

STEUBEN COUNTY SHERIFF'S OFFICE



RESERVE DEPUTY SHERIFF APPLICATION

APPLICANT NAME

DATE SUBMITTED

Return to:

SHERIFF OF STEUBEN COUNTY
206 E GALE ST
ANGOLA, IN 46703

The Steuben County Sheriff's Office is an Equal Opportunity Employer

The following is a summary of the minimum applicant standards and criteria which must be met by an applicant to be considered in the selection process. Also, a brief description of the selection process is listed and applicants will be notified in writing when the selection process begins and the testing schedule.

MINIMUM APPLICANT STANDARDS AND CRITERIA

- Must be a citizen of the United States of America.
- Applicant must be at least 21 years of age at the time of appointment as a reserve deputy sheriff.
- Must be a high school graduate and produce evidence of same by way of a diploma or equivalency diploma issued by an accredited school.
- Must possess a valid motor vehicle driver's license. **A copy of the applicant's driver's license must be submitted with this application.**
- Must possess, as a minimum, visual acuity that is correctable to 20/40 in both eyes.
- Must possess, as a minimum, auditory acuity that is within normal range in both ears.
- Applicant's body weight must be in proportion to the applicant's height as standardized in the criteria maintained by the Indiana Law Enforcement Academy.
- Must be of such physical state so as to sustain the rigors and demands of law enforcement and police service.
 - "Physical state" means to be in such physical condition and health to meet the minimum standards of a department Physical Ability Test.
- Must be of such mental state so as to sustain the rigors and demands of law enforcement and police service.
 - "Mental state" means having the ability to exercise good judgment; having balance temperament; being free of debilitating psychological disorders and being of such psychological health to adequately complete psychological testing.
- **You shall not have any visible tattoo or group of tattoos that is readily identifiable as racist, sexist, profane, or demeaning. No visible tattoos shall be about the foot, hand, face, head, neck, or throat areas above the collar bone. One ring on one finger of each hand not larger than 3/8" wide is permitted. Any visible tattoo determined to reflect poorly on the public image of the Sheriff's Office as determined by the Sheriff or Chief Deputy is also prohibited.**
- Must be a person of excellent character having favorable references from previous employers, credit history, and personal references. Excellent character includes an absence of pattern or practice of substance abuse or criminal misdemeanor convictions and no felony convictions.
- Have a good work history with recommendations from previous employers.
- Meet current Indiana Law Enforcement Academy physical standards and general requirements for appointment as a police officer in the State of Indiana.
- Must agree to take a lie detector or voice stress test.
- If discharged from the military service, must possess an Honorable Discharge.
Pass a drug test.

SELECTION PROCESS

There are three steps to the initial application process. Each applicant must successfully pass each step before moving on to the next step.

- Step 1: Complete a standard written test.
- Step 2: Complete a police officer employment application.
- Step 3: Complete a physical ability test.

The top applicants with the highest scores and having successfully passed the physical ability testing shall undergo a background check, where you will be required to produce the following documents:

1. Copy of high school diploma or equivalent
2. Copy of High School and College transcripts
3. Copy of any and all military documentation
4. Copy of birth certificate

Upon successful completion of the background check, the applicant will undergo a personal interview with the Sheriff's Merit Board.

- Upon completion of the personal interview, the Merit Board shall recommend the most qualified applicant to the Sheriff. A "Conditional Offer of Employment" will be extended and the applicant shall continue in the selection process by signing a medical and psychological release form. The applicant shall undergo medical and psychological testing at the expense of the department. Medical testing will assess the applicant's visual/auditory acuity and physiological health to perform the essential functions of the position.
- Psychological testing will assess the applicant's psychological health to perform the essential functions of the position.
- The successful applicant shall submit to a drug screen analysis to determine if any recent illicit drug usage by the applicant is present.
- Following selection, a county police officer shall be on a probationary status during the first year of employment. As a condition of continued employment as a county police officer, he/she must complete the Indiana Law Enforcement Academy Officer Basic Course as prescribed by the Indiana Law Enforcement Academy.

