



Sheriff David M. Lucas

Belmont County Sheriff's Office
68137 Hammond Road • St. Clairsville, Ohio 43950

~ Emergency: 911 ~

Sheriff's Office: 740.695.7933 • Dispatcher: 740.695.2212 • Fax: 740.699.2582

Jail: 740.695.5124 • Jail Fax: 740.695.4781

PLEASE READ THE FOLLOWING BEFORE COMPLETING OUR APPLICATION :

- 1. There is no guarantee of a job offer or a job interview in completing our application. Your application will be considered with others who have submitted applications and decisions about interviews will be based on this comparison.**
- 2. Our application must be completely filled out in order for it to be considered for employment.**
- 3. If the information provided in our application can not be satisfactorily verified by employment reference checks your application could be considered incomplete.**
- 4. Applications are filed according to job title. Be as specific as possible in stating the job applying for. ANY position is not an acceptable response on our application.**
- 5. Due to the large number of applications we receive and the competitive nature of our employment process specific reasons for employment decisions will not be released.**

6. In completing our application you will be subject to the following checks:

EMPLOYMENT REFERENCE CHECK FROM FORMER EMPLOYERS

CRIMINAL BACKGROUND CHECK

DRUG SCREEN / PHYSICAL

Signature of applicant

BELMONT COUNTY SHERIFF'S OFFICE

David M. Lucas, SHERIFF

68137 Hammond Road, St. Clairsville, Ohio 43950



Chief Deputy - James G. Zusack
Jail Administrator - Brent Carpenter
Asst. Jail Administrator - Stanley Galownia



Application for Employment
BELMONT COUNTY SHERIFF'S OFFICE

Revised 030113

- **Duty to Disclose:** The landmark decision of *Brady v Maryland (1963)* places an affirmative constitutional duty on a prosecutor to disclose exculpatory evidence to a defendant. This duty has been extended to police agencies through case law, requiring law enforcement agencies to notify the prosecutor of any potential exculpatory information.
- **Exculpatory Evidence/Brady Material:** Evidence in the government's possession that is favorable to the accused and that is material to either guilt or punishment, including evidence that may impact the credibility of a witness.

For further information concerning *Brady v Maryland* go to <http://www.pato.com/weeklyarticles/bradyvmaryland.shtml>

IMPORTANT INSTRUCTIONS

THANK YOU FOR YOUR INTEREST IN BECOMING AN EMPLOYEE OF THE BELMONT COUNTY SHERIFF'S OFFICE. THE INFORMATION PRESENTED ON THIS FORM WILL DETERMINE THE INITIAL ACCEPTANCE OF YOUR APPLICATION AND IN PART, YOUR ADMISSION TO AN ORAL EXAMINATION. FOR THESE REASONS, IT IS EXTREMELY IMPORTANT THAT YOU **ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY**, RELATING YOUR BACKGROUND AS CLOSELY AND FULLY AS POSSIBLE TO THE DUTIES AND REQUIREMENTS DESCRIBED IN THE JOB DESCRIPTION AND ANNOUNCEMENT. IF A QUESTION DOES NOT APPLY TO YOU, MARK N/A. TYPE OR PRINT IN INK. **MAKE SURE TO READ AND SIGN THE FINAL PAGE OF THE APPLICATION.** PLEASE RETURN COMPLETED APPLICATION TO THE FOLLOWING ADDRESS:

BELMONT COUNTY SHERIFF'S OFFICE
68137 Hammond Road, St. Clairsville, Ohio 43950
Phone (740) 695-7933 -- Fax (740) 695-9662

LAST NAME		FIRST NAME		MIDDLE NAME	
PREVIOUS NAMES					
ADDRESS (Number, Street)			APT.	CITY	STATE ZIP CODE
HOME PHONE NUMBER		CELL PHONE NUMBER		BUSINESS PHONE NUMBER	
PLACE OF BIRTH		E-MAIL ADDRESS			
ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE YOU A CURRENT COUNTY EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

