



# Trumbull County Sheriff's Office

## Sheriff Michael G. Wilson

150 High Street  
Warren, Ohio 44481  
(330) 675-2508

### PURPOSE

To obtain information from prospective candidates / applicants and to assist with the overall process of candidate selection.

### USE

The information obtained from the Employment Questionnaire will be used to determine if the applicant meets specified requirements for the position being sought. The applicant must type or print all answers to the questionnaire legibly in black ink.

### THE FORM

A formal request will be accepted for an application which can be emailed in electronic format to [Samuel.Ruggiero@co.trumbull.oh.us](mailto:Samuel.Ruggiero@co.trumbull.oh.us) or may be hand delivered. Acknowledgment of receipt will be provided.

### APPLICANT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Position Applying for:

Sworn Deputy

Corrections

Support Services

Received by \_\_\_\_\_

Date \_\_\_\_\_

## **BACKGROUND INVESTIGATION**

I, \_\_\_\_\_, authorize the Trumbull County Sheriff's Office to make an independent investigation of my background, criminal, and/or police records.

The intent of this authorization is to give my full consent for the full and complete disclosure of certain documents and records, including, but not limited to, records of education institutions; records of financial or credit institutions; records of commercial or retail credit agencies, including credit reports and/or ratings; past employment and pre-employment records, including background reports, polygraph and/or voice stress analysis examinations, efficiency ratings, performance evaluations, attendance records, investigator files, disciplinary records, complaints filed against me, salary records, and data contained within the application of employment; military service records; real and personal property tax records, and other financial statements and records wherever filed; records of arrest, criminal, and/or traffic offenses, including records relative to any trial proceedings; the results of past polygraph and/or voice stress analysis examinations; records of civil complaints made against me, including records relative to any trial proceedings and records and recollections of attorneys at law, or other counsel, whether representing me or another person in a case in which I presently have, or previously had, an interest, including any files which are deemed to be confidential, expunged, or sealed pursuant to R.C. 2953.33.

I agree that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of completing a background investigation, which may provide pertinent data to the Trumbull County Sheriff's Office for its consideration in determining my suitability for employment. It is my specific intent to provide access to information, however personal or confidential it may be, including, but not limited to, the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Trumbull County Sheriff's Office, and will not be returned to me.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and all amendments and revisions there to, with regard to access and disclosure of records, and I waive those rights, with the understanding that the information furnished will be used by the Trumbull County Sheriff's Office in conjunction with employment procedures.

I understand that should information of a serious criminal nature be revealed as a result of this background investigation; such information may be disclosed to all proper authorities.

**Applicant Signature** \_\_\_\_\_

# BACKGROUND INVESTIGATION CONSENT FORM

I, for myself, successors, assigns, heirs, executors, and administrators, hereby release, hold harmless, and forever discharge the Trumbull County Sheriff's Office and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims, lawsuits, damages, losses and expenses, including reasonable attorney's fees, which I, my successors, assigns, heirs, executors, or administrators have now or may ever have resulting from, out of, or in connection with the information obtained from, but not limited to, any and all of the above referenced sources.

I agree that a photocopy, facsimile, or other electronic reproduction of this form will be valid as an original thereof, even though the said photocopy, facsimile, or other electronic reproduction does not contain an original writing of my signature or witness thereof.

I understand that this background investigation requires that I notify the Trumbull County Sheriff's Office relative to any change of my name, address, phone number, marital status, or other personal information.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

**Name**

\_\_\_\_\_

**Maiden or other names used**

\_\_\_\_\_

**Present Address** \_\_\_\_\_

**Provide five years of address history**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**Driver's License Number & State** \_\_\_\_\_

\_\_\_\_\_

**Signature**

**Date**

# PRE-EMPLOYMENT EXAMINATIONS CONSENT FORM

I, \_\_\_\_\_, do voluntarily consent to pre-employment medical, psychological, drug screen, and polygraph and/or voice stress analysis examinations conducted at the request of the Trumbull County Sheriff's Office. I understand that the offer of employment, if received, is conditioned upon the successful completion of the aforementioned examinations. Additionally, I understand that, if I cannot perform essential job functions relative to the position I have been offered, even with reasonable accommodation, I will not be employed. Further, I understand that I will receive copies of written reports pertaining to the noted examinations and evaluations of my ability to perform essential job functions. In response to the noted written evaluations, I will be offered the opportunity to provide additional information. I understand that I may ask questions of the examiners concerning any portion of the noted examinations, and that I may stop the examinations at any time. However, if I do not complete the noted examinations, I understand that the offer of employment will be withdrawn, as the Trumbull County Sheriff's Office will not have been able to determine whether I can perform essential job functions, even with reasonable accommodation.

I have had the opportunity to ask a representative of the Trumbull County Sheriff's Office about these examinations, and any questions I had, have been completely and satisfactorily answered.

I consent to the release of the results of the preceding examinations to the Trumbull County Sheriff's Office, as well as consent to the release of all my medical records, as evidenced by my signature on any attached HIPAA authorization forms.

I represent that I am in good physical and mental condition, and I know of no physical or mental ailments or conditions that may be impaired by the noted examinations.

I, for myself, successors, assigns, heirs, executors, and administrators, hereby release, hold harmless, and forever discharge the Trumbull County Sheriff's Office, and/or their designee(s) from any and all claims, liabilities, lawsuits, damages, losses, and expenses, including reasonable attorney's fees, which I, my successors, assigns, heirs, executors, or administrators have now or may ever have resulting directly, indirectly, or remotely from, out of, or in connection with the: (1) examinations to be conducted by the above-named examiners and/or the above-named laboratory; (2) the diagnosis or results of the examinations; and (3) the use of any diagnosis or results.

I agree that a photocopy, facsimile, or other electronic reproduction of this form will be valid as an original thereof, even though the said photocopy, facsimile, or other electronic reproduction does not contain an original writing of my signature or witness thereof.

**Applicant Initials here** \_\_\_\_\_

# AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, do hereby authorize the Veterans Administration, U.S. Navy, Army, Air Force, Marine Corps, Coast Guard, Medical Doctors, Insurance Companies, State and Federal Tax Bureaus, and the Credit Bureaus to furnish with any and all available information regarding me in order that he may determine my suitability for emergency services.

I authorize the Trumbull County Sheriff's Office, to make inquiries of my present and past employers regarding my character, integrity, and reputation.

## Exceptions & Explanations

Please note if you do not wish your present employer or any past employer contacted and provide an explanation

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Have you ever been dismissed, asked to resign, or had any disciplinary action taken against you from any employment or position you have held?

Yes    No

**Applicant** \_\_\_\_\_  
(Print)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **IMPORTANT**

**Read these instructions carefully before completing this Questionnaire.**

You must be complete and truthful in ALL your answers. All answers that you give in this application, or during subsequent interviews, are subject to verification. Any failure to report completely or any untruthful answers may subject you to rejection as an employee. All Information will be considered confidential to the extent that this information is excluded from disclosure under state and federal law. The information provided will be used to assist the Trumbull County Sherriff's Office in determination of the qualifications of the applicant.

The answers to this questionnaire are subject to verification by polygraph, 'lie detector,' and/or voice stress analysis, interviews, psychological testing, drug screen, and a complete background investigation.

Print your answers in black ink. Do not leave any questions blank. If a question does not apply to you, write "DNA" Your answers must be legible. If additional space is needed to explain an answer, please use the continuation (supplemental) sheets provided and reference the specific question number and letter.

Be aware that your spelling, grammar, and neatness will be considered part of your personal attributes involved in the selection process. Also, your dress, speech, and manner will be scrutinized during all phases of the background investigation process and will be similarly considered.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle Jr., II, etc...

Address \_\_\_\_\_  
Street Address Apt. Num-  
\_\_\_\_\_  
City State Zip

How long have you lived at the above address \_\_\_\_\_ Years \_\_\_\_\_ Months

Phone \_\_\_\_\_ Email \_\_\_\_\_  
Home Cell

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_ U.S. Citizen ( ) Yes ( ) No

Maiden Name or Other Names Used \_\_\_\_\_

Second Address, if applicable, (i.e. College, Military, etc.)

\_\_\_\_\_  
Street Address Apt. Number  
\_\_\_\_\_  
City State Zip

How long have you lived at the above address \_\_\_\_\_ Years \_\_\_\_\_ Months

Are you aware of any information about yourself or anyone with whom you have been closely associated (including relatives and roommates) that tends to reflect unfavorably on your reputation, morals, character, abilities or loyalty to the United States?

