



Champaign County Sheriff's Office

Sheriff Chad M. Burroughs

308 Miami Street, Suite B

Urbana, OH 43078

Phone: 937-484-6091 ★ Fax: 937-484-6093

<https://www.champaignohiosheriff.com>

CHAMPAIGN COUNTY SHERIFF'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER

and is committed to creating a diverse environment and is proud to be an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or veteran status.

PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

APPLICATION DATE (MM/DD/YY): Click or tap here to enter text.

POSITION: Click or tap here to enter text.

POSITION NUMBER (if applicable): Click or tap here to enter text.

Please submit one (1) application per position to the address indicated on the job posting or announcement. Copies of completed applications will not be accepted and applications that are incomplete or lacking sufficient information will not be considered. Please ensure that you application is received and or submitted by the positions closing date.

**All applications submitted are subject to all applicable public records laws.*

APPLICANT INFORMATION

LAST NAME: Click or tap here to enter text. FIRST NAME: Click or tap here to enter text. MIDDLE NAME: Click or tap here to enter text.

SUFFIX (if applicable): Click or tap here to enter text.

ALIASES (if applicable): Click or tap here to enter text.

MAIDEN NAME: Click or tap here to enter text.

DATE OF BIRTH (MM/DD/YYYY): Click or tap here to enter text.

CURRENT ADDRESS (Street, City, State, Zip Code): Click or tap here to enter text.

PREVIOUS ADDRESS (Street, City, State, Zip Code): Click or tap here to enter text.

TELEPHONE NUMBER: Click or tap here to enter text. MOBILE NUMBER: Click or tap here to enter text.

EMAIL ADDRESS: Click or tap here to enter text.

SOCIAL MEDIA ACCOUNTS/USER NAMES: Click or tap here to enter text.

VALID DRIVER'S LICENSE: YES NO STATE ISSUED: Click or tap here to enter text. DL NUMBER: Click or tap here to enter text.

LEGAL RIGHT TO WORK IN THE UNITED STATES: YES NO EXPLAIN: Click or tap here to enter text.

PREFERENCES

PREFERRED/REQUESTED SALARY: Click or tap here to enter text. WILLING TO RELOCATE: YES NO MAYBE

TYPE OF WORK: FULL-TIME PART-TIME SPECIAL

SHIFTS: DAY EVENING NIGHT ROTATING WEEKEND ON-CALL (AS NEEDED)

EDUCATION

HIGH SCHOOL (NAME/CITY/STATE): Click or tap here to enter text.

GRADUATED: YES NO YEAR COMPLETED: Click or tap here to enter text.

GED OBTAINED: YES NO N/A YEAR COMPLETED: Click or tap here to enter text.

COLLEGE/UNIVERSITY (NAME/CITY/STATE): Click or tap here to enter text.

NUMBER OF QUARTERS/SEMESTERS COMPLETED: Click or tap here to enter text.

MINOR/MAJOR: Click or tap here to enter text.

GRADUATED: YES NO YEAR COMPLETED: Click or tap here to enter text.

DEGREE RECEIVED: Click or tap here to enter text.

OTHER EDUCATION/TECHNICAL SCHOOL (NAME/CITY/STATE): Click or tap here to enter text.

NUMBER OF QUARTERS/SEMESTERS COMPLETED: Click or tap here to enter text.

MINOR/MAJOR: Click or tap here to enter text.

GRADUATED: YES NO YEAR COMPLETED: Click or tap here to enter text.

DEGREE/CERTIFICATE RECEIVED: Click or tap here to enter text.

MILITARY SERVICE

HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE UNITED STATES OF AMERICA? YES NO

BRANCH OF SERVICE: YES NO

MILITARY SERIAL NUMBER: Click or tap here to enter text.

HIGHEST MILITARY RANK OR RATING: Click or tap here to enter text.

MILITARY RESERVE STATUS: READY STANDBY NONE

DISCHARGE: HONORABLE GENERAL OTHER THAN HONORABLE BAD CONDUCT DISHONORABLE

WERE YOU EVER COURT MARTIALED, TRIED ON CHARGES, OR WERE YOU THE SUBJECT OF A SUMMARY COURT, DECK COURT, CAPTAIN'S MAST, COMPANY PUNISHMENT, OR ANY OTHER DISCIPLINARY ACTION WHILE A

MEMBER OF THE ARMED FORCES? YES NO

IF YES, EXPLAIN: Click or tap here to enter text.

ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF THE U.S. RESERVES OR NATIONAL GUARD? YES NO

IF YES, UNIT & LOCATION: Click or tap here to enter text.

LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR RESERVES & EXPLAIN:

Click or tap here to enter text.

EMPLOYMENT HISTORY

List your work history, beginning with your most recent employer. To be considered for employment, the information below must be completed accurately, completely, and should include your employment for the last ten (10) years. You must submit a resume in addition to this completed application. **If you require additional space, you may attach extra pages to this application.**

1. DATES OF EMPLOYMENT: Click or tap here to enter text. EMPLOYER: Click or tap here to enter text.

POSITION/TITLE: Click or tap here to enter text.

ADDRESS (Street, City, State, Zip Code): Click or tap here to enter text.

AGENCY WEBSITE/URL: Click or tap here to enter text. PHONE: Click or tap here to enter text.

SUPERVISOR: Click or tap here to enter text. SUPERVISOR CONTACT NUMBER: Click or tap here to enter text.

EMAIL ADDRESS: Click or tap here to enter text.

HOURS PER WEEK: Click or tap here to enter text. SALARY: Click or tap here to enter text. MAY WE CONTACT THIS EMPLOYER: YES NO

DUTIES PERFORMED: Click or tap here to enter text.

REASON FOR LEAVING: Click or tap here to enter text.

2. DATES OF EMPLOYMENT: Click or tap here to enter text. EMPLOYER: Click or tap here to enter text.

POSITION/TITLE: Click or tap here to enter text.

ADDRESS (Street, City, State, Zip Code): Click or tap here to enter text.

AGENCY WEBSITE/URL: Click or tap here to enter text. PHONE: Click or tap here to enter text.

SUPERVISOR: Click or tap here to enter text. SUPERVISOR CONTACT NUMBER: Click or tap here to enter text.

EMAIL ADDRESS: Click or tap here to enter text.

HOURS PER WEEK: Click or tap here to enter text. SALARY: Click or tap here to enter text. MAY WE CONTACT THIS EMPLOYER: YES NO

DUTIES PERFORMED: Click or tap here to enter text.

REASON FOR LEAVING: Click or tap here to enter text.

3. DATES OF EMPLOYMENT: Click or tap here to enter text. EMPLOYER: Click or tap here to enter text.

POSITION/TITLE: Click or tap here to enter text.

ADDRESS (Street, City, State, Zip Code): Click or tap here to enter text.

AGENCY WEBSITE/URL: Click or tap here to enter text. PHONE: Click or tap here to enter text.

SUPERVISOR: Click or tap here to enter text. SUPERVISOR CONTACT NUMBER: Click or tap here to enter text.

EMAIL ADDRESS: Click or tap here to enter text.

HOURS PER WEEK: Click or tap here to enter text. SALARY: Click or tap here to enter text. MAY WE CONTACT THIS EMPLOYER: YES NO

DUTIES PERFORMED: Click or tap here to enter text.

REASON FOR LEAVING: Click or tap here to enter text.

CERTIFICATES/PROFESSIONAL LICENSURES/PERMITS

TYPE: Click or tap here to enter text. ISSUING AGENCY: Click or tap here to enter text.

LICENSE NUMBER: Click or tap here to enter text. EXPIRATION(if applicable): Click or tap here to enter text.

SPECIAL SKILLS/ABILITIES

LIST ANY SKILLS, PERSONAL INTERESTS OR HOBBIES WHICH WOULD BE USEFUL IN THE POSITION YOU ARE SEEKING: Click or tap here to enter text.

LIST ALL ORGANIZATIONS, CLUBS, & SOCIAL GROUPS OF WHICH YOU ARE NOW, OR HAVE BEEN A MEMBER & POSITION HELD (I.E. MEMBER, ASSOCIATE MEMBER, CHAIR, PRESIDENT, SECRETARY, ETC.): Click or tap here to enter text.

REFERENCES

Please provide three (3) references who can attest to your qualifications, work performance &/or work ethic; these references will need to be willing & available to speak to our background investigators (incl. Current or former bosses, co-workers, customers, vendors, &/or college professors, etc.).

