HANCOCK COUNTY SHERIFF'S DEPARTMENT
Reserve Deputy Application
123 EAST MAIN STREET
GREENFIELD, INDIANA 46140
AN EQUAL OPPORTUNITY EMPLOYER

NAME: ________________________________

ADDRESS: ______________________________

CITY/STATE/ZIP CODE: ______________

HOME TELEPHONE NUMBER: _____________

WORK TELEPHONE NUMBER: ______________

CURRENT EMPLOYER: _____________________

EMPLOYER ADDRESS: ____________________

CITY/STATE/ZIP CODE: ___________________

IN ORDER TO INSURE THE PERPETUATION OF THE PRESTIGE AND
REPUTATION OF THE DEPARTMENT, EACH APPLICANT WILL COMPETE
AGAINST OTHER APPLICANTS IN EACH STEP OF THE SELECTION
PROCESS. ONLY THOSE WHO POSSESS THE BEST MENTAL, PHYSICAL,
MORAL AND EMOTIONAL FITNESS FOR THE PERFORMANCE OF POLICE
DUTIES WILL BE CONSIDERED. FAILURE TO MEET ANY OF THE BASIC
ELIGIBILITY REQUIREMENTS LISTED IN THIS APPLICATION WILL RESULT
IN IMMEDIATE DISQUALIFICATION.
BASIC ELIGIBILITY REQUIREMENTS:

1) BE AN AMERICAN CITIZEN.
2) MUST BE AT LEAST 21 YEARS OF AGE.
3) HAVE A HIGH SCHOOL DIPLOMA OR ACCEPTABLE G.E.D.
4) CANNOT HAVE A RECORD OF A FELONY CONVICTION.
5) PASS A PHYSICAL FITNESS TEST.
6) SUBMIT TO DRUG SCREENING AND PSYCHOLOGICAL TESTING.
7) SUBMIT TO BEING FINGERPRINTED.
8) SUBMIT TO THOROUGH CHARACTER INVESTIGATION BY DEPARTMENT PERSONNEL WHICH WILL INCLUDE, BUT NOT LIMITED TO:
   A. CREDIT RATING
   B. PREVIOUS EMPLOYMENT
   C. DRIVING RECORD
   D. CURRENT AND VALID DRIVERS LICENSE
9) HAVE A THOROUGH PHYSICAL EXAM BY A PHYSICIAN.
10) APPEAR FOR AN ORAL INTERVIEW.
11) BE A RESIDENT OF HANCOCK COUNTY UPON DATE OF APPLICATION AND DURING YOUR APPOINTMENT TO A RESERVE POSITION
12) BE WILLING TO WORK A REVOLVING SHIFT SCHEDULE.
13) APPLICATION WILL BE SUBMITTED TO THE MEMBERS OF THE RESERVE DIVISION FOR FINAL APPROVAL.

NO APPLICANT WILL BE DISCRIMINATED AGAINST OR FAVORED WITH RESPECT TO HIS/HER HIRE, TENURE, TERMS, CONDITIONS OR PRIVILEGES OF EMPLOYMENT OR ANY MATTER DIRECTLY OR INDIRECTLY RELATED TO EMPLOYMENT BECAUSE OF HIS/HER RACE, SEX, COLOR, RELIGION, NATIONAL ORIGIN OR ANCESTRY. EACH APPLICANT WILL BE LIMITED BY HIS/HER OWN ABILITIES AND QUALIFICATIONS AND THE DEPARTMENT WILL ENDEAVOR TO SELECT, HIRE AND MAINTAIN IN ITS EMPLOYMENT ONLY THE BEST QUALIFIED PERSON AVAILABLE.

