

Sheriff Jerry Greene
Mahoning County Sheriff's Office

AUTHORIZATION FOR FULL DISCLOSURE

I, _____, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Mahoning County Sheriff's Office, whether the said records are of public, private or confidential in nature.

The intent of this authorization is to give my full consent for full and complete disclosure of the records of education institutions; financial or credit institutions and the records of commercial or retail credit agencies (including credit reports and/or ratings); employment and pre-employment records, including background reports, polygraph examinations, efficiency ratings, performance evaluations, attendance records, military service records, investigator files, disciplinary records, complaints filed against me, salary records, data contained with the application of employment; real and personal property tax records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest including any files which are deemed to be confidential, expunged or sealed pursuant to 2953.33 of the Ohio Revised Code.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing background investigation which may provide pertinent data for the Mahoning County Sheriff's Office to consider in determining my suitability for employment. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Mahoning County Sheriff's Office and will not be returned to me.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the Mahoning County Sheriff's Office in conjunction with employment procedures.

For and in consideration of, the Mahoning County Sheriff's Office acceptance and processing of my application for employment, I agree to hold the Mahoning County Sheriff's Office, its

agents and employees harmless from any and all claims and liability associated with the application for employment or in any way connected with the decision whether or not to employ me with the Mahoning County Sheriff's Office. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

A photocopy, facsimile or other electronic reproduction of this form will be valid as an original thereof, even though the said photocopy, facsimile or other electronic reproduction does not contain an original writing of my signature or witness there.

This waiver is valid for a period of **two** years from the date of my signature.

Date

Signature

Last Name: _____ **First name:** _____ **Middle:** _____

Current Address: _____

Telephone Number: _____ **Date of Birth:** _____

Social Security Number: _____

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Sworn to before me and Subscribed in my presence this _____ day of

_____, 20_____.

My Commission Expires:

Notary Public



Personal Reference Questionnaire

Name of Applicant: _____

Name of Reference: _____

Reference Phone Number: _____

Reference Signature: _____

#	QUESTION	YES	NO	N/A
1	Are you a relative of the applicant to include marriage?			
2	Does the applicant make friends easily?			
3	Are you acquainted with the applicant's family background?			
4	Does the applicant have a good family life?			
5	Have you ever observed the applicant under stress?			
6	Do you believe the applicant handles stress well?			
7	Would you trust the applicant with confidential matters?			
8	Do you believe that the applicant gossips?			
9	Have you ever seen the applicant lose his or her temper?			
10	During conversation, does the applicant take irrational positions?			
11	Does the applicant meet both family and personal obligations?			
12	Does the applicant meet all necessary financial obligations?			
13	To your knowledge, does the applicant have any financial difficulties?			
14	Have you ever seen the applicant consume alcoholic beverages?			
15	Have you ever seen the applicant consume alcoholic beverages in regular excess?			
16	Have you ever seen the applicant use illegal drugs?			
17	Has the applicant ever expressed bias or prejudiced towards others?			
18	Is the applicant willing to do things for others?			
19	To your knowledge, has the applicant ever committed a crime? (other than traffic)			
20	Are you aware of any reason why the applicant should be disqualified from police service?			
21	May we contact you if we have any additional questions?			

Additional Comments:

Please return this form to:

Mahoning County Sheriff's Office
C/O Commander John Antonucci
110 Fifth Avenue
Youngstown, Ohio 44503



Previous Employment Verification Form

Applicant Information

NAME: _____ DATE: _____
LAST FIRST M.I.

Position Applied for: _____

MCSO Contact Name: _____

Previous Employment

Name/Title of Contact: _____

Company: _____

Job Title: _____ Phone #: _____

Company Address: _____
Street Address Apartment/Unit #

_____ *City State Zip Code*

Was the Applicant an Employee of your Company: **YES** **NO**

If YES: _____
Starting Date Ending Date

Starting Salary: \$ _____ per hour/year Ending Salary: \$ _____ per hour/year

Applicant's Job Responsibilities:

Applicant's Reason for Leaving: _____

Would you Re-hire this Applicant: **YES** **NO**



PRE-EMPLOYMENT SCREENING QUESTIONNAIRE

Please print your answers clearly and legibly. Be sure to answer each question completely. If you need additional space, you may use the reverse side of each page. You must answer all questions truthfully. Answers will be verified by a truth detection test.

