



Brian S. Siefker
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 Emergency 911

APPLICATION FOR EMPLOYMENT

- Read All questions and Answer all fully where applicable
- Non-Truthful statements can result in termination of employment
- Please Print
- Sign Bottom of each page

Date of Application: _____

Name of Applicant: _____ Soc. Sec. # _____

Have you ever had another name? Yes No. If yes, what name or Names, including Maiden Name:

Present Address: _____

Telephone Number: Home (____) _____ Cell (____) _____

E-mail address: _____

Are you a U.S. Citizen? Yes No If not, do you have permission to remain permanently in U.S. Y N

Position you are applying for: Road Patrol Deputy Auxiliary Deputy Corrections Officer
 911 Dispatch Clerical Other (specify) _____

Full Time or Part Time (circle one) Are you available to work any shift? Y N

Are you currently employed? Y N If so, where? _____

Do you have a valid driver's license? Y N If no, do you have means of transportation to and from work? _____

Do you have relatives currently working for the Putnam County Sheriff's Office or Adult Detention Facility? Y N
 If yes, list names: _____

Have you ever served in the U.S. Armed Services? Y N If yes, give dates: _____ to _____

Branch: _____ Duties and Special Training: _____

(Attach copy of D.D.214 or other training certification)

1 Signature _____

We are an equal opportunity employer

PREVIOUS ADDRESSES

List All your previous residences in chronological order for the last fifteen (15) years.

1. _____
2. _____
3. _____
4. _____
5. _____

EMPLOYMENT

Starting with your current or most recent employer, **list chronologically all employers for whom you have worked.** Include, in sequence, all part time jobs, and periods of unemployment. Fill in boxes for each employer. If currently unemployed, indicate that on the first line. If necessary, continue your employer listing on plain paper and attach it to this application being sure to provide all the information requested. **It is imperative that all employers and periods of unemployment be listed.**

May we contact your current employer? _____ If no, advise reason: _____

Name and address of Employer	Phone	Type of Business
Dates Employed	Starting Title	Present or Last Title
From: _____ to: _____		
Name of Supervisor	Starting Salary	Present or Last Salary
Brief Description of Duties		
Reason for Leaving		
Name and address of Employer	Phone	Type of Business

2 Signature _____

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Dates Employed From: _____ to: _____	Starting Title	Present or Last Title
Name of Supervisor	Starting Salary	Present or Last Salary
Brief Description of Duties		
Reason for Leaving		
Name and address of Employer	Phone	Type of Business
Dates Employed From: _____ to: _____	Starting Title	Present or Last Title
Name of Supervisor	Starting Salary	Present or Last Salary
Brief Description of Duties		
Reason for Leaving		

Have you ever been reprimanded, discharged, or forced to resign because of misconduct or unsatisfactory service?

Yes No if yes, give details: _____

List below your reason for applying at the Putnam County Sheriff's Office / Adult Detention Facility:

EDUCATION

Indicate on form below the various schools you have attended and other information requested. If additional space is needed, Please use back of page.

Name of School	City/State	Grades / Yrs attended	Diploma and/or Type of Degree
High School / GED			
University / College			
Special Law Enforcement Trg.		Hrs. attended	(attach Certificates)

REFERENCES

Please list below 3 personal references with Phone numbers, who are not family members or past employers.

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

List three relatives and their relation to you. Do not list spouse.

1. _____
2. _____
3. _____

I swear that the foregoing answers are true, correct and complete to the best of my knowledge and belief. I acknowledge and understand that any false or misleading information and/or omissions, either verbal or in writing, anytime during the selection process for this position will be cause for my disqualification from consideration for the position. Such false or misleading information could also result in termination, if found after employment begins, and/or criminal charges being filed under the Ohio Revised Code, Section 2921.13.

Dated this _____ day of _____, 20____

Signature of applicant

Application MUST be notarized

Sworn to and subscribed in my presence this _____ day of _____, 20____.

Notary Public

My Commission expires _____