION

The classification of Special Deputy is a voluntary, non-compensated position affiliated with the Sheriff's Office and requires the individual to be a member of the Hamilton County Special Deputy Sheriff's, Incorporated, an IRS 501(c)(4) nonprofit organization chartered in the State of Ohio by authority of Chapter 1702 of the Ohio Revised Code.

A Special Deputy appointment is an "at will" position subject to termination by you or the Sheriff at any time, with or without cause and with or without notice. Nothing within the Sheriff's Office policies shall be interpreted to eliminate or modify the "at will" status of the Special Deputy classification.

The Hamilton County Sheriff's Office is an Equal Opportunity Organization.

All uniformed employees of the Hamilton County Sheriff's Office begin their career in the Corrections Jail Division. The Special Deputy Program is not a direct pathway to uniformed employment within the Sheriff's Office.

The information you provide within this document may be used to determine your suitability for appointment as a Special Deputy. This document must be filled out completely and if handwritten, it must be legible. Read each question carefully and do not leave a question blank. If the question does not apply to you, write "NA" in that space to indicate the question is Not Applicable to you. Any false, inaccurate, misleading or incomplete information may disqualify you for consideration for appointment as a Special Deputy. If you are appointed a Special Deputy and it is later discovered false, misleading or inaccurate information was provided on this document your appointment may be terminated.

The February 2016 passage of Ohio House Bill Number 56 prohibits public sector agencies from requesting an individual's criminal history on an initial application. However, a background investigation regarding an individual's criminal history is not prohibited. Ohio Revised Code 311.04 prohibits an individual with a felony conviction being appointed a Deputy Sheriff. Ohio Revised Code 2953.32 permits an individual's sealed convictions (expungements) to be examined by a law enforcement agency if the individual has applied for a position which may lead to appointment as a peace officer. Applicants who have been convicted of a misdemeanor offense within the last five years may be disqualified. All applicants convicted of two or more misdemeanors or convicted of possession of marijuana will be disqualified.

This document upon submission to the Sheriff's Office is subject to Ohio's public record laws.

HAMILTON COUNTY SHERIFF'S OFFICE
 1000 SYCAMORE STREET, ROOM 110
 CINCINNATI, OHIO 45202
 OR
 11021 HAMILTON AVE, 45231 PATROL
 HEADQUARTERS

 POSITION APPLIED FOR

 DATE

THE HAMILTON COUNTY SHERIFF'S OFFICE CONSIDERS ALL APPLICANTS WITHOUT REGARD TO RACE, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MILITARY STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS.

APPLICANT QUESTIONNAIRE

By submitting this form electronically or signing and delivering in person you agree to the following terms:

This questionnaire will be used for reference by those who will be considering you for employment with the Hamilton County Sheriff's Office. Fill it out **COMPLETELY** and **CORRECTLY!**

An extensive background investigation will be conducted into your personal history.

Applicants for police officer positions will be required to take a CVSA (voice stress) examination. Civilian applicants may also be requested to take a CVSA examination.

Any **FALSE, MISLEADING** or **INCOMPLETE** information will be grounds to **disqualify** you for employment with the Hamilton County Sheriff's Office. Further, false or inaccurate information provided on this application may cause you to be discharged once hired by the Sheriff's Office.

I have read and fully understand the above _____

By typing your name, you acknowledge that you have read and understand the above.

 (Applicant's Signature)

FOLLOW DIRECTIONS CAREFULLY

1. MAKE CERTAIN THAT EACH QUESTION IS ANSWERED **COMPLETELY** and **CORRECTLY**.
2. READ EACH QUESTION CAREFULLY.
3. DO NOT LEAVE A QUESTION BLANK. IF IT DOES NOT APPLY TO YOU, WRITE **N/A** IN THE SPACE.

1. PERSONAL DATA

LAST NAME			FIRST NAME			MIDDLE NAME		
HOME PHONE			DAY PHONE			E-MAIL ADDRESS		
CURRENT ADDRESS			STREET & NUMBER		CITY		STATE	ZIP CODE
HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY NUMBER		ARE YOU A U.S. CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>		
LOCATION OF ANY SCARS, MARKS AND/OR TATTOOS								
LIST ANY OTHER NAME YOU HAVE EVER USED: _____								

A. STARTING WITH YOUR PRESENT ADDRESS, LIST ALL ADDRESSES YOU HAVE LIVED AT FOR THE PAST TEN (10) YEARS. INCLUDE YOUR ADDRESSES IN THE MILITARY SERVICE.

