



PUTNAM COUNTY SHERIFF'S DEPARTMENT
Greencastle, Indiana 46135

AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER
COMPLYING WITH ALL PROVISIONS OF THE AMERICANS WITH
DISABILITIES ACT 12/2014

Application for Employment

Last Name, First, Middle:

Date of Birth:

REQUIREMENTS FOR OFFICERS:

- Must be a United States citizen.
- Must be at least 21 years of age on or before the date of appointment.
- Must meet a minimum vision standard (corrected or uncorrected) of 20/50 acuity in each eye and 20/50 binocular acuity in both eyes.
- Must not have a recorded felony conviction.
- Must possess a valid driver's license.
- Applicant must have earned a high school diploma or GED.
- Must be willing to meet Putnam County Sheriff's Department residency requirement within six (6) months of appointment.

REQUIREMENTS FOR JAIL/ADMIN STAFF:

- Must be a United States citizen.
- Must be at least 18 years of age on or before the date of appointment.
- Must not have a recorded felony conviction.
- Must possess a valid driver's license.
- Applicant must have earned a high school diploma or GED.
- Must be willing to meet Putnam County Sheriff's Department Residency within six (6) months of appointment.

Position you are applying for:

Do you meet the basic eligibility requirements?

YES

NO

INSTRUCTIONS:

- Unless otherwise requested, enter dates in the following format: MM/DD/YY.
- Telephone numbers shall be entered in the following format: XXX-XXX-XXXX.
- Standard two-character State abbreviation shall be used (i.e. IN for Indiana).
- Incomplete applications will not be considered.
- Any misrepresentation of facts on this application will disqualify the applicant.

Do not make inquiries regarding the status of the application; you may receive appropriate information concerning the application periodically via e-mail. It is important to monitor your e-mail on a regular basis in order to receive time-sensitive information regarding the selection process.

BACKGROUND INFORMATION:

To determine your eligibility for employment with the Putnam County Sheriff's Department, please answer the following questions:
As a candidate for employment, I understand that all information provided will be verified by a background investigation, and may include a polygraph examination. Any false information provided may cause me to be removed from further consideration for this selection process.

Have you used an illegal drug (other than marijuana), or abused a legal drug within the past five (5) years?	YES	NO
Have you used marijuana within the past three (3) years?	YES	NO
Have you ever knowingly or intentionally sold, transported or manufactured any illegal drug for profit?	YES	NO
Do you currently abuse alcohol?	YES	NO
How many times within the last year have you operated a motor vehicle (to include a motorboat) and felt impaired or "buzzed", due to alcohol and/or drugs? (Enter as a whole number only: 0, 1, 2, 3... etc.)	<input type="text"/>	
Have you received any of the following Military Discharges: Bad Conduct Discharge (BCD), Dishonorable Discharge (DD), or Administrative Discharge of Other Than Honorable (OTH)?	YES	NO
Have you engaged in any form of bestiality since the age of 18?	YES	NO
Do you have any tattoos, brands or mutilations exposed while wearing a short sleeve shirt with your arms extended downward?	YES	NO

NOTE: Mutilation is defined under current Departmental policy as a purposeful, knowing, or intentional disfigurement, modification, or alteration of one's natural appearance that could bring discredit to the Department, or create a non-uniform appearance which might hinder Department esprit de corps. Such mutilations may include, but are not limited to brands, ear gauges, nose gauges, facial piercing, tongue trimming, tongue splitting, tongue studs, cranium cosmetic implants or any other implant that does not project an anthropomorphic appearance.

GENERAL INFORMATION:

LAST NAME: SUFFIX (Sr, Jr, I, II, etc.):

FIRST NAME: MIDDLE NAME:

MAIDEN NAME:

STREET ADDRESS: APT #:

CITY: STATE: ZIP CODE: COUNTY:

TELEPHONE NUMBERS: *i.e. xxx-xxx-xxxx*

HOME TELEPHONE: BUSINESS TELEPHONE:

MOBILE TELEPHONE:

E-MAIL ADDRESS:

E-MAIL ADDRESS:

Re-enter your e-mail address for verification:

REFERENCES:

Name:	Address:	Phone Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you previously applied to the Putnam County Sheriff's Department?

YES

NO

If known, indicate the year(s) in which an application was submitted:

If known, indicate your previous applicant identification number(s):

Are you currently an employee of Putnam County?

YES

NO

If "Yes", which County Department:

Are you currently, or have you ever been employed by the Putnam County Sheriff's Department?

YES

NO

If "Yes", enter your unit number:

RELATIVE DISCLOSURE INFORMATION:

In an effort to avoid nepotism during the interview process, it is necessary that you notify us of all relatives who have or currently work for the Putnam County Sheriff's Department in the spaces provided below. For purposes of this procedure, "relative" means father, mother, brother, sister, uncle, aunt, husband, wife, son, daughter, son-in-law, daughter-in-law, niece or nephew.

Do you currently have or ever had relatives employed by the Putnam County Sheriff Department?

YES

NO

If "Yes", enter their information below:

Their Name:

Position they held:

Your Relationship to Them:

INITIAL REQUIREMENT DATA:

Date of Birth: Your Age:

Race: Sex:

Marital status: Are you a U.S. citizen? **YES** **NO**

EDUCATION DATA:

Highest grade of high school completed? High school diploma or GED?

