

Internal Use Only

Name: \_\_\_\_\_

(Print or Type)

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

Social Security No: \_\_\_\_\_

Time: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Deputy Sheriff Application Information Summary**  
**Sheriff's Office**  
**Wells County**



**STATEMENT OF EQUAL EMPLOYMENT OPPORTUNITY**

The Wells County Sheriff's Office is an Equal Opportunity Employer and will accept applications, hire qualified applicants, administer all terms and conditions of employment and make available all benefits and compensation of employment without regard to race, color, creed, religion, sex, national origin, disability or age, except when such constitutes a bona fide occupational qualification necessary for proper and efficient administration of the agency.

## **INSTRUCTIONS & GENERAL INFORMATION**

1. Read each item carefully.
2. This application must be typed or printed neatly in your own handwriting (ink).
3. All items must be completed and necessary documentation included.
4. Two pages require notarization.
5. If additional space is needed, attach a supplemental page at the end of the application.
6. The completed application must be returned or mailed to:

Wells County Sheriff's Office  
1615 W. Western Ave  
Bluffton, IN 46714  
Attn: Chief Deputy

**DEADLINE FOR APPLICATION IS WEDNESDAY DECEMBER 22, 2021, NO LATER THAN 4:00PM**

## **POLICY REGARDING THE APPLICANT INFORMATION SUMMARY**

1. The failure to comply with instructions and policy regarding this phase of the applicant selection process may result in the rejection of the application.
2. The failure to accurately and truthfully complete this application may result in the rejection of the application.
3. The failure to return this application by the specified date may result in the rejection of the application.
4. Applications will not be accepted without complete addresses, phone numbers, and zip codes.
5. The applicant **MUST HAVE** the General Authorization for Release on page 19 notarized before returning the application. Failure to do so will significantly hinder the process.
6. It is the responsibility of the applicant to advise or forward any changes relative to applicant's name, address, and phone number.

*If you are in need of assistance in completing the application form, feel free to contact the Chief Deputy of the Wells County Sheriff's Office at (260) 824-3426*

## MINIMUM QUALIFICATIONS – DEPUTY SHERIFF

### NO EXCEPTIONS ARE MADE TO THE FOLLOWING MINIMUM QUALIFICATIONS

1. CITIZENSHIP: An applicant must be a citizen of the United States of America.
2. AGE: An applicant must be, at the time of application, at least twenty-one (21) years of age.
3. FELONY CONVICTION: An applicant may not be appointed if he/she has a judgment of conviction for a felony.
4. HIGH SCHOOL GRAD: An applicant must be a graduate of a duly accredited high school and **must supply a copy of his/her transcripts** with the completed application form. An applicant who had received a G.E.D. from an accredited high school or the Military shall be considered as having graduated from an accredited high school.
5. CHARACTER: An applicant must be of “good moral character”.

### **Moral Character Issues**

#### Traffic, Juvenile, and Criminal Arrests

All candidate’s traffic or criminal histories will be reviewed and may serve as a basis for disqualification from the selection process. Convictions, arrests, and admissions will be assessed with particular attention given but not limited to the pattern of violations, seriousness, surrounding circumstances, number of incidents, and their recency. Conduct that occurred in the recent past would be considered more damaging than conduct that happened several years ago. Juvenile arrests or misdemeanor arrests may not be grounds for disqualification but these will be evaluated on a case-by-case-basis. Conviction of a felony or the reasonable belief the candidate committed a felony will be cause for immediate disqualification.

Completeness and the truthfulness on the application is highly important. It is much better to admit to perceived faults on the application than to omit information. Do not omit information because of a lack of space for a response on the application form. If more space is needed to explain special circumstances use a separate sheet of paper, note the corresponding section and question number, and describe the incident, circumstances and outcome in as much detail as is needed. Applications that are incomplete may not be reviewed. All requested documentation must accompany the application unless prior approval has been given. **Your ability to follow instructions will be judged based in large part on the application you submit.**

Candidates will be judged on a wide variety of skills and traits throughout the selection process including honesty, integrity, courage, communication skills, education, adaptability, common sense, work ethic and special skills among others.