DATES		STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
FROM	TO					

2. MARITAL STATUS

A. ARE YOU (CHECK ONE): <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED		E. IF PREVIOUSLY MARRIED, DISPOSITION OF FORMER MARRIAGES.	DATE
<input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
B. SPOUSE'S MAIDEN NAME	C. SPOUSE'S DATE OF BIRTH		

3. REFERENCES

LIST THREE (3) REFERENCES (NOT RELATIVES OR FORMER EMPLOYERS) WHO ARE RESPONSIBLE ADULTS AND WHO HAVE KNOWN YOU WELL DURING THE PAST FIVE YEARS:

NAME		RESIDENCE OR BUSINESS ADDRESS (NUMBER & STREET)			
HOW LONG KNOWN?	OCCUPATION	(CITY)	(STATE)	(ZIP)	
HOME PHONE		DAY PHONE		E-MAIL ADDRESS	
NAME		RESIDENCE OR BUSINESS ADDRESS (NUMBER & STREET)			
HOW LONG KNOWN?	OCCUPATION	(CITY)	(STATE)	(ZIP)	
HOME PHONE		DAY PHONE		E-MAIL ADDRESS	
NAME		RESIDENCE OR BUSINESS ADDRESS (NUMBER & STREET)			
HOW LONG KNOWN?	OCCUPATION	(CITY)	(STATE)	(ZIP)	
HOME PHONE		DAY PHONE		E-MAIL ADDRESS	

4. EDUCATION

A. DO YOU HAVE (CHECK ONE) COLLEGE DEGREE G.E.D. CERTIFICATE HIGH SCHOOL DIPLOMA

LIST ALL HIGH SCHOOLS, COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED

	NAME	ADDRESS	YEARS COMPLETED	DIPLOMA/DEGREE
1				
2				
3				
4				
5				

INDICATE ANY FOREIGN LANGUAGE YOU CAN SPEAK, READ, AND/OR WRITE

DO YOU HAVE ANY SPECIALIZED TRAINING THAT PERTAINS TO THE JOB YOU ARE APPLYING?

5. EMPLOYMENT HISTORY

A. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? YES NO

B. HAVE YOU FILED EMPLOYMENT APPLICATIONS WITH ANY OTHER SOURCES RECENTLY? YES NO

PLACE OF BUSINESS	ADDRESS

C. BEGINNING WITH YOUR PRESENT, OR MOST RECENT EMPLOYER, LIST ALL OF THE PLACES YOU HAVE WORKED, IN THE PROPER ORDER. LIST PERIODS OF SCHOOL, MILITARY SERVICE, AND UNEMPLOYMENT. KEEP IN PROPER SEQUENCE. **OMIT NONE!**

1.	NAME OF EMPLOYER:		ADDRESS:	
	(CITY)	(STATE)	(ZIP)	PHONE #:
	STARTING DATE:		LEAVE DATE:	
	JOB TITLE:		SUPERVISOR'S NAME:	
	BEGINNING SALARY:		FINAL SALARY:	
	WORK PERFORMED:			
	PERMISSION TO CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:			
	REASON FOR LEAVING			

2.	NAME OF EMPLOYER:		ADDRESS:	
	(CITY)	(STATE)	(ZIP)	PHONE #:
	STARTING DATE:		LEAVE DATE:	
	JOB TITLE:		SUPERVISOR'S NAME:	
	BEGINNING SALARY:		FINAL SALARY:	
	WORK PERFORMED:			
	PERMISSION TO CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:			
	REASON FOR LEAVING			

3.	NAME OF EMPLOYER:		ADDRESS:		
	(CITY)	(STATE)	(ZIP)	PHONE #:	
	STARTING DATE:		LEAVE DATE:		
	JOB TITLE:		SUPERVISOR'S NAME:		
	BEGINNING SALARY:		FINAL SALARY:		
	WORK PERFORMED:				
	PERMISSION TO CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:				
	REASON FOR LEAVING				
4.	NAME OF EMPLOYER:		ADDRESS:		
	(CITY)	(STATE)	(ZIP)	PHONE #:	
	STARTING DATE:		LEAVE DATE:		
	JOB TITLE:		SUPERVISOR'S NAME:		
	BEGINNING SALARY:		FINAL SALARY:		
	WORK PERFORMED:				
	PERMISSION TO CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:				
	REASON FOR LEAVING				
5.	NAME OF EMPLOYER:		ADDRESS:		
	(CITY)	(STATE)	(ZIP)	PHONE #:	
	STARTING DATE:		LEAVE DATE:		
	JOB TITLE:		SUPERVISOR'S NAME:		
	BEGINNING SALARY:		FINAL SALARY:		
	WORK PERFORMED:				
	PERMISSION TO CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:				
	REASON FOR LEAVING				
6.	NAME OF EMPLOYER:		ADDRESS:		
	(CITY)	(STATE)	(ZIP)	PHONE #:	
	STARTING DATE:		LEAVE DATE:		
	JOB TITLE:		SUPERVISOR'S NAME:		
	BEGINNING SALARY:		FINAL SALARY:		
	WORK PERFORMED:				
	PERMISSION TO CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:				
	REASON FOR LEAVING				

