

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:

Please take a minute to complete the following survey.

How did you hear that HCSO was hiring?

Newspaper

Social Media

Facebook

Twitter Other

Friend/Relative Name: _____

Radio

Current/Past HCSO employee Name: _____

Job Fair Where/When: _____

Saw our poster/advertisement Where: _____

Website

HCSO

Hamilton County Human Resources

Indeed.com

Other

HCSO website application navigation

User friendly

Not user friendly

Neutral

How can we improve the application process?