## **APPLICANT STEPS – WELLS COUNTY SHERIFF'S OFFICE**

1. Applicant returns completed application along with signed and notarized waiver forms
  - a. Mandatory documents to be attached to the application are:
    - i. Copy of Valid Drivers License
    - ii. Copy of Birth Certificate
    - iii. Copy of High School Diploma or GED
    - iv. Copies of all transcripts and degrees
    - v. Copy of DD214 (Armed Services Discharge)
2. Selected applicants will undergo preliminary background check
3. Selected applicants will be invited to Physical Agility/Written Testing when directed
4. Selected applicants will undergo an oral interview by a hiring board
5. Selected applicants will undergo Extensive Background Check
6. Selected applicants will undergo Polygraph Evaluation
7. Conditional offer of employment
8. After conditional offer, subject will undergo Psychological Evaluation
9. Selected applicants will undergo interview by Merit Board
10. Sheriff appoints Merit Deputy Sheriff from list of eligible candidates
11. Deputy Sworn in
12. Probationary Period (Begins 1 year from the date of employment)
13. Successfully complete Indiana Law Enforcement Academy (if not obtained already)



**Wells County Sheriff's Office Employment Application**



**I. PERSONAL HISTORY**

A. Name in full (last, first, middle): \_\_\_\_\_

B. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

C. List all other names you have used including nicknames and maiden names. If you have ever used any last names other than your true name, list the period of time during in which it was used and the circumstances for its use. If you have ever legally changed your name, list the date, place, and the court. This information is required to assist the department in conducting the applicant's background investigation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Birth Date (month, day, year): \_\_\_\_\_

Place of birth (city, state): \_\_\_\_\_

**Include a COPY of your birth certificate.** This will be used to verify your age for statutory requirements.

E. Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of Eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_

F. Marital Status:

Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

G. Spouse/Significant Other (if applicable, use maiden name of wife) \_\_\_\_\_

Address of spouse if different (Street, City, State) \_\_\_\_\_

H. Spouse's place of employment: (include address and work telephone number)

\_\_\_\_\_

I. Date and Location of marriage(s)? (City, County, State)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

J. Date and Location of Divorce, Separation or Annulment? (Include which court issued decree)

\_\_\_\_\_  
\_\_\_\_\_

K. Are you a United States Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

L. Current Phone Numbers:

Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



### III. RESIDENCES

A. Present Residence:

_____	_____	_____	_____	_____
(Number)	(Street)	(City)	(State)	(ZIP)

B. In chronological order, with the most current first, list all of your residences in the last five years:

<u>Dates</u>	<u>Address</u>				
From---To	Number	Street	City	State	ZIP
_____-_____-_____-	_____	_____	_____	_____	_____
_____-_____-_____-	_____	_____	_____	_____	_____
_____-_____-_____-	_____	_____	_____	_____	_____
_____-_____-_____-	_____	_____	_____	_____	_____
_____-_____-_____-	_____	_____	_____	_____	_____
_____-_____-_____-	_____	_____	_____	_____	_____
_____-_____-_____-	_____	_____	_____	_____	_____
_____-_____-_____-	_____	_____	_____	_____	_____
_____-_____-_____-	_____	_____	_____	_____	_____

## IV. EDUCATION

List all schools attended at the high school level and above. **Include COPIES of all transcripts, diplomas and degrees.**

	<u>Years Attended</u>		<u>Address</u>	<u>Degree / Diploma</u>
	<u>From</u>	<u>To</u>		
High Schools				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Colleges / Universities				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Other, Vocational Technical, etc				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List Extra-curricular clubs and activities you participated in during high school and college. Include sports and hobbies as well as professional, trade, business or civic organizations to which you have belonged during the past 5 years. (Exclude memberships that would reveal race, religion, national origin, or any other similarly protected status)

<u>Organization or Activity</u>	<u>Offices held</u>



A. Do you know any foreign language skills other than English? List which language and what skill level?

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B. Computer Skills: List all Operating Systems you have a working knowledge of (Windows, Mac, etc.)

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C. List all software titles (excluding games) you have a working knowledge of.

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D. List all personal E-Mail Addresses.

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E. Estimate your computer / software / internet ability or skill level (None, beginner, intermediate, advanced).

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F. List any special qualifications, professional licenses, certifications, abilities, honors, publications, etc. that are not listed elsewhere in this application that would reflect upon your qualifications for this job.

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## V. EMPLOYMENT RECORD

In chronological order, current working backwards, list all employers. Include full-time, part-time, temporary/seasonal work, and all periods of unemployment. Present employers may be contacted prior to any appointment: **Make sure all telephone numbers are correct:**

1. Name of Company: \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Address & ZIP code: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary \_\_\_\_\_
2. Name of Company: \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Address & ZIP code: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary \_\_\_\_\_
3. Name of Company: \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Address & ZIP code: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary \_\_\_\_\_
4. Name of Company: \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Address & ZIP code: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary \_\_\_\_\_

A. Have you ever been involuntarily terminated from a full or part time job, whether it was termed fired, terminated, suspended, laid off, or furloughed? If yes, describe circumstances.