Highest level of college completed:

Degrees Obtained:

Name of School (Include City and State)	# of Hours Completed:	GPA on 4.0 Scale	Did you Graduate?	Degree or Diploma
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PRIOR LAW ENFORCEMENT:

Do you have full-time paid law enforcement experience as a police officer? **YES** **NO**

If "Yes", complete the following information:

Did you complete a state accredited law enforcement academy? **YES** **NO**

If "Yes", what academy/facility did you attend?

Did you receive a certificate upon completion of this training?

YES

NO

What month and year was this training completed? MM/YY

Total number of academy training hours?

Below, list ALL Law Enforcement experience, Beginning with most recent:

Agency Name (include City & State)	Start Date MM/YY	End Date MM/YY	Status	Had you been Disciplined?	Reason For leaving?	Eligible for Re-Hire?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MILITARY HISTORY AND STATUS:

Include active duty service with the National Guard and Reserve Components.

Have you ever served in the United States military on active duty (including basic training)?

YES

NO

If "Yes", how many total years on active duty?

If "Yes", complete the information on the page below for each branch of service, beginning with the most recent:

Military Branch	Start Date MM/YY	ETS Date MM/YY	Rank at Separation	Current Status	Had you been Disciplined?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYMENT HISTORY:

List current employment, beginning with most recent (include part-time):

Name of employer #1:

Address:

Telephone number:

Position or Professional Title for Employer #1	Start Date MM/YY	End Date MM/YY	Had you been Disciplined?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of employer #2:

Address:

Telephone number:

Position or Professional Title for Employer #2	Start Date MM/YY	End Date MM/YY	Had you been Disciplined?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of employer #3:

Address:

Telephone number:

Position or Professional Title for Employer #3	Start Date MM/YY	End Date MM/YY	Had you been Disciplined?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of employer #4:

Address:

Telephone number:

Position or Professional Title for Employer #4

Start
Date
MM/YY

End
Date
MM/YY

Had you been
Disciplined?

DRIVER'S LICENSE INFORMATION:

Do you currently possess a valid driver's license?

YES

NO

List issued driver's license information below:

Drivers License Number

State of Issue

Expiration Date
MM/YY

Has your driver's license ever been suspended or revoked?

YES

NO

If "Yes", what state(s)?

VEHICLE CRASH AND TRAFFIC TICKET INFORMATION:

Have you ever been involved in a vehicle crash?

YES

NO

If "Yes", what is the number of crashes you have been involved in?

Have you ever received a ticket for a traffic offense?

YES

NO

If "Yes", what is the number of tickets you have received?

CRIMINAL ARREST INFORMATION:

Have you ever been arrested or ticketed for a misdemeanor that has not been expunged by a court, even if charges were later dropped or dismissed?	YES	NO
---	------------	-----------

If "Yes", complete the information requested on the page below for each offense, beginning with the most recent:

Date MM/YY	Arresting Agency	Charge/Offense	Disposition of Case
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been arrested or charged with a felony that has not been expunged by a court, even if charges were later dropped or dismissed?	YES	NO
--	------------	-----------

If "Yes", what offense were you convicted of?

Have you ever been arrested for an act as a juvenile that would have been a crime had it been committed by an adult?	YES	NO
--	------------	-----------

If "Yes", what offense were you convicted of?

Have you ever been, or are you currently involved as a plaintiff, defendant, petitioner or respondent in any civil court case?	YES	NO
--	------------	-----------

MISCELLANEOUS INFORMATION:

Do you currently possess a personal protection handgun permit?	YES	NO
--	------------	-----------

Have you ever been denied a personal protection handgun permit? **YES** **NO**

Have you have ever had a personal protection handgun permit that was suspended or revoked? **YES** **NO**

Number of dependents?

Are you legally required to make child support payments? **YES** **NO**

If "Yes", are your child support payments current? **YES** **NO**

Do you speak a foreign language(s)? **YES** **NO**

If "Yes", what language(s)?

If "Yes", which language(s) do you speak fluently?

If "Yes", which language(s) do you read and understand?

The Putnam County Sheriff's Department will require, **at a later time**, the following documentation. You will be notified when it will be necessary to provide this documentation.

- Birth Certificate
- High School transcripts (Copy)
- Official College/University transcripts (if applicable)
- Military DD214 (if applicable)
- If active duty, a letter of endorsement from a military commander is required.
- Copies of specialized training certificates and awards.
- Previous law enforcement documentation:
 - Copy of State accredited law enforcement academy certificate and curriculum.
 - Copies of commendations and awards.

By placing my name in the box below, I swear or affirm under the penalty of perjury, all information contained in this application is true, accurate and complete to the best of my knowledge. I understand any false information provided may cause me to be removed from further consideration for this selection process.

Applicant's full name: Date completed:

How to submit your Application

When your application is completed and ready for submission, follow the steps below:

- 1) Proofread your application thoroughly, ensuring all fields are completed.
- 2) Save a copy of your completed application using the following format (required for submission):

Last Name, First Name, Middle Initial, Date of Birth

(Example) "Doe, John, A. 03-05-1980"

- 3) Once you have saved a copy of your completed application to your computer, send the application as an attachment in an e-mail message using the following criteria to finish submitting your application to the Putnam County Sheriff's Department.

To: Tom.Sutherlin@co.putnam.in.us

Subject: Application for Putnam County Sheriff's Department

Message/Narrative Section: Include your Full Name (Last Name, First Name, Middle Initial) and Date of Birth (MM-DD-YY)

ATTACH your Application: When you have completed the information above attach your application utilizing your e-mail programs file attachment protocols.

Send: Confirm all information above is accurate and that you have entered the correct email address for the Putnam County Sheriff's Department: Tom.Sutherlin@co.putnam.in.us