1.)Have you ever taken a polygraph or voice stress analysis test before?

YES NO

If yes, explain when, why and for what agency or employer:

2.)Would you take a polygraph to confirm the answers that you gave today? YES NO

If not, why not:

3.)How many days did you call off or call in sick from work during the last year when you were not actually sick? Explain the circumstances:

4.)Have you ever been disciplined for absence or tardiness at work for non-health related reasons? YES NO

If yes, explain the circumstances:



5.)Do you drink alcohol? YES NO
If so, what type and how frequently:

6.)Have you ever been convicted, fined or had an expungement for Operating a Motor Vehicle While Impaired (OVI)? YES NO
If yes, please give the details:

7.)When is the last time you have used or been around any illegal drugs? (Give the month and year, the type of drug and the circumstances):

8.)How many times in your life have you used illegal drugs and which drugs?:

9.)Have you ever missed work because of drugs or alcohol? YES NO
If yes, please explain:



10.)Have you been terminated from employment because of drugs or alcohol? YES NO

If yes, please explain:

11.) Have you ever received any disciplinary action for conduct at work? YES NO

If yes, what employer issued the discipline, when was is issued and what type of discipline (write-Up, suspension, termination):

12.)Have you been asked to resign or quit a job? YES NO

If yes, please explain why:

13.)Have you been terminated or fired from a job? YES NO

If yes, please explain the circumstances:

14.)Have you quit a job because of a conflict with someone you worked with? YES NO

If yes, which employer, what name/position of employee you had conflict and what was the conflict about:



15.)Have you stolen anything from work or elsewhere? (This would include shoplifting) YES NO

If yes, please explain:

16.)Were you accused or questioned about stealing anything from work or elsewhere? YES NO

If yes, please explain:

17.)Have you been convicted, fined or had an expungement for any criminal offense? YES NO

If yes, what was the charge, court and year:

18.)You will be required to work various shifts, weekends and holidays; will this create a problem for you or your family? YES NO

If yes, please explain:

19.)Have you been involved in a civil suit that did not involve injury or disability? YES NO

If yes, please explain:



20.)Have you been involved in anything that may embarrass you or the Mahoning County Sheriff's Office now or in the future? YES NO
If yes, please explain:

21.)Have any of your family members or friends ever been in jail or do any of them have a criminal record? YES NO
If yes, provide family members name, charge, and year of charge:

22.)Have the police ever been called in response to a complaint files against you? YES NO
If yes, Please explain:

23.)Were you ever involved in a physical fight? YES NO
If yes, when was it, with who and about what:

24.)Have you caused the death of another person or caused a person to be hospitalized? YES NO
If yes, please explain:



25.)Have you ever been incarcerated? YES NO
If yes, when, where and what was the charge:

26.)Have you been known by any other names to include maiden names or
names of former spouses? YES NO
If yes, please explain:

27.)Do you know anyone that works for the Mahoning County Sheriff's
Office, past or present? YES NO
If yes, please explain:

Candidate's Name (printed) _____

Candidate's Name (signature) _____

Date _____



APPLICANT QUESTIONNAIRE

APPLICANT NAME: _____

Social Security Number: _____ Date of Birth: _____

The information provided in this questionnaire will be considered confidential to the extent that this information is excluded from disclosure under State or Federal law. The information provided will be used to assist the Mahoning County Sheriff to determine the qualifications of the applicant. The intentional omission or falsification of any material fact will give just cause for disqualification of the applicant from the selection process.

Each question must be answered as completely as possible. If a question does not apply to your particular circumstances, insert DNA (Does Not Apply), Should there not be sufficient space to answer a question, use the last page. Identify your answer by Section number.

The answers to this questionnaire will be verified by interviews and a complete background investigation. All applicants will be subject to a truth detection test.

INSTRUCTIONS

IT IS IMPORTANT TO READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS QUESTIONNAIRE

You must be complete and truthful in ALL Your answers. All answers that you give in this application are subject to verification. Any failure to report completely or any untruthful answers may subject you to rejection as an employee. All information will be considered strictly confidential and will not be disclosed to any unauthorized person within the limits of State and Federal law.

