

**Patrick E. Shafer  
Sheriff**

White County Indiana  
Sheriff's Department  
915 W. Hanawalt Road  
Monticello, IN 47960



**EMERGENCY 911**

Admin.: (574) 583-2251  
Records: (574) 583-6962  
Dispatch: (574) 583-7103  
Fax: (574) 583-6457  
Email: info@wcsheriff-in.us

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**APPLICATION PACKET INSTRUCTIONS**

**What documents should I gather for my application packet?**

You will need the following documents in your application packet when you return it to the White County Indiana Sheriff's Department:

1. Completed application
2. Authorization and Release to Obtain Information form (signed & notarized)  
(This can be notarized in the state where you currently reside.)
3. Copy of valid Driver's License
4. Birth Certificate (certified /notarized copy or original)
5. High School Diploma (certified/notarized copy, original, or transcript)  
(Correspondence High School Diplomas are not accepted.)
6. G.E.D. Certificate/ High School Equivalency and test scores (certified/notarized copy, original, or transcript)
7. College Documentation (certified/notarized copy, original, or transcript)
8. Military DD214 Member Copy #2 and or #4 (if you are a military veteran)  
\*\*\* To access your DD214 please visit <http://www.archives.gov/veterans/> \*\*\*
9. Basic Law Enforcement Training Certificate for lateral applicants (including out-of-state applicants)
10. Head & shoulders photo (taken within the last three months)

**What else should I include?**

When completing your application, please remember to:

- Include all of your residences you have lived for the past 5 years.
- Include every employer for whom you have worked for the last 5 years, even if the business is now closed. Include temporary, seasonal, part-time and volunteer jobs.
- Have the Authorization to Release Obtain Information form notarized.
- Review all the information you have provided for accuracy.

The information requested of you is very important in the consideration of your application. It is imperative that you provide all of the information requested. Information must be accurate and legible.

<b>Mail or Return your completed packet to:</b>	<b>For questions call:</b>
White County Indiana Sheriff's Department 915 W. Hanawalt Road Monticello, Indiana 47960	Chief Deputy A.J. Alletto (574) 583-2251

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**About the Position:**

A Deputy Sheriff performs a variety of duties in the enforcement of laws and the prevention of crimes, controls traffic flow and enforces state and local traffic regulations, performs investigation activities, and performs a variety of technical and administrative tasks in support of the Sheriff's Department.

**Deputy Sheriff Essential Job Functions:**

- Effect an arrest, forcibly if necessary, using handcuffs and other restraints, subdue resisting suspects using maneuvers and weapons and resort to the use of hands and feet and other approved weapons in self-defense.
- Prepare investigative and other reports, including sketches, using appropriate grammar, symbols and mathematical computations.
- Exercise independent judgment in determining when there is reasonable suspicion to detain, when probable cause exists to search and arrest and when force may be used and to what degree.
- Operate a law enforcement vehicle during both the day and night; in emergency situations involving speeds in excess of posted limits, in congested traffic and in unsafe road conditions caused by factors such as fog, smoke, rain, ice and snow.
- Communicate effectively and coherently over law enforcement radio channels while initiating and responding to radio communications.
- Gather information in criminal investigations by interviewing and obtaining the statements of victims, witnesses, suspects and confidential informers.
- Pursue fleeing suspects and perform rescue operations which may involve quickly entering and exiting law enforcement patrol vehicles; lifting, carrying and dragging heavy objects; climbing over and pulling oneself over obstacles; jumping down from elevated surfaces; climbing through openings; jumping over obstacles, ditches and streams; crawling in confined areas; balancing on uneven or narrow surfaces and using body force to gain entrance through barriers.
- Load, unload, aim and fire from a variety of body positions handguns, shotguns and other agency firearms under conditions of stress that justify the use of deadly force and at levels of proficiency prescribed in certification standards.
- Perform searches of people, vehicles, buildings and large outdoor areas which may involve feeling and detecting objects, walking for long periods of time, detaining people and stopping suspicious vehicles.
- Engage in law enforcement patrol functions that include such things as working rotating shifts, walking on foot patrol and physically checking the doors and windows of buildings to ensure they are secure.
- Effectively communicate with people, including juveniles, by giving information and directions, mediating disputes and advising of rights and processes.
- Demonstrate communications skills in court and other formal settings.
- Detect and collect evidence and substances that provide the basis of criminal offenses and infractions and that indicate the presence of dangerous conditions.
- Endure verbal and mental abuse when confronted with the hostile views and opinions of suspects and other people encountered in an antagonistic environment.