7.	NAME OF EMPLOYER:		ADDRESS:		
	(CITY)	(STATE)	(ZIP)	PHONE #:	
	STARTING DATE:		LEAVE DATE:		
	JOB TITLE:		SUPERVISOR'S NAME:		
	BEGINNING SALARY:		FINAL SALARY:		
	WORK PERFORMED:				
	PERMISSION TO CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:				
	REASON FOR LEAVING				
D. HAVE YOU EVER APPLIED FOR A POSITION WITH ANY LAW ENFORCEMENT AGENCY OR CORRECTIONS DEPARTMENT?				WHEN	
<input type="checkbox"/> YES <input type="checkbox"/> NO					
WHAT POSITION?	WHAT DEPARTMENT?	WHAT WAS THE DISPOSITION?			
F. HAVE YOU EVER RECEIVED ANY LAW ENFORCEMENT OR CORRECTION TRAINING?		WHEN	WHERE		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
TYPE OF TRAINING:		<input type="checkbox"/> LAW ENFORCEMENT	<input type="checkbox"/> CORRECTIONS		
6. CRIMINAL CONVICTION HISTORY NOTICE					
<p>THE OHIO REVISED CODE SECTION 311.04(C)(1) STATES THAT THE SHERIFF SHALL NOT APPOINT A PERSON AS A DEPUTY SHERIFF PURSUANT TO DIVISION (B)(1) OF THIS SECTION ON A PERMANENT BASIS, ON A TEMPORARY BASIS FOR A PROBATIONARY TERM, OR ON OTHER THAN A PERMANENT BASIS IF THE PERSON PREVIOUSLY HAS BEEN CONVICTED OF OR HAS PLED GUILTY TO A FELONY.</p> <p>THE OHIO REVISED CODE SECTION 2953.32-(D)(6) STATES THAT SEALED CONVICTIONS (EXPUNGEMENTS) MAY BE INSPECTED BY A LAW ENFORCEMENT AGENCY AS PART OF A BACKGROUND INVESTIGATION OF AN APPLICANT FOR A LAW ENFORCEMENT OR CORRECTIONS POSITION.</p> <p><i>Please initial that you have read and understand the contents of this box(int)</i></p>					

7. ORGANIZATION MEMBERSHIP

A. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FACIST, COMMUNIST, OR SUBVERSIVE, OR WHICH HAS ADOPTED, OR SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF OHIO OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES, OR THE STATE OF OHIO, BY ANY UNLAWFUL, OR UNCONSTITUTIONAL MEANS?

YES NO IF YES, EXPLAIN ON THE REVERSE SIDE.

B. HAVE YOU EVER PARTICIPATED IN ANY DEMONSTRATION, STRIKE, PICKET LINE OR DELEGATION SPONSORED BY ANY GROUP OR ORGANIZATION AS A PROTEST MEASURE? YES NO IF YES, EXPLAIN BELOW

8. MILITARY STATUS

SELECTIVE SERVICE NUMBER	DRAFT CLASSIFICATION
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LOCAL BOARD #	ADDRESS
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A. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS., AIR FORCE, COAST GUARD, R.O.T.C. OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? YES NO IF SO, LIST THEM. IF THERE WAS MORE THAN ONE PERIOD, THEN LIST THE SEPARATE PERIODS.

MONTH/YEAR ENTERED	BRANCH OR ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK

B. LIST ALL MILITARY SERVICE NUMBERS:

HAMILTON COUNTY SHERIFF'S OFFICE — SPECIAL DEPUTY APPLICATION

CONSIDER THE FOLLOWING BEFORE SUBMITTING YOUR SPECIAL DEPUTY APPLICATION

The demands, expectations, obligations and commitments required of a Special Deputy will consume a fair amount of your time.