You are required to make known to us any criminal record you have that has been expunged or legally sealed, consistent with Ohio Revised Code 2953.33. You must report your expunged or legally sealed charge or record, even if an attorney has told you otherwise. List your record or charge under the Criminal History section later in this questionnaire.

You will be required to submit to a truth detection test to determine the authenticity of the information given by you.

PRINT your answers in ink. Do not leave any questions blank. If a question does not apply to you, write "DNA". Your answers must be legible. If additional space is needed to explain an answer, please use the continuation sheets provided and reference to specific question number.

Be aware that your spelling, grammar and neatness will be considered part of your personal attributes involved in the selection process. Also, your dress, speech, and manner will be scrutinized during all phases of the background investigation process and will be similarly considered.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE INSTRUCTIONS

Signature: _____

Date: _____

PERSONAL & FAMILY RECORD

Legal Last Name	Full First Name	Full Middle Name

By What Other Names Have You Been Known (Maiden, Former Marriage, Alias):

Date of Birth: _____ Place of Birth: _____ SSN: _____

Address: _____
(Street Name and Number)

(City)

(State)

(Zip)

(Home Phone)

(Cell Phone)

(Work Phone)

United States Citizen:	YES	NO
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Naturalized Citizen:	YES	NO
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Naturalization Certificate Number:	_____
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Marital Status:	Married	Single	Divorced	Separated	Widowed
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Spouse Information

Legal Last Name	Full First Name	Full Middle Name

Date of Birth: _____ Place of Birth: _____ SSN: _____

Address: _____
(Street Name and Number)

(City)

(State)

(Zip)

(Home Phone)

(Cell Phone)

(Work Phone)

Father Information

Legal Last Name	Full First Name	Full Middle Name

Date of Birth: _____ Occupation: _____

Address: _____
(Street Name and Number)

(City) (State) (Zip)

(Home Phone) (Cell Phone) (Work Phone)

Mother Information

Legal Last Name	Full First Name	Full Middle Name

Date of Birth: _____ Occupation: _____

Address: _____
(Street Name and Number)

(City) (State) (Zip)

(Home Phone) (Cell Phone) (Work Phone)

Children (list all children, whether residing with you or not)

Legal Last Name	Full First Name	Full Middle Name

Son / Daughter Date of Birth: _____ Place of Birth: _____

Address: _____
(Street Name and Number)

(City) (State) (Zip)

Legal Last Name	Full First Name	Full Middle Name

Son / Daughter **Date of Birth:** _____ **Place of Birth:** _____

Address: _____
 (Street Name and Number)

_____ (City) _____ (State) _____ (Zip)

Legal Last Name	Full First Name	Full Middle Name

Son / Daughter **Date of Birth:** _____ **Place of Birth:** _____

Address: _____
 (Street Name and Number)

_____ (City) _____ (State) _____ (Zip)

Legal Last Name	Full First Name	Full Middle Name

Son / Daughter **Date of Birth:** _____ **Place of Birth:** _____

Address: _____
 (Street Name and Number)

_____ (City) _____ (State) _____ (Zip)

Are you now supporting all required dependents?	YES	NO
Are you paying alimony and/or child support	YES	NO (Amount per Month \$_____)
Have you ever been sued for alimony payments, child support payments?	YES	NO
Court: _____	Date: _____	Docket #: _____
Are you now in arrears or have your wages ever been garnished for back child support payments or alimony payments?	YES	NO

MILITARY RECORD

Have you ever served in the Armed Forces: YES NO

Branch of Service: _____

Military Serial Number: _____

Highest Rank Achieved: _____

Are you currently in the Reserves or National Guard: YES NO

Active Duty Dates (do not include Reserve tours of 90 days or less):

FROM: _____ TO: _____

FROM: _____ TO: _____

FROM: _____ TO: _____

Type of Discharge: _____
(Honorable, General, Other-Than-Honorable, Dishonorable)

***If discharge was anything else but Honorable, please explain:

Were you ever court martialed, tried on charges, the subject of a summary court, deck court, captain's mast, non-judicial punishment or any other disciplinary action during your service? YES NO