( ) Yes ( ) No Please explain if you answered Yes:

\_\_\_\_\_  
\_\_\_\_\_

Do you understand that all prospective employees will be required to submit to a urinalysis test for drug abuse prior to employment?

( ) Yes ( ) No

Are you active with Social Media websites such as Facebook, Twitter, etc.? ( ) Yes ( ) No

If Yes, list all of your Usernames: \_\_\_\_\_

\_\_\_\_\_

# MARITAL STATUS

Marital Status ( ) Married ( ) Separated ( ) Divorced ( ) Widowed ( ) Single

Spouse's Maiden Name \_\_\_\_\_

Spouse's DOB \_\_\_\_\_ Spouse's Social Security Number \_\_\_\_\_

Name and Address of Spouse's Employer, if any

\_\_\_\_\_  
\_\_\_\_\_

What does your spouse think of you becoming an employee of the Trumbull County Sheriff's Office? \_\_\_\_\_

Do you have income from other sources other than your salary and spouse's salary? ( ) Yes ( ) No  
If Yes, explain \_\_\_\_\_

If previously married, disposition of former marriage \_\_\_\_\_

Name of Ex-Spouse \_\_\_\_\_ DOB \_\_\_\_\_

Are you paying alimony or child support? ( ) Yes ( ) No

If yes, amount \_\_\_\_\_ Estimated date for termination of payment \_\_\_\_\_

Are you now supporting all dependents you are required to support? ( ) Yes ( ) No ( ) N/A

Have you ever been sued for alimony or child support? ( ) Yes ( ) No

Are you in arrears or have your wages been garnished for back child support or alimony payments? ( ) Yes ( ) No

## List all Former Spouse/Spouses:

Name \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been separated from your spouse due to marital problems? ( ) Yes ( ) No

Do you have any serious problems with any family members or In-Laws? ( ) Yes ( ) No



# FAMILY

**Father's name** \_\_\_\_\_ **DOB** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Occupation** \_\_\_\_\_

**Mother's name** \_\_\_\_\_ **DOB** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Occupation** \_\_\_\_\_

Do you have any children? ( ) Yes ( ) No

Complete the following information about all of your children, biological and non-biological:

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**DOB** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**DOB** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**DOB** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**DOB** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**DOB** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**DOB** \_\_\_\_\_ **Phone** \_\_\_\_\_

## FAMILY CONTINUED

Do you have any siblings? ( ) Yes ( ) No If Yes, complete the following:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
DOB \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
DOB \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
DOB \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
DOB \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
DOB \_\_\_\_\_ Phone \_\_\_\_\_

Do you have any members of your family, in-laws, or friends that are employed or have been previously employed by the Trumbull County Sheriff's Office? ( ) Yes ( ) No

If Yes, complete the following information regarding past and present employees:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
DOB \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
DOB \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
DOB \_\_\_\_\_ Phone \_\_\_\_\_

## REFERENCES

List three (3) references (NOT relatives, former employers or neighbors) who are responsible adults, and who have known you well during the past five years:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Years known \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Years known \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Years known \_\_\_\_\_ Phone \_\_\_\_\_

## EMPLOYMENT HISTORY

List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Employer Name & Address \_\_\_\_\_  
Full or Part Time    Employed from \_\_\_\_\_ to \_\_\_\_\_    Salary \_\_\_\_\_  
Immediate Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer Name & Address \_\_\_\_\_  
Full or Part Time    Employed from \_\_\_\_\_ to \_\_\_\_\_    Salary \_\_\_\_\_  
Immediate Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer Name & Address \_\_\_\_\_  
Full or Part Time    Employed from \_\_\_\_\_ to \_\_\_\_\_    Salary \_\_\_\_\_  
Immediate Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

## EMPLOYMENT HISTORY CONTINUED

Employer Name & Address \_\_\_\_\_

Full or Part Time \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_

Immediate Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer Name & Address \_\_\_\_\_

Full or Part Time \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_

Immediate Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer Name & Address \_\_\_\_\_

Full or Part Time \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_

Immediate Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer Name & Address \_\_\_\_\_

Full or Part Time \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_

Immediate Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer Name & Address \_\_\_\_\_

Full or Part Time \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_

Immediate Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer Name & Address \_\_\_\_\_

Full or Part Time \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_

Immediate Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

Reason for leaving \_\_\_\_\_

## EMPLOYMENT HISTORY CONTINUED

Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? ( ) Yes ( ) No

If yes, please provide name of agency and date of application or service. \_\_\_\_\_

Do you own a business, or are you a partner or corporate officer in a business or organization not listed previously as a current or former employer? ( ) Yes ( ) No

If yes, provide name and address of business, corporation, or organization and describe the business, relationship or position.