AN AFFIRMATIVE ACTION EMPLOYER FOR EQUAL EMPLOYMENT OPPORTUNITY

FOR PERSONNEL OFFICE USE ONLY					
ACCEPTED			NOT ACCEPTED		NOTICE(S) SENT
VP	GRADE	RANK	RESULT(S) SENT	DEPT.	STARTING

EDUCATION & TRAINING

GRAMMAR & HIGH SCHOOL (Highest year completed) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	NAME & LOCATION OF HIGH SCHOOL	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR DIPLOMA WAS GRANTED
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TRAINING BEYOND HIGH SCHOOL COLLEGE, UNIVERSITY, BUSINESS, VOCATIONAL OR OTHER SCHOOLS INDICATE "Q" FOR QUARTERLY HOURS AND "S" SEMESTER HOURS	MARK THE NUMBER OF YEARS IN COLLEGE OR UNIVERSITY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
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NAME & LOCATION OF INSTITUTION	DATES ATTENDED		CREDITS EARNED	MAJOR FIELD & REMARKS	DEGREES
	FROM	TO			Month & Year Received

HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY HIGH SCHOOL PRO POST SECONDARY SCHOOL?
 YES NO IF YES PLEASE EXPLAIN (Include school, date and circumstances)

DESCRIBE ANY EDUCATION OR TRAINING YOU HAVE HAD WHICH IS NOT COVERED ABOVE, SUCH AS CORRESPONDENCE COURSES, SERVICE SCHOOLS, INSERVICE TRAINING OR INTERNSHIPS (GIVE DATES)

INDICATE ACADEMIC HONORS OR OTHER SCHOOL ACHIEVEMENTS WHICH MAY BE HELPFUL IN EVALUATING YOUR BACKGROUND.

IF CURRENTLY LICENSED OR REGISTERED TO PRACTICE IN OHIO AS A MEMBER OF SOME PROFESSION OR TRADE, INDICATE TYPE OF LICENSE OR REGISTRATION INCLUDING CERTIFICATION BY THE OHIO PEACE OFFICER TRAINING ACADEMY.	LIST MEMBERSHIPS IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS.
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WORK EXPERIENCE

May we obtain references from the employers named below? YES NO If "NO" name and explain exceptions.

1. Have you ever received formal discipline (i.e. written reprimand or suspension) at any job? YES NO
2. Has an employer ever terminated your employment? YES NO
3. Have you resigned after being informed your employer intended to terminate or discipline you? YES NO
If YES to any question, explain:
4. Were you ever disciplined while in military service? YES NO
(Include court martial, captain's masts, article 15, or other non-judicial)

CHARGE	UNIT	DATE	AGE AT TIME	DISPOSITION

GIVE A **COMPLETE** RECORD OF ANY EMPLOYMENT, SELF-EMPLOYMENT, MILITARY SERVICE OR VOLUNTEER EXPERIENCE. START AT THE TOP WITH YOUR PRESENT OR MOST RECENT JOB, IT IS IMPORTANT TO INCLUDE THE PHONE NUMBERS OF YOUR EMPLOYERS, INDICATE ANY CHANGE IN JOB TITLE UNDER THE SAME EMPLOYER AS A SEPARATE POSITION.