***If you answered yes, please explain:

EDUCATION

High School: _____		
Address: _____ (Street Name and Number)		
_____	_____	_____
(City)	(State)	(Zip)
Did you graduate?	YES	NO
Major: _____	Minor: _____	Total Credit Hours: _____
Dates Attended: _____ to _____		

List any and all universities, trade schools, business schools and training schools attended:

School Name: _____		
Address: _____ (Street Name and Number)		
_____	_____	_____
(City)	(State)	(Zip)
Did you graduate?	YES	NO
Major: _____	Minor: _____	Total Credit Hours: _____
Dates Attended: _____ to _____		

School Name: _____		
Address: _____ (Street Name and Number)		
_____	_____	_____
(City)	(State)	(Zip)
Did you graduate?	YES	NO
Major: _____	Minor: _____	Total Credit Hours: _____
Dates Attended: _____ to _____		

School Name: _____

Address: _____
(Street Name and Number)

_____ (City) _____ (State) _____ (Zip)

Did you graduate? YES NO

Major: _____ Minor: _____ Total Credit Hours: _____

Dates Attended: _____ to _____

School Name: _____

Address: _____
(Street Name and Number)

_____ (City) _____ (State) _____ (Zip)

Did you graduate? YES NO

Major: _____ Minor: _____ Total Credit Hours: _____

Dates Attended: _____ to _____

School Name: _____

Address: _____
(Street Name and Number)

_____ (City) _____ (State) _____ (Zip)

Did you graduate? YES NO

Major: _____ Minor: _____ Total Credit Hours: _____

Dates Attended: _____ to _____

EMPLOYMENT

List all jobs held since age 18 (full-time, part-time, temporary, seasonal, military and periods of unemployment, starting with the most recent)

Employer: _____ Job Title: _____

From: _____ TO: _____ Salary: \$ _____ per: _____

Address: _____
(Street Name and Number)

(City) (State) (Zip)

Business Phone: _____ **Supervisor:** _____

Reason for Leaving: _____

List any and all disciplines (write-ups, reprimands, suspensions, terminations):

May we contact your current employer? YES NO

If no, please explain: _____

Employer: _____ Job Title: _____

From: _____ TO: _____ Salary: \$ _____ per: _____

Address: _____
(Street Name and Number)

(City) (State) (Zip)

Business Phone: _____ **Supervisor:** _____

Reason for Leaving: _____

List any and all disciplines (write-ups, reprimands, suspensions, terminations):

Employer: _____ Job Title: _____

From: _____ TO: _____ Salary: \$ _____ per: _____

Address: _____
(Street Name and Number)

(City) (State) (Zip)

Business Phone: _____ **Supervisor:** _____

Reason for Leaving: _____

List any and all disciplines (write-ups, reprimands, suspensions, terminations):

Employer: _____ Job Title: _____

From: _____ TO: _____ Salary: \$ _____ per: _____

Address: _____
(Street Name and Number)

(City) (State) (Zip)

Business Phone: _____ **Supervisor:** _____

Reason for Leaving: _____

List any and all disciplines (write-ups, reprimands, suspensions, terminations):

Employer: _____ Job Title: _____

From: _____ TO: _____ Salary: \$ _____ per: _____

Address: _____
(Street Name and Number)

_____ (City) _____ (State) _____ (Zip)

Business Phone: _____ **Supervisor:** _____

Reason for Leaving: _____

List any and all disciplines (write-ups, reprimands, suspensions, terminations):

Employer: _____ Job Title: _____

From: _____ TO: _____ Salary: \$ _____ per: _____

Address: _____
(Street Name and Number)

_____ (City) _____ (State) _____ (Zip)

Business Phone: _____ **Supervisor:** _____

Reason for Leaving: _____

List any and all disciplines (write-ups, reprimands, suspensions, terminations):

Have your employers always treated you fairly?	YES	NO
If no, please explain:		

Were you ever terminated, fired, discharged or forced to resign because of misconduct, unsatisfactory service, or any other reason?	YES	NO
If yes, please explain in as much detail as possible:		

Do you have experience with shift work?	YES	NO
Do you object to working afternoon or night shifts?	YES	NO
Do you object to working weekends?	YES	NO
Do you object to wearing a uniform to work?	YES	NO

List all Law Enforcement Agencies you have applied to and your status:

AGENCY	DATE APPLIED	EMPLOYMENT STATUS

List all organizations, clubs and social groups you belong to and any position held:

AGENCY	EMPLOYMENT STATUS

List all vehicles registered to you and members of your household:

YEAR	MAKE	MODEL	PLATE #	STATE	VIN

Are there any outstanding or delinquent parking tickets on the above-listed vehicles?
YES NO

If yes, please explain:

Have you ever been refused automobile insurance? YES NO

If yes, please explain:

CIVIL HISTORY

Have you, your spouse, or your ex-spouse ever been sued by anyone (civil court defendant) in any common pleas court, county court, municipal court or small claims court? YES NO

If yes, please provide the following details:

DATE	COURT of JURISDICTION	OTHER PARTY	WHO LOST	AMOUNT

Do you, your spouse or your ex-spouse have any immediate civil action pending? YES NO

If yes, please explain:

Have you, your spouse or ex-spouse ever filed for bankruptcy? YES NO

If yes, please provide the following details:

DATE	COURT of JURISDICTION	DATE DISCHARGED	AMOUNT

Have you, your spouse or ex-spouse ever failed to file or to pay required municipal, state and federal income tax returns and/or taxes? YES NO

If yes, please explain:

Have you, your spouse or ex-spouse ever had your wages garnished? YES NO

If yes, please explain:

Are there any liens against any of your property or real estate? YES NO

If yes, please explain:

CRIMINAL HISTORY

Have you ever been arrested, detained, held or charged with any criminal violation, including traffic, as an adult or juvenile? YES NO

If yes, please provide the following:

DATE	ARRESTING AGENCY	CHARGE	DISPOSITION	DETAILS

Have you ever been placed on probation? YES NO

If yes, please provide the following:

DATE	LOCATION	CHARGE	DISPOSITION	DETAILS & OUTCOME

Have you ever been required to pay a fine, other than those previously listed (health department, zoning, dog warden)? YES NO
If yes, please explain:

Have you ever been reported as a missing person or runaway? YES NO

If yes, please provide the following:

DATE	LOCATION	POLICE AGENCY	DETAILS & OUTCOME

Has any member of your immediate family, in-laws, anyone you have ever lived with or another close family relation ever been convicted of a crime? YES NO

If yes, please provide the following:

DATE	NAME & RELATION	CHARGE	POLICE AGENCY	DISPOSITION

Have you ever been convicted of a misdemeanor offense that had been reduced from an original felony charge?	YES	NO
Have you ever been sentenced to any correctional facility?	YES	NO
Are you currently under indictment for a criminal offense?	YES	NO
Have you ever been placed on or served in a criminal diversion program that led to the eventual dismissal of criminal charges?	YES	NO
Have you ever applied for or received any type of governmental support such as welfare, unemployment compensation, housing subsidy payments, medical or educational loans, grants, general relief, food stamps, Medicaid or social security that you were not eligible for, received in a fraudulent manner, or after receiving became ineligible but continued receiving?	YES	NO
Do you have a problem controlling your temper?	YES	NO
Do you have a gambling problem?	YES	NO

Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution (as defined in 42 U.S.C. 1997)?

YES NO

Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

YES NO

Have you ever been civilly or administratively adjudicated to have engaged in the activity described in the previous two (2) questions?

YES NO

FINANCIAL

List the checking or savings accounts that you currently have. Then list all financial obligations for which you are responsible. Use the continuation sheet if necessary.

