

Application for Employment



CARROLL COUNTY SHERIFF'S OFFICE

DALE R WILLIAMS - SHERIFF

43 2ND ST SE

CARROLLTON, OHIO 44615

330-627-2141

www.carrollcountysheriff.org

CARROLL COUNTY SHERIFF'S OFFICE
 43 2ND ST SE
 CARROLLTON, OHIO 44615

 POSITION APPLIED FOR

 DATE

THE CARROLL COUNTY SHERIFF'S OFFICE CONSIDERS ALL APPLICANTS WITHOUT REGARD TO RACE, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MILITARY STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS.

APPLICANT QUESTIONNAIRE

By submitting this form electronically or signing and delivering in person you agree to the following terms:

This questionnaire will be used for reference by those who will be considering you for employment with the Carroll County Sheriff's Office. Fill it out **COMPLETELY** and **CORRECTLY!**

An extensive background investigation will be conducted into your personal history.

Any **FALSE, MISLEADING** or **INCOMPLETE** information will be grounds to **disqualify** you for employment with the Carroll County Sheriff's Office. Further, false or inaccurate information provided on this application may cause you to be discharged once hired by the Sheriff's Office.

I have read and fully understand the above _____

By typing your name, you acknowledge that you have read and understand the above.

 (Applicant's Signature)

FOLLOW DIRECTIONS CAREFULLY

1. MAKE CERTAIN THAT EACH QUESTION IS ANSWERED **COMPLETELY** and **CORRECTLY**.
2. READ EACH QUESTION CAREFULLY.
3. DO NOT LEAVE A QUESTION BLANK. IF IT DOES NOT APPLY TO YOU, WRITE **N/A** IN THE SPACE.
4. QUESTIONS REQUIRING AN EXPLANATION MUST BE EXPLAINED ON PAGE 10 OF THIS APPLICATION.

1. PERSONAL DATA

LAST NAME			FIRST NAME			MIDDLE NAME		
HOME PHONE			DAY PHONE			E-MAIL ADDRESS		
CURRENT ADDRESS			STREET & NUMBER		CITY		STATE	ZIP CODE
HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY NUMBER		ARE YOU A U.S. CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>		
LOCATION OF ANY SCARS, MARKS AND/OR TATTOOS (TATTOOS MUST BE COVERED BY LONG SLEEVE COLLARED UNIFORM SHIRT)								
LIST ANY OTHER NAME YOU HAVE EVER USED: _____								

A. STARTING WITH YOUR PRESENT ADDRESS, LIST ALL ADDRESSES YOU HAVE LIVED AT FOR THE PAST TEN (10) YEARS. INCLUDE YOUR ADDRESSES IN THE MILITARY SERVICE.

DATES		STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
FROM	TO					

2. MARITAL STATUS

A. ARE YOU (CHECK ONE): <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED		E. IF PREVIOUSLY MARRIED, DISPOSITION OF FORMER MARRIAGES.	DATE
<input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
B. SPOUSE'S MAIDEN NAME	C. SPOUSE'S DATE OF BIRTH		

3. REFERENCES

LIST THREE (3) REFERENCES (NOT RELATIVES OR FORMER EMPLOYERS) WHO ARE RESPONSIBLE ADULTS AND WHO HAVE KNOWN YOU WELL DURING THE PAST FIVE YEARS:

NAME		RESIDENCE OR BUSINESS ADDRESS (NUMBER & STREET)			
HOW LONG KNOWN?	OCCUPATION	(CITY)	(STATE)	(ZIP)	
HOME PHONE		DAY PHONE	E-MAIL ADDRESS		
NAME		RESIDENCE OR BUSINESS ADDRESS (NUMBER & STREET)			
HOW LONG KNOWN?	OCCUPATION	(CITY)	(STATE)	(ZIP)	
HOME PHONE		DAY PHONE	E-MAIL ADDRESS		
NAME		RESIDENCE OR BUSINESS ADDRESS (NUMBER & STREET)			
HOW LONG KNOWN?	OCCUPATION	(CITY)	(STATE)	(ZIP)	
HOME PHONE		DAY PHONE	E-MAIL ADDRESS		

