

Honest? Dedicated? Good Communicator? Have integrity? Hardworking?

If you answered yes, DeKalb County Government is seeking qualified individuals for the Sheriff's Department. We are now accepting applications for the position of Confinement Officer.

The qualified candidates must be self-motivated and desirous of learning a variety of skills, multi-tasker and adaptable to a changing environment. Requires the ability to communicate well with others and work with the public. Must be detail oriented and an effective and efficient communicator. Will adhere to all Policies and Procedures of DeKalb County Government and State Board of Accounts. Serve in other duties and assignments as requested/required by the DeKalb County Sheriff.

What can you expect when you work for DeKalb County Government?

- Competitive pay - \$17.85/hr
- Benefit package – medical, dental, vision, Rx and life insurance
- Retirement Plans
- Holidays/Vacation/Sick Days
- Direct deposit

To be considered for this exciting opportunity, complete the attached application packet (or pick up an application at the Sheriff's Department) and return a hard copy in person or via US mail to Lieutenant Nathan Fike, DeKalb County Sheriff's Department, DeKalb County Government, 215 East 8th Street, Auburn, IN 46706.

All qualified applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, age, sexual orientation, gender identity, disability or veteran status.

We E-Verify!



David G. Cserep II
Sheriff of DeKalb County

DeKalb County Sheriff Department
215 E. 8th Street
Auburn, IN 46706

ATTENTION APPLICANTS

If you are dropping off an application and wish to be considered for employment by this department you must agree to the following:

1. The application must be filled out completely in your own hand writing in black ink
2. The release of information form must be signed in the presence of a Notary
3. The Child Protection Services (CPS) form must be completed
4. The following attachments must be included with the application:
 - a) Copy of your Birth Certificate (must come from the Board of Health)
 - b) Copy of your High School Diploma or GED Certificate
 - c) Copy of your current Driver's License
 - d) A Recent Photograph
 - e) Copy of your College Degree or Transcripts, if applicable
 - f) Copy of your Military Discharge documents, if applicable

If the requested information above is not included with the application, you will not be considered for a position with the DeKalb County Sheriff's Department.

Please contact Lieutenant Nathan Fike if you have any question, you may reach him at telephone number (260) 925-3365, ext. 4457.

215 E. 8th Street • Auburn, IN 46706-2334
Office: 260-925-3365 Fax: 260-925-2661

"An Equal Opportunity Employer"

AUTHORIZATION RELEASE OF INFORMATION

This release, when presented by a duly authorized representative of the DeKalb County Sheriff's Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the DeKalb County Sheriff's Department: Employment, Educational, Medical, Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit; Polygraph Examinations; and the UNDELETED copy my military separation document and medical records from the appropriate Military Records Center and Department of Veterans Affairs.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the DeKalb County Sheriff's Department. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the DeKalb County Sheriff's Department, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the DeKalb County Sheriff's Department. I understand that all materials pertaining to this background investigation become the property of the DeKalb County Sheriff's Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her 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. I further understand that in the event my application is disapproved, the confidential information or source of information will not be revealed to me.

I understand that in the event the investigating agency finds conduct that is illegal or unbecoming of a police officer and I am currently serving in the capacity of a police officer in a jurisdiction, the investigating agency has my permission to disclose the information to my current employer.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Printed Name: _____

State of _____; Signature _____

County/City of _____; Street Address _____

City, State, Zip _____

Subscribed and sworn before me this ____ day of _____, 20____

My commission expires _____

(Signature of Notary) _____

Application for Employment



Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____ Applicant ID # _____
Last First Middle
 Address _____
Street City State ZIP Code
 Telephone # () _____ Cellular/Other Phone # () _____ E-mail Address _____
 Position(s) applied for _____ Date of application ____/____/____

Referral Source (Please check the appropriate category and list the source.)