PROBATIONARY PERIOD:


GENERAL INFORMATION:

APPLICANT'S ARE RESPONSIBLE FOR ALL EXPENSES INCURRED IN CONNECTION WITH THIS APPLICATION.
INITIAL REQUIREMENT INFORMATION:

A. ARE YOU A CITIZEN OF THE UNITED STATES? YES NO
B. AGE: ______________________________
C. SEX: FEMALE MALE
D. RACE: __________________________________
E. HEIGHT (WITHOUT SHOES): ______FEET ______INCHES
F. WEIGHT (STRIPPED): ______________LBS.
G. ARE YOU A GRADUATE OF AN ACCREDITED HIGH SCHOOL: YES NO
H. DO YOU POSSESS A VALID DRIVERS LICENSE: YES NO
I. DRIVERS LICENSE NUMBER: __________________ STATE: ______
J. IS YOUR LICENSE RESTRICTED: YES NO
   IF YES, FOR WHAT REASON: ________________________________
K. NUMBER OF YEARS DRIVING EXPERIENCE: __________________
L. SOCIAL NETWORKS USED:
   FACEBOOK___ TWITTER___ INSTAGRAM___ SNAPCHAT___
   LIST ANY OTHERS:__________________________________________

FAMILY INFORMATION:

A. MARITAL STATUS: (circle one)
   MARRIED SINGLE WIDOWED DIVORCED SEPARATED
B. DEPENDENTS:
   NAME AGE RELATIONSHIP
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

C. FATHER (FULL NAME): _________________________________
   PLACE OF HIS BIRTH: _________________________________
   PRESENT ADDRESS (IF LIVING): __________________________

   MOTHER (MAIDEN NAME): _______________________________
   PRESENT ADDRESS (IF LIVING): __________________________

   SPOUSE (MAIDEN NAME, IF APPLICABLE): __________________
   WHERE BORN: _________________________________
   PRESENT ADDRESS (IF LIVING): __________________________

D. IS SPOUSE EMPLOYED: YES NO
   IF YES, WHAT IS ANNUAL SALARY: ________________________
**EDUCATION INFORMATION:**

<table>
<thead>
<tr>
<th>NAME/ADDRESS OF SCHOOL</th>
<th>COURSE OF STUDY</th>
<th>YEARS COMPLET</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH SCHOOL:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLLEGE:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER (SPECIFY):</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EMPLOYMENT INFORMATION:**

A. RECORD YOUR EMPLOYMENT STARTING WITH GRADUATION FROM HIGH SCHOOL:

<table>
<thead>
<tr>
<th>NAME &amp; ADDRESS OF EMPLOYER</th>
<th>DATES EMPLOYED</th>
<th>POSITION HELD &amp; ANNUAL SALARY</th>
<th>REASON FOR LEAVING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME &amp; ADDRESS OF EMPLOYER</th>
<th>DATES EMPLOYED</th>
<th>POSITION HELD &amp; ANNUAL SALARY</th>
<th>REASON FOR LEAVING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME &amp; ADDRESS OF EMPLOYER</th>
<th>DATES EMPLOYED</th>
<th>POSITION HELD &amp; ANNUAL SALARY</th>
<th>REASON FOR LEAVING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. HAVE YOU EVER LEFT A POSITION DUE TO ILL HEALTH, THE NATURE OF WHICH WAS EITHER MENTAL OR PHYSICAL: **YES** **NO**

   IF YES, EXPLAIN FULLY ON BACK OF PAGE OR ATTACHED PAGE.

C. HAVE YOU EVER BEEN DISCHARGED FROM A POSITION OF EMPLOYMENT: **YES** **NO**

   IF YES, EXPLAIN FULLY ON BACK OF PAGE OR ATTACHED PAGE.
D. REFERENCES (PLEASE DO NOT USE RELATIVES AS REFERENCES):

NAME: ______________________ Phone Number: ____________
Address: _____________________ City/State: ________________

NAME: ______________________ Phone Number: ____________
Address: _____________________ City/State: ________________

NAME: ______________________ Phone Number: ____________
Address: _____________________ City/State: ________________

