



Allen County, Ohio Sheriff's Office

333 N. Main St. Lima, Ohio 45801 (419) 227-3535

Sheriff Matthew B. Treglia



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.

Name: _____ **Date:** _____

Have you ever worked under another name? _____

If yes, what name, or names? (Maiden Name) _____

Present Address: _____

Telephone # (____) _____ SSN: _____

Are you a citizen of the United States? _____

If not a citizen, do you have permission to remain permanently in the U.S.? _____

Are you 18 Years of Age or Older? _____ 21 Years of Age if applying for the position of Deputy Sheriff? _____

Position(s) applying for? _____

Have you ever been convicted of a violation of law? _____ If YES, please give details:

Your Signature: _____

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Military Service

Have you ever served in the U.S. Armed Services? _____

If Yes, Dates: _____ **Branch:** _____

Armed Services Duties and Specialized Training: _____

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

Have you ever been or are you presently a member of any organization which advocates the overthrow of the Federal Government? _____

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Education

High School Graduate / G.E.D.? _____ **School Name:** _____

Law Enforcement / Corrections Training? _____ **School Name(s):** _____

University or College Degree Completed? _____ **School Name:** _____

Number of credits hours completed if you have started but not yet obtained a degree: _____

Do you intend to further pursue this degree? _____

Your Signature: _____

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List any additional information, special qualifications or skills you have that you feel are relevant for the position for which you are applying: _____

Employment

Complete your three most recent employers beginning with your current employer if you have one.

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

1. Employer Name, Address, Telephone Number:_____

Supervisor's name, position(s) held, dates employed, reason for leaving: _____

2. Employer Name, Address, Telephone Number:_____

Supervisor's name, position(s) held, dates employed, reason for leaving: _____

3. Employer Name, Address, Telephone Number:_____

Supervisor's name, position(s) held, dates employed, reason for leaving: _____

Your Signature:_____

Were you ever discharged or forced to resign due to misconduct or unsatisfactory work performance? _____ If YES, Give Details: _____

When would you be available to begin employment? _____

General Information

If a drivers license is required, do you have, or are you willing and able to obtain a valid Ohio Drivers License? _____

Prior to this application, have you ever applied for employment with the Allen County Sheriff's Office? _____ If YES, list date and for what position(s):

Have you ever applied for employment with another Law Enforcement Agency? _____ If YES, list date and name of agency: _____

Do you have any relatives currently working for the Allen County Sheriff's Office? _____ If YES, list their name and title: _____

Are you capable of performing the essential functions outlined in the job description for the position for which you are applying? _____

Your Signature: _____

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List below your reasons for applying with the Allen County Sheriff's Office: _____

.....

References

List three relatives and their relation to you. Do NOT list spouse or children:

Name	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

List the name, address and phone number of your closest relative or another person who will always know your address: _____

List three reference who are not relatives or previous employers and / or supervisors:

Name	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Your Signature: _____

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Ohio Department of Public Safety
Division of Homeland Security
<http://www.homelandsecurity.ohio.gov>

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

<p>4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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

By signing and submitting this application 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 employment. Such false or misleading information could also result in termination if found after employment begins.

Print Full Name: _____

Signature: _____

Date: _____

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