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B. Have you ever resigned (quit) after being informed your employer intended to discharge you? If yes, explain circumstances.

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C. Have you ever had any disciplinary actions taken against you at any of your jobs? (Written reprimand, suspension with or without pay, forfeiture of benefits, or other similar actions) If yes, which job? Describe circumstances.

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D. Do you have any reason to believe that a former employer may give you a negative job reference? If yes, list name of employer and why.

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E. Have you ever applied to any law enforcement or correction agency, including the Wells County Sheriff's Office?

Name of Agency	Mo/Yr Applied	Current Status of Application
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**VI. MILITARY SERVICE**

A. Are you registered with the Selective Service?

Yes \_\_\_\_ No \_\_\_\_

Selective Service Number: \_\_\_\_\_

B. Have you ever served on active duty in the Armed Forces of the United States?

Yes \_\_\_\_ No \_\_\_\_

Which branch of service \_\_\_\_\_

Dates of Active Duty: \_\_\_\_\_  
(Month, Day, Year)

If you are still enlisted, when will you be discharged? \_\_\_\_\_

Highest Rank \_\_\_\_\_ Serial Number \_\_\_\_\_

Unit(s) to which assigned and primary duty type  
\_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Are you eligible for reenlistment? \_\_\_\_\_

Are you or have you been a member of any United States Reserve or National Guard Unit?

(Yes /No) \_\_\_\_\_ Unit \_\_\_\_\_ Location \_\_\_\_\_

Reserve status & Obligation if any \_\_\_\_\_

C. While in the Military Service, were you ever convicted of any offense (civil or military)?

Yes \_\_\_\_ No \_\_\_\_

When? \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Include a COPY of your DD214 – (Armed Services Discharge)**

## VII. DRIVER RECORD

A. List all vehicle operator licenses you currently hold or have held:

**Include a COPY of your current license**

License Type (Oper. / Chauff / CDL)	Licensing State	License Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. List all vehicle accidents that you have been involved in over the last **five years**:

Date	Location	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. List all traffic citations you have received in the past **three years**:

Date	Location	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Has your driver's license ever been suspended or revoked?

Yes \_\_\_\_ No \_\_\_\_

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VIII. ARREST / FELONY / MISDEMEANOR COVICTION RECORD**

A. Have you ever been arrested or detained by a law enforcement agency?

Yes \_\_\_\_ No \_\_\_\_

If yes, provide the following:

Date	Place	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Have you ever been convicted of a felony offense?

Yes \_\_\_\_ No \_\_\_\_

If yes, provide the following:

Date	Place	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Have you ever been convicted of a misdemeanor offense?

Yes \_\_\_\_ No \_\_\_\_

If yes, provide the following:

Date	Place	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Have you ever had a judgment entered against you as a result of a civil suit other than a divorce case? This includes "small claims, evictions, and collections" or any other kind of civil court actions even if settled out of court prior to a judgment being entered by a judge or jury. List dates, location, and brief facts of each case.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IX. FINANCIAL STATUS**

A. When we check you credit history with a credit bureau how do you think the report will look?

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. What do you consider your current financial condition to be?

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Do you have a checking account? \_\_\_\_\_ Savings account? \_\_\_\_\_

D. Name of the Bank including branch address where you usually do business.

\_\_\_\_\_

E. Have you ever been referred to a collection agency? \_\_\_\_\_ What was the outcome? \_\_\_\_\_

\_\_\_\_\_

F. Have you ever had any repossessions? \_\_\_\_\_ Why? \_\_\_\_\_

G. Have you ever been notified either verbally or in writing that a check signed by you has been returned by a bank marked "insufficient fund"? \_\_\_\_\_

H. Have you ever voluntarily or involuntarily declared Bankruptcy? \_\_\_\_\_

If yes declared under what chapter? \_\_\_\_\_

If yes, detail each occurrence (who, what, when, where, why and status). Use an attached page to explain.