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**Deputy Sheriff Essential Job Functions:** *(cont.)*

- Perform rescue functions at accidents, emergencies and disasters to include directing traffic for long periods of time, administering emergency medical aid, lifting, dragging and carrying people away from dangerous situations and securing and evacuating people from particular areas.
- Process and transport prisoners and committed mental patients using handcuffs and other appropriate restraints.
- Extinguish small fires by using a fire extinguisher and other appropriate means.
- Read and comprehend legal and non-legal documents, including the preparation and processing of such documents as citations, affidavits and warrants.
- Process arrested suspects to include taking their photographs and obtaining a legible set of inked fingerprint impressions.

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The candidate must complete and pass the entire Physical Agility Test successfully on the first attempt to be eligible to continue in the hiring process.

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**Requirements:**

- 21 years of age at the time of Law Enforcement Academy graduation.
- U.S. Citizen (if naturalized, must provide documentation).
- High School Graduate Diploma or GED Graduate Certificate with test scores. The certificate must meet the minimum total score of 225, with a minimum of 35 points for each section.
- The ability to obtain and maintain an Indiana Driver's License upon acceptance of job offer with the White County Indiana Sheriff's Department.
- No felony or domestic violence convictions.
- Willing to submit and successfully pass pre-employment drug screen and physical (no recourse to a negative judgment is permitted).
- Sign a 3-year training agreement (waived for Indiana Law Enforcement Academy certified officers)
- Be a resident of White County Indiana within 6 months of hire date (a department vehicle will not be issued until residency has been established).
- Meet all requirements for employment as a Deputy Sheriff as prescribed by Indiana Law.
- Have corrected vision of at least 20/30 in each eye.
- 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 law enforcement and police service. "Physical state" means to be in such physical condition and health to meet the minimum standards of the department Physical Agility Test.
- Must be of such mental state so as to sustain the rigors and demands of law enforcement and police service. "Mental state" means having the ability to exercise good judgment; having a balanced temperament; being free of debilitating psychological disorders and being of such psychological health to adequately complete psychological testing.
- Have height and weight in proportion to be accepted by the Indiana Law Enforcement Academy.
- Maintain a telephone, be available for contact, and inform the department of current telephone number.
- Take and pass a written test.
- Sign a waiver and submit to a polygraph test, if requested.
- Sign a waiver and submit to a drug test, if requested.
- Be willing to appear for interviews by the Command Staff and the Merit Board.
- Be willing to work a schedule as prescribed by the Sheriff or his designee.
- Submit to being fingerprinted.
- Have primary source of income from the White County Indiana Sheriff's Department, if appointed.
- Refrain from any political activity prohibited by law, or that would create a conflict of interest as a member of this department.
- Must be a person of excellent character having favorable references from previous employers and personal references. Excellent character includes an absence of pattern or practice of substance abuse or criminal misdemeanor convictions and no history of felony convictions or domestic violence. It also includes not having adverse indebtedness.
- Tattoos must be able to be covered and **CANNOT** be visible to the public while in uniform.

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**Hiring Process:**

The application process from start to finish may take 3 to 5 months. Successful completion of this process does not guarantee employment. The White County Indiana Sheriff's Department reserves the right to hire any candidate from the list depending on the department's needs.