E. PLACE OF RESIDENCES LAST FIVE YEARS (OTHER THAN PRESENT):

<table>
<thead>
<tr>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MILITARY HISTORY AND STATUS:

A. MILITARY HISTORY: PROVIDE COPY OF DD214

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>DATE OF SERVICE</th>
<th>RANK/ GRADE</th>
<th>REASON FOR LEAVING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. MILITARY CITATIONS OR OTHER AWARDS RECEIVED:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

C. ARE YOU NOW A MEMBER OF ORGANIZED RESERVES: YES NO

IF YES, RANK AT PRESENT TIME: ______________________

NAME AND LOCATION OF UNIT: ______________________

MISCELLANEOUS INFORMATION:

A. HAVE YOU VISITED OR RECEIVED TREATMENT FROM A PHYSICIAN OR OTHER PRACTITIONER DURING THE LAST THREE YEARS: YES NO

IF SO, EXPLAIN: __________________________________

B. DO YOU HAVE ANY SPECIFIC WORK LIMITATIONS AS THE RESULT OF A MENTAL OR PHYSICAL PROBLEM: YES NO

IF YES, EXPLAIN: ________________________________
C. LIST PAST OR PRESENT MEMBERSHIP IN ALL CLUBS AND/OR ORGANIZATIONS (POLITICAL, FRATERNAL, SOCIAL, ETC.):
__________________________________________________________
__________________________________________________________
__________________________________________________________

D. DO YOU HAVE A CHURCH AFFILIATION: YES NO
IF YES, WHAT CHURCH: ________________________________

E. VEHICLE ACCIDENT RECORD:
LIST DATE AND TIME OF VEHICLE ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED IN AS A DRIVER:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

F. HAVE YOU EVER BEEN ARRESTED FOR A CRIMINAL OFFENSE OR RECEIVED A TICKET FOR A TRAFFIC OFFENSE: YES NO
IF YES, EXPLAIN DATE/LOCATION/CHARGE/FINE OR SENTENCE:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

G. DO YOU OWN YOUR OWN HOME: YES NO
IF YES, HOW MUCH IS CURRENT MORTGAGE INDEBTEDNESS:
________________________________________________________________________

H. WHAT IS THE AMOUNT OF YOUR INDEBTEDNESS OTHER THAN HOME:
________________________________________________________________________

I. ARE YOU A PROPRIETOR OR PART OWNER OF ANY BUSINESS OR FIRM: YES NO
IF YES, EXPLAIN NATURE OF BUSINESS:
________________________________________________________________________

J. WHAT SPECIAL SKILLS HAVE YOU DEVELOPED THROUGH HOBBIES, EDUCATION, OCCUPATION OR OTHER SPECIAL INTERESTS:
________________________________________________________________________
MOUNT PHOTOGRAPH
IN THIS SPACE
AFFIXSECURELY

(PHOTOGRAPHTOBEFRONTVIEW,HEADANDSHOULDERS.)
(2½"SQUAREANDTAKENWITHINTHELASTSIXM ONTHS)

THEFACTSSETFORTHINMYAPPLICATIONFOREMPLOYMENT
WITHTHEHANCOCKCOUNTRYSHERIFF'SDEPARTMENTARETRUE
ANDCOMPLETE. I UNDERSTAN THAT FALSESTATEMENTSONTHE
APPLICATIONSHALLBECONSIDEREDSUFFICIENT CAUSE
FOR ELIMINATION FROM FURTHER CONSIDERATION.

____________________________________  _______________________________________
DATE SIGNATURE OF APPLICANT

CHECKAPPLICATIONCAREFULLY
BECERTAINALLITEMSARECOMPLETEBEFOREMAILING

MAIL OR RETURN TO:
HANCOCKCOUNTRYSHERIFF'SDEPARTMENT
123 EAST MAIN STREET
GREENFIELD, INDIANA 46140
317-477-1147

ATTENTION: RECORDS DEPARTMENT