I. Are you renting \_\_\_\_\_ or buying \_\_\_\_\_ your home? (mark appropriate space)

Monthly rent or mortgage payment? \_\_\_\_\_

J. How was your post high school education financed? \_\_\_\_\_

K. Are you responsible for making child support payments? \_\_\_\_\_

Are you current on your payments? \_\_\_\_\_

## X. REFERENCES

List three current references. (Excluding relatives, current and former employers):

1. Name: \_\_\_\_\_

Address and ZIP Code: \_\_\_\_\_

Daytime Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_

How long have you known this individual? \_\_\_\_\_

2. Name: \_\_\_\_\_

Address and ZIP Code: \_\_\_\_\_

Daytime Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_

How long have you known this individual? \_\_\_\_\_

3. Name: \_\_\_\_\_

Address and ZIP Code: \_\_\_\_\_

Daytime Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_

How long have you known this individual? \_\_\_\_\_



## Misdemeanor Crime of Domestic Violence Notice

The Omnibus Consolidated Appropriations Act of 1997 made it unlawful for any person convicted of a “Misdemeanor Crime of Domestic Violence” to possess, or receive firearms or ammunition. “Misdemeanor crime of Domestic Violence” is generally defined as any offense – whether or not explicitly described in a statute as a crime of Domestic Violence – which has as its factual basis, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by the victims current or former domestic partner, parent or guardian. The term “convicted” is generally defined by the statute as excluding anyone whose conviction has been expunged or set aside, or has received a pardon.

This prohibition DOES apply to all Law Enforcement Officers. If this statute affects you, you would not be eligible for appointment as a police officer with the Wells County Sheriff’s Office.

Have you ever been convicted of a misdemeanor crime of Domestic Violence within the meaning of the statute?

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_

**To be returned with completed application**

**APPLICANT STATEMENT OF TRUTHFULNESS**

**To be returned with completed application**

*Please read the following statement and sign to certify your understanding. This statement is to be signed in the presence of a Notary Public.*

**I certify that all information I have provided in order to apply for and secure work with the Wells County Sheriff’s Office is true, complete and correct.**

I understand that all the information I have provided is subject to verification and that any information found to be false, incomplete or misrepresented in any respect, will be sufficient cause to 1) cancel further consideration of this application, or 2) if already appointed; I may be subject to discharge from employment.

I have expressly authorized, without reservation, the Wells County Sheriff’s Office, its representatives, employees or agents to contact all references, and any other persons in order to obtain any and all information deemed necessary by them to verify the accuracy of all information provided by me in this application or at other points throughout the entire process including interviews. I have signed a RELEASE OF INFORMATION WAIVER FORM, which is also attached to this application.

I understand that the Wells County Sheriff’s Office does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant from consideration on a basis prohibited by applicable local, state or federal law.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

Before me the undersigned, a Notary Public for \_\_\_\_\_ County,

State of \_\_\_\_\_, personally appeared \_\_\_\_\_

Printed name of applicant

And he/she being first duly sworn by me upon his/her oath certified he/she read, and fully understands and accepts all terms of the foregoing Applicant Statement.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

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

SEAL

My commission Expires \_\_\_\_\_

**NOT COMPLETE UNLESS SIGNED AND NOTARIZED**



**RECORDS CHECK  
GENERAL AUTHORIZATION FOR RELEASE**

I hereby authorize any and all schools, physicians, hospitals, Armed Services, Employers, law enforcement agencies, credit information agencies, or any other person or organization or agency to furnish to the Wells County Sheriff's Office, or its designated agent(s), any and all information, opinions, or documents which may be requested; to allow the visual inspection and copy of all reports, photographs, or other documents.

I hereby waive any objection to the release of said information and grant the Wells County Sheriff's Office, or its designated agent(s), any right I may have to said information.

I hereby authorize access to any social network accounts I may have. I understand that this information in itself will not disqualify me, but will provide the agency with additional information that will assist in a reasonable background investigation.

I also authorize investigation of all statements made in my application for employment.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature (Full legal name)

**REFERENCE CHECK  
AUTHORIZATION AND WAIVER**

I hereby authorize all schools and previous employers to furnish the Wells County Sheriff's Office my record, reason for leaving, and all information they may have concerning me, and I hereby release them and the Wells County Sheriff's Office and its employees from liability for any damage whatsoever arising therefrom. I also authorize investigation of all statements made in the application. I understand that in the event of my employment with the Wells County Sheriff's Office, I shall be subject to dismissal if any of the information I have given in this application is false or if I have failed to give any material information herein requested.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature (Full legal name)

S) State of Indiana  
S) County of \_\_\_\_\_

Before me, the undersigned, a Notary Public, for \_\_\_\_\_ County, State of Indiana,

Personally appeared the above subject, \_\_\_\_\_ and acknowledged the execution of the foregoing instrument this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

Commission Expires \_\_\_\_\_

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

**This form is to be signed and witnessed in the presence of a Notary Public. Return with application.**