



Thank you for your interest in employment with the LaPorte County Sheriff's Office.

An applicant must meet the following criteria in order to be eligible for employment:

- 1. Be 21 years of age,
- 2. Have a high school diploma or GED,
- 3. Possess a valid Indiana driver's license,
- 4. Have no felony or class A misdemeanor criminal convictions,
- 5. Have no class B misdemeanor or lower class criminal convictions within the past five (5) years,
- 6. Successfully complete any and all pre-employment testing (Applicant may be required to pay for certain testing).

Instructions:

This form must be completed in the applicant's hand writing using a black ink pen or filled out electronically if using a personal computer. Be certain that your writing is neat and legible.

Space is provided for twelve (12) previous employers. You are required to provide employment information for the past twenty (20) years. Use a separate sheet of white paper to list additional employers. Separate pages listing former employers must be completed using a computer printer or conventional typewriter.

This employment application must be completely filled out. Incomplete applications will not be considered for employment. The listed instructions must be followed. Failure to follow instructions will result in this application not being considered.

Provide the completed application to the Sheriff's Office. The following means may be used:

1. Mail or ship to:

La Porte County Sheriff's Office Captain Al Ott 809 State Street, Suite 201A La Porte, IN 46350

- 2. FAX: 219-324-6119
- 3. A scanned application can be emailed to: aott@lcso.in.gov
- 4. Can be delivered 24 hours a day to the business desk at the Sheriff's Office

Do not call to check on the status of your application. You will be contacted if selected to proceed further in the hiring process.







LaPorte County Sheriff's Office 809 State Street Suite 201A

809 State Street Suite 201A LaPorte, IN 46350 Phone: 219-326-7700 Fax: 219-324-6205

Employment Application-Jail Division

An Equal Opportunity Employer

		P	PERSONA	AL DATA					
Name:		_			Soc. Se	c. No.:			
(LAST)	(FIR	OTF\		(MIDDLE INITIAL)					
Address:	(FIR	81)	,	(MIDDLE INITIAL)					
(Number, Street, Apt . Home Telephone: (BusinessTele	onhono: ((State)	E-mai	1.	(Zip	Code)	
Will you accept:	· ·	Are you at 1		Are you legally eligible			Inited	Date a	vailable to start:
Temporary Work Ye	s No	years of age		States? (Proof of identity v				Dute	variable to start.
Part-Time Work Ye		Yes No		Yes	No				
Shift Work Ye	es No	If no, age_							
Position(s) or Title you are a	applying:		Н	lave you ever been emp	oloyed wit	h LaPorte Coun	ity Governi	nent? Y	es No
				If ves. date of employmen	mt fr manitia	n hald:			
		EDUCA	ATION A	ND TRAINING	nt & bosino	n neid.			
High School Name or		<u> LD C CI</u>						-	
GED Institution:			Loc	eation (City/ State):					
SCHOOLS	NAME & LOCAT	TIONS	COURS	E/ MAJOR STUDIED)	NUMBER OF YEARS COMP	Type Degr		Credits Completed
College/ University						① ② ③ ④	Degi	æ	Completed
Graduate/ Professional						1 2 3 4			
Vocational/ Other						1 2 3 4			
Other training you received	(for example: special course	s work training	programs fo	oreion languages, law e	enforceme	nt certifications)		
Other training you received	(101 example, special course	s, work training	programs, n	oreign languages, law e	morcomo	nt, certifications	·)·		
			SKI	LLS					
WORD PROCESSING:	☐ Microsoft Word			GRAPHICS : □ P	PowerPoin	t □ Adob	e		
Other:				Other:					
SPREADSHEET: Excel Other:		DATABASE: ☐ Microsoft Access Other:							
ELECTRONIC MAIL: Outlook Other: Fax Other:									
Please list any other skills, training or information that may be helpful in considering your application.									





