

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 COOK? _____

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.

COOK/CULINARY EXPERIENCE

HAVE YOU EVER BEEN EMPLOYED BY A CORRECTIONAL FACILITY OR CULINARY BUSINESS? _____

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