Have you ever applied for a position with any government agency, county, police or fire department(s)? ( ) Yes ( ) No

List any current applications you have submitted with other Law Enforcement Agencies:

Do you object to the need for immediate availability in time of disaster? ( ) Yes ( ) No

Do you object to being available on-call for job duties and responsibilities? ( ) Yes ( ) No

Are you available to work all three shifts? ( ) Yes ( ) No

Do you object to wearing a uniform to work? ( ) Yes ( ) No

Have you ever been terminated, dismissed or asked to resign? ( ) Yes ( ) No

If Yes, explain:

Have you ever received any Fire/EMS/Police or EMA training? ( ) Yes ( ) No If Yes, provide dates, locations and types of training completed:

Have you ever received unemployment compensation or other federal, state, or local benefits or assistance? ( ) Yes ( ) No If Yes, explain the type of Assistance, Dates, and Agency

# MILITARY INFORMATION

## Selective Service Record

Have you registered with the Selective Service System? ( ) Yes ( ) No

If yes, provide your registration number \_\_\_\_\_

If no, show the reason of your legal exemption \_\_\_\_\_

Have you ever served in the Military? ( ) Yes ( ) No

If Yes, list Branch of Service \_\_\_\_\_

Dates served list (MONTH/YR) From \_\_\_\_\_ To \_\_\_\_\_

Highest Rank Held \_\_\_\_\_ Specialty \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Type \_\_\_\_\_

If discharged was anything else but Honorable, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you now, or have you ever been a member of the US Reserves or National Guard?

( ) Yes ( ) No If Yes, provide Unit and Location \_\_\_\_\_

Do you receive any Disability from the Military? ( ) Yes ( ) No

If yes, explain: \_\_\_\_\_

Were you ever overseas? ( ) Yes ( ) No

Were you ever AWOL? ( ) Yes ( ) No

Ever given non-jurisdictional punishment? (Article 15) ( ) Yes ( ) No

If yes, how many occurrences \_\_\_\_\_

Ever Reduced in Rank? ( ) Yes ( ) No

Ever Received a Court Martial? ( ) Yes ( ) No

Ever Spend Time in a Brig or Stockade? ( ) Yes ( ) No

Did you ever convert or sell any government property? ( ) Yes ( ) No

***Thank you for your Service.  
Please submit a copy of your DD-214 with application.***

# DRIVING HISTORY

Do you have a valid Ohio driver's license? ( ) Yes ( ) No

License Number \_\_\_\_\_ Status \_\_\_\_\_

How long have you been a licensed driver? \_\_\_\_\_

Any Restrictions? ( ) Yes ( ) No

Any Suspensions? ( ) Yes ( ) No

If Yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Approximately how many miles do you drive each year? \_\_\_\_\_

Do you have liability/property damage insurance on vehicles owned by you? ( ) Yes ( ) No

Have you ever had your insurance cancelled? ( ) Yes ( ) No

Have you ever been sentenced to a driver improvement school? ( ) Yes ( ) No

If Yes, explain when and where:

\_\_\_\_\_  
\_\_\_\_\_

Do you currently or have you ever held another Driver's License issued by another state?

If Yes, list State, License Number and Date Issued:

\_\_\_\_\_  
\_\_\_\_\_

List all accidents you were involved in as the driver. Include the dates, investigating agency if you were issued a citation and if there were injuries. List all unreported accidents also.