4. EDUCATION

A. DO YOU HAVE (CHECK ONE) COLLEGE DEGREE G.E.D. CERTIFICATE HIGH SCHOOL DIPLOMA

LIST ALL HIGH SCHOOLS, COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED

	NAME	ADDRESS	YEARS COMPLETED	DIPLOMA/DEGREE
1				
2				
3				
4				
5				

INDICATE ANY FOREIGN LANGUAGE YOU CAN SPEAK, READ, AND/OR WRITE

DO YOU HAVE ANY SPECIALIZED TRAINING THAT PERTAINS TO THE JOB YOU ARE APPLYING?

5. EMPLOYMENT HISTORY

A. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? YES NO

B. HAVE YOU FILED EMPLOYMENT APPLICATIONS WITH ANY OTHER SOURCES RECENTLY? YES NO

PLACE OF BUSINESS	ADDRESS

C. BEGINNING WITH YOUR PRESENT, OR MOST RECENT EMPLOYER, LIST ALL OF THE PLACES YOU HAVE WORKED, IN THE PROPER ORDER. LIST PERIODS OF SCHOOL, MILITARY SERVICE, AND UNEMPLOYMENT. KEEP IN PROPER SEQUENCE. **OMIT NONE!**

1.	NAME OF EMPLOYER:		ADDRESS:	
	(CITY)	(STATE)	(ZIP)	PHONE #:
	STARTING DATE:		LEAVE DATE:	
	JOB TITLE:		SUPERVISOR'S NAME:	
	BEGINNING SALARY:		FINAL SALARY:	
	WORK PERFORMED:			
	PERMISSION TO CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:			
	REASON FOR LEAVING			

2.	NAME OF EMPLOYER:		ADDRESS:	
	(CITY)	(STATE)	(ZIP)	PHONE #:
	STARTING DATE:		LEAVE DATE:	
	JOB TITLE:		SUPERVISOR'S NAME:	
	BEGINNING SALARY:		FINAL SALARY:	
	WORK PERFORMED:			
	PERMISSION TO CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:			
	REASON FOR LEAVING			

3.	NAME OF EMPLOYER:		ADDRESS:		
	(CITY)	(STATE)	(ZIP)	PHONE #:	
	STARTING DATE:		LEAVE DATE:		
	JOB TITLE:		SUPERVISOR'S NAME:		
	BEGINNING SALARY:		FINAL SALARY:		
	WORK PERFORMED:				
	PERMISSION TO CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:				
	REASON FOR LEAVING				
4.	NAME OF EMPLOYER:		ADDRESS:		
	(CITY)	(STATE)	(ZIP)	PHONE #:	
	STARTING DATE:		LEAVE DATE:		
	JOB TITLE:		SUPERVISOR'S NAME:		
	BEGINNING SALARY:		FINAL SALARY:		
	WORK PERFORMED:				
	PERMISSION TO CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:				
	REASON FOR LEAVING				
5.	NAME OF EMPLOYER:		ADDRESS:		
	(CITY)	(STATE)	(ZIP)	PHONE #:	
	STARTING DATE:		LEAVE DATE:		
	JOB TITLE:		SUPERVISOR'S NAME:		
	BEGINNING SALARY:		FINAL SALARY:		
	WORK PERFORMED:				
	PERMISSION TO CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:				
	REASON FOR LEAVING				
6.	NAME OF EMPLOYER:		ADDRESS:		
	(CITY)	(STATE)	(ZIP)	PHONE #:	
	STARTING DATE:		LEAVE DATE:		
	JOB TITLE:		SUPERVISOR'S NAME:		
	BEGINNING SALARY:		FINAL SALARY:		
	WORK PERFORMED:				
	PERMISSION TO CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:				
	REASON FOR LEAVING				