SELECTION PROCESS DEADLINES

Each applicant will be notified in writing advising of the testing schedule. Failure to attend or successfully pass any test phase will disqualify an applicant from further consideration in the process.

NOTICE

Applications will not be considered unless each of the following conditions is met:

Each application must be complete in every respect.

Any misrepresentation of facts will disqualify the applicant.

- This form must be filled out in black ink in the handwriting of the applicant.
- Answer all questions. If the question does not apply, state: "None" or "Does Not Apply".
- Any further information you wish to add may be placed on separate pages with proper identifying reference marks.
- It is important that you clearly and correctly indicate your mailing address. In the event you change your address after filing application, mail notification of new address immediately.

RESERVE DEPUTY SHERIFF APPLICATION

NAME: _____
Last First Middle

RESIDENCE: _____
Street or Rural Address Apt No

City

County

State

Zip Code

MAILING ADDRESS (if different from residence): _____

City

County

State

Zip Code

TELEPHONE: _____
Cell # Alternate #

EMAIL: _____

INITIAL REQUIREMENT DATA

ARE YOU A US CITIZEN? _____

PHYSICAL STATUS

ARE YOU, TO THE BEST OF YOUR KNOWLEDGE, ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSTION OF DEPUTY SHERIFF? _____

IF NO, EXPLAIN FULLY ON A SEPARATE SHEET.

EDUCATION DATA

LIST INFORMATION FOR HIGH SCHOOL AND ALL ACCREDITED COLLEGES/UNIVERSITIES YOU HAVE ATTENDED:

NAME OF SCHOOL	COURSE OF STUDY	# HOURS COMPLETED	GPA ON 4.0 SCALE	DID YOU GRADUATE	DEGREE

EMPLOYMENT DATA

LIST CHRONOLOGICALLY (MOST RECENT EMPLOYMENT FIRST) ALL PAST AND CURRENT EMPLOYMENT INCLUDING PART TIME (USE ADDITIONAL SHEETS IF NECESSARY).
EXPLAIN ANY BREAKS IN EMPLOYMENT.

DATES OF EMPLOYMENT FROM - TO	NAME OF EMPLOYER	ADDRESS AND PHONE NUMBER OF EMPLOYER	POSITION HELD	ANNUAL SALARY	REASON FOR LEAVING

HAVE YOU BEEN DISCHARGED OR RESIGNED TO PREVENT BEING DISCHARGED FROM A POSITION OF EMPLOYMENT? _____
IF YES, EXPLAIN FULLY ON A SEPARATE SHEET.

REFERENCES

PLEASE DO NOT LIST RELATIVES AS REFERENCES. INFORMATION MUST BE COMPLETE.

NAME	PHONE #	STREET	CITY / STATE

MILITARY HISTORY AND STATUS

HAVE YOU EVER SERVED IN THE MILITARY ON ACTIVE DUTY (INCLUDE INITIAL ACTIVE DUTY TRAINING WITH THE NATIONAL GUARD AND RESERVES)? _____

MILITARY BRANCH	HIGHEST RANK	RANK AT SEPARATION	TYPE OF DISCHARGE / REENLISTMENT CODE

ARE YOU ELIGIBLE TO RE-ENLIST? _____
IF NO, EXPLAIN FULLY ON A SEPARATE SHEET.

MILITARY CITATIONS OR OTHER AWARDS RECEIVED: _____

WERE YOU EVER DISCIPLINED (COURT MARTIAL, ARTICLE 15, CAPTAIN'S MAST, ETC.) WHILE ON DUTY?

IF YES, EXPLAIN FULLY ON A SEPARATE SHEET.