1. Complete and submit all application forms and documentation.
2. Criminal history and driving history review.
3. Successfully complete the Physical Agility Test.
4. Pass written exam.
5. Complete an oral interview(s).
6. Submit to a background investigation.
7. Complete a polygraph examination.
8. Pass a physical examination administered by a practicing physician in the State of Indiana, to include vision, color blindness and drug testing.
9. Complete a psychological evaluation.

Upon successful completion of the process, candidates may be considered for available positions.

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## **Automatic Disqualifiers**

### Criminal History

- Any felony convictions.
- Any prohibition from lawfully carrying a handgun in the State of Indiana.

### Other

- Dishonorable or general discharge from any military service (only honorable discharges will be considered)
- Untruthfulness or the intentional withholding of information on any application, interview, or paperwork associated with the position
- Deliberate inaccuracies or incomplete statements
- Cheating on any examination or testing associated with the position

The White County Indiana Sheriff's Department is an Equal Opportunity Affirmative Action Employer. Only US citizens are eligible for hire. The White County Indiana Sheriff's Department will not refuse to hire a disabled applicant who is capable of performing the essential requirements of a job with reasonable accommodation.

## **Questions?**

Call Chief Deputy A.J. Alletto  
(574) 583-2251

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**Deputy Sheriff Application**

Today's Date
Name (Last, First, Middle)

This application will be evaluated by those persons responsible for hiring at the White County Indiana Sheriff's Department. It will be reviewed as part of an extensive background investigation into your personal and employment history.

*Any false, misleading or incomplete information or failure to follow the instructions listed below will be grounds to disqualify you from employment with the White County Indiana Sheriff's Department.*

**FOLLOW DIRECTIONS CAREFULLY**

1. USE BLACK or BLUE INK TO COMPLETE QUESTIONNAIRE
2. COMPLETE THE FORM IN YOUR OWN HANDWRITING OR PRINTING. DO NOT TYPE.
3. WRITE OR PRINT LEGIBLY.
4. READ EACH QUESTION CAREFULLY.
5. ANSWER EACH QUESTION COMPLETELY AND ACCURATELY.
6. ANSWER ALL QUESTIONS. DO NOT LEAVE ANY BOXES BLANK.
7. IF A QUESTION DOES NOT APPLY TO YOU, WRITE N/A IN THE BOX.
8. FOR ADDITIONAL EMPLOYMENT SPACE COPY AN EMPLOYMENT HISTORY PAGE
9. IF YOU NEED ADDITIONAL SPACE, WRITE ON THE BACK PAGE.
10. BEFORE RETURNING QUESTIONNAIRE, READ, SIGN THE LAST PAGE AND MAINTAIN A COPY FOR YOUR RECORDS.

**AVAILABILITY**

- A If selected for this position, how soon can you begin employment?     As soon as possible     Two week notice     Need more notice
- B If you are not available for work now, enter the earliest date you could begin work.

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**1. PERSONAL DATA**

Last Name										First Name					Middle Name																			
Current Address										Street Name & Number (No PO Boxes)					City			State		Zip Code														
Email							List any other names you have ever used (including maiden name)																											
Home Phone							Alternate Phone Number							Notification Type Preference:																				
( )							( )							<input type="checkbox"/> Email			<input type="checkbox"/> Paper																	
Age		Date of Birth			Place of Birth (City & State)					Sex	Race		Height		Weight		Hair Color		Eye Color															
Tattoos (Description & Location)										Are you a US Citizen?																								
										<input type="checkbox"/> Yes					<input type="checkbox"/> No																			
Check One:										<input type="checkbox"/> Married					<input type="checkbox"/> Separated					<input type="checkbox"/> Single					Spouse's Full Name					Spouse's Date of Birth				
										<input type="checkbox"/> Divorced					<input type="checkbox"/> Widowed																			
<b>A Starting with your present address, list all physical addresses you have had for the past (5) years, including your addresses in the military service. Include each duty station separately. PO Boxes are not acceptable.</b>																																		
Dates MO/YR				Street Address										City			County			State		Zip Code												
From		To																																
		Present																																