1. FULL NAME: [Click or tap here to enter text.](#)

RELATIONSHIP: [Click or tap here to enter text.](#) YEARS KNOWN: [Click or tap here to enter text.](#)

ADDRESS (Street, City, State, Zip Code): [Click or tap here to enter text.](#)

PLACE OF EMPLOYMENT: [Click or tap here to enter text.](#) WORK TELEPHONE NUMBER: [Click or tap here to enter text.](#)

EMPLOYMENT STATE/CITY: [Click or tap here to enter text.](#)

EMAIL ADDRESS: [Click or tap here to enter text.](#) CONTACT TELEPHONE NUMBER: [Click or tap here to enter text.](#)

2. FULL NAME: [Click or tap here to enter text.](#)

RELATIONSHIP: [Click or tap here to enter text.](#) YEARS KNOWN: [Click or tap here to enter text.](#)

ADDRESS (Street, City, State, Zip Code): [Click or tap here to enter text.](#)

PLACE OF EMPLOYMENT: [Click or tap here to enter text.](#) WORK TELEPHONE NUMBER: [Click or tap here to enter text.](#)

EMPLOYMENT STATE/CITY: [Click or tap here to enter text.](#)

EMAIL ADDRESS: [Click or tap here to enter text.](#) CONTACT TELEPHONE NUMBER: [Click or tap here to enter text.](#)

3. FULL NAME: [Click or tap here to enter text.](#)

RELATIONSHIP: [Click or tap here to enter text.](#) YEARS KNOWN: [Click or tap here to enter text.](#)

ADDRESS (Street, City, State, Zip Code): [Click or tap here to enter text.](#)

PLACE OF EMPLOYMENT: [Click or tap here to enter text.](#) WORK TELEPHONE NUMBER: [Click or tap here to enter text.](#)

EMPLOYMENT STATE/CITY: [Click or tap here to enter text.](#)

EMAIL ADDRESS: [Click or tap here to enter text.](#) CONTACT TELEPHONE NUMBER: [Click or tap here to enter text.](#)

ATTESTATION

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed, and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check shall be required prior to employment and that drug testing may be required in accordance with the Drug-Free Workplace Program.

I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment.

I consent that they may disclose such information to the Champaign County Sheriff's Office, Champaign County Commissioners and/or the agency that holds the vacancy for which I am applying and to appropriate officials for recruitment purposes.

I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

Applicant Name (Printed): [Click or tap here to enter text.](#) Applicant Signature: [Click or tap here to enter text.](#)

Date: [Click or tap here to enter text.](#)



**AUTHORIZATION FOR RELEASE OF INFORMATION
EMPLOYMENT INFORMATION – CHAMPAIGN COUNTY SHERIFF’S OFFICE**

POSITION OF DEPUTY SHERIFF

PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

CANDIDATE FULL NAME (Last, First, Middle): _____ DATE (MM/DD/YYYY): _____

As a candidate for a position with the Champaign County Sheriff's Office. I am required to furnish information for use in determining my qualifications. For this purpose, I authorize release of any and all information you may have concerning me, including but not limited to, information of a confidential or privileged nature, any data or materials that have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters, or any personnel information (including disciplinary action) accumulated during the course of employment

By signing this authorization, I hereby authorize the disclosure of all records to which, as an employee, the undersigned would have or did have access.

I, _____ hereby release, discharge, and exonerate the agency, their agents, representatives and/or any person furnishing information, from liability arising out of the furnishing and/or inspection of records and/or other truthful, even though potentially embarrassing, information. I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me or who may hereafter attend or examine me, colleges or universities which I have attended, from disclosing any knowledge or information which they thereby acquired, and I hereby consent that they may disclose such knowledge or information to the Champaign County Sheriff's Office and its designees.

This release shall be binding on my legal representatives, heirs, and assigns.

In the County of _____ within the State of Ohio.

On this _____ day of _____, in the year 20____, before me applicant, _____, personally appeared before me _____, Notary Public, they proved on the basis of satisfactory evidence to be the person, whose name is subscribed in this document and acknowledged the same. Witnessed my hand and official seal.

Candidate Signature: _____

Notary Signature: _____

My commission expires _____

[SEAL

AUTHORIZATION TO CONDUCT PRE-EMPLOYMENT BACKGROUND INVESTIGATION

**INFORMED CONSENT RELEASE AND HOLD HARMLESS FOR CONFIDENTIALITY OF PRE-EMPLOYMENT
BACKGROUND INVESTIGATION DATA**



POSITION OF DEPUTY SHERIFF – CHAMPAIGN COUNTY SHERIFFS OFFICE

PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

CANDIDATE FULL NAME (Last, First, Middle): _____ DATE (MM/DD/YYYY): _____

I, _____ fully recognize that an employing agency has both a legal and a moral obligation to make every reasonable effort to ensure that any person employed by them as a peace officer will conform to the very highest standards.