PRESENT OR MOST RECENT EMPLOYER		YOUR TITLE	KIND OF BUSINESS	
ADDRESS OF BUSINESS (Street, City, Zip Code)	REASONS FOR LEAVING OR CONSIDERING LEAVING		NAME, TITLE, & PHONE NO. OF SUPERVISOR	
YOUR DUTIES	LIST THREE CO-WORKERS		FROM (Month & Year)	TO (Month & Year)
			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
			(_____ hours per _____)	
			BEGINNING PAY	ENDING PAY
			\$ _____ per	\$ _____ per
EMPLOYER		YOUR TITLE	KIND OF BUSINESS	
ADDRESS OF BUSINESS (Street, City, Zip Code)	REASONS FOR LEAVING OR CONSIDERING LEAVING		NAME, TITLE, & PHONE NO. OF SUPERVISOR	
YOUR DUTIES	LIST THREE CO-WORKERS		FROM (Month & Year)	TO (Month & Year)
			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
			(_____ hours per _____)	
			BEGINNING PAY	ENDING PAY
			\$ _____ per	\$ _____ per
EMPLOYER		YOUR TITLE	KIND OF BUSINESS	
ADDRESS OF BUSINESS (Street, City, Zip Code)	REASONS FOR LEAVING OR CONSIDERING LEAVING		NAME, TITLE, & PHONE NO. OF SUPERVISOR	
YOUR DUTIES	LIST THREE CO-WORKERS		FROM (Month & Year)	TO (Month & Year)
			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
			(_____ hours per _____)	
			BEGINNING PAY	ENDING PAY
			\$ _____ per	\$ _____ per
EMPLOYER		YOUR TITLE	KIND OF BUSINESS	
ADDRESS OF BUSINESS (Street, City, Zip Code)	REASONS FOR LEAVING OR CONSIDERING LEAVING		NAME, TITLE, & PHONE NO. OF SUPERVISOR	
YOUR DUTIES	LIST THREE CO-WORKERS		FROM (Month & Year)	TO (Month & Year)
			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
			(_____ hours per _____)	
			BEGINNING PAY	ENDING PAY
			\$ _____ per	\$ _____ per
EMPLOYER		YOUR TITLE	KIND OF BUSINESS	
ADDRESS OF BUSINESS (Street, City, Zip Code)	REASONS FOR LEAVING OR CONSIDERING LEAVING		NAME, TITLE, & PHONE NO. OF SUPERVISOR	
YOUR DUTIES	LIST THREE CO-WORKERS		FROM (Month & Year)	TO (Month & Year)
			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
			(_____ hours per _____)	
			BEGINNING PAY	ENDING PAY
			\$ _____ per	\$ _____ per
EMPLOYER		YOUR TITLE	KIND OF BUSINESS	
ADDRESS OF BUSINESS (Street, City, Zip Code)	REASONS FOR LEAVING OR CONSIDERING LEAVING		NAME, TITLE, & PHONE NO. OF SUPERVISOR	
YOUR DUTIES	LIST THREE CO-WORKERS		FROM (Month & Year)	TO (Month & Year)
			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
			(_____ hours per _____)	
			BEGINNING PAY	ENDING PAY
			\$ _____ per	\$ _____ per

EMPLOYMENT/EDUCATION GAPS

PLEASE ACCOUNT FOR PERIODS OF TIME WHICH ARE NOT COVERED BY YOUR EMPLOYMENT AND/OR EDUCATION HISTORY:

FROM	TO	REASON
FROM	TO	REASON
FROM	TO	REASON
FROM	TO	REASON
FROM	TO	REASON

IS YOUR VISION CORRECTABLE TO 20/20? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU RECOGNIZE COLORS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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DRIVER'S LICENSE INFORMATION

DO YOU HAVE A CURRENT DRIVER'S LICENSE?

YES, Driver's License # _____ What State? _____ NO

LIST ANY OTHER STATE(S) WHERE YOU HAVE EVER HELD A DRIVER'S LICENSE?

Driver's License # _____, What State? _____ Driver's License # _____ What State? _____

HOW MANY MILES DO YOU DRIVE IN A YEAR?

HAVE YOU EVER HAD AUTOMOBILE INSURANCE WITHDRAWN, CANCELLED, REVOKED OR REFUSED? YES NO If yes, explain:

HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE? YES NO If, yes explain:

HAS YOUR LICENSE EVER BEEN SUSPENDED, REVOKED OR CANCELLED? YES NO If yes, explain:

HAVE YOU EVER BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT AS THE DRIVER? YES NO

INCIDENT	DATE	INVESTIGATING AGENCY	LOCATION

RECORD OF LAW ENFORCEMENT CONTACTS

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF CITY ORDINANCES, COUNTY ORDINANCES, STATE OR FEDERAL LAW?
 (Include traffic violations. Attach separate sheet for additional information)

DATE	LIST ISSUING AGENCY	LAW VIOLATED	(DISPOSITION: Bail Forfeited, Fined, Etc.)

ARE THERE ANY CHARGES (VIOLATIONS) PENDING AGAINST YOU? YES NO (If yes, please explain)

WERE YOU EVER CONVICTED BEFORE A JUVENILE COURT FOR ANY ACT WHICH WOULD HAVE BEEN A CRIME IF COMMITTED BY AN ADULT? YES NO (If yes, please explain)

HAVE YOU EVER BEEN INVOLVED IN A CIVIL ACTION? (i.e. divorce, small claims, etc.)
 YES NO (If yes, please explain when, where, name and location of court and circumstances)

HAVE YOU EVER BEEN PLACED ON COURT PROBATION/PAROLE AS AN ADULT? YES NO (If yes, give details, including dates, where, why)

CAN YOU LEGALLY OWN AND POSSESS A FIREARM? YES NO
 If NO, explain

PLEASE NOTE THAT IT IS NOT THE INTENT OF THE BELMONT COUNTY SHERIFF'S OFFICE TO UTILIZE ANY INFORMATION SOLICITED IN THIS SECTION FOR CRIMINAL PROSECUTION. HOWEVER, SELF-DISCLOSURE IS OF THE UTMOST IMPORTANCE.

HAVE YOU EVER USED ANY MARIJUANA, COCAINE, LSD, SPEED, PCP, HEROIN, HASHISH, STEROIDS, METHAMPHETAMINE, ECSTASY OR ANY OTHER STREET DRUGS OR TAKEN PRESCRIPTION DRUGS NOT PRESCRIBED FOR YOU? YES NO (If yes, please explain)

NAME OF DRUG	TOTAL ESTIMATED USE	DATE FIRST USED	DATE LAST USED

LIST ALL CITIES AND STATES IN WHICH YOU LIVED

PLEASE LIST ALL OF YOUR RESIDENCES FOR THE PAST TEN YEARS. BEGIN WITH YOUR MOST CURRENT RESIDENCE. (If needed use separate paper, using this format)		
ADDRESS		
DATES (Month, Year) FROM:	TO:	REASON FOR LEAVING
NAME, ADDRESS, PHONE NO. OF LANDLORD OR MORTGAGE HOLDER		
WITH WHOM DID YOU LIVE? WHAT IS THEIR PRESENT NAME, ADDRESS & PHONE NO?		
ADDRESS		
DATES (Month, Year) FROM:	TO:	REASON FOR LEAVING
NAME, ADDRESS, PHONE NO. OF LANDLORD OR MORTGAGE HOLDER		
WITH WHOM DID YOU LIVE? WHAT IS THEIR PRESENT NAME, ADDRESS & PHONE NO?		
ADDRESS		
DATES (Month, Year) FROM:	TO:	REASON FOR LEAVING
NAME, ADDRESS, PHONE NO. OF LANDLORD OR MORTGAGE HOLDER		
WITH WHOM DID YOU LIVE? WHAT IS THEIR PRESENT NAME, ADDRESS & PHONE NO?		
ADDRESS		
DATES (Month, Year) FROM:	TO:	REASON FOR LEAVING
NAME, ADDRESS, PHONE NO. OF LANDLORD OR MORTGAGE HOLDER		
WITH WHOM DID YOU LIVE? WHAT IS THEIR PRESENT NAME, ADDRESS & PHONE NO?		
ADDRESS		
DATES (Month, Year) FROM:	TO:	REASON FOR LEAVING
NAME, ADDRESS, PHONE NO. OF LANDLORD OR MORTGAGE HOLDER		
WITH WHOM DID YOU LIVE? WHAT IS THEIR PRESENT NAME, ADDRESS & PHONE NO?		

HAS YOUR APPLICATION EVER BEEN REJECTED OR WITHDRAWN FROM A HIRING PROCESS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please explain)

LAW ENFORCEMENT EMPLOYMENT APPLICATION INFORMATION

IF YOU HAVE APPLIED FOR EMPLOYMENT WITH OTHER PUBLIC SAFETY AGENCIES (Fire, Police, EMS) LIST THE NAME(S) OF THOSE AGENCIES AND THE YEAR APPLIED (If needed, use separate paper)

NAME OF AGENCY		DATE (Month, Year)
ADDRESS, ZIP CODE, PHONE		
SUBMITTED APPLICATION ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	BACKGROUND CONDUCTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
STATUS AND/OR RESULTS:		
NAME OF AGENCY		DATE (Month, Year)
ADDRESS, ZIP CODE, PHONE		
SUBMITTED APPLICATION ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	BACKGROUND CONDUCTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
STATUS AND/OR RESULTS:		
NAME OF AGENCY		DATE (Month, Year)
ADDRESS, ZIP CODE, PHONE		
SUBMITTED APPLICATION ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	BACKGROUND CONDUCTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
STATUS AND/OR RESULTS:		
NAME OF AGENCY		DATE (Month, Year)
ADDRESS, ZIP CODE, PHONE		
SUBMITTED APPLICATION ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	BACKGROUND CONDUCTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
STATUS AND/OR RESULTS:		
NAME OF AGENCY		DATE (Month, Year)
ADDRESS, ZIP CODE, PHONE		
SUBMITTED APPLICATION ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	BACKGROUND CONDUCTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
STATUS AND/OR RESULTS:		
NAME OF AGENCY		DATE (Month, Year)
ADDRESS, ZIP CODE, PHONE		
SUBMITTED APPLICATION ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	BACKGROUND CONDUCTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
STATUS AND/OR RESULTS:		
NAME OF AGENCY		DATE (Month, Year)
ADDRESS, ZIP CODE, PHONE		
SUBMITTED APPLICATION ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	BACKGROUND CONDUCTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
STATUS AND/OR RESULTS:		

CHARACTER REFERENCES

LIST NAMES OF FOUR PEOPLE WHO HAVE KNOWLEDGE OF YOU AND YOUR QUALIFICATIONS (Exclude relatives, former employers or co-workers)		
NAME		
ADDRESS (City, State, Zip Code)		
PROFESSION/TITLE		
HOME PHONE	CELL PHONE	BUSINESS PHONE
NAME		
ADDRESS (City, State, Zip Code)		
PROFESSION/TITLE		
HOME PHONE	CELL PHONE	BUSINESS PHONE
NAME		
ADDRESS (City, State, Zip Code)		
PROFESSION/TITLE		
HOME PHONE	CELL PHONE	BUSINESS PHONE
NAME		
ADDRESS (City, State, Zip Code)		
PROFESSION/TITLE		
HOME PHONE	CELL PHONE	BUSINESS PHONE
NAME		
ADDRESS (City, State, Zip Code)		
PROFESSION/TITLE		
HOME PHONE	CELL PHONE	BUSINESS PHONE
NAME		
ADDRESS (City, State, Zip Code)		
PROFESSION/TITLE		
HOME PHONE	CELL PHONE	BUSINESS PHONE
NAME		
ADDRESS (City, State, Zip Code)		
PROFESSION/TITLE		
HOME PHONE	CELL PHONE	BUSINESS PHONE
NAME		
ADDRESS (City, State, Zip Code)		
PROFESSION/TITLE		
HOME PHONE	CELL PHONE	BUSINESS PHONE
NAME		
ADDRESS (City, State, Zip Code)		
PROFESSION/TITLE		
HOME PHONE	CELL PHONE	BUSINESS PHONE

UPON REQUEST, PLEASE BE PREPARED TO PRESENT THE FOLLOWING:

1. Birth Certificate
2. High School (HSED or GED) Diploma or Equivalency
3. Military Discharge Paper (if applicable)
4. College or Technical School Transcripts and Copy of Diplomas

QUALIFICATIONS STATEMENT

Please prepare a statement describing any relevant training, work and life experiences which have prepared you to perform the role of the position for which you are applying. Limit your statement to one page. You may either print neatly or type your response.

[Empty box for writing the qualifications statement]

The check off questions below provides a means of quickly reviewing your qualifications. Please check the "YES" or "NO" box for each question, including those questions that may duplicate, in whole or in part, other questions on this application.

QUESTIONS USED AS INDICATORS FOR APPLICANTS	YES	NO
1. Are you a United States citizen?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been convicted of a felony?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a valid driver's license?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you 18 years old or older?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you a high school graduate?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a GED or HSED?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you a graduate from a two-year college or technical school?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you a graduate of a four-year college?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you earned a Master's degree or Ph.D. or other advanced degree?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Check the highest <u>semester credit hours</u> of education completed after high school:		
<input type="checkbox"/> 30-60 <input type="checkbox"/> 61-90 <input type="checkbox"/> 91-120 <input type="checkbox"/> 121-150 <input type="checkbox"/> over 150		
11. Do you have two years of work experience?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you willing to work weekends and holidays?.....	<input type="checkbox"/>	<input type="checkbox"/>
13. Are you certified by, or have you successfully completed an Ohio Peace Officer Training Academy (OPOTA)?.....	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you been certified by any other state as a Law Enforcement Officer?.....	<input type="checkbox"/>	<input type="checkbox"/>
15. Are you a certified OPOTA Jail Officer?.....	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you been certified by any other state as a corrections/jail officer?.....	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever used or experimented with heroin?.....	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever used or experimented with hashish?.....	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever used or experimented with steroids?.....	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever used or experimented with methamphetamine?.....	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever used or experimented with ecstasy?.....	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever used or experimented with marijuana?.....	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you ever used or experimented with cocaine?.....	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you ever used or experimented with LSD or other hallucinogens?.....	<input type="checkbox"/>	<input type="checkbox"/>
25. Have you ever used or experimented with a prescription drug not prescribed to you?.....	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONS USED AS INDICATORS FOR APPLICANTS

YES

NO

- 26. Have you ever used or experimented with any other street drugs?..... YES NO
- 27. Have you ever had auto insurance withdrawn, cancelled, revoked or refused?..... YES NO
- 28. Have you ever been refused a driver's license?..... YES NO
- 29. Has your driver's license ever been revoked, suspended or cancelled?..... YES NO
- 30. Circle the number of traffic violations for which you have been convicted in the past Five years: (do not include parking violations)

0 1 2 3 4 5 6 7 8 9 10

- 31. Have you ever been convicted of any violation(s) of city ordinances, county ordinances, or municipal ordinances, state or federal laws (excluding traffic)?..... YES NO
- 32. Do you have any criminal action pending against you?..... YES NO
- 33. Have you ever been on court ordered probation?..... YES NO
- 34. Have you ever been discharged from a job?..... YES NO
- 35. Have you ever been suspended or expelled from any high school, college, university, graduate school, vocational or business school?..... YES NO

ALL APPLICANTS MUST SIGN THIS CERTIFICATE:

I have read the job specifications and, in my opinion, I meet the minimum requirements. I have read and made a complete answer to each question. I certify that my answers in each instance are true and correct, containing no misrepresentations, omissions or falsifications, and are complete. I agree that any misstatements or omissions of material fact may cause forfeiture on my part of all rights to any employment in the county service.

SIGNATURE

DATE