

**Noble County Sheriff's Office**  
 Jason Mackie, Sheriff  
 420 Olive Street Caldwell, Ohio 43724



**Application for Employment**

Revised 03.20.2023

**IMPORTANT INSTRUCTIONS**

THANK YOU FOR YOUR INTEREST IN BECOMING AN EMPLOYEE OF THE NOBLE COUNTY SHERIFF'S OFFICE. THE INFORMATION PRESENTED ON THIS FORM WILL DETERMINE THE INITIAL ACCEPTANCE OF YOUR APPLICATION AND IN PART, YOUR ADMISSION TO AN ORAL EXAMINATION. FOR THESE REASONS, IT IS EXTREMELY IMPORTANT THAT YOU **ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY**, RELATING YOUR BACKGROUND AS CLOSELY AND FULLY AS POSSIBLE TO THE DUTIES AND REQUIREMENTS DESCRIBED IN THE JOB DESCRIPTION AND ANNOUNCEMENT. IF A QUESTION DOES NOT APPLY TO YOU, MARK "N/A". TYPE OR PRINT IN INK. **MAKE SURE TO READ AND SIGN THE FINAL PAGE OF THE APPLICATION.** PLEASE RETURN COMPLETED APPLICATION TO THE FOLLOWING ADDRESS:

**CIVIL DIVISION**  
 420 Olive Street, Caldwell, Ohio 43724  
 Phone (740) 732-5631 • Fax (740) 732-1421

**JOB TITLE(S) FOR WHICH YOU ARE APPLYING, CHECK ALL THAT APPLY:**

- Deputy Sheriff
- Corrections Officer
- Dispatcher
- Nurse
- Other \_\_\_\_\_

LAST NAME		FIRST NAME		MIDDLE NAME	
PREVIOUS NAMES					
ADDRESS (Number, Street)			APT	CITY	STATE ZIP CODE
HOME PHONE NUMBER		CELL PHONE NUMBER		BUSINESS PHONE NUMBER	
PLACE OF BIRTH			E-MAIL ADDRESS		
ALIASES AND OTHER DATES OF BIRTH ASSOCIATED WITH EACH ALIAS					
ARE YOU A UNITED STATES CITIZEN? Yes    No			ARE YOU A CURRENT NOBLE COUNTY EMPLOYEE? Yes No <input type="checkbox"/> <input type="checkbox"/>		

**AN AFFIRMATIVE ACTION EMPLOYER FOR EQUAL EMPLOYMENT OPPORTUNITY**

**EDUCATION & TRAINING**

GRAMMAR & HIGH SCHOOL (Highest year completed) 1 2 3 4 5 6 7 8 9 10 11 12	NAME & LOCATION OF HIGH SCHOOL	GRADUATED?		YEAR DIPLOMA WAS GRANTED
		Yes	No	

TRAINING BEYOND HIGH SCHOOL (COLLEGE, UNIVERSITY, BUSINESS VOCATIONAL OR OTHER SCHOOLS) INDICATE "Q" FOR QUARTERLY HOURS AND "S" FOR SEMESTER HOURS				MARK THE NUMBER OF YEARS IN COLLEGE OR UNIVERSITY 1 2 3 4 5 6 7 8 9 10 11 12 NONE								
NAME & LOCATION OF INSTITUTION	DATES ATTENDED		CREDITS EARNED	MAJOR FIELD & REMARKS	DEGREES							
	From	To									Month & Year Received	

HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY HIGH SCHOOL OR POST SECONDARY SCHOOL?  
 YES NO If YES, please explain (include school, date and circumstances)

DESCRIBE ANY EDUCATION OR TRAINING YOU HAVE HAD WHICH IS NOT COVERED ABOVE, SUCH AS CORRESPONDENCE COURSES, SERVICE SCHOOLS, IN-SERVICE TRAINING OR INTERNSHIPS (give dates).

INDICATE ACADEMIC HONORS OR OTHER SCHOOL ACHIEVEMENTS WHICH MAY BE HELPFUL IN EVALUATING YOUR BACKGROUND.

IF CURRENTLY LICENSED OR REGISTERED TO PRACTICE IN OHIO AS A MEMBER OF SOME PROFESSION OR TRADE, INDICATE TYPE OF LICENSE OR REGISTRATION INCLUDING CERTIFICATION BY THE OHIO PEACE OFFICERS TRAINING ACADEMY.

LIST MEMBERSHIPS IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS.

**WORK EXPERIENCE**

MAY WE OBTAIN REFERENCES FROM THE EMPLOYERS NAMED BELOW?

YES NO If NO, name and explain exceptions

1. Have you ever received formal discipline (i.e. written reprimand or suspension) at any job? YES NO

2. Were you ever terminated from employment? YES NO

3. Have you resigned after being informed your employer intended to terminate or discipline you? YES NO

If YES to any question, explain.