EXPERIENCE- Start with you	(Attach Form DD214 or present or last job and work back.	WORK HISTOR Certificate of Service if Include paid or unpaid, f	you have military experie	n ce) Immer jobs,	
Name of Employer		Address, City, State			
			T		_
Telephone ()	Start Date	End Date	Start Salary	End Salary	
Supervisor Name, title and phone number		Reason for leaving			
Job Title		□ Full Time	□ Part Time	□ Seasonal	□ Temporary
Description of duties and responsibilities:					
Name of Employer		Address, City, State			
Telephone	Start Data	End Date	Ctout Colours	End Colony	
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Supervisor Name, title and phone number		Reason for leaving			
Job Title					
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	GENERAL IN	<u>IFORMATION</u>	
	d of a crime against the law (other than a training for each offense: Conviction type (Felor		
Location: NOTE- A conviction does not automatic decision can be made.	Offense: Offense of the appointed. What y	/ou were convicted of, and how long ago, a	are important. Give all facts so that a
de made.			
REFERENCES - List 3 persons who a workers, teachers, etc. Do not repeat names of	are not related to you and who would have knowle	edge of your qualifications for the position(s) for	which you are applying, such as former co-
NAME	ADDRESS	TELEPHONE	OCCUPATION
NAME	ADDRESS	TELEPHONE	OCCUPATION
NAME	ADDRESS	TELEPHONE	OCCUPATION
How did you hear about this job opening ☐ Walk-In ☐ Word of Mouth		te County Website	
□ walk-in □ word of Mouth	□ Referral □ Newspaper □ LaPort	e County website	
DO YOU CURRENTLY POSSESS A V	/ALID DRIVERS LICENSE? □ YES	□ NO STATE:	
LICENSE NUMBER:		IS YOUR LICENSE RESTR	ICTED? □ YES □ NO
IF SUSPENDED, ADVISE REASON FAND BELOW:	IERE		
that any false information will res	APPLICANT of in this application is correct, accur sult in declination of my application, of identity to legally work in the Unit	rate and complete to the best of my lor termination of my employment.	I also understand if I am hired, I
Signature of Applicant		Date	
	I to create or imply the nature of a contract. any specific duration of time and can be term		





AUTHORIZATION TO RELEASE INFORMATION FOR BACKGROUND INVESTIGATION

I,	, do hereby authorize the La Porte County Government and its
(Print name)	
interviews for determination of my elig background record, BMV record and ed	n appropriate background investigation including, but not limited to personal ibility to occupy a position of trust and security, drug screening, criminal ducational records. I authorize any person who may have information relative to the La Porte County Government or its representatives. I also release any person losure.
INFORMATION REQUI	EST FOR BACKGROUND INVESTIGATION MAY BE TO:
Any person, any past or present employ credit extending organization.	ver, or credit reporting agency, banks, financial institutions, credit unions, or any
Any department of City, State, County,	or Federal Government, or its agencies.
Any Doctor, Hospital, or Medical Clini	c.
Any Principal, Dean/Counselor, or persother institution of learning.	on authorized to release information at a High School, College, University, or
DATE:	SIGNATURE:
	MAIDEN NAME:
	RACE:
	SEX:
	DATE OF BIRTH:
	CITY/STATE OF BIRTH:
	SOCIAL SECURITY NUMBER:





Emergency Contact

Name:	Address:	
Relationship:	Alternate Phone #:	
Phone #:		
Employee Signature		

CONDITIONS OF EMPLOYMENT

The following describes some of the employment requirements and conditions that you should be aware of prior to completing your **Application for Employment.**

- 1. If hired, you will be required to take a standard medical and eye examination and your continued employment will be subject to your ability to satisfactorily perform the duties and responsibilities of your position. After successful completion of your medical exams your will be required to take and satisfactorily pass a Voice Stress Analysis (VSA) test to be conducted by a Certified VSA operator. (Sheriff's Office Employment Only)
- 2. If hired, you will be required to satisfactorily complete a screening drug test, upon demand, at department expense.
- 3. If hired, you will be required to comply with the LaPorte County Sheriff Office established policies, rules, regulation and general orders pertaining to the conduct of employees, as well as the established *general* policies of the LaPorte County Government.





I have read the foregoing Conditions of Employment and I agree with the terms and conditions therein.

In addition, I authorize investigation of all statements contained in my employment application. I understand that my employment is contingent upon satisfactory completion of a physical and eye examination, Voice Stress Analysis test and drug screening test. (Sheriff Office Only) Any Statements made by me that are proven false may be considered cause for dismissal. I hereby authorize former employers and educational institutions, their officers, agents or employees to furnish the LaPorte County Government any information concerning my previous employment record, job performance and character and hereby release them from liability for reason thereof.

SIGNATURE	D	ATE