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Are you a previous or current employee of White County Indiana?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list dates of employment: (MO / YY)	
Are you related by blood or marriage to a person now employed by the White County Indiana Sheriff's Department?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please indicate:	
Name:	Relationship:	Department:			
<b>2. REFERENCES</b>					
<b>List three (3) references (NO relatives, household members, or former employers) who are responsible adults, and who have known you well for at least the last three (3) years.</b>					
Name		Street Address		City	State Zip Code
How long known?	Occupation		Home Phone ( )		Business Phone ( )
Name		Street Address		City	State Zip Code
How long known?	Occupation		Home Phone ( )		Business Phone ( )
Name		Street Address		City	State Zip Code
How long known?	Occupation		Home Phone ( )		Business Phone ( )
<b>3. EDUCATION</b>					
Indicate by checking all boxes that apply if you have any of the following:			<input type="checkbox"/> HS Diploma <input type="checkbox"/> GED Certificate <input type="checkbox"/> College Degree <input type="checkbox"/> Masters Degree		
High School Name		Address		City	State Zip Code
Dates Attended (MM/YY) From: To:		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
High School Name		Address		City	State Zip Code
Dates Attended (MM/YY) From: To:		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
<b>Name(s) and location(s) of colleges, universities or vocational schools attended or internships:</b>					
College Name		Address		City	State Zip Code
Dates Attended (MM/YY) From: To:		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
College Name		Address		City	State Zip Code
Dates Attended (MM/YY) From: To:		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
College Name		Address		City	State Zip Code
Dates Attended (MM/YY) From: To:		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
Have you ever been suspended, disciplined or expelled from any high school or institution of higher learning? <b>If YES, explain on the back page.</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

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**4. EMPLOYMENT HISTORY**

A Have you ever been dismissed or asked to resign from ANY employment?  Yes  No **If YES, explain on the back page.**

B If you do not want your present employer to be contacted, check the box to the right and on the back page explain why.

Beginning with your present employer or most recent employer, list **ALL** of the places you have worked during the last five (5) year period. Keep in chronological order. **List periods of school, military service, each duty station, assigned military unit, unemployment, temporary assignments, volunteer service and part-time employment. List everything during the last five (5) year period. Omit None!** Copy the employment page and continue your information on the copies.

From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone ( )
MO/YR	State	Zip Code
		Starting Salary
		Ending Salary

Describe your duties

Part Time  Full Time  Seasonal  Volunteer If part-time, list number of hours worked per week

Detail Reason for Leaving

From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone ( )
MO/YR	State	Zip Code
		Starting Salary
		Ending Salary

Describe your duties

Part Time  Full Time  Seasonal  Volunteer If part-time, list number of hours worked per week

Detail Reason for Leaving

From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone ( )
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Describe your duties

Part Time  Full Time  Seasonal  Volunteer If part-time, list number of hours worked per week

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From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone ( )
MO/YR	State	Zip Code
Starting Salary		
Ending Salary		
Describe your duties		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer   If part-time, list number of hours worked per week		
Detail Reason for Leaving		
From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone ( )
MO/YR	State	Zip Code
Starting Salary		
Ending Salary		
Describe your duties		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer   If part-time, list number of hours worked per week		
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To	City	Phone ( )
MO/YR	State	Zip Code
Starting Salary		
Ending Salary		
Describe your duties		
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MO/YR	Street Address	Supervisor
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MO/YR	State	Zip Code
Starting Salary		
Ending Salary		
Describe your duties		
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Detail Reason for Leaving		

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C Have you ever applied for ANY position with ANY law enforcement agency including local, state and federal agencies?  Yes  No

Date	Position	Law Enforcement Agency	Disposition

D Have you ever attended a law enforcement academy?  Yes  No

Name of academy: \_\_\_\_\_

City & State: \_\_\_\_\_

Were you certified?  Yes  No

Date attended: \_\_\_\_\_

E Has your law enforcement certification ever been suspended, revoked or brought before a review board?  Yes  No