7.	NAME OF EMPLOYER:		ADDRESS:			
	(CITY)		(STATE)	(ZIP)	PHONE #:	
	STARTING DATE:			LEAVE DATE:		
	JOB TITLE:			SUPERVISOR'S NAME:		
	BEGINNING SALARY:			FINAL SALARY:		
	WORK PERFORMED:					
	PERMISSION TO CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:					
	REASON FOR LEAVING					

D. HAVE YOU EVER APPLIED FOR A POSITION WITH ANY LAW ENFORCEMENT AGENCY OR CORRECTIONS DEPARTMENT?				WHEN	
<input type="checkbox"/> YES <input type="checkbox"/> NO					
WHAT POSITION?	WHAT DEPARTMENT?	WHAT WAS THE DISPOSITION?			

E. HAVE YOU EVER RECEIVED ANY LAW ENFORCEMENT OR CORRECTION TRAINING?			WHEN		WHERE
<input type="checkbox"/> YES <input type="checkbox"/> NO					
TYPE OF TRAINING: <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> CORRECTIONS					

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTION IS YES, EXPLAIN ON PAGE 10 OF THIS APPLICATION IN THE SPACE PROVIDED:					
	YES	NO		YES	NO
F. HAVE THE POLICE EVER BEEN CALLED TO YOUR HOME FOR ANY REASON	<input type="checkbox"/>	<input type="checkbox"/>	I. HAVE YOU EVER FILED BANKRUPTCY?	<input type="checkbox"/>	<input type="checkbox"/>
G. HAVE YOU EVER HAD A GARNISHMENT OR WAGE ASSESSMENT PLACED AGAINST YOU?	<input type="checkbox"/>	<input type="checkbox"/>	J. HAVE YOU OR YOUR SPOUSE EVER BEEN SUED OR SUMMONED INTO COURT?	<input type="checkbox"/>	<input type="checkbox"/>
H. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED?	<input type="checkbox"/>	<input type="checkbox"/>	K. HAVE YOU EVER BEEN EVICTED FROM ANY DWELLING OR APARTMENT HOUSE?	<input type="checkbox"/>	<input type="checkbox"/>

6. ARREST HISTORY				
THE OHIO REVISED CODE SECTION 2953.32 (D2) STATES THAT SEALED CONVICTIONS (EXPUNGEMENTS) MAY BE INSPECTED BY A LAW ENFORCEMENT AGENCY AS PART OF A BACKGROUND INVESTIGATION OF AN APPLICANT FOR A LAW ENFORCEMENT POSITION. FOR THE PURPOSES OF OUR BACKGROUND INVESTIGATION, YOU ARE REQUIRED TO REPORT ANY CRIMINAL CONVICTION OR ANY EXPUNGEMENT.				
A. HAVE YOU EVER BEEN ARRESTED, CHARGED, QUESTIONED, ACCUSED, WARNED OR DETAINED FOR ANY OFFENSE OR ALLEGED VIOLATION OF ANY STATUTE, ORDINANCE, LAW, REGULATIONS BY ANY CIVIL OR MILITARY AUTHORITY EITHER IN THIS COUNTRY OR ANY OTHER COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE BELOW (INCLUDE DETENTIONS AS A JUVENILE OR MINOR OR REDUCTIONS IN RANK IN THE MILITARY).				
DATE	CHARGE	CITY-COUNTY-STATE	DISPOSITION	POLICE AGENCY

B. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN TRAFFIC VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN IN DETAIL	

7. DRIVING HISTORY

A. LIST ALL DRIVER'S OR CHAUFFER'S LICENSES YOU HOLD NOW, OR HAVE PREVIOUSLY HELD. INDICATE IF YOU HAVE EVER HAD YOUR LICENSE REVOKED OR SUSPENDED.

