



Allen County Sheriff's Office

333 NORTH MAIN STREET • LIMA, OHIO 45801

Matthew B. Treglia, Sheriff

419-993-1400

PERSONNEL APPLICATION

1. Read all questions carefully and answer fully where applicable.
2. Sign the bottom of each page.
3. Non-truthful statements can result in termination of employment.

DATE _____

NAME _____ SOC. SEC. # _____

HAVE YOU EVER WORKED UNDER ANOTHER NAME? _____ YES _____ NO.

IF YES, WHAT NAME, OR NAMES? (MAIDEN NAME) _____

PRESENT ADDRESS _____

TELEPHONE # (_____) _____

ARE YOU A CITIZEN OF THE U.S.? _____ YES _____ NO.

IF NOT A CITIZEN, DO YOU HAVE PERMISSION TO REMAIN PERMANENTLY IN THE U.S.?

_____ YES _____ NO _____ N/A

ARE YOU 18 YEARS OR OLDER? _____ YES _____ NO.

POSITION APPLIED FOR: _____ REGULAR _____ SPECIAL _____ CORRECTIONS
(PLEASE CHECK ONE ONLY)

_____ CLERICAL _____ COMMUNICATIONS _____ COOK

HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF LAW? _____

_____ YES _____ NO. IF YES, PLEASE GIVE DETAILS: _____

YOUR SIGNATURE _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

HAVE YOU EVER SERVED IN THE U.S. ARMED SERVICES? _____ YES _____ NO.

IF YES, DATES: _____ BRANCH: _____

DUTIES AND SPECIAL TRAINING: _____

ATTACH COPY OF D.D.-214 OR OTHER TRAINING CERTIFICATION. _____

HAVE YOU EVER BEEN OR ARE PRESENTLY A MEMBER OF ANY ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF THE FEDERAL GOVERNMENT? _____ YES _____ NO.

EDUCATION

INDICATE ON FORM BELOW THE VARIOUS SCHOOLS YOU HAVE ATTENDED AND OTHER INFORMATION REQUESTED.

NAME OF SCHOOL	CITY/STATE	GRADES ATTENDED	DATE GRADUATED
HIGH SCHOOL / PROOF OF GED			
SPECIAL LAW ENFORCEMENT TRAINING (ATTACH CERTIFICATES)			
UNIVERSITY OR COLLEGE(S)		DEGREE	

YOUR SIGNATURE _____

EMPLOYMENT

COMPLETE ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT.

1.	NAME & ADDRESS OF EMPLOYER		TYPE OF BUSINESS
	DATES EMPLOYED FROM: _____ TO: _____		STARTING TITLE
	NAME OF SUPERVISOR		PRESENT OR LAST TITLE
	STARTING SALARY		PRESENT OR LAST SALARY
	BRIEF DESCRIPTION OF DUTIES		
REASON FOR LEAVING			
2.	NAME & ADDRESS OF EMPLOYER		TYPE OF BUSINESS
	DATES EMPLOYED FROM: _____ TO: _____		STARTING TITLE
	NAME OF SUPERVISOR		PRESENT OR LAST TITLE
	STARTING SALARY		PRESENT OR LAST SALARY
	BRIEF DESCRIPTION OF DUTIES		
REASON FOR LEAVING			
3.	NAME & ADDRESS OF EMPLOYER		TYPE OF BUSINESS
	DATES EMPLOYED FROM: _____ TO: _____		STARTING TITLE
	NAME OF SUPERVISOR		PRESENT OR LAST TITLE
	STARTING SALARY		PRESENT OR LAST SALARY
	BRIEF DESCRIPTION OF DUTIES		
REASON FOR LEAVING			

WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE? _____ YES _____ NO. IF YES, GIVE DETAILS: _____

WHEN WOULD YOU BE AVAILABLE TO BEGIN EMPLOYMENT? _____

ARE YOU NOW ON ANY CIVIL SERVICE ELIGIBILITY LISTS? _____ YES _____ NO

IF YES, LIST HERE: _____

LIST BELOW YOUR REASONS FOR MAKING APPLICATION FOR THE ALLEN COUNTY SHERIFF'S OFFICE:

YOUR SIGNATURE _____



PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

DECLARATION

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No

PUBLIC EMPLOYMENT - CONTINUED

- 4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No

- 5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No

- 6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?
 Yes No

In the event of a denial of public employment due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization.

X

Signature

Date