



# LaPorte County Sheriff's Office Employment Application Instructions



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. 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](mailto: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.



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## LaPorte County Sheriff's Office

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

### ....."Employment Application/Leif kkkqp" An Equal Opportunity Employer

#### PERSONAL DATA

<b>Name:</b>		<b>Soc. Sec. No.:</b>	
(LAST)	(FIRST)	(MIDDLE INITIAL)	
<b>Address:</b>			
(Number, Street, Apt. No., etc)		(City)	(State) (Zip Code)
<b>Home Telephone:</b> ( )		<b>Business Telephone:</b> ( )	<b>E-mail:</b>
<b>Will you accept:</b> Temporary Work    Yes    No Part-Time Work    Yes    No Shift Work    Yes    No		Are you at least 18 years of age? Yes    No If no, age _____	Are you legally eligible to be employed in the United States? (Proof of identity will be required upon employment) Yes    No Date available to start:
Position(s) or Title you are applying:		Have you ever been employed with LaPorte County Government? Yes    No If yes, date of employment & position held:	

#### EDUCATION AND TRAINING

High School Name or GED Institution:		Location (City/ State):			
SCHOOLS	NAME & LOCATIONS	COURSE/ MAJOR STUDIED	NUMBER OF YEARS COMP	Type of Degree	Credits Completed
College/ University			① ② ③ ④		
Graduate/ Professional			① ② ③ ④		
Vocational/ Other			① ② ③ ④		
Other training you received (for example: special courses, work training programs, foreign languages, law enforcement, certifications).					

#### SKILLS

<b>WORD PROCESSING:</b> <input type="checkbox"/> Microsoft Word <input type="checkbox"/> WordPerfect Other : _____	<b>GRAPHICS:</b> <input type="checkbox"/> PowerPoint <input type="checkbox"/> Adobe Other: _____
<b>SPREADSHEET:</b> <input type="checkbox"/> Excel    Other: _____	<b>DATABASE:</b> <input type="checkbox"/> Microsoft Access    Other: _____
<b>ELECTRONIC MAIL:</b> <input type="checkbox"/> Outlook    Other: _____	<input type="checkbox"/> Fax <input type="checkbox"/> Typewriter    Other: _____
Please list any other skills, training or information that may be helpful in considering your application.	
_____	
_____	



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## WORK HISTORY

(Attach Form DD214 or Certificate of Service if you have military experience)

**EXPERIENCE**- Start with your present or last job and work back. Include paid or unpaid, full or part-time, military, summer jobs, etc.

May we contact your present employer?     YES         NO

Name of Employer		Address, City, State		
Telephone (    )	Start Date	End Date	Start Salary	End Salary
Supervisor Name, title and phone number		Reason for leaving		
Job Title		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary		
Description of duties and responsibilities:				

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---------------------	------------	----------	--------------	------------

Supervisor Name, title and phone number	Reason for leaving			
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Job Title	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary			
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## GENERAL INFORMATION

Have you ever been arrested or convicted of a crime against the law (other than a traffic violation), or paid a fine of more than \$150?  YES  NO

If yes, please list the following information for each offense: Conviction type (Felony/ Misdemeanor) \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Offense: \_\_\_\_\_

**NOTE**- A conviction does not automatically mean you cannot be appointed. What you were convicted of, and how long ago, are important. Give all facts so that a decision can be made.

**REFERENCES** - List 3 persons who are not related to you and who would have knowledge of your qualifications for the position(s) for which you are applying, such as former co-workers, teachers, etc. Do not repeat names of supervisors listed under experience

NAME	ADDRESS	TELEPHONE	OCCUPATION

How did you hear about this job opening?

Walk-In  Word of Mouth  Referral  Newspaper  LaPorte County Website  Other: \_\_\_\_\_

DO YOU CURRENTLY POSSESS A VALID DRIVERS LICENSE?  YES  NO STATE: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_ IS YOUR LICENSE RESTRICTED?  YES  NO

IF SUSPENDED, ADVISE REASON HERE AND BELOW: \_\_\_\_\_  
\_\_\_\_\_

### APPLICANT STATEMENT

**I certify that all information stated in this application is correct, accurate and complete to the best of my knowledge. I do hereby authorize that any false information will result in declination of my application, or termination of my employment. I also understand if I am hired, I will be required to provide proof of identity to legally work in the United States. I have read and accepted all terms of this application statement.**

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

\_\_\_\_\_  
Date

Nothing on this application is intended to create or imply the nature of a contract. If hired, the employee understands that employment is "at will", that it is not for any specific duration of time and can be terminated with or without reason at any time.



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## AUTHORIZATION TO RELEASE INFORMATION FOR BACKGROUND INVESTIGATION

I, \_\_\_\_\_, do hereby authorize the La Porte County Government and its  
 (Print name)  
 designated representatives to conduct an appropriate background investigation including, but not limited to personal interviews for determination of my eligibility to occupy a position of trust and security, drug screening, criminal background record, BMV record and educational records. I authorize any person who may have information relative to this investigation to disclose same to the La Porte County Government or its representatives. I also release any person from any form of liability for such disclosure.

### INFORMATION REQUEST FOR BACKGROUND INVESTIGATION MAY BE TO:

Any person, any past or present employer, or credit reporting agency, banks, financial institutions, credit unions, or any credit extending organization.

Any department of City, State, County, or Federal Government, or its agencies.

Any Doctor, Hospital, or Medical Clinic.

Any Principal, Dean/Counselor, or person authorized to release information at a High School, College, University, or other institution of learning.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

RACE: \_\_\_\_\_

SEX: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CITY/STATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

### **Post Employment Application**

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Position Title: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

Salary: \_\_\_\_\_

Department: \_\_\_\_\_





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## 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 you 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.



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**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

\_\_\_\_\_  
DATE