

STEUBEN COUNTY SHERIFF'S OFFICE



CONFINEMENT OFFICER APPLICATION

APPLICANT NAME

DATE SUBMITTED

Return in a sealed envelope or in person to:

CAPTAIN JASON HUFNAGLE
STEUBEN COUNTY JAIL COMMANDER
206 E GALE ST
ANGOLA, IN 46703

The Steuben County Sheriff's Office is an Equal Opportunity Employer

The following is a summary of the minimum applicant standards and criteria which must be met by an applicant to be considered in the selection process. Also, a brief description of the selection process is listed and applicants will be notified in writing when the selection process begins and the testing schedule.

MINIMUM APPLICANT STANDARDS AND CRITERIA

- Must be a citizen of the United States of America.
- Applicant must be at least eighteen (18) years of age at the time of appointment as a Confinement Officer.
- Must be a high school graduate and produce evidence of same by way of a diploma or equivalency diploma issued by an accredited school.
- Must possess a valid motor vehicle driver's license. **A copy of the applicant's driver's license must be submitted with this application.**
- Must possess, as a minimum, visual acuity that is correctable to 20/40 in both eyes.
- Must possess, as a minimum, auditory acuity that is within normal range in both ears.
- Must be of such physical state so as to sustain the rigors and demands of Confinement work.
- Must be of such mental state so as to sustain the rigors and demands of Confinement work.
 - "Mental state" means having the ability to exercise good judgment; having balance temperament; being free of debilitating psychological disorders and being of such psychological health to adequately complete psychological testing.
- **Must not have tattoos or body piercings that are apparent or visible when the officer/employee is in uniform or wearing clothing that readily identifies the officer/employee as employed by the Steuben County Sheriff's Office.**
- Must be a person of excellent character having favorable references from previous employers, credit history, and personal references. Excellent character includes an absence of pattern or practice of substance abuse or criminal misdemeanor convictions and **no felony convictions**.
- Have a good work history with recommendations from previous employers.
- Must agree to take a polygraph or voice stress test.
- If discharged from the military service, must possess an Honorable Discharge.
- Must submit to and pass a pre-employment drug screen.

SELECTION PROCESS

There are three steps to the initial application process. Each applicant must successfully pass each step before moving on to the next step.

- Step 1: Submit a completed application to the Steuben County Jail Commander.
- Step 2: Written examination & interview process.
- Step 3: Background investigation (criminal/driving history, employment history, reference check and character verification).
- Step 4: Conditional offer of employment, lie detector or voice stress test & pre-employment drug screen.

NOTICE

Applications will not be considered unless each of the following conditions is met:

Each application must be complete in every respect.

Any misrepresentation of facts will disqualify the applicant.

- This form must be filled out in **black ink** in the **handwriting of the applicant**.
- Answer all questions. If the question does not apply, state: "None" or "Does Not Apply".
- Any further information you wish to add may be placed on separate pages with proper identifying reference marks.
- It is important that you clearly and correctly indicate your mailing address. In the event you change your address after filing application, mail notification of new address immediately.

CONFINEMENT OFFICER APPLICATION

NAME: _____
Last First Middle

RESIDENCE: _____
Street or Rural Address Apt No

City County State Zip Code

MAILING ADDRESS (if different from residence): _____

City County State Zip Code

TELEPHONE: _____
Cell # Alternate #

EMAIL: _____

INITIAL REQUIREMENT DATA

ARE YOU A US CITIZEN? _____

PHYSICAL STATUS

ARE YOU, TO THE BEST OF YOUR KNOWLEDGE, ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE
POSITION OF CONFINEMENT OFFICER? _____

IF NO, EXPLAIN FULLY ON A SEPARATE SHEET.

EDUCATION DATA

LIST INFORMATION FOR HIGH SCHOOL AND ALL ACCREDITED COLLEGES/UNIVERSITIES YOU HAVE
ATTENDED:

NAME OF SCHOOL	COURSE OF STUDY	# HOURS COMPLETED	GPA ON 4.0 SCALE	DID YOU GRADUATE	DEGREE

EMPLOYMENT DATA

LIST CHRONOLOGICALLY (MOST RECENT EMPLOYMENT FIRST) ALL PAST AND CURRENT EMPLOYMENT INCLUDING PART TIME (USE ADDITIONAL SHEETS IF NECESSARY).
EXPLAIN ANY BREAKS IN EMPLOYMENT.

DATES OF EMPLOYMENT FROM - TO	NAME OF EMPLOYER	ADDRESS AND PHONE NUMBER OF EMPLOYER	POSITION HELD	ANNUAL SALARY	REASON FOR LEAVING

HAVE YOU BEEN DISCHARGED OR RESIGNED TO PREVENT BEING DISCHARGED FROM A POSITION OF EMPLOYMENT? _____
IF YES, EXPLAIN FULLY ON A SEPARATE SHEET.