A Special Deputy is not an employee of Hamilton County or the Hamilton County Sheriff's Office, and the position provides no monetary compensation, health care, uniforms/equipment or other benefits. The Hamilton County Sheriff's Office through Hamilton County will only provide Ohio Bureau of Workers' Compensation Insurance during the period of time a Special Deputy is performing volunteer duty.

A Special Deputy is required to follow all the Sheriff's Office rules, regulations, policies and procedures. Wherever the word "employee" is mentioned within the rules, regulations, policies and procedures or within any form, except for compensatory items, it shall apply to you as a Special Deputy, but it does not imply you are an employee of the Sheriff's Office or that you have rights, entitlements or privileges of an employee.

By accepting a Special Deputy commission you acknowledge and agree:

- You do not qualify for compensation from the Sheriff's Office, Hamilton County or the State of Ohio for performing the duties of a Special Deputy.
- If you violate any of the rules, regulations, policies or procedures of the Sheriff's Office, you may be subject to disciplinary action up to and including revocation of your appointment and commission as a Special Deputy.
- You do not have a right to a disciplinary hearing, and you do not qualify for any grievance or arbitration procedure if disciplined for a violation of the Sheriff's Office rule, regulation, policy or procedure.

Upon accepting appointment as a Special Deputy, you will be required to sign an agreement with the Sheriff's Office indicating agreement to certain other conditions, such as, but not limited to obtaining and maintaining your peace officer certification, performing monthly non-compensated volunteer service, submitting to periodic substance abuse screening, and becoming a member of the Hamilton County Special Deputy Sheriffs, Incorporated, and to maintaining a status of "Good Standing" within that organization.

The Hamilton County Special Deputy Sheriffs, Incorporated, is a non-profit 501(c)(4) organization whose purpose is to provide volunteer non-compensated Ohio certified peace officers to perform certain functions for the Sheriff's Office for no monetary consideration. The Hamilton County Special Deputy Sheriffs, Incorporated, is a separate entity from the Hamilton County Sheriff's Office. As a member of the Hamilton County Special Deputy Sheriffs, Incorporated, you are required to pay monthly dues to that organization. As a new Deputy you shall be required to pay 1 year of dues upon appointment. The Hamilton County Special Deputy Sheriff's, Incorporated, dues are used in part to provide a portion of the required uniforms and equipment. Items not generally provided by the Hamilton County Special Deputy Sheriffs, Incorporated, are, but not limited to footwear, service weapon, body armor, less lethal defensive devices, duty belt leather and equipment. The financial obligation to purchase those items may be significant.

As a Special Deputy, you may be authorized to work approved private employer compensated law enforcement functions, commonly referred to as off duty details. A Special Deputy performing private employer compensated law enforcement functions, does so as an independent contractor and is responsible for any applicable taxes or fees associated with that employment. Hamilton County's Bureau of Workers' Compensation does not provide coverage performing private employer compensated law enforcement functions, and it is highly suggested you consider obtaining Ohio Bureau of Workers' Compensation as a sole proprietor.

Performing duties as a Special Deputy may subject you to potential personal liability, and it is suggested you discuss the personal liability with your legal counsel before becoming a Special Deputy. The following are two situations which may involve potential personal liability:

- Special Deputies who are sued for scope-of-duty actions alleged to have caused harm or injury to another may be provided legal representation by the Hamilton County Prosecutor's Office. This legal representation is provided only while performing volunteer work which is normally referred to as county time. While performing county time duty, if a plaintiff is awarded scope-of-duty money damages, those damages are paid by Hamilton County, unless it is found the act was outside the scope of your authorized duty or official responsibilities, was taken with malicious purpose, was in bad faith, violated clearly established statutory or constitutional rights of which a reasonable person should have known, was with gross negligence, or was done in a wanton or reckless manner.
- Special Deputies who are sued while working private employer compensated law enforcement functions, commonly referred to as off duty details, are personally responsible for the cost of legal representation and are personally liable for satisfying any monetary award.

The act of administering the Special Deputy Sheriff Oath of Office by the Sheriff is merely ceremonial and does not authorize you to act as a peace officer (law enforcement officer) and does not grant you police powers. Peace officer authority, police power, is derived only upon being issued an active peace officer certification from the Ohio Peace Officer Training Commission and completion of a peace officer court docket entry by the Hamilton County Court of Common Pleas.