

PORTER COUNTY SHERIFF'S DEPARTMENT

JAIL DIVISION



Application for position of

JAIL OFFICER

Porter County Sheriff's Department
JAIL DIVISION



Memorandum

To: JAIL OFFICER APPLICANT
From: ASSISTANT WARDEN RONALD GAYDOS
Date: 2009
Subject: APPLICATION PACKET

Dear Applicant,

Please allow this memo to serve as instructions for completing the application process. All applications must be completed and returned to the **PORTER COUNTY SHERIFF'S DEPARTMENT**.

The application must include:

- ~ A copy of your High School or G.E.D. Diploma
- ~ A transcript from all High Schools Attended
- ~ A copy of your College or University Diploma (if applicable)
- ~ A transcript from all Colleges or Universities attended (if applicable)
- ~ A copy of your Military discharge record (DD214, if applicable)
- ~ The signed AUTHORIZATION TO RELEASE INFORMATION form (enclosed)
- ~ Required photos

Items will not be returned. Submit legible copies.

You will be notified my mail of the date, time and location of the Orientation and Written Examinations. You will be required to bring with you to the Orientation/Testing, if you are notified your current drivers license.

INCOMPLETE APPLICATIONS WILL BE DISCARDED.

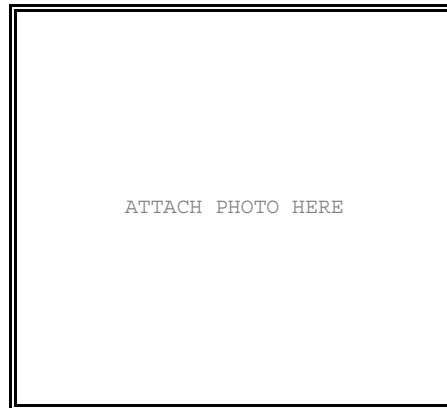
Thank you for your interest in becoming a member of the PORTER COUNTY SHERIFF'S DEPARTMENT.

Should you have any questions, please feel free to contact me at (219)477-3000 ext. 3057. Mail or return to Porter County Jail 2755 St. Rd. 49, Valparaiso IN 46383

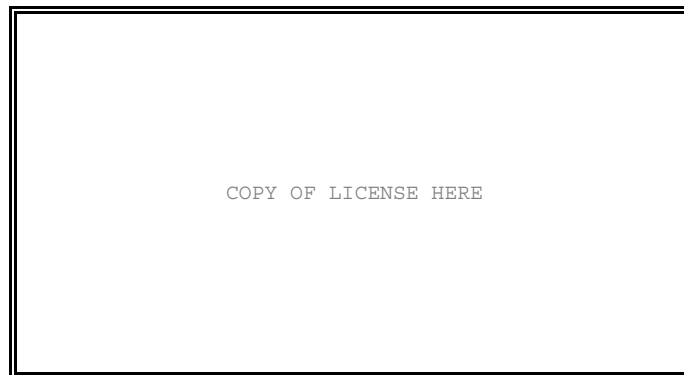
NOTE: TO KNOWINGLY FALSIFY OR OMIT INFORMATION ON THE APPLICATION IS GROUNDS FOR REJECTION

**Porter County Sheriff's Department
Jail Division Application for Employment**

**PLEASE ATTACH A RECENT PASSPORT SIZE
COLOR PHOTOGRAPH OF YOURSELF.**



COPY OF DRIVERS LICENSE



Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) applied for:	Date of Application / /
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How did you learn about us?

Advertisement Friend Walk-In
 Employment Agency Relative Other: _____

Last Name	First Name	Middle Name
Address (Number) (Street)	City	State Zip Code
Telephone Number(s)	Social Security Number	

HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
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Have you ever filed an application with us before? Yes, give date: _____ No

Have you ever been employed with us before? Yes, give date: _____ No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

Education

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		From	To	
Job Title	Supervisor			
Reason for Leaving				

2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		From	To	
Job Title	Supervisor			
Reason for Leaving				

3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		From	To	
Job Title	Supervisor			
Reason for Leaving				

4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		From	To	
Job Title	Supervisor			
Reason for Leaving				

Employment Experience

5	Employer	Dates Employed		Work Performed	
		From	To		
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
		From	To		
	Job Title	Supervisor			
Reason for Leaving					

6	Employer	Dates Employed		Work Performed	
		From	To		
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
		From	To		
	Job Title	Supervisor			
Reason for Leaving					

7	Employer	Dates Employed		Work Performed	
		From	To		
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
		From	To		
	Job Title	Supervisor			
Reason for Leaving					

8	Employer	Dates Employed		Work Performed	
		From	To		
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
		From	To		
	Job Title	Supervisor			
Reason for Leaving					

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills / Equipment Operated

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> CRT | <input type="checkbox"/> Fax |
| <input type="checkbox"/> PC | <input type="checkbox"/> Lotus 1-2-3 |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> PBX System |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> WordPerfect |

Production/Mobile Machinery (list):

Other (list):

_____	_____
_____	_____
_____	_____

State any additional information you feel may be helpful to us in considering your application

References

Do NOT list relatives, former employers, or supervisors. List only character references who have definite knowledge of your qualifications.

Name	Phone #
Address	

Name	Phone #
Address	

Name	Phone #
Address	

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation to all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

_____/_____/_____
Date



David Lain
Sheriff

Doug Snider
Chief Deputy

Porter County Sheriff's Police

AUTHORIZATION TO RELEASE INFORMATION

I, _____ hereby authorize any person, agency, partnership or corporation having any information concerning my EDUCATION RECORD, EMPLOYMENT RECORD, MILITARY RECORD, OR POLICE RECORDS FROM ANY AND ALL POLICE AGENCIES, to release such information to the Porter County Sheriff's Police. This information is to be used for possible employment with the Porter County Sheriff's Police and will not be available for public inspection.

I hereby release such persons, agency, partnership or corporation from any liability which may be incurred in releasing this information to the Porter County Sheriff's Police including under any Federal Law.

Signature

Social Security Number

_____/_____/_____
Date