STATE	TYPE OF LICENSE	EXPIRATION DATE	LICENSE #	REVOKED OR SUSPENDED

B. HAVE YOU EVER BEEN SENTENCED TO DRIVER IMPROVEMENT SCHOOL?
 YES NO

WHEN? _____ WHERE? _____

C. LIST ALL DRIVING CITATIONS OR SUMMONS YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, BEGINNING WITH THE MOST RECENT.

MONTH/YEAR	CHARGE	CITY OR STATE	DISPOSITION

D. DO YOU HAVE LIABILITY AND PROPERTY DAMAGE INSURANCE ON VEHICLES OWNED BY YOU? YES NO

E. HAVE YOU EVER HAD YOUR CAR INSURANCE CANCELLED? YES NO IF YES, EXPLAIN

8. GAMBLING

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN PAGE 10 OF THIS APPLICATION IN THE SPACE PROVIDED.

	YES	NO		YES	NO
A. DO YOU NOW, OR HAVE YOU EVER HAD ANY GAMBLING DEBTS?	<input type="checkbox"/>	<input type="checkbox"/>	C. HAVE YOU EVER WORKED FOR A GAMBLING OPERATION, OR BOOKED ANY BETS?	<input type="checkbox"/>	<input type="checkbox"/>
B. HAVE YOU EVER USED AN EMPLOYER'S MONEY TO GAMBLE WITH?	<input type="checkbox"/>	<input type="checkbox"/>			

9. ALCOHOL

A. DO YOU DRINK ALCOHOLIC BE VERAGES? YES NO WHAT KIND? _____

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN BELOW.

	YES	NO
B. HAVE YOU CONSUMED ALCOHOL AND OPERATED A MOTOR VEHICLE TO THE EXTENT THAT YOUR ABILITY TO DRIVE SAFELY WAS IMPAIRED.	<input type="checkbox"/>	<input type="checkbox"/>
C. HOW MANY TIME IN THE LAST YEAR HAVE YOU CONSUMED ALCOHOL AND OPERATED A MOTOR VEHICLE TO THE EXTENT THAT YOUR ABILITY TO DRIVE SAFELY WAS IMPAIRED? _____		
D. HAVE YOU EVER MISSED A DAY OF WORK DUE TO CONSUMPTION OF ALCOHOL?	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ANSWERED YES TO QUESTIONS B OR D ABOVE, EXPLAIN HERE (ADDITIONAL SPACE ON LAST PAGE OF APPLICATION)

10. DRUGS/NARCOTICS

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON PAGE 10 OF THIS APPLICATION. YES NO

- A. HAVE YOU EVER TRIED OR USED A NARCOTIC OR DANGEROUS DRUG WITHOUT A DOCTOR'S PRESCRIPTION? (INCLUDE MARIJUANA, LSD, PEYOTE, HEROIN, OPIUM, ETC.) YES NO

- B. HAVE YOU EVER USED MARIJUANA? YES NO
 IF SO, HOW MANY TIMES HAVE YOU USED MARIJUANA IN THE PAST? 5 YEARS _____
 2 YEARS _____
 3 MONTHS _____

- C. WHEN WAS THE LAST TIME YOU BOUGHT MARIJUANA? _____
 WHAT QUANTITY? _____ WHEN? _____

- D. HAVE YOU EVER SOLD MARIJUANA? YES NO
 WHEN? _____

- E. HAVE YOU EVER USED, BOUGHT AND/OR SOLD ANY NARCOTIC OR PRESCRIPTION DRUG, NOT INCLUDING MARIJUANA, WITHOUT A DOCTOR'S PRESCRIPTION? YES NO
 DESCRIBE THE CIRCUMSTANCES _____

- F. HAVE YOU EVER USED INHALANTS (I.E., GLUE SNIFFING, HUFFING, ETC.)? YES NO
 DESCRIBE THE CIRCUMSTANCES _____

- G. HAVE YOU EVER MISSED A DAY OF WORK DUE TO YOUR USE OF DRUGS, NARCOTICS OR MARIJUANA? YES NO
 IF YES, DESCRIBE THE CIRCUMSTANCES _____

HAVE YOU EVER BOUGHT, SOLD AND/OR USED ANY OF THE FOLLOWING WITHOUT A DOCTOR'S PRESCRIPTION? IF YES, EXPLAIN.

- I. CANNABIS
 - A. HASHISH/HASHISH OIL YES NO _____

- II. STIMULANTS/AMPHETAMINES
 - A. BENNIES YES NO _____

 - B. RITALIN YES NO _____

 - C. COCAINE/CRACK YES NO _____

- III. HALLUCINOGENS
 - A. LSD IN ANY FORM YES NO _____

B. P.C.P./PHENCYCLIDINE (ANGEL DUST) YES NO _____

C. HALLUCINOGENIC MUSHROOMS, Mescaline, Psilocybin, Psilocyn, Peyote Cactus YES NO _____

D. SPECIAL K (KETAMINE) YES NO _____

IV. DEPRESSANTS/DOWNERS

A. METHAQUALONE, LUDES, SOPORS YES NO _____

B. MORPHINE YES NO _____

C. HEROIN YES NO _____

D. ECSTASY, ROOFIES YES NO _____

E. TALWIN OR PYROBENZAMINE YES NO _____

F. VICODIN YES NO _____

11. ORGANIZATION MEMBERSHIP

A. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FACIST, COMMUNIST, OR SUBVERSIVE, OR WHICH HAS ADOPTED, OR SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF OHIO OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES, OR THE STATE OF OHIO, BY ANY UNLAWFUL, OR UNCONSTITUTIONAL MEANS?

YES NO IF YES, EXPLAIN ON PAGE 10 OF THIS APPLICATION IN THE SPACE PROVIDED.

B. HAVE YOU EVER PARTICIPATED IN ANY DEMONSTRATION, STRIKE, PICKET LINE OR DELEGATION SPONSORED BY ANY GROUP OR ORGANIZATION AS A PROTEST MEASURE? YES NO IF YES, EXPLAIN BELOW

12. MILITARY STATUS

SELECTIVE SERVICE NUMBER		DRAFT CLASSIFICATION		
LOCAL BOARD #	ADDRESS			

A. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS., AIR FORCE, COAST GUARD, R.O.T.C. OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? YES NO IF SO, LIST THEM. IF THERE WAS MORE THAN ONE PERIOD, THEN LIST THE SEPARATE PERIODS.

MONTH/YEAR ENTERED	BRANCH OR ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK

B. LIST ALL MILITARY SERVICE NUMBERS:

CARROLL COUNTY SHERIFF'S OFFICE

AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, do hereby authorize the Veterans Administration; U.S. Navy; Army; Air Force; Marine Corps; Coast Guard; Merchant Marine; National Guard; Active Army Reserves; Naval Reserves; Air Force Reserves; Marine Reserves; Coast Guard Reserves; any Governmental Agency including, but not limited to, adult and juvenile arrest and court records; Educational Institutions; Medical Doctors; Insurance Companies; State and Federal Tax Bureaus; and Credit Bureaus to furnish the Sheriff of Carroll County, Ohio, with any and all available information regarding me in order that he may determine my suitability for police work. Further, I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Sheriff's Office in conjunction with the hiring process.

I, the undersigned, authorize the release of any records/information necessary to support/refute any item in this application whether the release of such information is public, private or of a confidential nature.

Additionally, I the undersigned, authorize the Sheriff of Carroll County, Ohio or his designee to make inquiry of my present and past employers regarding my employment dates, quality of work, dependability, whether I appeared for work, and eligibility for re-hire. Further, I, the undersigned, acknowledge the Carroll County Sheriff's Office will be contacting references I have provided on this questionnaire, as well as the schools/post educational services I have provided.

By submitting this form electronically or signing and delivering in person you agree to the above terms.

EXCEPTIONS: *(Make note if you do not wish your present employer contacted, and why.)*

I, the undersigned, 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.