GIVE A **COMPLETE** RECORD OF ANY EMPLOYMENT, SELF-EMPLOYMENT, MILITARY SERVICE OR VOLUNTEER EXPERIENCE. START WITH YOUR PRESENT OR MOST RECENT JOB. IT IS IMPORTANT TO INCLUDE THE PHONE NUMBERS OF YOUR EMPLOYERS. INDICATE ANY CHANGE IN JOB TITLE UNDER THE SAME EMPLOYER AS A SEPARATE POSITION.

PRESENT OR MOST RECENT EMPLOYER		YOUR TITLE		TYPE OF BUSINESS		
ADDRESS OF BUSINESS (Street, City, State Zip Code)		REASON FOR LEAVING OR CONSIDERING LEAVING		NAME, TITLE & PHONE OF SUPERVISOR		
YOUR DUTIES	LIST THREE CO-WORKERS		FROM (month/year)		TO (month/year)	
			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			
			(            hours per            )			
			BEGINNING PAY		ENDING PAY	
			\$            per		\$            per	
EMPLOYER		YOUR TITLE		TYPE OF BUSINESS		
ADDRESS OF BUSINESS (Street, City, State Zip Code)		REASON FOR LEAVING OR CONSIDERING LEAVING		NAME, TITLE & PHONE OF SUPERVISOR		
YOUR DUTIES	LIST THREE CO-WORKERS		FROM (month/year)		TO (month/year)	
			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			
			(            hours per            )			
			BEGINNING PAY		ENDING PAY	
			\$            per		\$            per	
EMPLOYER		YOUR TITLE		TYPE OF BUSINESS		
ADDRESS OF BUSINESS (Street, City, State Zip Code)		REASON FOR LEAVING OR CONSIDERING LEAVING		NAME, TITLE & PHONE OF SUPERVISOR		
YOUR DUTIES	LIST THREE CO-WORKERS		FROM (month/year)		TO (month/year)	
			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			
			(            hours per            )			
			BEGINNING PAY		ENDING PAY	
			\$            per		\$            per	

**MILITARY SERVICE**

HAVE YOU SERVED IN THE ARMED FORCES, NATIONAL GUARD OR MILITARY RESERVES? YES NO		BRANCH OF SERVICE	OCCUPATION
HIGHEST RANK ATTAINED	RANK DISCHARGE		SERVICE NUMBER
DATES OF SERVICE		TYPE OF DISCHARGE	
ARE YOU CURRENTLY PARTICIPATING IN ANY MILITARY RESERVE OR NATIONAL GUARD PROGRAM? YES NO WHERE?			

**DRIVER'S LICENSE INFORMATION**

DO YOU HAVE A CURRENT DRIVER'S LICENSE? YES Driver's License No. _____ State _____ NO			
HOW MANY MILES DO YOU DRIVE IN A YEAR?			
HAVE YOU EVER HAD AUTOMOBILE INSURANCE WITHDRAWN, CANCELLED, REVOKED OR REFUSED? YES NO If YES, explain.			
HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE? YES NO If YES, explain.			
HAS YOUR LICENSE EVER BEEN SUSPENDED, REVOKED OR CANCELLED? YES NO If YES, explain.			

CAN YOU LEGALLY OWN AND POSSESS A FIREARM? YES NO If NO, explain.
---

**PLEASE NOTE IT IS NOT THE INTENT OF THE NOBLE COUNTY SHERIFF'S OFFICE TO UTILIZE ANY INFORMATION SOLICITED IN THIS SECTION FOR CRIMINAL PROSECUTION, HOWEVER SELF-DISCLOSURE IS OF THE UTMOST IMPORTANCE.**

HAVE YOU EVER USED ANY MARIJUANA, COCAINE, LSD, SPEED, PCP, HEROIN, HASHISH, STEROIDS, METHAMPHETAMINE, ECSTASY, OR ANY OTHER STREET DRUGS, OR TAKEN PRESCRIPTION DRUGS NOT PRESCRIBED FOR YOU? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, explain below.			
NAME OF DRUG	TOTAL ESTIMATED USE	DATE FIRST USED	DATE LAST USED
LIST ALL CITIES AND STATES IN WHICH YOU HAVE LIVED.			

**RESIDENCES**

PLEASE LIST ALL OF YOUR RESIDENCES FOR THE PAST TEN YEARS, BEGIN WITH YOUR CURRENT RESIDENCE. (If needed, use separate paper using this format)		
ADDRESS		
DATES (Month, Year) FROM	TO	REASON FOR MOVING
NAME, ADDRESS, PHONE NO. OF LANDLORD OR MORTGAGE HOLDER		
ADDRESS		
DATES (Month, Year) FROM	TO	REASON FOR MOVING
NAME, ADDRESS, PHONE NO. OF LANDLORD OR MORTGAGE HOLDER		
ADDRESS		
DATES (Month, Year) FROM	TO	REASON FOR MOVING
NAME, ADDRESS, PHONE NO. OF LANDLORD OR MORTGAGE HOLDER		
ADDRESS		
DATES (Month, Year) FROM	TO	REASON FOR MOVING
NAME, ADDRESS, PHONE NO. OF LANDLORD OR MORTGAGE HOLDER		
ADDRESS		
DATES (Month, Year) FROM	TO	REASON FOR MOVING
NAME, ADDRESS, PHONE NO. OF LANDLORD OR MORTGAGE HOLDER		