BANK	BANK	DATE OPENED	CURRENT AMOUNT
			\$
BANK	BANK	DATE OPENED	CURRENT AMOUNT
			\$
CREDITOR	LOAN TYPE	DATE INCURRED	ORIGINAL AMOUNT
			\$
CREDITOR ADDRESS	REASON for DEBT	IN DEFAULT	AMOUNT NOW OWED
		YES NO	\$
CREDITOR	LOAN TYPE	DATE INCURRED	ORIGINAL AMOUNT
			\$
CREDITOR ADDRESS	REASON for DEBT	IN DEFAULT	AMOUNT NOW OWED
		YES NO	\$
CREDITOR	LOAN TYPE	DATE INCURRED	ORIGINAL AMOUNT
			\$
CREDITOR ADDRESS	REASON for DEBT	IN DEFAULT	AMOUNT NOW OWED
		YES NO	\$
CREDITOR	LOAN TYPE	DATE INCURRED	ORIGINAL AMOUNT
			\$
CREDITOR ADDRESS	REASON for DEBT	IN DEFAULT	AMOUNT NOW OWED
		YES NO	\$
CREDITOR	LOAN TYPE	DATE INCURRED	ORIGINAL AMOUNT
			\$
CREDITOR ADDRESS	REASON for DEBT	IN DEFAULT	AMOUNT NOW OWED
		YES NO	\$
CREDITOR	LOAN TYPE	DATE INCURRED	ORIGINAL AMOUNT
			\$
CREDITOR ADDRESS	REASON for DEBT	IN DEFAULT	AMOUNT NOW OWED
		YES NO	\$
CREDITOR	LOAN TYPE	DATE INCURRED	ORIGINAL AMOUNT
			\$
CREDITOR ADDRESS	REASON for DEBT	IN DEFAULT	AMOUNT NOW OWED
		YES NO	\$

REFERENCES

List Six (6) references (not relatives, spouses, employers or supervisors) who are responsible adults, four (4) of whom have known you for at least three (3) years:

Legal Last Name	Full First Name	Full Middle Name

Date of Birth: _____ **Occupation:** _____

Address: _____
(Street Name and Number)

_____ (City) _____ (State) _____ (Zip)

(Home Phone) (Cell Phone) (Work Phone)

Legal Last Name	Full First Name	Full Middle Name

Date of Birth: _____ **Occupation:** _____

Address: _____
(Street Name and Number)

_____ (City) _____ (State) _____ (Zip)

(Home Phone) (Cell Phone) (Work Phone)

Legal Last Name	Full First Name	Full Middle Name

Date of Birth: _____ **Occupation:** _____

Address: _____
(Street Name and Number)

_____ (City) _____ (State) _____ (Zip)

(Home Phone) (Cell Phone) (Work Phone)

Legal Last Name	Full First Name	Full Middle Name

Date of Birth: _____ **Occupation:** _____

Address: _____
(Street Name and Number)

_____ (City) _____ (State) _____ (Zip)

(Home Phone) (Cell Phone) (Work Phone)

Legal Last Name	Full First Name	Full Middle Name

Date of Birth: _____ **Occupation:** _____

Address: _____
(Street Name and Number)

_____ (City) _____ (State) _____ (Zip)

(Home Phone) (Cell Phone) (Work Phone)

Legal Last Name	Full First Name	Full Middle Name

Date of Birth: _____ **Occupation:** _____

Address: _____
(Street Name and Number)

_____ (City) _____ (State) _____ (Zip)

(Home Phone) (Cell Phone) (Work Phone)

GENERAL INFORMATION

Have you ever traveled outside of the United States?	YES	NO
If yes, what countries:		

Do you own any business or commercial properties?	YES	NO
If yes, what and where:		

If you are hired by the Mahoning County Sheriff, do you anticipate any other income other than your salary?	YES	NO
If yes, what amount and from what source:		

Other than a driver's license, do you possess any other permit or license?	YES	NO
If yes, explain:		

Please list any other pertinent information you feel may be necessary:
--

Applicant's Signature: _____ Date: _____

Sworn to and subscribed before me this _____ day of _____, 20____, in
the County of _____, State of Ohio

Notary Signature: _____

My Commission Expires: _____

CONTINUATION SHEET

Use this sheet if you need additional space to respond to any question on this application

ADDITIONAL INFORMATION

YOU MUST HAVE ALL OF THE FOLLOWING DOCUMENTATION TURNED IN TO BE ELIGIBLE FOR FULL-TIME EMPLOYMENT

You must complete this application in its entirety and have it notarized

You must complete and sign MCSO Disclosure Statement and have it notarized

You must complete the MCSO Pre-Employment Screening Questionnaire

You must give a MCSO Personal Reference Questionnaire to all six (6) of your listed references

You must have a color copy of your Valid Ohio Driver's License

You must have a color copy of your Social Security Card

You must have a copy of your high school diploma or GED certificate

You must have a copy of any and all college transcripts

You must have a copy of your valid OPOTA certificate

You must have a copy of your DD214 (military only)