**5. ARREST HISTORY**

The following questions pertain to your experiences in this country and all other countries as both a juvenile and an adult. Include any military law enforcement contact. If a charge or conviction was judicially expunged do not list it. **Explain all "YES" answers in detail.**

	Yes	No		Yes	No
A Have you ever had any contact with ANY law enforcement official, to include as a victim, witness or reporting party?	<input type="checkbox"/>	<input type="checkbox"/>	G Have you ever been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>
B Has a law enforcement official for any reason ever issued you a verbal or written warning?	<input type="checkbox"/>	<input type="checkbox"/>	H Have you ever been booked into jail?	<input type="checkbox"/>	<input type="checkbox"/>
C Have you ever been detained by a law enforcement official?	<input type="checkbox"/>	<input type="checkbox"/>	I Have you ever received a criminal citation?	<input type="checkbox"/>	<input type="checkbox"/>
D Have you ever been accused of a crime?	<input type="checkbox"/>	<input type="checkbox"/>	J Have any relatives of you or your spouse ever been convicted or held in any detention facility, jail or prison?	<input type="checkbox"/>	<input type="checkbox"/>
E Have you ever been charged with a crime?	<input type="checkbox"/>	<input type="checkbox"/>	K Have the police ever been called to your home for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
F Have you ever been arrested?	<input type="checkbox"/>	<input type="checkbox"/>			

L If you have answered "yes" to any of the above questions, list the incident below and make certain you have explained it on the back page. **ALL INCIDENTS MUST BE EXPLAINED IN DETAIL BELOW. If more space is needed, use the back page.**

Section # (A - K)	MO/YR	Reason / Charge	Law Enforcement Agency - City / State	Disposition / Sentence	MO/YR

**6. DRIVERS HISTORY**

A List valid driver's license you now hold

Issue Date	Type of License	Expiration Date	State	License Number

B If you have previously held a driver's licenses from ANY state, please indicate below:

Issue Date	Type of License	Expiration Date	State	License Number

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C	Is your driver's license currently restricted, suspended, or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason:	
D	Have you ever had a driver's license, canceled, refused, revoked, or suspended? <b>If YES, explain in detail on the back page the reasons and dates.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Reinstatement
E	Have you ever been charged with driving under the influence of alcohol or drugs? <b>If YES, explain on the back page.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Convicted? <input type="checkbox"/> Yes <input type="checkbox"/> No

**7. NARCOTICS**

A	Have you ever used any prescription drugs not prescribed to you by a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If YES, explain on the back page.</b>									
B	If you have tried, used or ingested ANY of the drugs listed below, check the "Yes" box; if you have not, check the "No" box. <b>Include the number of times used and dates.</b>									
	Yes	No	Total # Times Used	Last Use (MO/YR)	Date/s (MO/YR)	Yes	No	Total # Times Used	Last Use (MO/YR)	Date/s (MO/YR)
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			
If you have tried or used any of the drugs listed above or if you have tried or used any other drug without a doctor's prescription, <b>explain on the back page.</b> <b>You MUST include dates and number of times used.</b>										

**8. GANG AFFILIATIONS**

A	Are you currently, or have you formerly, been associated with a group that engages in criminal activity, to include motorcycle organizations, street gangs, or other organizations involved in criminal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If YES, explain on the back page.</b>
B	Are you now in a group, which seeks to alter the form of government of the United States by any unlawful or unconstitutional means?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If YES, explain on the back page.</b>

**9. MILITARY SERVICE**

A	Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? Include Army, Navy, Marine Corps, Air Force, Coast Guard, ROTC, or any other military or other semi-military organization. <input type="checkbox"/> Yes <input type="checkbox"/> No <b>**ONLY Honorable Discharges will be considered for employment</b>		
B	List dates of military service: (list each service period separately)		
	MO / YR Entered	Branch / Organization	Discharge Date
C	Are you a member of the Military Reserves?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D	Have you received any form of disciplinary action from the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If YES, explain on the back page with the disciplinary action, what it is for, when, why and where.</b>
E	Current Military Status		

