

**FRANKLIN COUNTY SHERIFF'S OFFICE**  
**EMPLOYMENT APPLICATION, PART 2**  
*An Equal Opportunity Employer*

Type or print clearly in ink

ADDITIONAL PERSONAL AND FAMILY INFORMATION

1) Your Name

Last	First	Middle
Alias	Maiden Name	Nickname

2) Present Address

House#	Street#	Apt#	City	State	Zip
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3) Home Telephone (to include area code and hours during which you can be reached)

Area Code	7-Digit Number	Hours ( AM / PM )
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4) Work Telephone (to include area code and hours during which you can be reached)

Area Code	7-Digit Number	Hours ( AM / PM )
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6) Date of Birth

7) Place of Birth

Month	Day	Year	Month	Day	Year
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8) Social Security Number

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9) Name of Father

Last	First	Middle			
House#	Street#	Apt#	City	State	Zip

Telephone

10) Name of Mother

Last	First	Middle			
House#	Street#	Apt#	City	State	Zip

Telephone

11) If you were raised by anyone other than your natural parents, give the following information:

Name of the person who raised you:

Last	First	Middle			
House#	Street#	Apt#	City	State	Zip

Telephone

12) Brothers and Sisters:

Gender	Name	Age	Full Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**MARITAL STATUS**

13) Present Marital Status:

Married                      Single                      Divorced                      Widowed                      Separated

14) Citizenship:

US Citizen                      By Birth                      Naturalization

15) Marriage Date:

Date(s) of Marriage(s):	Place(s) of Marriage(s):
_____	_____
_____	_____

16) Spouse's Name:

Name (include maiden name)	SSN	Date of Birth
_____	_____	_____

17) Name and Address of Spouse's Employer:

Name	Street	City	State	Zip	Telephone Number
_____	_____	_____	_____	_____	_____

**YOUR DEPENDENTS**

18) Children and Dependents:

Gender	Name	Age	Full Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19) Are you receiving or responsible for paying any court ordered child support?

YES                      NO

To Whom Paid	From Whom Received	Amount Paid/Received per Month
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FINANCIAL INFORMATION**

20) List all major outstanding debts (i.e. Mortgages, Vehicle Loans, Personal Loans, Credit Cards, Finance Companies, etc.)

Account Number	Monthly Payment	Present Balance	To Whom Owed Name and Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever filed for bankruptcy? YES      NO  
 If Yes, Explain below (year and type of bankruptcy)

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Have you ever been in default resulting in repossession? YES      NO  
 If Yes, Explain below

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**ACADEMIC HISTORY**

23) Provide the information requested below on all schools you have attended since the Ninth (9th) grade. Beginning with the most recent, be sure to include colleges, universities, business or trade schools, and if relevant to the position for which you are applying, military school:

Name of School	Address of School	Dates Attended	Highest Grade	Year of Graduation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



32) Present Selective Service Classification Number:

Date of Classification	Month	Date	Year
	32) Have you ever been denied entrance to any of the Armed Forces? If Yes, please explain the basis of your denial:		YES
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**WORK HISTORY**

35) Have you ever been fired from employment for any reason? If Yes, list pertinent facts below:	YES	NO
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36) Have you ever resigned (quit) after being informed that your employer intended to terminate you for any reason? If Yes, list pertinent facts below:	YES	NO
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37) Have you ever resigned after being informed that your employer intended to take any form of disciplinary action against you? If Yes, list pertinent facts below:	YES	NO
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**RESIDENCE DATA**

38) List your residences for the last ten years, including your present local address. Give names of and present address of two nearest neighbors in each case, or the names of roommates, fellow lodgers, landlords or realty companies (list all military assignments separately, to include assignment and dates for same):

Dates Month/Year From:	Addresses Number/Street/City/State	Neighbors Name/Address/Phone Number
To:		
From:		
To:		
From:		
To:		





43) Are your vehicle license plates now or have they ever been:

Denied or Refused	Yes	No
Suspended	Yes	No
Revoked	Yes	No
Subjected to any other similar penalty or action	Yes	No

If you answered "yes" to any of the above, explain below:

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44) Have you ever been:

Charged by any law enforcement authority	Yes	No
Convicted of any offense against the law	Yes	No
Subjected to forfeiture of collateral in connection with an arrest	Yes	No
Placed on Probation	Yes	No
Required to appear before a juvenile court for an act which would have been a crime if committed by an adult.	Yes	No

All other incidents must be included even though they were dismissed or your forfeited collateral. Exclude any traffic violations which were previously noted.

If yes to any of the above questions, list pertinent facts:

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45) Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? YES NO

If Yes, explain below:

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46) Do you now or have you in the past experimented with

	Yes	No	Length of Use	Last Date Used
Marijuana (in any form)				
Narcotics (of any kind)				
Cocaine				



Signature Page

I consent to taking an employment polygraph, physical and/or psychological examination and such future polygraph, physical and/or psychological exam as may be required by the Franklin County Sheriff's Department.

I authorize a duly authorized agent of the Franklin County Sheriff's Department to contact any of my previous employer(s) and obtain information from them and to further investigate the truthfulness of this information.

I understand further that any false answers, statements or misleading omissions made by me on this personal history statement in connection with the above mentioned investigation and/or any physical examination can be sufficient grounds for my rejection as a candidate for employment.

If information should surface during the early states of this investigation, which would disqualify me from further consideration, the investigation will be terminated immediately and I will be notified.

I hereby certify that all of the forgoing answers are accurate and true to the best of my knowledge.

Furthermore, I, \_\_\_\_\_, having applied for employment as a sworn officer with the Franklin County Sheriff's Department, hereby authorize and request every physician, school, official and other person, firm, officer, corporation, association, organization or institute having control of any documents, records or other information pertaining to me. Permit the Franklin County Sheriff's Department or any other representatives to inspect and make copies of any such documents, records and other information.

I hereby authorize all such persons and entities as set out above to answer inquiries, questions or interrogatories concerning me, which may be submitted to them by the Franklin County Sheriff's Department.

I hereby release and hold harmless every physician, school, official, and other person, firm, officer, corporation, association and organization or institute who which complies with the authorization and request made herein from and all liability.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
Applicant

Sworn to and subscribed before me, on this \_\_\_\_\_ Day of \_\_\_\_\_, A.D., 20\_\_\_\_.

\_\_\_\_\_