- | | |
|--|---|
| <input type="checkbox"/> Walk-In _____ | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Employee _____ | <input type="checkbox"/> Job Fair _____ |
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Staffing Agency _____ |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Government Employment Agency _____ |
| <input type="checkbox"/> Other Internet _____ | <input type="checkbox"/> Other _____ |

If necessary, best time to call you is _____ : _____ AM PM
☐ Home ☐ Cellular/Other

May we contact you at work? _____ ☐ Yes ☐ No

If yes, work number and best time to call:

() _____ : _____ AM PM

If you are under 18 and it is required, can you furnish a work permit? _____ ☐ Yes ☐ No

If no, please explain: _____

Have you submitted an application here before? _____ ☐ Yes ☐ No

If yes, give date(s) and position(s): _____

Have you ever been employed here before? _____ ☐ Yes ☐ No

If yes, give dates: From ____/____/____ To ____/____/____

Is this application a request for reemployment following an extended military leave of absence from this company? _____ ☐ Yes ☐ No

Are you legally eligible for employment in this country? _____ ☐ Yes ☐ No

Date available for work _____/____/____

What is your desired salary range or hourly rate of pay?

\$ _____ Per _____

Type of employment desired: ☐ Full-Time ☐ Part-Time

☐ Educational Co-Op ☐ Seasonal ☐ Temporary

Will you relocate if job requires it? _____ ☐ Yes ☐ No

Will you travel if job requires it? _____ ☐ Yes ☐ No

If they have been explained to you, are you able to meet the attendance requirements of the position? _____ ☐ N/A ☐ Yes ☐ No

Will you work overtime if required? _____ ☐ Yes ☐ No

If no, please explain: _____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

☐ Yes ☐ No ☐ Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying:

_____ State _____

Have you ever been bonded? _____ ☐ Yes ☐ No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime? _____ ☐ Yes ☐ No

If yes, please provide date(s) and details: _____

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? _____ ☐ Yes ☐ No

If yes, please explain: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
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Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
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Summarize the type of work performed and job responsibilities.		
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Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... ☐ Yes ☐ No

If **yes**, please explain: _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing _____ Years: _____	<input type="checkbox"/> Internet _____ Years: _____
<input type="checkbox"/> Spreadsheet _____ Years: _____	<input type="checkbox"/> Other _____ Years: _____
<input type="checkbox"/> Presentation _____ Years: _____	<input type="checkbox"/> Other _____ Years: _____
<input type="checkbox"/> E-mail _____ Years: _____	<input type="checkbox"/> Other _____ Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors.

If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Social Security Number

SS# _____ - _____ - _____

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

In your current or a previous job, have you ever written instructions or directions to be followed by employees or customers?

☐ Yes ☐ No ☐ Not Applicable

If yes, please explain: _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

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

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____



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Application for Employment (Long Form) #R8-A1821



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David G. Cserep II
Sheriff of DeKalb County

DeKalb County Sheriff Department
215 E. 8th Street
Auburn, IN 46706

ATTENTION APPLICANTS

As part of the application process, you will need to provide the following information on the attached Child Protection Services (CPS) History Check form.

Please provide as much information as you can under the areas highlighted in yellow.

Please contact me if you have any questions.

Lieutenant Nathan Fike
Assistant Jail Commander
Phone # (260) 925-3365, ext. 4457
Fax # (260) 925-2661
Email: nfike@co.dekalb.in.us

215 E. 8th Street • Auburn, IN 46706-2334
Office: 260-925-3365 Fax: 260-925-2661

"An Equal Opportunity Employer"



INDIANA REQUEST FOR A CHILD PROTECTION SERVICES (CPS) HISTORY CHECK

State Form 52802 (R6 / 8-15) / CW 2128
DEPARTMENT OF CHILD SERVICES

All spaces must be completed and typed or printed in all capital letters.

* **PLEASE NOTE:** If Indiana CPS history is required prior to 1998, the request form must be sent to the DCS local office in the count(ies) of interest. When more than one county is included in the search period prior to 1998, the request must be sent to each DCS local office. All DCS local offices can also perform statewide CPS searches for dates January 1, 1998, through the present. Contact information of each of Indiana's DCS local offices can be found at the DCS website, www.in.gov/dcs. On the left hand side of the page, click on Contact Us, and then click on Local.