Full Name _____ SSN: _____
(Print)

Full Name _____ Date: _____
(Signed)

This space to be used if you answered YES to certain questions on this application. Please identify the question and explain below:

Question Number/Section	Explanation

Carroll County Sheriff's Office Affidavit

I: _____ being first duly sworn on oath, states
as follows:

My name is : _____

I am applying for a position with the Carroll County Sheriff's Office. As part of my background investigation, I have been asked to provide this sworn affidavit to attest to whether I have been the subject of a domestic violence investigation, a protective order related to a domestic violence or an arrest based on a domestic violence charge. I understand that as a condition of employment, this background investigation requires that I provide this information. This is necessary to ensure that I meet the criteria for employment with the Carroll County Sheriff's Office. I understand that this information is necessary due to federal statutes which disqualify certain individuals from possessing firearms.

Carroll County Sheriff's Office Pre- Employment Drug Testing Consent Form

I understand that any offer of employment which may be made to me by the Carroll County Sheriff's Office is contingent upon my successfully passing a Drug Screening Test. I hereby give my consent to the Carroll County Sheriff's Office to conduct a drug test that will be performed by a laboratory selected by the Carroll County Sheriff's Office, and which will provide for split sample testing I also understand and agree that if the pre-employment Drug Screening Test indicates a violation of the Drug Testing Policy, any contingent job offer which may be or has been made to me will be null and void.

I further agree that in the event that the pre -employment Drug Screening Test indicates a violation of the Drug Testing Policy, I will have an opportunity to challenge this violation before the Carroll County Sheriff by submitting a written request to the Carroll County Sheriff to review the record I may submit additional written information that I believe to be appropriate to the Carroll County Sheriff for consideration. Additionally, I may, at my cost, have the split sample referenced above, tested to ensure the accuracy of the testing procedure. I understand that the decision of the Carroll County Sheriff shall be final.

Signed _____ Date _____

State of: _____

County of: _____

The forgoing document was acknowledged

Before me ___ day of _____, _____

Notary public

My Commission Expires: _____

SOCIAL MEDIA AFFIDAVIT

All candidates seeking employment with this agency shall be required to complete an affidavit indicating their participation in any social networking sites. This affidavit shall include the name of the sites. The candidate shall be asked to provide the agency with access to their site as part of any background examination. The agency will not require an applicant to provide passwords for any such accounts.

- I attest that I belong to the following Social Media Network(s)
- Facebook Address _____
- Twitter Address _____
- Linked in Address _____
- Other Address _____
- Other Address _____
- Other Address _____
-
- I attest that I do not belong to any Social Media Network (s)

Signed: _____ Date: _____

State of: _____
County of: _____
The forgoing document was acknowledged
Before me ____ day of _____, _____

Notary public
My Commission Expires: _____

CARROLL COUNTY SHERIFF'S OFFICE

Pre-Employment Psychological Examination

The APPLICANT understands and acknowledges that the Carroll County Sheriff (Employer) reserves the right to require the applicant to submit to a Psychological examination after a job offer has been made. Such examination will be performed by a licensed physician or Medical practitioner of the Employer's choosing. If the Carroll County Sheriff upon recommendation of the Medical Professional "Psychologist" finds the applicant incapable of performing the offered job, the application process will be terminated and the job offer will be withdrawn and the applicant will not be hired

By signing this document, the applicant consents to submit to the aforementioned test and procedures and agrees that he or she has no cause of action against the Employer or Psychologist arising from the assessment. If the applicant refuses to consent to any of said tests and procedures, the Employer shall not accept or further process his or her application for employment.

CERTIFICATION and RELEASE

I authorize all persons, schools, companies, Medical Professional's and law enforcement authorities to release any information concerning my background, and hereby release and hold harmless any said person(s), school, company, Medical Professional and law enforcement authority from liability for any damage whatsoever for issuing this information.

Signature of Applicant: _____ Date: _____

State of: _____

County of: _____

The forgoing document was acknowledged
Before me ____ day of _____, _____

Notary public

My Commission Expires: _____