Date of Accident \_\_\_\_\_ Investigating Agency \_\_\_\_\_

Citation Issued \_\_\_\_\_ Injuries \_\_\_\_\_

Date of Accident \_\_\_\_\_ Investigating Agency \_\_\_\_\_

Citation Issued \_\_\_\_\_ Injuries \_\_\_\_\_

Date of Accident \_\_\_\_\_ Investigating Agency \_\_\_\_\_

Citation Issued \_\_\_\_\_ Injuries \_\_\_\_\_

## DRIVING HISTORY CONTINUED

List all traffic violations, convictions and bond forfeitures:

Date \_\_\_\_\_ Place of Arrest \_\_\_\_\_ Amount Owed \_\_\_\_\_  
Offense \_\_\_\_\_ Issuing Agency \_\_\_\_\_

Date \_\_\_\_\_ Place of Arrest \_\_\_\_\_ Amount Owed \_\_\_\_\_  
Offense \_\_\_\_\_ Issuing Agency \_\_\_\_\_

Date \_\_\_\_\_ Place of Arrest \_\_\_\_\_ Amount Owed \_\_\_\_\_  
Offense \_\_\_\_\_ Issuing Agency \_\_\_\_\_

Date \_\_\_\_\_ Place of Arrest \_\_\_\_\_ Amount Owed \_\_\_\_\_  
Offense \_\_\_\_\_ Issuing Agency \_\_\_\_\_

Date \_\_\_\_\_ Place of Arrest \_\_\_\_\_ Amount Owed \_\_\_\_\_  
Offense \_\_\_\_\_ Issuing Agency \_\_\_\_\_

Date \_\_\_\_\_ Place of Arrest \_\_\_\_\_ Amount Owed \_\_\_\_\_  
Offense \_\_\_\_\_ Issuing Agency \_\_\_\_\_



## FINANCIAL STATUS

Are you currently:

Buying/Own a Home  Yes  No      Renting  Yes  No  
 Living with Another  Yes  No      Living with Parents  Yes  No

Other: \_\_\_\_\_

Are you the co-maker on a loan for another person?  Yes  No

Explain: \_\_\_\_\_

Have you ever been taken to court over a debt?  Yes  No

Explain: \_\_\_\_\_

Fill in the amount of financial obligations below:

	<u>Amount Owed</u>	<u>Number Times Late</u>
<b>Home Loan/Rent</b>	_____	_____
<b>Auto Loans</b>	_____	_____
<b>Credit Cards</b>	_____	_____
<b>Student Loans</b>	_____	_____
<b>Financial Institutions</b>	_____	_____
<b>Internal Revenue Service</b>	_____	_____
<b>Court Judgements</b>	_____	_____
<b>Employment Agency</b>	_____	_____
<b>Others</b>	_____	_____

Have you ever had a debt turned over to a collection agency?  Yes  No

Are any Creditors pressing you for a payment?  Yes  No

Have you ever declared or filed bankruptcy?  Yes  No

Have you ever had anything repossessed?  Yes  No

Have you ever had your wages garnished?  Yes  No

Have you ever been refused credit?  Yes  No

Did you ever knowingly write a check with insufficient funds?  Yes  No

How many times \_\_\_\_\_ Explain \_\_\_\_\_

Banking institution name \_\_\_\_\_

## EDUCATION

Name and Address of High School

\_\_\_\_\_

Highest grade completed \_\_\_\_\_ If Graduated, what year \_\_\_\_\_

List other Equivalency Certificates and Years obtained:

Certificate \_\_\_\_\_ Year \_\_\_\_\_

Certificate \_\_\_\_\_ Year \_\_\_\_\_

List College/Universities, Years Attended, Major of Study and Date Degree was obtained:

College \_\_\_\_\_ Years Attended \_\_\_\_\_

Major of Study \_\_\_\_\_ Degree Obtained Date \_\_\_\_\_

College \_\_\_\_\_ Years Attended \_\_\_\_\_

Major of Study \_\_\_\_\_ Degree Obtained Date \_\_\_\_\_

College \_\_\_\_\_ Years Attended \_\_\_\_\_

Major of Study \_\_\_\_\_ Degree Obtained Date \_\_\_\_\_

List any other Education or Special Schooling received \_\_\_\_\_

\_\_\_\_\_

Do you speak any other languages? ( ) Yes ( ) No

## MISCELLANEOUS

Have the police ever been called to your home for any reason? ( ) Yes ( ) No If Yes, explain \_\_\_\_\_ Do

you have any problems controlling your temper? ( ) Yes ( ) No If Yes, explain:

\_\_\_\_\_

Have you ever traveled outside the United States? ( ) Yes ( ) No

If Yes, where \_\_\_\_\_

Do you own any business or commercial properties? ( ) Yes ( ) No

If Yes, list \_\_\_\_\_

## MISCELLANEOUS CONTINUED

Other than a driver's license, do you possess any permit or license by a unit of the government?