REFERENCES

PLEASE DO NOT LIST RELATIVES AS REFERENCES. INFORMATION MUST BE COMPLETE.

NAME	PHONE #	STREET	CITY / STATE

MILITARY HISTORY AND STATUS

HAVE YOU EVER SERVED IN THE MILITARY ON ACTIVE DUTY (INCLUDE INITIAL ACTIVE DUTY TRAINING WITH THE NATIONAL GUARD AND RESERVES)? _____

MILITARY BRANCH	HIGHEST RANK	RANK AT SEPARATION	TYPE OF DISCHARGE / REENLISTMENT CODE

ARE YOU ELIGIBLE TO RE-ENLIST? _____
IF NO, EXPLAIN FULLY ON A SEPARATE SHEET.

MILITARY CITATIONS OR OTHER AWARDS RECEIVED: _____

WERE YOU EVER DISCIPLINED (COURT MARTIAL, ARTICLE 15, CAPTAIN'S MAST, ETC.) WHILE ON DUTY? _____

IF YES, EXPLAIN FULLY ON A SEPARATE SHEET.

LAW ENFORCEMENT EXPERIENCE

HAVE YOU EVER BEEN EMPLOYED BY A POLICE DEPARTMENT OR CORRECTIONAL FACILITY? _____

LIST BELOW WHERE YOU HAVE BEEN EMPLOYED AS A CONFINEMENT/CORRECTIONAL OFFICER

LAW ENFORCEMENT AGENCY / ADDRESS	DATE FROM / TO	RANK	REASON FOR LEAVING

ARE YOU ELIGIBLE FOR RE-HIRING? _____

IF NO, EXPLAIN FULLY ON A SEPARATE SHEET

LIST ANY SPECIALTY TRAINING YOU HAVE RECEIVED: _____

WERE YOU EVER DISCIPLINED? _____

IF YES, EXPLAIN FULLY ON A SEPARATE SHEET

VEHICLE CRASH AND ARREST RECORD

DO YOU CURRENTLY POSSESS A VALID AUTOMOBILE DRIVING LICENSE? _____

LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE: _____

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED? _____

IF YES, EXPLAIN: _____

LIST VEHICLE CRASHES IN WHICH YOU HAVE BEEN INVOLVED AS A DRIVER

LAW ENFORCEMENT AGENCY INVOLVED	DATE FROM / TO	LOCATION/DESCRIPTION

HAVE YOU EVER RECEIVED A TICKET OR BEEN ARRESTED FOR A TRAFFIC OFFENSE? _____

IF YES, DESCRIBE BELOW:

DATE	LOCATION	CHARGE	FINE OR SENTENCE

HAVE YOU EVER BEEN ARRESTED FOR A CRIMINAL OFFENSE? _____

IF YES, DESCRIBE BELOW:

DATE	LOCATION	CHARGE	FINE OR SENTENCE

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

IF YES, EXPLAIN FULLY ON A SEPARATE SHEET.

HAVE YOU EVER BEEN OR ARE YOU CURRENTLY INVOLVED AS A PLAINTIFF, DEFENDANT, PETITIONER,

OR RESPONDENT IN ANY CIVIL COURT ACTION: _____

IF YES, EXPLAIN FULLY ON A SEPARATE SHEET.

CERTIFICATION

I CERTIFY THAT:

- ALL REQUIRED ITEMS ARE INCLUDED WITH THIS APPLICATION
 - MILITARY
 - DD214 (IF VETERAN)
 - DD217 (IF ACTIVE DUTY)
 - PREVIOUS LAW ENFORCEMENT /CORRECTIONAL DOCUMENTATION
 - COPY OF SPECIALIZED TRAINING AND AWARDS
 - COPY OF COMMENDATIONS AND AWARDS
- I HAVE PERSONALLY COMPLETED THIS APPLICATION.

I SWEAR OR AFFIRM UNDER PENALTY OF PERJURY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____

DATE: _____



STEUBEN COUNTY
SHERIFF'S OFFICE

Rodney L. Robinson, Sheriff
206 EAST GALE STREET • ANGOLA, INDIANA 46703
(260) 668-1000 ext 5000 • Fax (260) 665-9476
www.steubensheriff.com

RELEASE FORMS

I, _____ do hereby give my consent and authorize the Steuben County Sheriff's Office to check criminal records, driver's license, and credit history.

I, _____ give the Steuben County Sheriff's Office permission to obtain bodily fluids and for a drug test to be done.

I, _____ do hereby give my consent and permission for the Steuben County Sheriff's Office to obtain previous employment information.

Witness

Signature

Printed Name

Date