HAS YOUR APPLICATION EVER BEEN REJECTED OR WITHDRAWN FROM A HIRING PROCESS? YES      NO                      If YES, explain.
--

**LAW ENFORCEMENT EMPLOYMENT APPLICATION INFORMATION**

IF YOU HAVE APPLIED FOR EMPLOYMENT WITH OTHER PUBLIC SAFETY AGENCIES (Fire, Police, EMS), LIST THOSE AGENCIES AND THE YEAR YOU APPLIED. (If needed, use separate paper)		
NAME OF AGENCY	DATE (Month, Year)	
ADDRESS, ZIP CODE, PHONE		
SUBMITTED APPLICATION ONLY YES <input type="checkbox"/> NO <input type="checkbox"/>	BACKGROUND CONDUCTED? YES <input type="checkbox"/> NO <input type="checkbox"/>	MEDICAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
STATUS AND/OR RESULTS:		
NAME OF AGENCY	DATE (Month, Year)	
ADDRESS, ZIP CODE, PHONE		
SUBMITTED APPLICATION ONLY YES <input type="checkbox"/> NO <input type="checkbox"/>	BACKGROUND CONDUCTED? YES <input type="checkbox"/> NO <input type="checkbox"/>	MEDICAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
STATUS AND/OR RESULTS:		

**CHARACTER REFERENCES**

LIST FOUR PEOPLE WHO HAVE KNOWLEDGE OF YOU AND YOUR QUALIFICATIONS (exclude relatives, former employers or co-workers).		
NAME		
ADDRESS, CITY, STATE, ZIP CODE		
PROFESSION/TITLE		
HOME PHONE	CELL PHONE	BUSINESS PHONE
NAME		
ADDRESS, CITY, STATE, ZIP CODE		
PROFESSION/TITLE		
HOME PHONE	CELL PHONE	BUSINESS PHONE
NAME		
ADDRESS, CITY, STATE, ZIP CODE		
PROFESSION/TITLE		
HOME PHONE	CELL PHONE	BUSINESS PHONE
NAME		
ADDRESS, CITY, STATE, ZIP CODE		
PROFESSION/TITLE		
HOME PHONE	CELL PHONE	BUSINESS PHONE

UPON REQUEST, PLEASE BE PREPARED TO PRESENT THE FOLLOWING:

1. Birth Certificate
2. High School (HSED or GED) diploma or equivalent
3. Military discharge papers (if applicable)
4. College or technical school transcripts and copy of diploma

**QUALIFICATIONS STATEMENT**

Please prepare a statement describing any relevant training, and work and life experiences which have prepared you to perform the role of the position for which you are applying. Limit your statement to this area. You may either print neatly or type your response.

The questions below provide a means of quickly reviewing your qualifications. Please answer each question, including those questions that may duplicate, in whole or in part, other questions on this application.

<b>QUESTIONS USED AS INDICATORS FOR APPLICANTS</b>	<b>YES</b>	<b>NO</b>
1. Are you a United States citizen?		
2. Do you have a valid driver's license?		
3. Are you 18 years old or older?		
4. Do you have two years of work experience?		
5. Do you have hearing in normal range?		
6. Are you willing to work weekends and holidays?		
7. Are you certified by, or have you successfully completed an Ohio Peace Officer Training Academy (OPOTA)?		
8. Have you been certified by any other state as a law enforcement officer?		
9. Are you a certified OPOTA corrections officer?		
10. Have you been certified by any other state as a corrections/jail officer?		
11. Do you have any criminal action pending against you?		
12. Have you ever been discharged from a job?		

**NOBLE COUNTY APPLICANTS RELEASE**

Part of the review process includes a records check (i.e. motor vehicle traffic violation record, prior law enforcement convictions). In order for the Sheriff's Office to access accurate information about me, I understand that the Sheriff's Office will need access to my Social Security number and date of birth.

In the event that my application advances to the application review committee, I authorize the Noble County Sheriff's Office to release my Social Security number and date of birth to authorized personnel in the Sheriff's Office to complete an initial records check to be utilized by the application review committee. My Social Security number and date of birth will be kept separate from my application and will not be released beyond what is stated in this release.

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

*If you have any questions about this section, please feel free to contact the Noble County Sheriff's Office at 740-732-5631.*

**Refusal to sign this release will result in removal of your application from the screening process.**

***ATTENTION: This page will be retained in the Noble County Sheriff's Office***

**The following information is required in order to process your application.** Your Social Security number and date of birth will remain confidential and will not be copied or released, but are required for applicant tracking purposes, will help ensure the accuracy of your application and will be used for administrative purposes only.

First Name	Middle Initial	Last Name		Social Security Number	Date of Birth
Address (Number, Street)		Apt.	City	State	Zip Code

Return To:

Noble County Sheriff's Office  
420 Olive Street  
Caldwell, Ohio 43724