

CLAY COUNTY SHERIFF'S DEPARTMENT

611 East Jackson Street Brazil, Indiana 47834
 Ph: (812) 446-2535 Fax (812) 446-0941



Paul B. Harden
Sheriff

Application Information
 Submitted applications must be accurate and complete to be considered for employment.

APPLICANT INFORMATION

Please print or type all information and use an X to fill in boxes.

Position Applied For: DEPUTY		Type of Employment: Full Time <input type="checkbox"/> PART TIME <input type="checkbox"/>	
Last Name		First	M.I. Date
Street Address		Apartment/Unit #	
City		State	ZIP
Phone (Home)		Phone (Cell)	
Date of Birth:		Social Security Number:	
Previous Address:			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you have a valid Indiana driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/>		License's Number:	
Have you ever had your license suspended YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been a suspect of a crime? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been arrested? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been convicted? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, which one: Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/>	

EDUCATION

High School			
Address			
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College			
Address			
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other			
Address			
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

EMPLOYMENT HISTORY*Please list present or most recent positions first*

1. Name of Employer		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

2. Name of Employer		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

3. Name of Employer		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

REFERENCES

Please list three professional references.

1. Full Name	Relationship
Company	Phone ()
Address	

2. Full Name	Relationship
Company	Phone ()
Address	

3. Full Name	Relationship
Company	Phone ()
Address	

Do you know anyone in Law Enforcement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, give name.			
Phone ()	Department:		

MEDICAL

Do you have any medical problems that would hamper your ability to perform communication duties?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please explain.		

OTHER INTERESTS OR HOBBIES

Activities/ Interest (Student, Professional, Community, etc.)
Hobbies or special talents:

