





## REQUIRED INFORMATION

**List chronologically, most recent employment first, all past employment including part time employment.** (Use additional sheets if necessary)

Name of Employer or Business \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Your Duties \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Name of Employer or Business \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Your Duties \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Name of Employer or Business \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Your Duties \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Name of Employer or Business \_\_\_\_\_  
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Name of Employer or Business \_\_\_\_\_  
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City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Your Duties \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Name of Employer or Business \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Your Duties \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

**References (relatives cannot be used as a reference) 6 references are required**

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

**Have you ever been arrested for a criminal offense? \_\_\_\_\_ if yes, describe below.**

<b>Date</b>	<b>Location</b>	<b>Charge</b>	<b>Fine or Sentence</b>
_____	_____	_____	_____
_____	_____	_____	_____

**Have you ever received a ticket for a traffic offense? \_\_\_\_\_ if yes, describe below.**

<b>Date</b>	<b>Location</b>	<b>Charge</b>	<b>Fine or Sentence</b>
_____	_____	_____	_____
_____	_____	_____	_____

**List vehicle accidents in which you have been involved as a driver.**

<b>Date</b>	<b>Location</b>	<b>What Happened</b>
_____	_____	_____
_____	_____	_____

**Attach additional sheets if necessary to include complete information**

**I SWEAR OR AFFIRM UNDER PENALTY OF PREJURY THAT I HAVE PERSONALLY COMPLETED THIS APPLICATION AND THAT ALL INFORMATION CONTAINED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I HEREBY GIVE MY FULL PERMISSION FOR ANY AND ALL INFORMATION IN THIS APPLICATION TO BE INVESTIGATED. I AM AWARE THAT ANY MISREPRESENTATION MAY CAUSE MY APPLICATION TO BE REJECTED OR MAY CAUSE DISMISSAL IF I AM HIRED BEFORE SUCH MISREPRESENTATION IS DISCOVERED.**

**SIGNATURE \_\_\_\_\_**

**DATE \_\_\_\_\_**

**COMPLETE APPLICATIONS WILL BE KEPT FOR ONE FULL YEAR FROM THE DATE THE APPLICATION WAS SIGNED BY THE APPLICANT AND WILL THEN BE DESTROYED.**

**SUBMIT TO:**

**JOHNSON COUNTY SHERIFF'S OFFICE  
1091 HOSPITAL ROAD  
FRANKLIN, IN 46131**

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