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**PLEASE READ BEFORE SIGNING**

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event that confirmation is needed in connection with my work, I authorize educational institutions, previous employers, military units, associations, registration and licensing boards, and others to furnish the White County Indiana Sheriff's Department with whatever detail is available concerning my qualifications. I authorize the White County Indiana Sheriff's Department to investigate all statements made in this application and understand that false information or documentation, or failure to disclose relevant information may be grounds for rejection of my application or disciplinary action up to and including dismissal shall I become an employee of the White County Indiana Sheriff's Department. I further understand that I will not receive and am not entitled to a copy of any report of background investigation or to know its contents.

I understand that if I am currently employed as law enforcement, correctional officer, by a law enforcement or criminal justice related agency of any type, the results of any background checks may be made available to my current employer, whether or not I am offered employment by the White County Indiana Sheriff's Department.

I also understand that employment is conditional until results of health evaluations are known as related to essential job functions and until information given by me on my application has been verified. I will accept travel assignments when job duties so require. I will work overtime and other than standard shift hours when job duties so require. As part of the Drug Free Workplace Act, I agree to submit to drug and alcohol screening tests when required upon a conditional offer of employment and during employment. I will participate in the Direct Payroll Deposit program as a condition of employment.

I further authorize the White County Indiana Sheriff's Department and its representatives to perform any criminal records checks that may be required as part of this application process. I understand and acknowledge that, unless otherwise defined by applicable law, my employment relationship with the White County Indiana Sheriff's Department is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of the White County Indiana Sheriff's Department specifically acknowledges such change in writing. I hereby release the White County Indiana Sheriff's Department and its directors, elected officials, employees and assigns from any and all liability or damage that may result from furnishing the requested information.

**The White County Indiana Sheriff's Department is an Equal Opportunity Affirmative Action Employer**

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Signature of Applicant (unsigned applications will not be processed)

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Date

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Print Name



**Patrick E. Shafer  
Sheriff**

White County Indiana  
Sheriff's Department  
915 W. Hanawalt Road  
Monticello, IN 47960



**EMERGENCY 911**

Admin.: (574) 583-2251  
Records: (574) 583-6962  
Dispatch: (574) 583-7103  
Fax: (574) 583-6457  
Email: info@wcsheiff-in.us

**Authorization and Release to Obtain Information**

I, \_\_\_\_\_ authorize the White County Indiana Sheriff's Department to conduct a background investigation in connection with my application for employment.

I understand that I will not receive, and am not entitled to, a copy of the report of the investigation or to know its contents. I further understand that the contents of this report are privileged. I agree to give any further information that may be required in reference to my past record. I fully understand that all information gained for such investigation is confidential and will be released only to authorized persons in the employment process.

This investigation may include information from educational institutions, previous employers, military units and organizations, all US Government agencies to include the Office of Personnel Management (OPM), Department of Motor Vehicle records in any state, any physician or medical records, insurance companies, police or court records, tax and property records, personal references, developed references, and any other appropriate sources. I authorize the release of any information that the White County Indiana Sheriff's Department may request from the above sources. I also authorize my former or current employers to give any information regarding my employment; together with any information they may have regarding me, whether or not it is in their records.

I also understand that if I am currently employed as a law enforcement or correctional officer, or by a law enforcement or criminal justice related agency of any type, the results of this background investigation may be made available to my current employer, whether or not I am offered employment by the White County Indiana Sheriff's Department.

I hereby release the White County Indiana Sheriff's Department, The County of White Indiana, The State of Indiana, or any of its agents or representatives, and any person or entity so furnishing such information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information for the investigation made by the White County Indiana Sheriff's Department.

\_\_\_\_\_  
Signature Date

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public for said County and State, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the forgoing signature to be his/hers, and having been duly sworn by me, made oath that the statements in said instrument are true.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

My commission expires \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Type or Print) Name

(Official Seal)