Yes  No

Do you possess any other licenses or certifications (e.g. Corrections, Police Academy, Nurse, Real Estate, etc.)?

Yes  No If yes, provide the information requested below:

License Type \_\_\_\_\_ Issuing Entity \_\_\_\_\_

License Type \_\_\_\_\_ Issuing Entity \_\_\_\_\_

License Type \_\_\_\_\_ Issuing Entity \_\_\_\_\_

Were any complaints or grievances filed against you?  Yes  No

If Yes, explain:

\_\_\_\_\_

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

- Since the age of 16, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenic (LSD, PCP, etc.) or prescription drugs?
- Have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

If Yes, explain:

Date	Controlled substance/prescription drug used	_____ # of times _____
Date	Controlled substance/prescription drug used	_____ # of times _____
Date	Controlled substance/prescription drug used	_____ # of times _____
Date	Controlled substance/prescription drug used	_____ # of times _____
Date	Controlled substance/prescription drug used	_____ # of times _____
Date	Controlled substance/prescription drug used	_____ # of times _____



## APPLICANT CERTIFICATION

I understand that my appointment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true and complete, to the best of my knowledge. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Trumbull County Sheriff's Office and that it and the information received in response to the background examination are public records. I also understand that I may be required to furnish the Sheriff's Office with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment. I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test. I understand that the use of drugs or alcohol is not permitted during work time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees. I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to perform satisfactorily the duties of my position or assignment with the Trumbull County Sheriff's Office. I understand the following types of information will be collected: employment and educational histories; medical, military, insurance, credit and financial information, motor vehicle and police records; information about your abilities, family, character, lifestyle, and organization memberships, and information about any current drug use via drug testing. Information will be obtained by letter, by telephone, and by personal interview with both primary and secondary sources. This information is used as one element for appointment decisions. I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise regarding my ability and fitness for employment or appointment with the Sheriff's Office and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office. I agree to conform to the rules, regulations, and orders of the Sheriff's Office and acknowledge that these rules, regulations, and orders may be changed, interpreted, withdrawn, or added to by the Sheriff's Office, at its discretion, at any time and without any prior notice to me.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, IN THE COUNTY OF \_\_\_\_\_, STATE OF OHIO.**

**NOTARY SIGNATURE:** \_\_\_\_\_

**MY COMMISSION EXPIRES:** \_\_\_\_\_

**NOTARIZATION OF CERTIFICATION WILL BE DONE IN PERSON AT THE TRUMBULL COUNTY SHERIFF'S OFFICE.**

# AGREEMENT

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE  
SIGNING THIS DOCUMENT

As an applicant for employment with the Trumbull County Sheriff's Office, I understand and agree that the Sheriff's Office may make a thorough investigation of my past employment and activities. (This may include, but not be limited to, a motor vehicle operator, police record and credit record investigation.) I hereby release you, your organization or others from any liability or damages which may result from the exchange of the information requested.

I hereby attest that the information provided on this employment application (and accompanying resume, if any) is true, accurate and complete to the best of my knowledge. I understand that any misrepresentation, falsification or significant omissions of information may disqualify me from further consideration for employment, and may be considered as grounds for dismissal if discovered following employment.

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**Signature of Applicant**

**Date**

## UPON COMPLETION

Thank you for your interest and applying for employment at the Trumbull County Sheriff's Office.

Please include color copies of both sides of your Driver's License, Social Security card, High School and College transcripts with your completed application.

Submit your employment application by one of the following:

- Mail: Trumbull County Sheriff's Office  
Attention Samuel Ruggiero  
150 High Street NW  
Warren, Ohio 44481
- Email: [samuel.ruggiero@co.trumbull.oh.us](mailto:samuel.ruggiero@co.trumbull.oh.us)
- Hand deliver

**NOTARIZATION OF CERTIFICATION WILL BE DONE IN PERSON  
AT THE TRUMBULL COUNTY SHERIFF'S OFFICE.**