I understand that I am authorizing an intensive investigation into all of my personal, medical, and psychological fitness, and that such an investigation will include an investigation into all contacting persons and/or organizations who have information relating to my fitness, including if I am or if I have been a peace officer in the State of Ohio. I further understand that this background investigation includes a credit check. I understand that, under the law, I am entitled to a copy of the credit report. I also understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reticent about furnishing information concerning my fitness unless confidentiality of their information can be guaranteed on a permanent basis.

I further recognize that although some of the information contained in this report is a matter of public record or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I otherwise would not be privy. I have also been informed that because this background information is either mandated by law, responses from persons contacted, whether solicited or unsolicited, may be afforded privilege under the law.

Therefore, I exonerate, release, and discharge both by prospective employer, their officers, agents or assigns, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents, or assigns for their refusal to make available, any and all information contained in this pre-employment background investigation declared confidential pursuant to law including but not limited to the identity if any person or organization who may have information in the course of this investigation, as well as the substance of any such information supplied which might identify that person or organization.

I have had adequate time to review this form; I understand its meaning and purpose and have been furnished a copy of it.

In the County of _____ within the State of Ohio.

On this _____ day of _____, in the year 20____, before me applicant, _____, personally appeared before me _____, Notary Public, they proved on the basis of satisfactory evidence to be the person, whose name is subscribed in this document and acknowledged the same. Witnessed my hand and official seal.

Candidate Signature: _____ Notary Signature: _____

My commission expires _____

[SEAL



**AUTHORIZATION FOR RELEASE OF MILITARY RECORDS
POSITION OF DEPUTY SHERIFF -CHAMPAIGN COUNTY SHERIFF'S OFFICE, OHIO**

PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

CANDIDATE FULL NAME (Last, First, Middle): _____ DATE (MM/DD/YYYY): _____

I _____ authorize the **National Personnel Records Center**, or other custodian of my military service record, to release to the Champaign County Sheriffs Office copies of documents from my military service record, including but not limited to copies of my **DD-214** (Report of Separation), my eligibility for re-enlistment in the Armed Forces of the United States, records of any and all judicial and non-judicial punishment, records of decoration, performance ratings, and any other records which you may possess.

This request is being made as part of a background investigation conducted on behalf of the **Champaign County Sheriff's Office** to determine my suitability for employment for the position of **Deputy Sheriff**, pursuant to Ohio State law, and constitutes an express waiver of the Federal Privacy Act of 1974 (Public Lw 93-579) 5 United States Code § 552a(b); 32 CFR § 45; and NARA (36 CFR 1233.18 (d).

Federal law [5 USC 552a(b)] requires that all requests for records and information be submitted in writing. Each request must be **signed** (in cursive) and **dated** (within the last year). Certain basic **information needed to locate military service records**, includes: the veteran's complete name as used in service; **service number**; **Social Security Number** (if applicable); branch of service; dates of service; date and place of birth. For records affected by the **1973 Fire**, additional information, such as place of discharge; last assigned unit; and place of entry into service may be useful. <https://www.archives.gov/personnel-records-center/ompf-access-public> . Authorizations are honored for one (1) year from the date of signature. National Personnel Records Center, 1 Archives Drive, St. Louis, MO 63138, fax 314-801-9195. eVetRecs at <https://www.archives.gov/veterans/military-service-records>.

Signature of Veteran/Service Member: _____

Print name used during service: _____ Birth Date (MM/DD/YYYY): _____

Place of Birth (City/State): _____ Social Security Number: _____

SERVICE, PAST and PRESENT (For an effective records search, it is important to include ALL service below.)

COMPONENT	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE #	DOD ID / EDIPI #
						(If unknown, write "unknown")	
a. ACTIVE				<input type="checkbox"/>	<input type="checkbox"/>		
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>		
c. NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>		

Last Unit Assigned /Last Duty Station(s): _____ Retired from Military Service: YES NO

Please send information and/or documents to: **CHAMPAIGN COUNTY SHERIFF'S OFFICE, C/O Chief Deputy Robert Wagner, 308 MIAMI STREET, SUITE B, URBANA OH 43078, Phone (937) 484-6091, Fax (937) 484-1056, rwagner@co.champaign.oh.us**

In the County of _____ within the State of Ohio.

On this _____ day of _____, in the year 20____, before me applicant, _____, personally appeared before me _____, Notary Public, they proved on the basis of satisfactory evidence to be the person, whose name is subscribed in this document and acknowledged the same. Witnessed my hand and official seal.

Candidate Signature: _____ Notary Signature: _____

My commission expires _____, 20_____.

[SEAL