SECTION A – TO BE COMPLETED BY REQUESTING ORGANIZATION					
1. Legal first name of applicant		Legal middle name of applicant (If none, indicate "no middle")		Last name of applicant	
2. Reason for history check (check all that apply) *					
<input type="checkbox"/> Foster care <input type="checkbox"/> Adoption <input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Unlicensed relative placement <input type="checkbox"/> Other (please explain) _____					
3. Type of requesting organization					
<input type="checkbox"/> Agency Licensed by Indiana Department of Child Services (insert name of agency) _____					
<input type="checkbox"/> Agency Contracted/Subcontracted by Indiana Department of Child Services (insert name of agency) _____					
<input type="checkbox"/> Other (insert name of requestor) _____					
4. Name of contact person for organization			5. Telephone number (include area code)		6. Fax number (include area code)
Nathan Fike			(260) 925-3365		(260) 925-2661
7. Mailing address of organization (number and street, city, state, and ZIP code)				8. E-mail address of requestor	
215 East 8th Street Auburn, IN 46706				nfike@co.dekalb.in.us	
SECTION B – TO BE COMPLETED BY APPLICANT OR APPLICANT'S REPRESENTATIVE					
I hereby consent to a release of information to the above-named requesting organization regarding any prior child protection service history. I understand that this information is necessary to ensure the safety of children. This authorization is valid for sixty (60) days from the date of consent below.					
9. Signature of applicant or applicant's legal representative		10. Relationship to applicant		11. Date signed (mm/dd/yyyy)	12. Gender of applicant
					<input type="checkbox"/> Male <input type="checkbox"/> Female
13. Typed or printed name of applicant or applicant's legal representative (as signed in #9)		14. Date of birth of applicant (mm/dd/yyyy)		15. Race of applicant	
16. Current residential address of applicant (number and street, city, state, and ZIP code)				17. Last four digits of applicant's Social Security Number (List all numbers ever used.) XXX-XX-	
18. Please list all Indiana counties in which the applicant has resided, beginning with the most recent or current in 18a and descending to the oldest. Provide the month and year that residency began and ended in each county listed. For special or unusual situations, please explain (use additional paper if necessary).					
County		Year Began	Year Ended	County	Year Began Year Ended
Example - XYZ County		02/1992	Current	18c.	
18a.				18d.	
18b.				18e.	
19. Has applicant ever used an alias, including different first, middle, or last name or combination of names in lifetime?				If yes, complete 19a through 19e. If no, please stop.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – Minor, Employee, or Volunteer				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list all aliases applicant ever used. Each listing should indicate type of alias with a label including but not limited to maiden, previous married, hyphenated, shortened first names or use of middle names, change of middle name, nicknames, or pre-adoptive names.					
19a. Maiden name (if ever married) (first, middle, and last name)			19b. Other last name(s)		
19c. Nickname or shortened first name			19d. Pre-adoptive name or other alias name / how used		
19e. Other alias name / how used					
SECTION C – TO BE COMPLETED BY INDIANA DEPARTMENT OF CHILD SERVICES ONLY (Complete 20, 21, & 23-27; complete 22 when applicable.)					
20. Has the above-named applicant ever applied for or been licensed as a foster parent in Indiana?			If yes, was there ever any negative action taken on the foster care application or license?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – Minor, Employee, or Volunteer			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If there is history of any negative action, for each negative action provide the type of action and the month and year the action was effective.					
21. Does the above-named applicant have a record of substantiated child abuse or neglect as a perpetrator within Indiana? *					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
* If yes, for each substantiation list the type of case (i.e. neglect, physical abuse and/or sexual abuse), the month and year of the substantiation approval, the DCS local office that conducted the assessment, and that DCS local office's telephone number. The requestor should contact the DCS local office at the telephone number provided for more detail.					
22. The search was completed using electronic statewide records that include the dates January 1, 1998, through the date indicated in item 25 below.					
<input type="checkbox"/> If this box is checked, the search also includes paper records retained by the DCS Local Office in _____ County, Indiana, for the time period prior to 1998, as permitted by Indiana Law.					
23. Signature of staff member completing check		24. Title of staff member completing check		25. Date (mm/dd/yyyy)	
26. Printed name of staff member completing check		27. Indiana Department of Child Service office completing check			
		_____ County Local Office / Central Office Background Check Unit			