LAW ENFORCEMENT EXPERIENCE

HAVE YOU EVER BEEN EMPLOYED BY A POLICE DEPARTMENT? _____

WHERE DID YOU COMPLETE YOUR BASIC LAW ENFORCEMENT CERTIFICATION PROGRAM?

DATE LAW ENFORCEMENT TRAINING WAS COMPLETED: _____

DID YOU RECEIVE CERTIFICATION UPON COMPLETION OF TRAINING? _____

LENGTH OF BASIC TRAINING: TOTAL TRAINING HOURS: _____ WEEKS OF TRAINING: _____

LIST BELOW WHERE YOU HAVE BEEN EMPLOYED AS A POLICE OFFICER

AGENCY / ADDRESS	DATE FROM / TO	RANK	REASON FOR LEAVING

ARE YOU ELIGIBLE FOR RE-HIRING? _____

IF NO, EXPLAIN FULLY ON A SEPARATE SHEET

LIST ANY SPECIALTY TRAINING YOU HAVE RECEIVED: _____

WERE YOU EVER DISCIPLINED? _____

IF YES, EXPLAIN FULLY ON A SEPARATE SHEET

VEHICLE CRASH AND ARREST RECORD

DO YOU CURRENTLY POSSESS A VALID AUTOMOBILE DRIVING LICENSE? _____

LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE: _____

HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED? _____

IF YES, EXPLAIN: _____

LIST VEHICLE CRASHES IN WHICH YOU HAVE BEEN INVOLVED AS A DRIVER

AGENCY / ADDRESS	DATE FROM / TO	LOCATION/DESCRIPTION

HAVE YOU EVER RECEIVED A TICKET OR BEEN ARRESTED FOR A TRAFFIC OFFENSE? _____

IF YES, DESCRIBE BELOW:

DATE	LOCATION	CHARGE	FINE OR SENTENCE

HAVE YOU EVER BEEN ARRESTED FOR A CRIMINAL OFFENSE? _____

IF YES, DESCRIBE BELOW:

DATE	LOCATION	CHARGE	FINE OR SENTENCE

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

IF YES, EXPLAIN FULLY ON A SEPARATE SHEET.

HAVE YOU EVER BEEN OR ARE YOU CURRENTLY INVOLVED AS A PLAINTIFF, DEFENDANT, PETITIONER,

OR RESPONDENT IN ANY CIVIL COURT ACTION: _____

IF YES, EXPLAIN FULLY ON A SEPARATE SHEET.

CERTIFICATION

I CERTIFY THAT:

- ALL REQUIRED ITEMS ARE INCLUDED WITH THIS APPLICATION
 - MILITARY
 - DD214 (IF VETERAN)
 - DD217 (IF ACTIVE DUTY)
 - PREVIOUS LAW ENFORCEMENT DOCUMENTATION
 - COPY OF LAW ENFORCEMENT ACADEMY CERTIFICATE
 - COPY OF SPECIALIZED TRAINING AND AWARDS
 - COPY OF COMMENDATIONS AND AWARDS

- I HAVE PERSONALLY COMPLETED THIS APPLICATION.

I SWEAR OR AFFIRM UNDER PENALTY OF PERJURY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____

DATE: _____



**STEUBEN COUNTY
SHERIFF'S OFFICE**

Rodney L. Robinson, Sheriff
206 EAST GALE STREET • ANGOLA, INDIANA 46703
(260) 668-1000 ext 5000 • Fax (260) 665-9476
www.steubensheriff.com

RELEASE FORMS

I, _____ do hereby give my consent and authorize the Steuben County Sheriff's Office to check criminal records, driver's license, and credit history.

I, _____ release the Steuben County Sheriff's Office from any liability while doing the physical ability test which is part of the application process.

I, _____ give the Steuben County Sheriff's Office permission to obtain bodily fluids and for a drug test to be done.

I, _____ do hereby give my consent and permission for the Steuben County Sheriff's Office to obtain previous employment information.

Witness

Signature

Printed Name

Date